

GYNECOLOGY.

ON LATENT GONORRHOEA IN THE FEMALE AS A CAUSE OF PELVIC DISORDERS.

Dr. Angus Macdonald read a paper before the Edinburgh Obstetrical Society (*Edinburgh Medical Journal*, June, 1873), basing it upon a remarkable paper 'On Latent Gonorrhœa in the Female,' published in Bonn last year, by Dr. Emil Noeggerath. The chief object of Dr. Noeggerath's communication was to prove that certain diseased phenomena in the female generative organs, which have hitherto been considered as separate and treated independently, possess a common basis, from which they collectively and separately take their origin, this being nothing else than gonorrhœa. The class of diseases to which he refers are such serious affections as acute, recurrent, and chronic perimetritis, oöphoritis, and catarrh of the genital passages. According to his opinion, the wife of every husband who at any time has contracted gonorrhœa, with very few exceptions, is affected with latent gonorrhœa, which sooner or later brings its existence into view through some one of the forms of disease above mentioned. There is also a great tendency to sterility or to abortion. The observations are based upon fifty cases; and Dr. Macdonald believes that Dr. Noeggerath's idea has a large amount of clear evidence in its favour, though he thinks that the latter overestimates the extent of the influence of the gonorrhœal virus. Obscure cases of gonorrhœa, however, have probably more to do with the causation of certain forms of puerperal fever, and with acute and chronic pelvic inflammation and also of chronic catarrh of the genital organs, than has hitherto been believed. Dr. Macdonald relates four cases which have occurred in his practice in which an acute endometritis supervened in the puerperal state in patients the subject of chronic or latent gonorrhœa; the diagnosis was further confirmed by the occurrence of severe ophthalmia in the children. In one of the cases the patient died, and besides the existence of general peritonitis which had started from the pelvis, there was clear evidence of chronic widening of the Fallopian tubes. He believes that medical men ought to be very guarded in giving permission of marriage to young men who have within a short period contracted a gonorrhœa, or who suffer from a gleet discharge. Want of caution in this matter is probably the reason why an unfortunately large number of young women, married in the best of health, fall into chronic ill-health shortly after marriage, or become, in two or three months, victims to a fatal metritis or perimetritis after abortion.

In cases of chronic gonorrhœa, the leucorrhœa is of itself of little diagnostic importance, as it may vary within wide limits both as regards quantity and transparency, but it is usually yellowish-coloured, as if mixed with pus, and non-transparent as it flows from the cervix uteri. The cervix is usually surrounded with an intensely red erosion of some lines in width. The uterus is usually tender, and the regions of its mucous membrane adjacent to the mouths of the

Fallopian tubes are specially tender. Inflammation of the urethra at an early stage of the disease is of great value, but it soon passes away. Much more value must be placed on the condition of the vulvo-vaginal glands and the glands of Bartholini. The vulvo-vaginal glands are enlarged; the vulva is sensitive. The existence of inflammatory catarrh of the glands of Bartholini is held by Dr. Noeggerath as most valuable. On separating the labia minora from the remains of the hymen between the first and the under lateral caruncula myrtiformis in a woman, who in former years has suffered from gonorrhœa, it is the rule to see an intensely red point, covered over with glassy mucus, from which as a centre a red streak, constantly becoming fainter, stretches upwards and outwards, and gradually becoming pale, passes over into the colour of the surrounding mucous membrane.

Dr. Macdonald gives his experience in the treatment of the acute affections referred to gonorrhœa; and points out that, in a patient suffering from chronic gonorrhœa, it is important to remember that the occurrence of pregnancy is to be regarded with some anxiety, and that in the puerperal state it is attended with considerable risk.

TREATMENT OF CANCER OF THE UTERUS BY ERGOT AND ESCHAROTICS.

Dr. Milne, in a paper read before the Obstetrical Society of Edinburgh, claimed that the treatment of cancer of the uterus by the use of certain kinds of caustics was more satisfactory than by excision. The caustics recommended were the chloride of zinc, the nitrate of copper, and the dried sulphate of zinc; and the cases suitable were all those of encephaloid, carcinoma and epithelioma, where the cervix only was involved. One would not perform excision unless there was only a small portion of the cervix attacked by the growth, but the escharotic might be resorted to, and with benefit, when the disease was much more extensive.

As regards the mode of application of the caustics, the dried sulphate of zinc was to be first used, being applied to the cervix pretty freely through the speculum, the vagina being immediately thereafter plugged with cotton wool tipped at the uterine end with a little olive oil. This was to be applied until the slough came away, after which the cervix was to be injected with a saturated solution of nitrate of copper. This was done to attack any morbid cells lying beyond the sore from which the slough had separated.

In reference to the function of ergot given internally in cancer, Dr. Milne observed that it had usually been administered, and with benefit, as a hemostatic; but he believed it had another effect—it led to the atrophy of the uterus. This was an original observation which he claimed to have been the first to make. If it had this effect, then its therapeutic power was greater than had been previously imagined, and could not but be viewed as of great value in uterine cancer. It was not only important to diminish the afflux of blood to

the uterus, and thereby combat uterine congestion—a condition present in malignant disease—but it was no less so to induce uterine atrophy. This atrophy was natural after the change of life, at which period cancer advanced more slowly; and if we could antedate it, it would be reasonable to suppose that the progress of the disease would be retarded. In point of fact he had found such to be the case.

By the use of ergot and escharotics he had cured two cases of cauliflower excrescence, and in three medullary ones he had retarded the disease at least. If only a postponing of the period of dissolution was all that could be achieved, yet this result was worthy of our most devoted efforts. The great drawback in uterine cancer was the late period at which it came under our professional notice. Usually the whole cervix and contiguous parts were involved, and every form of treatment was thus debarred. Let it be seen when limited to a part only of the cervix, and there was every hope that the ergot and caustic treatment would frequently cure, and often mitigate the more distressing symptoms while postponing death.—*Obstetrical Journal of Great Britain and Ireland.*

THERAPEUTICS.

PHOSPHORUS IN NEURALGIA.

Dr. J. Ashburton Thompson (*Practitioner*, July, 1873), contributes a valuable paper on phosphorus in neuralgia. He records 18 cases, arranges them in three classes: 'acute primary attacks, acute recurrent attacks, and chronic cases.' Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 60; in the third between twenty-four and forty. Some of the patients suffered from trigeminal, some from cervico-occipital, some from cervico-brachial neuralgia; and one in the second class from sciatica. All the cases in the first two classes were cured. Of the third class three were cured (one patient had been afflicted sixteen years without a week's freedom from pain); two (both consumptive), were relieved; and one uncomplicated case, a woman, aged forty, with affection of the fifth nerve, of ten months duration, was unbenefited, although she was treated for fifteen days. As might be expected, the chronic cases take longest to cure, but in all the cases benefited, relief followed the first few doses.

The author employs large doses. He says, 'To prescribe less than one-twentieth of a grain in the first place is to render its therapeutic action apparently variable or uncertain.' He now invariably begins with one-twelfth of a grain every four hours.

He has employed phosphorus in various combinations dissolved in oil, in ether, in chloroform, in spirit, and prefers a tincture made by dissolving the phosphorus in absolute alcohol with the assistance of heat. He says, 'The most convenient proportion for dispensing is, phosphorus, one grain; absolute alcohol, three drachms. This mixture will, I know, retain its powers for six weeks.' The following is his method of employ-