CARE OF PESSARIES; MOVABLE LIVER; CONSTITUTIONAL AMENORRHŒA; LATERO-FLEXION OF UTERUS.

CLINICAL LECTURE DELIVERED AT THE NEW YORK POLYCLINIC.

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CASE I.—This patient is forty-four years of age; she is a widow, and has had eight children, the last seven years ago. She flows every three weeks, and has pain in the back and abdomen; there are also headache and constipation. There is a pessary in the vagina, and examination shows that the uterus is held by it in the proper position. The patient comes here to-day because I have made it an invariable rule that any patient with a retroverted or retroflexed uterus, after having a pessary introduced, is to return within about a week, in order that we may see, after this interval, whether or not the pessary is still in place and giving proper support. If it be in proper position, the patient can safely go from observation for two or three months, only taking care to keep the parts clean. A pessary for retroversion or retroflexion should never be so large that you cannot easily pass your finger between the instrument and the vaginal wall, nor should it be so small that with a slight movement of the finger you can dislodge it from its position. Be careful not to advise women wearing pessaries to use injections of alum-water, although it is recommended in many books, for my experience has taught me that alum will sooner or later produce an encrusted and roughened pessary, resulting in erosion and irritation of the vagina. Always remember that in retroversions and in prolapse the uterus must be placed in its proper position before the pessary is introduced. This does not apply to anterior displacements, for they usually do not require pessaries at all, and this is fortunate, for it is quite difficult to fit pessaries to such cases. There is no pessary, except a stem inside of the uterus, which will straighten an anteflexed uterus.

CASE II.—Our next patient is forty-five years of age; she has been married twenty-two years, and has had eight children, the last

one eight years ago. Menstruation has been irregular for the last six months, the last period being two months ago. She complains of pain in the right side. Her abdominal walls are very lax, owing to the numerous pregnancies. She comes to us with a diagnosis of movable kidney. The tumor on the right side has a sharp, well-defined edge, and both palpation and percussion indicate that it is continuous with the liver,—that it is, in fact, a movable liver. This condition is occasionally met with in women whose abdominal walls have become very much relaxed, either by numerous pregnancies or by the distention of some other abdominal tumor. There are usually dragging pain and more or less discomfort, but ordinarily floating livers do not produce the symptoms which accompany floating kidneys. I once removed a displaced kidney, situated in the pelvic cavity behind and to the left of the uterus, mistaking it for an inflamed ovary and tube. The woman had recently had a peritonitis, and the left ovary could not be felt at first, even with the finger in the abdominal cavity. The patient recovered. This patient should be provided with a pad which will keep the liver in its proper position.

CASE III.—The next patient is a single woman, twenty years of age; she flows every four weeks, and has pain just before menstruation. Her last menstruation was four months ago. She complains of backache and constipation.

The fact of the existence of amenorrhœa in any woman who has not passed well beyond the menopause should always lead us to be on our guard, and to be very suspicious of the case being one of pregnancy. I shall, therefore, proceed to assure myself that the size of the uterus does not correspond to that of a four months' pregnancy. On further inquiry, she says that she was born in Ireland, and has been in this country for three years. She was seventeen years old when she first menstruated, and then "it was brought on by medicine." You will find that women coming to this country, particularly from the middle and northern parts of Europe, very commonly skip one or two menstrual periods after arriving here. This is due to the change of climate, and probably also to change of occupation and habits of life. I find that this girl is intensely anæmic; the lips and gums are almost bloodless, and she suffers also from a cough. It is quite possible, therefore, that the amenorrhœa in this case is due to this patient's general anæmia as well as to the change of climate, and perhaps also to an irregularity from which some girls suffer until they are in the twenties. Inspection of the genitals shows that the hymen is intact, and our examination therefore tends to exclude pregnancy.

The treatment consists in the administration of general tonics, chiefly iron, along with aloes, or some other remedy to regulate the bowels. I prefer, in these cases, Blaud's mass to any other form of iron. I would recommend the following pill to be taken:

℞ Aloin, gr. ½, or less;
Ext. of nux vomica, gr. ¼;
Powd. rhubarb, gr. i;
Blaud's mass, gr. iv.
This to be taken after each meal for some months.

This treatment will probably greatly improve this girl's health, and perhaps restore regular menstruation. In addition to this, of course, the girl should be allowed plenty of fresh air and exercise, and, if her circumstances will permit, let her make use of salt-baths and horseback-riding, and an abundance of the most nourishing food. She has a slight anteflexion of the uterus, but it is of no consequence, and is present in a large proportion of young girls. It does not give rise to any symptoms and does not require any treatment.

Case IV.—The next patient is forty years old, and is single. She flows every four weeks for three days, the last time being one week ago. She complains of pain during menstruation, and also of pain on the right side of the abdomen and in the back. She also complains of neuralgic pains all over the head, of pains in the epigastrium, and of vomiting. She is sent here by Professor Gray to see if there is any cause in the pelvis for her neuralgia.

Digital examination shows a peculiar and rather uncommon displacement of the uterus, but one which I think has nothing to do with her symptoms. Instead of lying in the normal position, it is tilted, with the fundus to the left side, and is sharply anteflexed, and the uterus cannot be readily returned to its normal position. She may have had an inflammation of the appendages on the left side, which would account for the displacement, but the displacement in itself does not give rise to any local or reflex symptoms. It is possibly even a congenital condition. Lateral displacements of the uterus, whether flexions or versions, are the results of one of two conditions,—viz., either a congenital shortening of the ligaments on one side or the other, or an inflammatory contraction of the ligaments on one side: thus, a contraction of the broad ligament on one side, or of the cellular tissue following inflammation, would cause the cervix to be dragged over to that side, and *vice versa*. The treatment by pessaries is very unsatisfactory, and, fortunately, the condition rarely calls for such interference.

Ophthalmology.

DISEASES OF THE EYE ASSOCIATED WITH DISEASES OF THE KIDNEY.

CLINICAL LECTURE DELIVERED AT THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.

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Gentlemen,—I shall speak to you this morning of diseases of the eye occurring in connection with affections of the kidney. This patient, now under treatment, gives a fair clinical picture of this affection. Susan R., aged twenty-one years, for several months prior to coming under observation complained of severe headache with nausea. She is, however, able to attend to her work as a domestic, but her general health has become impaired to such an extent that she will be unable in a short time to fill her position. The examination of the eyes reveals $V = \frac{10}{100}$ in each eye. To external appearance they are normal in every respect, but the ophthalmoscope shows the well-marked signs of neuro-retinitis nephritica or albuminurica. The examination of the urine shows slight traces of albumin and granular casts. She has had at different times pain across the back; she is not married, and menstruation is regular.

Half a century before Dr. Bright published his discovery of the association of renal disease with albumin in the urine, cases of dropsy were recorded in which remarkable loss of vision occurred. These cases had been ascribed to lesions of the brain, but were in reality due to chronic renal disease. Although in 1827 Bright made his announcement, and in 1832 published a report of one hundred cases, in many of which ocular symptoms were present, very little attention was paid to this complication until Landouzy, in 1851, made it a