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CASE OF OBSCURE UTERINE DISEASE.

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(Read before the Toronto Medical Society.)

As a rule we are more frequently prompted to record our successful cases than our failures; it may, however, be considered as open to doubt whether a report of the latter would not, in a large majority of cases, be more fruitful in pointing out difficulties of diagnosis, than the satisfactory recital of the former. It is at the bed side that we can best study disease; there we see it in its true colors, stripped of the misleading shades by which it is so frequently disguised in text-books, and it is there we too often have occasion to recognize the difficulty in distinguishing it. It is only by strictly limiting our conclusions to such as may be fairly deducible from facts, that we can escape the error of substituting vague hypothesis. The mere acquisition of facts, however, as gathered by careful observation, will not suffice for an *ex cathedra* pronouncing of the true nature of the disease. For that, nothing but a post mortem examination can be held conclusive. This opportunity for verifying little beyond speculation as to cause, in the case which I submit to you, and invite discussion upon, was unfortunately denied me. I have therefore nothing but my observations at the bed side to relate, and these, perhaps, without an exact knowledge of the seat and nature of the disease, amount to little. We all recognize the importance of studying well the external characteristics of disease, and use our utmost endeavours to be guarded against illusions and errors in difficult cases. When, therefore, doubt exists as to the exact nature of the degeneration in question, it is very much to be regretted that a morbid sentiment precludes the only method for setting at rest con-

jecture. In submitting this case I have then nothing more to lay before you than, previous history of patient, hereditary tendency, habits, the permanent and general state of functions during health, and the condition I found her in at first visit. I am better able than usual in the recital of cases to speak to previous history, having had the pleasure of an intimate acquaintance from a period shortly after my patient's marriage, some eighteen years ago. The lady menstruated at fourteen; menstruation from the first was attended with very great pain; at sixteen she married, the dysmenorrhoea continuing persistently, and on no occasion was there interruption to its monthly regularity until within the last three years, when the excessive pain and scantiness of menstrual fluid was succeeded by irregularity of intervals, and discharges so profuse and exhaustive as to confine her to the bed or sofa for a week. Both her father-in-law and brother-in-law were physicians of great repute, and residing near to her; but viewing this change from great regularity and suffering, to uncertainty of periods, and profuseness of flow, as the approach of the menopause, she only within a year, if I am correctly instructed, mentioned her condition to her brother-in-law. Within the last few years she had become stout, but with no disproportionate abdominal development that I am aware of, nor do I think that she fancied such to be the case. She had a vague, undefined dread of uterine disease, but I am not aware whether it had its origin only from the belief that her mother's death had resulted from disease of that organ, or whether the idea proceeded from any occasional wandering pains in that region. Her face had become fuller than ordinary, and the complexion somewhat cachectic; the large loss of blood at intervals of six weeks or two months would, however, account for this. Patient was of a nervous temperament, with acute sensibilities; habits active; until within a few years riding much on horseback, latterly had become timid and discontinued that form of exercise, but walked a good deal; functions of the body normal; appetite good; the principal trouble constipation. This is about all of the general history that I am acquainted with. I have recently learned, that last autumn on returning from the sea side there was œdema of the lower extremities. A week before the illness that most unfortunately proved her last, she came on a visit to intimate