

**Diseases peculiar to women : with a new and successful treatment for the same, without the use of caustics / by John Pattison.**

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PATTISON ON DISEASES  
PECULIAR TO WOMEN.

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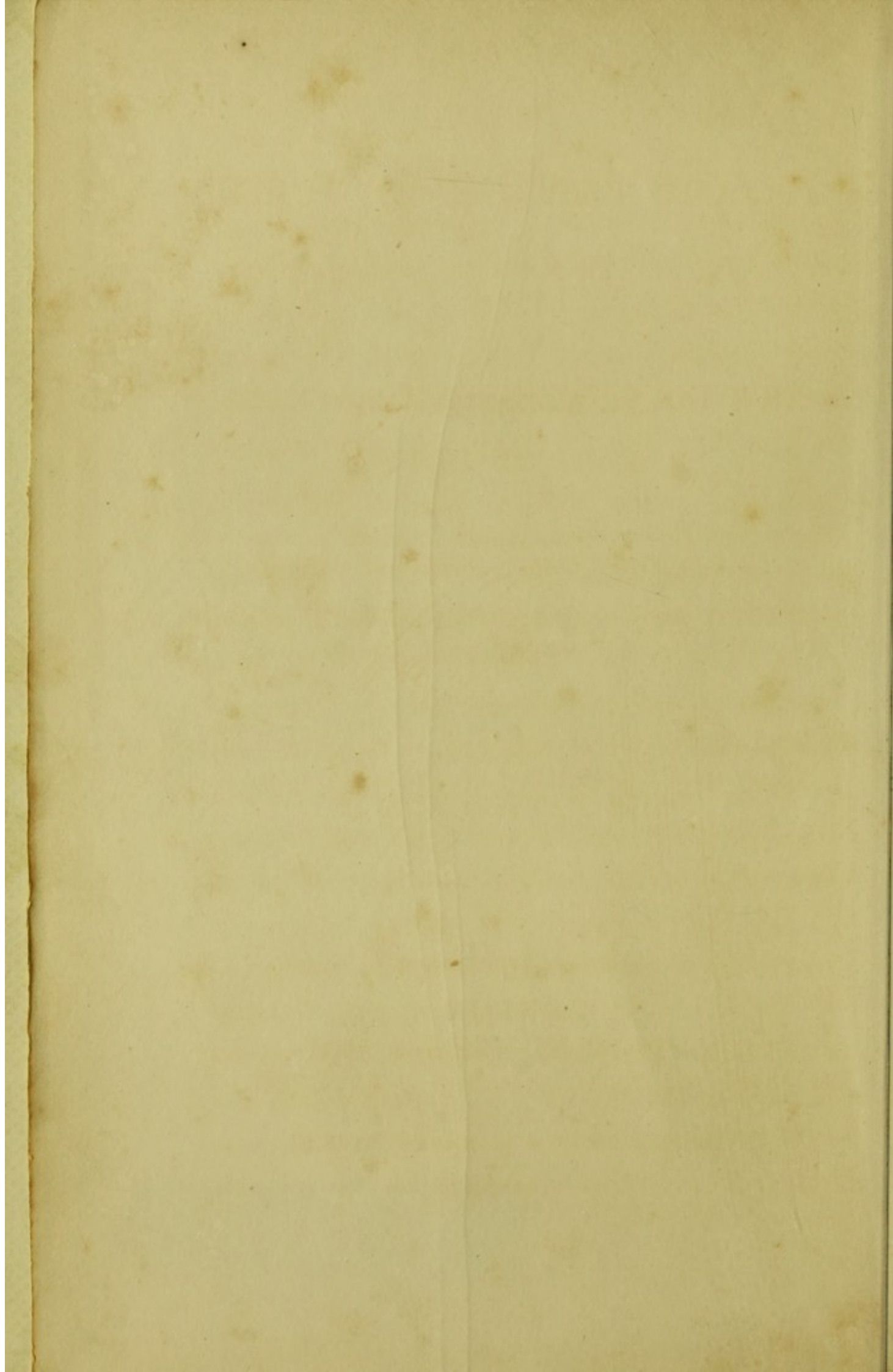


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DISEASES PECULIAR TO WOMEN,

WITH A

NEW AND SUCCESSFUL TREATMENT

FOR THE SAME,

WITHOUT

THE USE OF CAUSTICS.

BY

JOHN PATTISON, M.D.

LONDON:

HENRY TURNER & CO.,

77, FLEET STREET, E.C., & 74, NEW BOND STREET, W.;

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## P R E F A C E.

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FOURTEEN years ago, when I first commenced practice as a Specialist, I intended to confine myself to the treatment of one class of diseases, viz., that of "cancer," but among my first cases were many of uterine ulcerations of a malignant character, and the success that attended my efforts in treating these brought me many other cases of different forms of diseases of the womb. At that time I coincided with, and paid due deference to, the dogmas and opinions promulgated by a leading accoucheur of Edinburgh, and endorsed by his *confrères* in London. Unfortunately for my faith in these doctrines, many of this gentleman's cases were brought under my care after he had pronounced them to be hopeless. (I may here remark that until recently all the cases that I have

met with have been under the care of other physicians in the first instance, and that they only came to me as a *dernier ressort*.) In all of these cases I found more or less destruction of the cervix and adjacent parts (for frequently there was vesico-vaginal or recto-vaginal fistula to add to the sufferings of the patients) caused by the too free use of caustics. In a word, it seemed to me that all ulcerations or diseases of the cervix were treated by one and the same plan, viz., to burn them out. This practice struck me as being consistent neither with philosophy nor to common-sense, for we can scarcely say that destroying a part means curing it. These facts taught me that ulceration could not be cured by the application of caustics. Again, I found that displacement of the womb was usually treated by the use of worthless and dangerous instruments known as pessaries; these pessaries setting up in all cases irritation and causing discomfort, in many cases inflammation and suppuration, and in some few cases I have met with and heard of, mortification and death. This taught me that if I hoped to cure displacement of the womb I must look for other means than by using the pessary. Again, I

found that many of my patients had been fearfully reduced by what is known as antiphlogistic, or more properly the Sangrado treatment described by Gil Blas. Some physicians imagine erroneously that all these diseases are the result of inflammation, and as our forefathers cured inflammation by bloodletting, blistering, &c., so they follow in their revered footsteps. This I found to be especially the case with those treated at the Institution in Soho Square. At present I have two females who were inmates of that Institution, who, although they acknowledge the kindness they received whilst there, yet deplore the loss of strength and the prostration they have suffered from ever since. This treatment, I found, would not cure patients in the nineteenth century, for if it did, they would not have come to me. I was therefore forced, if I would do my duty to my God and my fellow-men, to think for myself, as I did in treating cancer, and try if there were not other means, by which poor suffering women might be relieved from those dreadful diseases. Having nothing to guide me but my knowledge of anatomy, my knowledge of the nature and character of the diseases affecting these parts, and a

knowledge of the actions of the remedies I employ in it, I have been enabled, through God's blessing, successfully to treat many unhappy cases, and I think that the following pages will show that I have introduced a simpler, more scientific, and less painful treatment than that usually adopted by the allopathic school.

26, WELBECK STREET, CAVENDISH SQUARE, W.;

AND

10, CAVENDISH ROAD, ST. JOHN'S WOOD,  
LONDON, N.W.

*1st February, 1866.*

## DISEASES PECULIAR TO WOMEN.

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### SOME DISEASES PECULIAR TO THE WOMB.

DISEASES of the womb are of two kinds—the functional, or those dependent upon derangement of the uterine functions ; and the organic, or those in which the organ itself is involved.

First. Functional diseases, or diseases owing to derangement of one or more of the functions of the womb.

In the healthy female a periodical discharge takes place once in the lunar month, generally first occurring about the age of fourteen or sixteen years, and terminating from forty to fifty-five years of age. Amongst the profession it is known by the name of the Catamenia. No female between the ages of sixteen and forty years of age can be said to enjoy good health unless this discharge takes place with regularity,

is sufficient in quantity, and lasts a proper length of time; which is from three to six days. When the discharge suddenly ceases between the ages mentioned, or continues longer, or occurs more frequently, than every lunar month, then we say there is functional disease of menstruation. These diseases may be considered under three different forms: viz., AMENORRHŒA, or *absence of the menstrual flow*; DYSMENORRHŒA, or *painful flow*; and MENORRHAGIA, or *profuse flow*.

#### AMENORRHŒA.

Amenorrhœa is the term given to absence of the monthly flow at the time when, in the ordinary course of nature, this periodic discharge from the womb should take place. It may be divided into two classes.—1st. Complete retention, the menses never having made their appearance; and, 2nd. Suppression, after they *have* occurred with regularity.

The first may be owing to imperfect formation of the generative organs; thus, the womb may be normal, but the ovaries may be wanting, or diseased, or *vice versâ*. The ovaries may be perfect in every respect,

but the womb itself may be incompletely developed, the canal in the cervix or neck may be obstructed, or the mouth of the womb firmly closed; or, as has been known in some cases, both ovaries and womb may be altogether wanting. Again, the passage, or vagina, may be narrowed by adhesion of its walls, only partially open, obstructed by false membrane, or even absent altogether.

When this defect is traceable to causes affecting the ovaries, while the rest of the body seems well developed, the characteristic marks of the sexes are absent, and menstruation is not even attempted. When the fault lies in the womb, however, the attempt is made, though no discharge result, and the marks we have referred to are sufficiently distinct. In the case of obstruction, the menses may be duly secreted, but retained in the womb or the passage, giving rise to serious mischief from over-distension, unless speedily relieved.

2nd. Absence, after the discharge has been well established, is known as "suppression of the menses." This, I believe, is by far the more frequent form of Amenorrhœa. I have met with but few cases arising from malformation. Suppression may be caused by many circumstances—as inflammation of the womb or ovaries, or more frequently it is brought about by



carelessness, but in some cases with deliberate intention, as by sitting with wet feet, standing in draughts when heated, &c. Two cases have come under my notice in which the flow was suddenly checked by two young ladies deliberately putting their feet into cold water, in order that they might join some party of pleasure. Both paid a fearful price for their folly. One fell into bad health and died within the year; the other was a sufferer for many months. I have occasionally met with her, but she has never recovered her former health. Sudden fright during the flow may stop them, as the following case proves:—Mrs. —, aged 41, was always periodically regular. One day in July, 1864, in getting out of a railway carriage on the South Eastern Railway, the train suddenly moved, and she fell on the platform; it was the second day of the flow. She was much frightened; the flow suddenly ceased. I saw her about nine months after this; at the time she complained of fullness about the head, pain in the chest, and lower parts of the body. I put her under *Nux Vomica*, *Pulsatilla*, *Macrotys Racemosa*, and in about three weeks the catamenia were re-established, and I believe she is now quite regular.

The symptoms the patient generally complains of in these cases are, at each usual period, when an

attempt at menstruation is made ; pain in the back and loins ; weight in the lower part of the abdomen ; aching along the thighs, general lassitude and uneasiness, without any discharge.

To these general symptoms, if the suppression has been due to carelessness, or exposure to draughts, wet feet, bathing in cold water, as mentioned above, are added special and alarming ones, such as fever, hysteria, mania, epilepsy, &c., &c., which require prompt and efficient treatment.

And now with respect to the treatment of these two varieties of Amenorrhœa. Of course in the first, where there is manifestly a complete absence of both womb and ovaries, nothing can be attempted ; and when the mouth of the womb is occluded, or there is a positive obstruction in the passage, surgical assistance to open one may be absolutely required. But in cases where the non-appearance of the menses is entirely due to functional derangement of the ovaries, or inaction, medical aid, properly so called, may be of great utility.

The best allopathic authors unite in recommending general and local bloodletting at the menstrual period, in all these cases where there is a full habit of body ; and in the interval between these to follow the treatment up, with fasting, exercise, and purgatives.

In the weak, pale, or delicate, they advise generous diet, wine, gentle exercise, and especially preparations of iron, also iodine, strychnia, and electricity.

The local treatment consists of stimulating injections into the vagina or uterus; leeches to the breasts, or cupping-glasses; leeches to the mouth of the womb.

Much injury has been done to numbers of young women by the enormous doses of iron given with the idea of improving the health by adding to the blood what it might seem deficient in; pounds of iron in this way have been "thrown in" to patients, until not only are the stools rendered black as ink, but the stomach, the liver, and spleen have been so irritated and damaged, as to add tenfold to the trouble of the patient, and leave but slender hope indeed of ultimate recovery.

The homœopathic mode of administering drugs in these cases, as in all others, is safer, more pleasant, and far more effectual.

The chief remedies against the total absence of the catamenia, are: Puls., Sepia, Sulph.

In plethoric girls—Acon., Bell., Bry., Plat., Sabina, &c.

In weak exhausted persons—Ars., Chin., Con., Graph., Iod., Fer. Acet., Veratrum, Merc., &c.

Many years ago, when a strict allopath, my favorite

and most successful remedy in treating suppression was a mixture of gum guaiacum, and carbonate of potash, introduced and first used by Dr. Dewees, a celebrated accoucheur, of Philadelphia; and although more generally effective than any other allopathic remedy, yet from the disgusting nature of the dose causing derangement of the stomach and other difficulties, it has been given up, even by the old school. However, my mode of treating this form of amenorrhœa now is very different.

In treating this, as well as any other form of disease, our first endeavour is to discover the cause. In this instance, whether the suppression be caused by inflammatory action, exposure to cold during the catamenia, or from wilfully checking them by putting the feet into cold water; and after this knowledge is obtained, the treatment must again be varied by the symptoms that have arisen. In the stout and robust the symptoms are more alarming at the time than those usually found in the pallid and delicate. In the former I arrest inflammatory action by the internal use of Aconite, or *Veratrum Viride*. If, as is almost always the case, pain is felt in the hypogastric region, I even order that the lower part of the abdomen be encircled with a bandage wet with a lotion of *Veratrum Viride* and water, and covered with

oiled silk; if this does not produce relief, I direct a warm bath, of the temperature of about 90° to 95°, in which is mixed a teaspoonful of some of the alkaloid tinctures to every three gallons of water. Of these tinctures, *Baptisia Tinctoria*, *Macrotys Racemosa*, and *Veratrum Viride* are the best. These medicines are also given by the mouth, according as symptoms arise, but in ordinary cases I generally find that a few doses of either the *Macrotys* or *Baptisia* are sufficient to re-establish the discharge, and when these fail, I generally have recourse to *Gossypium*, which in almost every case is successful.

I may here state a curious fact which I heard many years ago when travelling through the slave states of America, and that was, "that the root of the *Gossypium Herbaceum*, the cotton plant, was such a powerful emmenagogue that on very few plantations where the plant was cultivated were any children born, the fact being known to the poor slaves, who, when pregnant, made a decoction of the root, which never failed to produce miscarriage, and it is from this fact, although not generally known, that the cotton-growing states never raised enough of slave children to fill the vacancies caused by death or otherwise amongst the adults, but depended for their

supply on the tobacco-growing states, as Virginia, Kentucky, &c.”

On the other hand, when the weak and delicate suffer from suppression, then the symptoms are very different, a chlorotic state occurs—the countenance assumes a waxy greenish hue; dark circles form around the eyes; the lips become bloodless, and the poor sufferer generally sinks, seemingly through other complaints, although the primary cause is suppression of the periodic flow. In such cases I generally order Heloniadin, Xanthoxylin, Cerasin, and Asclepiadin, with nourishing diet, gentle exercise, a liberal allowance of Hungarian wines, careful attention to the bowels; and when tone is given to the system, I then cautiously administer Macrotidin or Baptisin in such form as the case may demand. With a knowledge of these powerful new remedies the physicians of the present day might, with judgment in their application, render suppression one of the forgotten difficulties of a by-gone age.

Again, when the flow is absent from organic or mechanical difficulties of the parts themselves, then our treatment is quite different; we must, if possible, by some operation restore the parts to a normal state. It must be apparent to all, that, in those sad cases where neither uterus nor ovaries exist, that

nothing can be done nor should anything be attempted. I have never met with such a case, but numbers are recorded, (as having been met with by well-known writers on these diseases).

The most common mechanical difficulty is either where the mouth of the uterus is tightly closed (generally from former inflammation), or where a membrane covers the os, preventing the discharge. In such cases a surgical operation becomes absolutely necessary. In occlusion of the os, a passage must be made into the womb in a line where the adhesions have taken place. Some surgeons prefer one kind of instrument for doing this, some another. In performing it I make the opening by means of a French instrument which makes a triangular incision, dividing the os into three parts, which I then plug with cotton wool dipped in oil, preventing it re-uniting, and the os remains permanently open.

In those cases where a membrane covers the os, I have generally used a long narrow knife rounded and blunt in its edges, and only cutting on its point which is square about a line or a line and a half in breadth. Then introducing the finger of the left hand until the os is felt underneath the membrane, the knife is carefully passed along the finger, and a slight and careful pressure divides the membrane,

which is known, by the profuse flow of grumous matter which follows. Although these operations are seemingly simple, yet (generally) they are followed by more or less severe constitutional disturbance, which demands immediate and careful attention should they arise ; and, what is strange, the latter, and seemingly the most simple operation, is the one in which constitutional disturbance is more frequent.

Again, sometimes the hymen is imperforate, thereby retaining the menstrual flow in the vagina. If this be not speedily attended to, much mischief may arise. Here the cure is simple and safe, viz., to divide the membrane with a common bistoury. I generally make a crucial incision, and keep the divided parts from uniting by dressing with cotton wool dipped in oil. Again, malformation or adhesion of the vaginal walls may prevent menstruation. These are much more serious difficulties than the last, and most of them irremediable. I have never met with such a case, although I have been told of them by medical friends who have seen them. The nearest approach to a case of the kind I ever met with was in the year 1861.

A gentleman whom I had previously treated successfully for cancer brought his wife to me, stating that he thought something was wrong, but did not



exactly know what. They had been married some four years, and although the lady enjoyed good health, yet the flow came away slowly, lasting a long time, and generally towards the close of the month. On examination, at first I could find no womb, the passage terminating in a *cul de sac*. I soon, however, felt the womb through the anterior wall of the vagina, and on further examination I discovered a small opening not large enough to admit a quill, ascending upwards and forwards, immediately behind the symphysis pubis. This opening was dilated by means of sponges, and when sufficiently large to admit a finger, I found the womb quite normal, healthy, and at the end of this narrow canal.

Her husband placed her under my care, and I dilated the passage with some success, and although it was dilated to a natural size, yet contraction in the course of a few weeks always took place. So at last, to avoid this constantly recurring difficulty, I divided the posterior wall, and filled the passage with oiled cotton wool. The incisions rapidly healed, no contraction followed, and I had the pleasure of sending the lady home quite well. I merely introduced this case here to show that partial stoppage may occur without entailing constitutional disturbance, and that considerable malformation may be rectified,

even although of long standing, by very simple means.

Before concluding this subject, I may mention a form of retention that is frequently met with. It occurs only in the young, and among those from fifteen to twenty-five years of age. In these cases they suffer from the same symptoms that occur in suppression from exposure to wet and cold, with the exception that nature frequently makes an effort to relieve herself through the lungs, for frequently young women in this state suffer from hæmoptysis (bleeding from the lungs), which gives rise to much alarm to their friends, and certainly not a groundless feeling of fear, for if the womb, the original cause, be not looked to, and the treatment be directed exclusively to the lungs, then true phthisis or consumption sooner or later becomes developed. The experienced physician in such a case treats it as one of suppression of the menses from cold and exposure, and if so he will meet with success, and all pulmonary symptoms will speedily disappear. One remark I would here make, that no attempt at digital examination should be made in such cases unless there are good grounds for supposing that the retention is caused by malformation, or occlusion of the os.

Miss ——, aged twenty-three years, came with her aunt, Miss ——, to consult me in April, 1859, about a small simple tumour on her left breast. It had been there for some eighteen months, caused no pain, but, having heard so much lately about cancer, became alarmed, and she determined to consult me. She informed me that she had never menstruated, but that every two or three months she suffered from violent headaches, pain in the back, and the thighs, and that her breasts, especially the left one, always became enlarged, hard, and painful, during these attacks. She considered them as nothing more than common bilious attacks, as, to use her own words, she was always very bilious (how fortunate it would be for some, if they had never known that there was such an organ as the liver, or such a thing as bile), and that the lumps in her left breast had been left after one of these attacks; further, that she frequently spat up some blood, which she supposed to have been caused by vomiting, and after this she always soon got better. In this case the tumour in the breast was of secondary importance. I prescribed with the view of establishing the catamenia. I gave *Nux Vomica* and *Pulsatilla*, without benefit; but after using *Macrotys Racemosa* in small and repeated doses, in a short time, through God's blessing, they were established,

and with a little care and precaution during the first few months, she became perfectly regular, and continued to enjoy good health. I saw this lady some two years ago, when she told me she could not find any lump in her breast now.

It would be easy for me to describe many cases from my note-book, but in a popular work like this I wish to avoid filling my pages with dry cases, merely transcribing one here and there, to illustrate my subject or theory as I go along.

#### DYSMENORRHŒA.

Dysmenorrhœa—*difficult or painful menstruation.*  
—This term is applied to that state when, though the monthly flow may be regular, profuse, or scanty, it is always accompanied with a considerable amount of pain and suffering.

It may be divided into three varieties; dysmenorrhœa from inflammation, from neuralgia of the ovaries, and from obstruction or narrowing of the cervix.

Dysmenorrhœa from inflammation occurs only in females of a full habit and sanguine temperament—

in virgins as well as in married women. The attacks are preceded by restlessness, shiverings, flushing, and headache, and at the period is marked by some pain in the back, aching in the limbs, weariness, inability to bear strong light or loud sounds, hot skin and full rapid pulse. These symptoms are relieved for the time by the occurrence of the menses, but recur at the next period with generally increasing severity. During the intervals the health is only slightly affected; there may, however, be headache and slight pain in the side.

We find on examination during an attack that there is congestion of the womb, not unfrequently a swollen condition of the cervix, and increased heat of the parts. Sometimes also there may be pain and swelling of the breasts.

*Treatment.*—The old school recommended, as usual, venesection, leeches, cupping, or even scarification to the cervix uteri, saline purges, calomel and opium at bed-time, &c. The new school effect the same by much gentler means.

They find that by exhibiting Acon., Bell., Cham., Cocc., Nux V., Plat., and Puls., all these inflammatory and distressing pains can be relieved without the patient losing any blood, or submitting to any increased suffering.

In the neuralgic form, which is most frequently met with in unmarried women over the age of thirty, of a nervous temperament, and thin, spare habit of body, we find the symptoms somewhat different; a sense of general uneasiness, cold feeling in the deep-seated parts, and headache. The pain in the back commences in the lowest part of the spine or sacral regions, and thence extends round the abdomen and down the thighs. The discharge is slow and scanty, or comes forth in gushes, paler than natural, and occasionally either mixed with clots, or containing shreds of membrane, which are shed from the cavity of the uterus.

The pulse is very little above the natural standard, and the general condition of the patient only slightly altered, if at all. An internal examination reveals nothing abnormal, and therefore the origin of the evil seems to lie in some irritable condition of the nerves of the womb or the ovaries, which cold, sudden shock, or mental emotions, have excited into neuralgia.

*Treatment.*—This, which should be soothing and restorative, is sought to be obtained by allopathic practitioners in the frequent use of various forms of opiates, draughts of compounds of ether and steel wine, camphor mixture, blisters to the sacral region, or even caustic issues.

Homœopathy seeks to restore the tone of the nerves, and relieve any latent inflammatory condition of the womb or ovaries, by medicines which, in very minute doses, have a special power of acting upon the nervous tissue, and studiously avoids opiates, as tending to benumb the nervous sensibility to pain, at the expense of future power, while they leave the cause of that suffering untouched.

Dysmenorrhœa from mechanical obstruction, by which we mean a narrowing or partial occlusion in some part of the cervix uteri or vagina; may result from imperfect development at birth, from diseases contracted, or from inflammation or ulceration of the cervix, and the use of caustics for its cure.

*Treatment.*—This usually consists in simply dilating the passage by proper sized wax instruments called bougies; commencing with small, and gradually using larger ones, until the natural calibre is restored.

Having employed during the last twenty-three years both the allopathic and homœopathic Materia Medica in the treatment of these painful forms of disease, I think I am competent to form an opinion on this vital subject, and I unhesitatingly pronounce that those agents as used by the homœopath are infinitely the more valuable of the two in affording

relief. The relief by their use is not only obtained in a shorter space of time, but is more permanent, and the dysmenorrhœa, if properly treated homœopathically, shortly gives place to painless natural menstruation. When I meet with a case suffering from dysmenorrhœa caused from inflammatory action, my first endeavour is to reduce the inflammation by the administration of Aconite, or of *Veratrum Viride*, alternately with *Mercurius Solubilis*. A few repeated doses of these medicines, are generally sufficient, especially if they are accompanied with the warm medicated bath; but if the painful symptoms do not speedily yield, the bath may be repeated twice daily, but this is seldom necessary. The patient should immediately go to bed after each bath, as their diaphoretic effect should be encouraged as much as possible; and if care be not taken a chill might occur, and serious consequences would arise from such a mishap. These medicated baths I have found of great use not only in this form, but also in the neuralgic form of dysmenorrhœa. To these may be enjoined rest: in a word, the lady's bed-chamber is where she ought to be during the whole period in these abnormal cases. After inflammatory action has been subdued by the *Veratrum Viride* and *Mercurius*, then *Xanthoxylum Fraxineum*, *Caulo-*



phyllin (prepared from the *Caulophyllum Thalictroides*) and Hamamelidin (prepared from the *Hamamelis Virginica*), are the most reliable medicines now to be employed. I may here mention that in those cases where the Xanthoxylum fails to afford relief, the Hamamelidin possesses a peculiar power, almost *sui generis*, in assuaging the pain caused by dysmenorrhœa, whether in its inflammatory or neuralgic phase. I mention this, as the *Hamamelis Virginica*, from which it is extracted, possesses none of this property, acting mainly as a powerful and valuable styptic. Indeed, in a number of cases, I have warded off the periodical suffering without checking the flow, by giving my patients repeated doses of the alkaloid a few days before the anticipated attack was expected. There is another point regarding dysmenorrhœa which I have never seen mentioned among modern authors, and that is its regularity. It seldom fails to reappear on the very day.

In the neuralgic forms of the disease I find Caulophyllin not so valuable as in the inflammatory, but have experienced much benefit from Gelseminum and Xanthoxylum, alternated with Veratrum Viride. In the former much benefit is derived by painting the hypogastric region with the concentrated tincture of the Veratrum Viride.

In the third form of dysmenorrhœa, or that caused by mechanical obstruction, it is evident that nothing will afford relief but the removal of the obstruction. Much mischief is daily caused by physicians not discriminating between the three forms of dysmenorrhœa, and thus insisting on examination either digital or by speculum, when no obstruction exists. In reading all the books recently published on this subject, it seems strange to me that no marked symptoms have yet been noticed—symptoms by which obstruction, partial or complete, can be at once detected. My experience, compared with the majority of these world-known men, is comparatively insignificant; but it seems to me that when a man acquires a world-wide celebrity, his sense of discrimination becomes blunted, and in every case he falls into a mere practice of routine. In my case, as yet, I have not reached that unenviable position, but have carefully to note, and consider well every symptom that arises. I have found in these cases well-marked symptoms that cannot be mistaken. As a rule, when partial obstruction is the cause of stricture of the neck, the following symptoms occur: “A day or two before the flow should take place, fever, rigor, pains in the back and lower portions of the body, occur; to

these are frequently added vomiting, bearing-down pains, and a feeling of total prostration."

These painful symptoms last from twelve to forty-eight hours, then a drop or two of menstrual flow appears, relief is afforded; the discharge is slow, and lasts from six to ten days; and when it does appear, all the agonising symptoms disappear; why? the menstrual fluid collects within the uterine cavity; the stricture, or small size of the orifice, prevents its escape, until by accumulated force it is allowed to flow. In complete obstructions of the womb the symptoms are aggravated by their longer continuance, for there can be no relief until an opening is made for its escape, and if this is not done, the most serious consequences will certainly ensue.

I have had a number of these cases, and at present I have a young married lady under my care. Although married for some years, there has been no offspring. Every lunar month she suffers agonies for thirty-six hours or more, attended by fever, rigors, vomiting, and indeed with so much regularity do these occur, that she can tell to an hour when they will begin. After the thirty-sixth to the fortieth hour a drop or two of the catamenial flow appears, she is rapidly relieved, but it dribbles away from her for more than seven days.

In such a case I formed my opinion, that here was partial obstruction at or of the cervix, that probably a stricture existed, especially as she suffered acutely some years before from a violent fall. On examination my views were confirmed. The os could scarcely be detected, its opening was almost obliterated. My first endeavour was to introduce a small bougie, in which I was successful ; a larger one was introduced next day, and soon I was enabled to use the uterine sound. This I considered to be quite sufficient, and when the period came on after this there were neither pain nor constitutional disturbance, indeed it was the first time that menstruation was natural. The lady remains quite well.

#### MENORRHAGIA.

This term is applied to a profuse and excessive flow at the monthly period, sometimes accompanied with blood, and sometimes not. Excessive menstruation may be of three kinds : the return of the menses may be too frequent, or they may be too copious, or at unusual periods.

It is most frequently met with in the married female, and in many cases is owing to too rapid

child bearing. However, it is not unfrequently met with in the childless. The discharge is frequently accompanied with coagula of fibrine, giving rise in their passage to much pain; these two forms may occur at any age during the menstrual period; but perhaps the most serious form of menorrhagia occurs at the change of life. This discharge then often amounts to a flooding, being composed of blood, besides the catamenia or menstrual fluid, and sometimes lasting for months at a time; in these cases some disease of the womb itself may be suspected. In all, this unnatural discharge is accompanied by feelings of exhaustion, inability, or disinclination to move, weakness across the back and loins, chills, palpitation of the heart, giddiness, and throbbing headaches, diarrhœa, dropsy, &c.

The first step to be taken is to arrest the exhausting discharge, and this can only be done after a proper examination to ascertain the cause of difficulty, and, generally speaking, we find the os (mouth) open, or the womb, or its neck, enlarged, or displacement of the organ. The treatment must of course depend upon what condition the organ may be in; and this can only be ascertained by examination.

The practice of the old school for menorrhagia is strictly antiphlogistic; saline purgatives, sugar of

lead and opium, ergot of rye, were all administered—with what success the gentlemen who use them alone can tell.\* The homœopathic remedies are numerous, and to be successful, requiring care and discrimination in their administration, for I have both practised allopathically and homœopathically, and I find that it requires much more judgment and observation to be a successful homœopath than it does in prescribing the good old-fashioned doses of the allopath. Acon., Phos., Plat., Sec., Sab., Ign., &c., &c., are among the most useful.

It may not be out of place here to make a few remarks on the proper manner of making examinations of the womb. It may seem strange to the non-professional readers when I tell them that I have met with few men in the profession who know, or rather who seem to care, how they make these examinations in the cases of delicate females. The first object to a refined mind is to avoid, in every case, any exposure of the person. This is easily done. Secondly, the examination, in every case, should always, in the

\* I hear that an infusion of digitalis is at present the fashionable remedy for menorrhagia: it is given in repeated doses until giddiness and other symptoms of poisoning become developed. Its advocates admit it is not a specific, and as its use must be attended with imminent danger, probably its use will soon be discontinued.

first instance, be digital, and not until after this, should an instrument be used, and then only if absolutely necessary. This is most important, for in malignant diseases especially, we are not aware how far the vagina may be filled with morbid growths; and I have seen much injury inflicted, and violent floodings resulting, from the rash introduction of the speculum.

Digital examination ought always to be employed, first, to ascertain if any impediment is in the way to the introduction of the instrument; and if the slightest pain is caused from this mode of examination, it should be at once relinquished for some time, until the parts are soothed by proper treatment. When no impediment exists to the use of the speculum, then one of a proper size, and of a form adapted to the case, should be employed, not using one instrument for every case; and if this be properly done, no pain, no irritation, no exposure so terrible to the refined mind need be occasioned.

If we find the excessive flow is owing to a want of contracting power, the proper remedies to be used are those that give tone and power to the parts. In these cases Heloniadin is a most valuable agent; also Caulophyllin, especially if the flooding be great, is of much use, and the Hamamelis Virginica may be

used as an injection with benefit. In restoring the strength after these exhausting drains I find *Asclepia* to be one of our best blood-makers, with a liberal allowance of the pure Hungarian *Carlowitz*.\* *Menorrhagia*, unlike *dysmenorrhœa*, is very irregular; seldom does it occur at the lunar month, much more frequently every third, or even every second week. Again, its course is seldom prolonged beyond five or six days, but sometimes as many weeks, for the sufferer never recovers from the effects of the draining discharge before another period commences, her strength rapidly fails, she is literally bloodless, and sooner or later dropsical effusion takes place. In 1858, I was called into consultation by a distinguished physician to see one of his patients, a lady at the West-end. When I saw her, she was almost exsanguinated—she could scarcely move without a gush of blood during the discharge, which lasted from ten to twelve days and always recurred from eight to ten days after its stoppage, and there was

\* These wines have become so well known to the medical profession and to their patients that many spurious wines under the name of *Carlowitz* have been introduced into the market. I would advise all who require them to obtain them direct from the original importer, Max Greger, Esq., 7, Mincing Lane, London, E.C.



therefore no time for nature to recover her normal power. This sad state of affairs had been going on for about nine months, and from being a strong and healthy woman, she was reduced to the weakness of a child. The blood was pouring from her on the slightest movement, and in such a case I recommended plugging the passage with cotton-wool saturated in the tincture of *Hamamelis Virginica*. This with the consent of my friend I did, and ordered *Arsenicum* and *Carbo V.*, also strong Beef-tea and Champagne. Next day we found her rather stronger, no discharge, but complaining of uneasiness from the plug. We did not consider it safe to remove it until the following day, which I did without any recurrence of hemorrhage. The same medicines and diet, with perfect rest, were enjoined, with the addition of an injection of the infusion of *Hamamelis Virginica* was ordered to be thrown up the vagina night and morning. In a week the lady was able to sit up; on the ninth day the flux again reappeared. Rest on a hard mattress was ordered, with injections of the *Hamamelis V.*, and the same given internally every three hours. On the fourth day the discharge ceased. On examination nothing abnormal could be observed, unless the os was rather more dilated than usual. The injections to be continued once a day. It was

nearly five weeks after the second attack before the flux again reappeared, and as the lady at that time was fifty-four years of age, I had no hesitation in recommending it to be immediately arrested. This lady, through the Lord's blessing, soon recovered her health, and at the present time is quite well, and enjoying uninterrupted health, although over sixty-two years of age.

Again, a frequent cause of menorrhagia is ulceration of the cervix, either of a simple or of a malignant character. This form of menorrhagia will be discussed when I write on ulceration, as also that caused by polypus or tumour in the cavity of the womb. It is needless to insist that the health and strength of the patient must be supported by nourishing food, proper stimulants and rest. Indeed, all persons suffering from menorrhagia should be kept as quiet as possible; above all things carriage exercise and more especially railway travelling should be avoided, for there is something in the peculiar jerking, shaking motion of a railway, even in the most comfortable carriages, which frequently causes this discharge, more especially in those cases complicated with malignant disease or tumours.

Some few years ago a lady having malignant ulceration of the womb, and suffering from menor-

rhagia amounting to flooding, attempted to come up from Yorkshire to see me. She had not travelled many miles ere copious flooding occurred and she had to be removed at the next station, where she remained nearly a month before she could be conveyed home by road in her own carriage. The patient should not be allowed to remain all day in bed (which should not be too soft, a good hair mattress over a feather bed is the best), but be removed by forenoon for the remainder of the day to a couch in her chamber. This should be done even during the flow; she should not be allowed to put her foot to the ground, but should be carried from her bed to the sofa, as sometimes when these parts are so relaxed the slightest movement not only causes an increased flow but even displacement of the organ itself.

## THE NON-MALIGNANT DISEASES OF THE WOMB.

It would be out of place here to say anything of metritis, or inflammation of this organ depending upon parturition, but I shall at once proceed to consider the cause of most uterine difficulties, viz., congestion of the womb.

### CONGESTION OF THE WOMB.

As there is a periodical discharge from the healthy womb, from the age of puberty to forty or fifty years, it can be easily understood that if anything should stop that flow, congestion of this important organ must take place.

The symptoms in these cases are, a dull aching pain about the groin and the vagina, causing constant uneasiness (somewhat relieved by pressure), with a feeling of weight upon the bladder, until the flow commences, which, in these cases, is generally dark and thick; relief is afforded for a time, but previous to the next period the symptoms are all aggravated. The inflammatory action speedily extends to the

cervix, or neck of the organ, which, being covered with a mucous membrane, gives rise to a white, thick, matter-like discharge, accompanied with a sense of heat, loss of appetite, nausea, and great mental despondency. These symptoms, if not speedily relieved, are the precursors of more serious mischief, the first of which is generally prolapsus, or displacement of the womb, owing to its increased weight from the accumulation and determination of blood to these parts, and from the vaginal walls being relaxed by the continued discharge. In such cases I have found nothing so beneficial as injections of the *Hydrastis Canadensis*, an agent which has a wonderful power, and an effect *sui generis* in inflammation of mucous membranes. These injections, however, must not be applied in the manner usually recommended by surgeons, which is to thrust the syringe up the passage as far as possible, and standing over a bidet or chamber to use the instrument. Common sense might long ago have shown to every one but the most prejudiced that thrusting an instrument up a passage, and bringing it in contact with an inflamed organ, must cause much mischief and irritation, and aggravate the complaint. No wonder, therefore, that this important appliance in treating this class of diseases has fallen into disrepute among the more scien-

tific practitioners of the present day. But if the injections are applied in the manner now first recommended by me, and shown to many of my professional friends, then they will be found to be most beneficial, often affording relief in a few hours. The first step is to procure a proper syringe, very unlike the ordinary instrument usually employed. It ought to be made of glass, of a proper diameter, regulated by the consideration whether the patient be married or not. It ought not to be more than four or five inches in length, and never to be introduced further than half an inch into the passage. My chemist has had these syringes manufactured at my request. About half an inch from the extremity there is a small ridge, and about an inch beyond that another ridge; between them I wind cotton wool, and the entrance of the instrument further than desired is thus prevented. The syringe having been filled with the fluid to be injected, the patient lies upon her back, having her hips well raised by pillows—the neck of the womb in this situation is lower than the vagina—and introducing the instrument she can herself throw up the injection, and remaining in the same position for a quarter of an hour the medicated agent is kept for that time in constant contact with the diseased parts, and that

without the usual irritation produced by the former useless modes. These injections ought to be repeated frequently, and relief will soon be afforded.

Constitutional remedies ought also to be adopted, and probably the best of these are Myricin, Caulophyllin, and Veratrum Viride, and the bowels may be regulated with Podophyllin and Leptandrin. The general health ought to be supported with a nutritious diet and a moderate allowance of stimulants, for this in reality is not a constitutional disease, but only a local inflammation; and if the system be reduced the disease will rapidly degenerate into a malignant form.

In these cases I would implore all to avoid—1st. Local depletion by leeches. This is the too common mal-practice of the old school of practitioners, who recommend leeching with the idea of relieving the engorged vessels, without adopting means at the same time to cause their contraction. The consequence is that as soon as the vessels are emptied by the leeches they are again filled, and the patient is worse than ever—it being forgotten all the time that this is a disease of debility. I know several ladies, at present, who are in the constant habit, every week or two, of applying these noxious reptiles to themselves. Of course they are only relieved for a day or two, and all are confirmed invalids, with shattered constitu-

tions, and can scarcely leave their homes for the slightest exercise without suffering severely for days afterwards, whilst in two of them dropsical symptoms have been developed.

2nd. Iodine in the form of tincture ought also to be avoided. I have known one instance in which this cruel application was applied to the neck of the womb, causing the local ailment speedily to degenerate into malignant cancerous disease. And this experience of mine is borne out by Mr. Leadam in his work, who states, "Iodine has been known to accelerate the metamorphosis of induration of the cervix into cancer, and one of its properties is to cause the disappearance of the cellular and adipose tissues." (Leadam on 'Diseases of Females,' p. 214.)

3rd. Cold hip baths have been highly lauded and enforced. In my opinion, they are worse than useless; because they lower the temperature of the hips and adjacent parts, reaction occurs, and an increased flow of blood rushes to the parts; the disease becomes speedily aggravated, and, assuming a chronic form, entails misery and suffering upon the patient for the rest of her days.

I might fill pages with the remedies advocated by many surgeons who have written on this subject, but surely the above are sufficient. In conclusion,



I should state, that in these cases, if a cancerous diathesis exists at the time, the congestion, acting as or being an exciting cause, will probably cause a speedy development of malignant disease in the cervix of the womb.

Miss ——, æt. 37: this lady had cancer of the left breast in 1856, when it was removed by a distinguished surgeon in the usual way. The disease reappeared in the right breast in 1858, and in September of that year, she was placed under my care. I removed the disease. Some months after her recovery, she suffered periodically from congestion of the womb. In 1859, symptoms of cancerous disease occurred in the cervix, and on examination in the spring of 1860, cancerous ulceration had commenced. She again placed herself under my care. Hydrastis injections were used twice daily, with the application of Hydrastidin, Myricin, and Baptisin, combined with Spermaceti ointment, was applied to the cervix itself, and in the course of a few months, I was enabled, through God's blessing, to pronounce the lady well, and I am glad to say that so far, now nearly six years, there has been no return of the cancerous disease, although she has had several attacks of congestion, but now knowing their danger

I was at once sent for, and in a very short time, by the use of *Veratrum Viride* internal, locally, and by using warm baths, medicated with the same remedy, they now pass harmlessly off. I have met with only one case in which congestion was owing to venereal over-excitement without gratification. In the spring of 1864, I was consulted by a lady of twenty-eight years of age, who had been married some six years. She appeared to be suffering from all the symptoms of congestion, which periodically prostrated her, causing much suffering and inconvenience, accompanied by leucorrhœa, pains in the back, tenderness on pressure in the left hypogastric region, &c., &c. In such a case an examination was essential, which having being twice refused, I discontinued my visits, being satisfied that until I was certain as to what the exciting cause was, I could not conscientiously prescribe. Another attack soon came on, and in her pain she gave her consent to the examination. On attempting this I was surprised to find that she was not in the condition that is expected in a married woman, and on taxing her with the fact, she acknowledged that her husband was impotent. I urged the necessity of separate rooms, and a proper course of treatment, but owing to family affairs,

neither would consent to this course, and I finally retired from the case.

Congestion frequently occurs without any apparent exciting cause, unless it be the catamenia; but what is strange in some cases, it does not occur immediately before the flow, but either immediately after, or between the two periods; for instance, I have at present under my care an unmarried lady who suffered regularly for months from congestion of the womb, three or four days after the catamenia ceased, and I have another lady who suffers from congestion every fortnight after the period has passed, in both these cases there seems to be no exciting cause, for the attacks of congestion come on as regularly and with the same interval of time as the catamenial flow, giving rise, in my mind, to the idea that the parts have got into a bad habit, and in such cases it is only by care and attention in anticipating these attacks that we can hope to effect a cure. One of these ladies has been under my care some two years, and the other only a few months, and I am glad to say that although there is yet no diminution as to regularity, yet in both the attacks are reduced to a minimum, and are now comparatively slight.

## LEUCORRHŒA OR WHITES.

This disease is frequently classified among those dependent upon functional derangement of the womb ; but, in my opinion, it is better to class it among those diseases that are owing to its organic derangement, because in most cases where it exists, it is accompanied by organic lesions, and in all, if it continues for any length of time, it results in ulceration. It is dependent upon an increased flow of the secretion that lubricates the organs of generation. The secretion is greater than the absorption, and if not arrested, not only proves a great discomfort to the female, but sooner or later impairs the health, and lays the seeds of fatal disease.

We not uncommonly find in young and delicate females, that at one or two of the monthly periods, previous to the appearance of the catamenia, a discharge of the "whites" take place, as a kind of substitute for them. This results apparently from want of stamina in the system from which to produce the usual healthy flow.

The "whites" are also not unfrequently met with at the usual periods in suppressed menstruation, in

menorrhagia, about the cessation of the menses, and in chlorotic patients.

The seat of this disease has been found to be principally in the canal of the cervix, and but rarely to affect the body of the womb itself. At first the discharge is thin and glairy; as it increases, it assumes a white character, becoming more purulent; sometimes it is opaque, and yellowish and thick, and eventually ulceration takes place. The discharge is at times streaked with blood; it becomes acid, watery, and offensive, and is the certain precursor of malignant disease.

It may be caused by miscarriage, or great sexual excitement, displacement of the womb, tumours, ulceration, &c., &c. The proper mode of treating this disease is to discover the exciting cause.

Allopaths recommend, as usual, cupping and leeches, followed up by baths and free internal administration of balsam of copaiba, sulphate of iron, decoction of logwood, ergot of rye, &c.; and externally, blisters to the sacrum, injections of gallic acid, iodine and nitrate of silver, &c. Homœopaths rely upon giving Calc., Puls., Lep., Sulph., with occasionally doses of Aconite or Bell., if there is much irritation or pain in the loins and back.

In all cases of leucorrhœa that I have met with

I have always found more or less debility, or prostration of strength. If my opinion be correct, then leeching, cupping, and the other antiphlogistic means employed by the allopaths must aggravate this disease, and that this is so, I unhesitatingly refer to the experience of any honest practitioner who has used these ancient remedies. If any disease may be called a "disease of debility," that disease is leucorrhœa, for we never find it existing alone, in the healthy female. It is also a frequent accompaniment of displacement, though displacement may exist without leucorrhœa, and leucorrhœa exist without displacement; but wherever it exists, no time should be lost in attempting its cure, for if allowed to act as a continued drain on the system, its effects will become painfully evident in a very short time. In the incipient stages of this disease I have frequently found a free injection of the watery infusion of *Hydrastis Canadensis* effect a cure, but in the majority of cases much more is required. Looking to the disease as one wholly of debility, my treatment is directed to build up the system, and to give tone to the affected parts. Among the best remedies for this I have found the *Helonias Dioica*, *Xanthoxylum Frax.*, *Hydrastis*, and *Trillium Pend.*, besides these there

are other remedies of the same class. I generally administer these in the first or second decimal dilution, and in some few cases in the mother tincture. In addition to these I insist upon rest; all violent exercise, as that of horseback; long and fatiguing journeys in railways or coaches should be forbidden, and to these means a nutritious and stimulating diet should be prescribed. With these simple means I have been enabled to cure cases of pure leucorrhœa (*i. e.*, leucorrhœa not dependent on other causes, as displacement, ulceration &c., &c.) in a very short time.

Mrs. ———, æt. 34. Had been suffering for rather more than two years from the whites; they first appeared after a severe illness. Her physician prescribed leeches, which were applied three times, but the discharge increased. Alum injections were also prescribed. She suffered much discomfort from a sense of weakness, pain in the back, and an inability to walk without a feeling of great weakness. At times she suffers agonies from irritation. On examination I could detect nothing radically the matter with the uterus, it was normal in size and in position. Ordered injections of Hydrastis. After using these two days the irritation returned, and she felt as

if she could almost scratch herself to pieces. I tested the discharge with a piece of litmus paper and found it to be decidedly acid. Ordered carbonate of soda, dissolved in tepid water, to be thrown up the passage; the vulva bathed with the same. In two days all irritation disappeared, and the Hydrastis was resumed. The Heloniadin was administered for ten days with marked improvement; after this I gave Xanthoxilin with marked benefit. The whites ceased altogether in about three weeks from the time I first saw her; she rapidly regained her strength and I believe is now quite well. This case reminds me that irritation both internally and externally is a frequent accompaniment to leucorrhœa, indeed, in some cases, I have found the labia enormously distended and swollen, and the agony of the patient, wishing to tear herself to pieces, is something much worse than pain. In most of these cases the discharge will be found to be of an acid character, and, when so, I have found that nothing affords such speedy relief as a solution of the bi-carbonate of soda.\*

\* Since writing the above I have met with an old patient, an Irish lady, who told me that her sister during the past summer had suffered dreadfully from the irritation, and that she had herself suggested the use of common washing soda dissolved in water as a wash. It was effectual although from its nature it caused some pain, but anything rather than the irritation.



This lotion should be persevered with for several days until all irritation disappears, when recourse may be again had to those remedies that have a more specific effect on the disease. I have also found much benefit, when the irritation has been external, in prescribing an ointment composed of a few drops of Kreasote to an ounce of spermaceti ointment. This, however, is only useful in slight attacks, and when the irritation is confined to the external parts.

Miss ——, æt. 16, had menstruated twice; her mother had detected a leucorrhœal discharge in her linen, and, on questioning her, she learned it had troubled her daughter more or less for some six months, but she had not attached much importance to it. I was sent for; the young lady looked wan and pale, with a slight chlorotic colour. Ordered *Apocynum Cannabinum* without much effect. *Heleniadin* and *Hamamelis Virginica* were prescribed, with an injection of the latter, and lastly *Xanthoxylin* was given in the first decimal dilution. Her bowels being confined were regulated with doses of *Lep-tandrin*. In a couple of months the young lady's appearance was much changed for the better, and she became stronger and in better health than she had enjoyed during her previous life. These cases

of pure leucorrhœa are sufficient to prove, I think, that this being a disease of debility can only be properly treated by those remedies that will give strength and tone to the affected part and to the system, and that all cupping, leeching, and purging must prove most mischievous, and would be the means, if persevered in, of entailing a life of future wretchedness and suffering to the poor women on whom they might be tried. Indeed that this is so, I know too well, for I have one nearly related to myself who was so treated, and the consequence has been that since she was fifteen years of age she has been a great sufferer, and is completely wretched, all owing to the injudicious treatment of leucorrhœa when young.

Before concluding this subject I may mention that onanism is a fruitful cause of leucorrhœa, and that nothing will arrest the disease until the habit is stopped. For this vice, if not arrested, causes insanity and death.

#### NON-MALIGNANT ULCERATION OF THE CERVIX.

This may be popularly defined to be a breach of surface in the mucous membrane of the neck or canal of the womb—always the result of a greater or less

degree of inflammation. It is said to occur more frequently in married women, whether they conceive or not, than in unmarried, and it is considered to be the cause of sterility; it also occurs in pregnant women and in elderly females. Ulceration may be of two kinds—superficial or deep.

The superficial, called also erosion or abrasion, commences generally around the os uteri, and extends in different directions.

This form sometimes shows itself as nothing more than a simple abrasion of the cuticle with smooth surface, and with hardly any congestion or induration as usual, but in other cases, there are often found granulations sprouting and projecting into the vagina or the body of the uterus. A muco-purulent discharge also may accompany this form.

Another variety which affects both lips of the uterus, in which it is of a vivid red colour, pointed and lobular, bleeding very readily, and having a peculiar yielding feel to the touch. In all cases where there is abrasion, a certain velvety feel is communicated to the finger, though some hardness may be felt round the edges of the ulcers. If ulceration occurs after conception it frequently induces abortion, and occasionally gives rise to an obstinate form of leucorrhœa. In the second form or true ulceration of the

cervix, we find the mucous membrane much more deeply affected, and the destruction of tissue extending down into the substance of the cervix itself.

The ulcer presents the following appearances:— The edges are cut out as if cut with a punch, well-defined; there is no hardness or raising of them above the surface, and the face of the ulcer is covered with muco-purulent matter, beneath which are some healthy granulations. These granulations may be either livid, firm, and red, or livid, fungous, and bleeding profusely when touched. At the same time the cervix and vagina are much congested.

Another kind of ulcer also has been described by Mr. Barnes, who remarks, “It is hollow, smooth, and glossy, with hard margins, and the cervix a little beyond it is indurated and somewhat enlarged, but the rest of the uterus is healthy. The discharge is serous, or somewhat purulent. The pain is pretty constant; and the progress is generally slow, though it ultimately proves fatal by hectic.”

The pain in this kind of ulcer is not felt merely in the back, but in the womb itself from which the pain radiates. It is sometimes stinging, sometimes burning, and is most agonising during a menstrual period. Leucorrhœa is present, and at times a profuse discharge of blood.

Allopathic authors endeavour to prevent ulceration taking place as the result of inflammation, by attacking the inflammation previously, and cup the patient in the loins, and scarify or apply leeches to the neck of the womb, this to be followed by hip-baths, and constantly vaginal injections, aperients, and afterwards counter-irritation by blisters to the sacrum or lowest part of the spine.

When erosion or abrasion has taken place, they advise the use of astringent injections, or ointment of the acetate of lead or mercurial ointment, but when ulceration proper has set in then nothing contents them but the most powerful caustics known, such as nitrate of silver, chloride of zinc, potassa fusa, applied either in solution or in the solid form, and even the actual cautery.

Homœopathic practitioners regarding these ulcerations as evidence of a taint in the system generally, not merely as local manifestations of disease, endeavour, by the administration of such medicines as Mercurius, Nitric Acid, Sepia, Hepar S., Silica and Thuja O., to overcome this hidden miasm and stimulate nature to drive it out of the system, when the local disease will speedily heal itself. Allopaths have always overlooked this, and steadily, obstinately, refused to see anything but the mere ulcer itself, and

the ruinous effect has been, that whilst the outward manifestation was suppressed in one direction by their abominable caustics, it has broken out in another, and in a more intractable form, which the doctor has pronounced to be another totally different malady.

The mismanagement of simple ulceration of the cervix uteri is, in many cases, a source of future misery, and, even, of premature death. Is it not strange that, although all admit that there are several well-marked and distinct forms of ulceration of these parts, yet all, especially the allopaths, adopt, as it were, only one mode of treatment, and that is by the use of caustics? Can anything be more unphilosophical, or less consistent with common-sense, in attempting to cure a disease by destroying it with caustics? Surely the destruction of a part does not mean healing or curing that part. The duty of a physician and of a surgeon is conservative, not destructive. Of late years the theory that ulceration of the cervix can only be cured by the destruction, either partial or complete, of the ulcerated surface, is the theory adopted not only by allopaths but, I state with shame, by some professing to be the followers of Hahnemann.

The dogma that ulceration of the cervix can only be cured by its destruction is due, I believe, in a great

measure to Professor Simpson, of Edinburgh,\* who introduced this mischievous mode of practice in cases of ulceration many years ago. Indeed, I have had more than one lady who had been under his care, and who had come to me when given up, in which, on examination, I found that not only was the cervix destroyed, but a portion of the uterus itself had been burnt away, and the vaginal walls seriously injured. Of course in such cases I could do but little. My practice has always been a conservative one. I never, like the veterinary surgeons, recommend the destruction of life, or of a part, to cure it. In all cases I endeavour first to find out the cause (for there can be no effect without a cause), and, having ascertained this, to remove it, and then by simple soothing treatment attempt to repair the parts already destroyed by ulceration. This is effected, not so much by topical as by constitutional treatment, although the

\* I was glad to learn a few days ago that Her Majesty had been pleased to confer the honour of a baronetcy on Professor Simpson, for I consider he deserves it; and although I cannot agree with him in his indiscriminate use of caustics in uterine ulceration, yet I respect him, and we all owe much to him for what he has done in this class of diseases. More especially he deserves honour in breaking down to a certain extent the trammels that have hitherto, and still to a certain extent do now, hamper many who have the ability but not the courage to act and think like free and independent men.

local application of medicaments in many cases is very important. Having discovered, and if possible, removed the exciting cause, I have found in many cases of simple ulceration that the injection, either of *Hydrastis Canadensis* or of *Myricin* is sufficient, especially in recent cases, to effect a cure, giving internally *Xanthoxylum*, *Helonias Dioici*, *Cerasin*, and other alkaloids; but in those cases where ulceration has been of long standing, and especially where disease has been aggravated by the use of caustics, then the topical application of some of the resinous alkaloids becomes necessary. Of course this depends on the form and stage of the ulceration. These alkaloids I combine either with simple spermaceti ointment, or, if the sores are sluggish, with the *Unguentum Resini Flavæ*. These ointments are spread on pads of cotton-wool and applied to the cervix by means of a speculum.\* In addition to these applications I pay particular attention to the health, putting my patients on a generous diet, enjoining quiet, and to avoid as far as possible any mental anxiety or annoyance (for in woman the mind has as much influence on the womb as the womb has on the

\* In the majority of cases of uterine disease I have found Sir William Ferguson's reflecting speculum, lined with a mirror of glass, and the three-tube instrument of Sir James Simpson, the most useful.



mind, that is, very great). Ulceration occurs at all times of life ; and although the majority of cases are stated by hospital surgeons to be those in married life, yet what I have seen has led me to doubt the correctness of the statement. On looking over my list of patients I find that the unmarried who suffered from ulceration are slightly in excess of the married, but my experience in a matter of numerical comparison is not so reliable as the vouched-for reports of our London hospitals.

Miss ——, æt. 22, of an active habit, menstruated before fifteen years of age. During the last three years the catamenia had degenerated into menorrhagia, ensuing every third week ; no dysmenorrhœa, but, to use her own words, she always felt tired. About a year previous to seeing me she had consulted a homœopath, who applied caustics twice. She suffered from leucorrhœa, which at times was streaked with blood. I first saw her professionally early in March, 1865, and, on examination, found that her former medical attendant had used his caustic to some purpose, for nearly one third of the cervix was destroyed. I put the lady on *Cerasin* and *Hydrastis*, and ordered an injection night and morning of the latter ; these injections cleansed the

parts, and healthy pus was secreted for the first time. Three times a week Hydrastidin or Myricin was applied to the cervix, and in about five months the young lady was restored to health.

Mrs. ———, æt. 57. This lady consulted me in the spring of 1860. All the symptoms were those usually accompanying displacement and ulceration. On examination I detected the presence of a deep excavated ulcer on the cervix. The catamenia had stopped for eight years, but the leucorrhœal discharge was incessant, and frequently streaked with blood. Ordered Hydrastidin to be applied topically to the cervix, also Phytolaccin and Myricin; all these did good, being applied for about ten days each at a time, when another was used for the same period and then alternated. In the course of four months she was quite well. In such a case what would caustics have done? They would have increased the disease, the womb itself would have soon become involved, and death sooner or later would have been the result of the malpractice.

Again, Miss ———, æt. 48, from Dorsetshire. I saw this lady in June last (1865). Had been suffering from leucorrhœa tinged with blood for about six

months. The catamenia had ceased about two years previous. On examination found superficial erosion on the posterior portion of the cervix. Ordered injections of Hydrastis, alternated every week with those of Phytolaccin and Scutillarin. Hydrastis, of the third and sixth decimal, were next administered almost for a month, when Xanthoxylin was prescribed. I heard from the lady last September, when she mentioned that she was quite well. I have surely stated enough to prove that ulceration of the cervix uteri may be and is cured without the aid of caustics, and that, this being the case, a physician is not to view an ulcer in these parts in the same light as the veterinary does the rinderpest, viz., "that the only cure is to destroy the animal," for the free use of caustics in these cases is frequently as fatal to the woman as the pole-axe is to the ox. Nor should he, like the City of London Committee on the same disease, adopt a resolution that nothing new should be tried; for if allopathic physicians continue to use caustics, and also are determined to try no other means for curing ulceration, their responsibility in sacrificing human life must be very great.

There are numerous forms of ulceration affecting the vagina, but in this work I intend to confine myself to the uterus and its diseases alone. But there is one

form of irritable ulcer that is not infrequent, and which gives rise to great inconvenience. The ulcer I refer to is found close to the orifice of the meatus urinarius; it seldom is larger than a large pin's head, but causes much pain and suffering. I have met with several cases of this disease, and all have been among the married.

Mrs. ———, æt. 33 years. I first saw this lady in 1857; she suffered great pain if anything touched a spot near to, but anterior to the meatus urinarius. On examination I discovered a minute irritable ulcer, which, when slightly touched with a probe, caused great pain. I applied a minute plaster spread with my enucleating paste,\* rather larger than the ulcer. This caused, to my surprise, but little pain. The next day a second and last application was made; on the seventh day the slough came away, leaving a healthy, painless, granulating surface. It was dressed for a few days with cloths dipped in an infusion of the *Hydrastis Canadensis*, which healed it, and she has not suffered pain from that cause since.

\* This paste is described at page 89 in my work on 'Cancer.'

## DISPLACEMENT\* OF THE WOMB.

1st.—Prolapsus or displacement, and procidentia or protrusion, of the womb.

The wisdom of God is shown in the adaptation of simple means to guard this important organ from external injury, giving it mobility to prevent injury from concussion, and allowing it at the same time (as in pregnancy) to increase its size without discomfort to the female. These important means are obtained by suspending the womb within a bony cavity by ligaments or bands, composed of duplicatures of the lining membrane of the abdominal walls. These are four in number,—two broad, and two round. If these supports were all it would sway to and fro, but it is kept in position by what I, with a few others, consider to be its principal support, namely, the walls of the vagina. In proof that this is so I may state that I have never met with a single case of prolapsus in the healthy virgin. When it does occur in the unmarried we find that the walls of the vagina have been weakened pre-

\* Some authors name this misplacement, but I prefer the word displacement, and will retain it throughout this work.

viously by leucorrhœa or other abnormal discharges, promoted further by a relaxed constitution.

In a brief popular treatise like this it would be out of place to enter into any anatomical or physiological details, but I will now briefly state that the womb is liable to prolapsus or displacement from its normal position, and to procidentia or protrusion of the organ externally.

Prolapsus, when occurring only to the extent of half an inch or an inch from its original situation, is known as *relaxation*, but when it descends further it is then known as *prolapsus proper*.

As we have mentioned, the uterus or womb being supported by the vagina, it must necessarily follow that as the womb sinks lower it must drag with it the connections of the vaginal walls, viz., the bladder, and the rectum; and from this arises our greatest difficulty in treating far-advanced stages of prolapsus, for as the womb descends, from the intimate connection of its cervix with the bladder, it is thrown backwards, forming a pouch or loop over the uterus, and this, acted upon by the intestines pressing downwards, greatly tends to increase the evil; further, by pressing upon the rectum renders defœcation more difficult, and the straining necessary to evacuate the fœces causes a downward pressure on the organ, until, if not relieved, prolapsus speedily terminates in procidentia.

We must now proceed to consider some of the causes which give rise to this sad state.

In the virgin and in the mother they are different, although the same causes that may produce it in the former are also effective in the latter.

In the unmarried, when a relaxed habit of body exists, relaxation, prolapsus, and even procidentia, if not promptly and judiciously treated may follow, any sudden exertion, as lifting a heavy weight; and also from abnormal discharges, as those of leucorrhœa or from ulceration of the cervix uteri. But the most frequent causes are the abuse of drastic or even the continued use of comparatively mild purgatives; violent exercise, especially during the catamenia. In the mother, to these causes may be added prolonged or difficult labour; the injudicious interference of the accoucheur; getting up too soon after delivery, more especially in those cases where the perinæal fascia and muscles have sustained some injury; relaxation of the vaginal walls from long-protracted labour.

That mere relaxation of the muscular tissue will produce prolapsus was strikingly illustrated in a case I was called to last spring in Ireland.

Mrs. ———, æt. 46, was of a scrofulous diathesis; so

great was muscular relaxation that she could not stand or sit up for any length of time; in her case not only was prolapsus constant, but procidentia occurred when walking across her bedroom. To this difficulty was added profuse catamenia, brought on by the slightest exertion, owing to the fact that even the uterus had lost its muscular contractility.

The amount of suffering caused by this disease varies greatly; generally the wealthy and the very poor suffer most, whilst those of the middle class suffer the least.

In many of these cases the distress is often extreme. As long as they retain the recumbent posture they are comparatively free from pain and suffering; but whenever the least exertion is attempted then they suffer from a wearing dragging pain in the back, varying in intensity, according to the extent of the mischief. In addition to this there is also felt a sense of uneasiness or of pain immediately below the prominent part of the hip-bone, generally only on one side, sometimes, however, on both. This pain is confined to one spot, and is often mistaken for inflammation of the ovary. In some cases we find the pain to be of a burning character, in others as if a raw ulcerated surface were roughly rubbed, in others, again, of a gnawing character, or sometimes there is a peculiar



screwing sensation, as if a portion of the back of the hand was being pinched and screwed round.

If the disease has advanced beyond mere relaxation there always exists when walking or standing a desire to make water, owing to the irritation produced in the neck of the bladder, which is intimately connected with the neck of the womb. Again, in many cases the patient suffers from sharp dragging pain down the inside of the thighs, sometimes pain in the socket of the hip, and these are found to exist only in the side in which the pain exists about the hypogastric region. In such cases an examination (digital) must be requested, and is usually assented to, especially as this mode of examination does not necessitate exposure of the person. I may here remark that too frequently ocular examinations are insisted upon, when really no necessity exists for such a course. The amount of prolapsus cannot be ascertained by the speculum nearly as well as by the digits, unless relaxation exists at the same time. No one, however, can make a proper digital examination unless he is endowed with such sensibility of touch as literally to carry his eyes at the tips of his fingers.

My experience satisfies me of the truth of this remark. Very frequently immediate relief may be afforded by raising up the organ with the tip of the

finger, and in many cases such a simple operation affords relief for some considerable time. For instance, I attended a young lady about four years ago, whom I had previously treated for cancer of the breast; shortly after the disease was removed from the mammæ, malignant ulceration occurred in the cervix; this also was, through God's blessing, cured, but she suffered from prolapsus, which had occurred from the discharge attendant on the ulceration relaxing the vaginal walls. She at times suffered greatly, yet immediate relief was afforded by replacing the organ and by constantly wearing a proper bandage. As I shall probably not refer to this case again, I may here state that the lady married about a year after this, has had a child, and is now quite well. Among the lower class the sufferings attendant on prolapsus, or even on procidentia, are not so painfully developed as among the upper. This probably arises from the necessity, there exists for exertion, and not giving way to pain, and from continued prolapsus from early life, for frequently girls of tender years have their wombs misplaced by lifting weights or carrying heavy babies, especially during the first catamenia, and if this occur they generally have to bear the suffering and inconvenience attending it through life. It is dis-

puted whether prolapsus is most common amongst the upper or lower classes in this country. Some argue that those who daily labour for the necessaries of life are more subject to it than others. My experience has been that it is most frequently met with amongst the upper classes of society, more especially the form known as relaxation, and more frequent amongst the working class than among our middle classes. 'This, I think, can be easily accounted for. In the higher classes the ladies are more given to self-indulgence than their less rich sisters; their beds are too soft, they lie too long in the morning, all causing relaxation of the body; they do not take proper exercise, generally driving, and thus producing a weakened state; and when for pleasure, especially during the catamenia, they spend hours nightly in dancing or in the violent exercise of riding on horseback, it is only wonderful to me that displacement is not always imminent. In the middle class this state does not exist to the same extent. In all those cases where prolapsus exists in the virgin we can trace it to one or other of the causes mentioned above.

In proof of this I was called in to see a young lady some two years ago, the daughter of a distinguished M.P. She was very young, yet I found not only prolapsus, but its frequent accompaniment,

ulceration of the cervix. She told me she must be allowed to continue her rides in Rotten Row. As, to use her own words, "she would rather die than give them up," and I learned she first relaxed the womb some eighteen months previous when hunting in Ireland, during the catamenia, I stated to her the impossibility of doing her any good if she continued this exercise. My advice was not listened to, she found a more accommodating physician, and I noticed her death recorded in the 'Times' about five months ago.

Procidentia, however, is more frequently met with amongst the labouring class. Indeed, I have only met with two cases of procidentia in the upper, and in both the results of severe and prolonged labour, and perhaps of injudicious interference at the time. In the working class, however, it is not uncommon. In the virgin I have never met with it, only in the mother. Some of these poor sufferers do not seem to feel as much pain from this disease as from prolapsus. I have known several cases where poor women have daily worked hard from morning to night with the inverted womb hanging down between their knees, yet still seeming to suffer not so much as those who had only simple prolapsus. In procidentia, however, not only is the suffering

generally increased, but the inconvenience attending the protruded mass is much greater, for not only does the inverted womb impede motion, but in most cases sooner or later its surface becomes ulcerated, entailing much inconvenience and pain.

Having thus briefly stated what displacement and protrusion of the womb mean, I will now describe the means usually adopted for their relief, and any remarks that I may make are not intended to reflect on any individual, but to correct and point out what I consider to be the errors of mistaken judgment. On referring to the great authorities of the old school of medicine, we find that all are unanimous on one point, that is, that an instrument known as a pessary should be introduced into the vaginal passage, in the hope of supporting the displaced organ; but although unanimous that such an instrument should be used, yet there is a strange difference of opinion as to what this pessary should be. Some insist that it should be made of gold; others, with less extravagant ideas, are content with silver gilt; others, again, prefer vulgar india rubber, whilst another class advocate the advantages of wood. Not only do doctors differ as to the instrument to be used, but hardly two agree as to shape. Some insist it should be in the form of a flat oval disc, others that the disc should be round, whilst a large number

say it should not be a flat disc at all, but a round ball. Such diversity of opinion among writers seems to me to be a proof that the instrument cannot be so perfect and necessary as at first we might be led to suppose, and on examination we shall find this opinion to be correct. These gentlemen are quite correct in considering that as in prolapsus there is a mechanical difficulty, so a mechanical remedy is the one best adapted for the case ; but unfortunately all mechanical appliances require a base of support, and this cannot be obtained by the pessary. For when it is introduced into the vagina, having no support except the walls of the passage, it cannot support the uterus, but only produces irritation, inflammation, and even in some cases gangrene and death. That this is no exaggerated picture is proved by a case that was lately brought under my notice.

Miss ——, æt. 19, July, 1865, paid a visit to a friend in the West-end, when she complained of symptoms indicating relaxation of the uterus. Her friend said,—“ Your symptoms are like mine ; consult my doctor and he will soon put it all right.” This gentleman was sent for, and following the dictum of the profession, of course introduced a pessary ; but leaving town shortly after for his vacation, left his

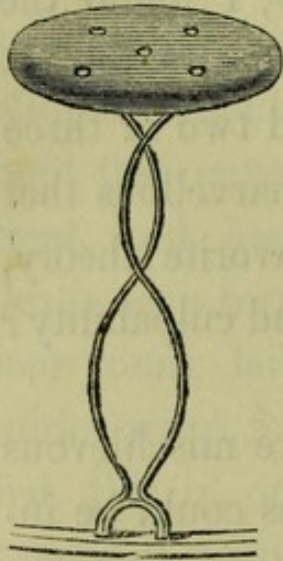
young patient in the care of a medical friend. Inflammation soon set in, and her sufferings became very great, the medical friend was sent for, but not liking to interfere, some soothing injection was prescribed—but still the poor young lady rapidly grew worse. Another medical gentleman was called in, but alas too late; he found on removing the abominable instrument that gangrene had set in, her sufferings very great, and her screams were heard in the street. Death soon terminated her sufferings. Was not this poor young lady literally murdered? for there is no milder word for such mal-practice. It may be said that this is only one case, but I could relate instances of many others nearly as bad, and although all did not terminate fatally, yet all were rendered miserable for life. To me it seems that some accoucheurs have a belief amounting to monomania regarding the pessary, considering it to be a panacea for all female complaints, and that even death itself may be arrested by its use. Last March, 1865, I was attending a poor lady in Sloane Street, Chelsea, who was at the time near the point of death from cancer of the breast; during my absence in Ireland for two or three days, an accoucheur in a neighbouring square was called in to relieve her from symptoms of strangury which had suddenly attacked her. He pronounced that the

poor dying lady was suffering from prolapsus, and that all that was necessary would be to introduce a pessary, which he did. (Most men would have considered a catheter, not a pessary, to be the proper instrument.) On my return next day, I found the poor lady too exhausted for me even to attempt removing the vile instrument, and she died two or three days after its introduction. Is it not marvellous that we should always be prone to push a favorite theory, even in the face of death, to foolishness and culpability?

It can hardly be imagined that a more mischievous or foolish instrument than these pessaries could be invented, but some one, finding that the common pessary was useless, invented a still more dangerous instrument, which consists of a stick or stalk fastened to a band or strap, and this stick or stalk is passed up into the vagina. Its apex sometimes terminates in a disk or ball, frequently nothing but its round point pushes up the womb, by pressing on the cervix. Literally the poor woman is impaled, and is constantly in no little danger from any movement she makes. We would suppose that these were bad enough, but it is nothing in point of danger to a spring pessary, introduced for the use, not of the rich, but of the poor, as described by its maker.



“It consists of two stems of German silver wire, coiled into a spring at the upper part, these branch off into two half cups, and are surrounded by a perforated cap of india-rubber, which supports the uterus.” This precious instrument



is not, remember, for the rich, but for the poor, whose movements are greater and more frequent than those of the wealthy, and when we consider the frequent acrid character of the discharges from these parts, and that German silver is an alloy, and is easily corroded by acrid discharges, are not

the wires! liable at any sudden movement to break? and if this should happen the danger from death by perforation is imminent. However, it is recognised by the old school of practitioners, through their favorite organ, the ‘Medical Times,’ for in the Number of that Periodical for May 31st, 1862, page 566, it is stated—“In hospital practice few things are so much required as a cheap and useful pessary. That devised by Mr. ——— seems to combine the essential qualities of such an instrument, viz., lightness, simplicity, and low price.” Is this the instrument used in the Soho Square Institution?

One gentleman, indeed, has had the boldness to condemn the use of the pessary in prolapsus, for Mr. Brown, in his work on the 'Surgical Diseases of Women,' at page 98 of the second Edition, writes, "Let the introduction of pessaries be avoided. I will here state my objections to them: whatever their form, as mechanical supporters, as a general rule, they are bad: they are prone to produce irritation and excoriation, and with these leucorrhœa; they are incompatible with perfect cleanliness, and when they afford any relief at all they stretch and tend to keep up the relaxation of the canal."

I am, however, glad to state that some of my allopathic friends, besides Mr. Brown, view this serious subject in a different light, and are contented to try less ambitious but safer modes of treatment. This generally consists of enjoining the horizontal posture and injections, and in many cases, where relaxation is the only difficulty, these are successful. Yet sometimes the irksome nature of this treatment, although safer, is inflicted where neither relaxation nor prolapsus exists. As for instance, last summer I was requested by the husband of a lady to visit her. He stated that she had been under the care of one of the well-known physicians of the Soho Square Institution for six months, who had pronounced her case to be

one of prolapsus, and insisted that the horizontal posture should be kept for some time, which was scrupulously attended to for some months, but there was no amelioration, but rather aggravation of all the symptoms. When I saw the lady I found only slight relaxation, and as far as the uterus was concerned, no lesion that could give rise to such suffering. I then thought all these symptoms might arise from stone in the bladder, and advised her husband that Mr. Fergusson should be consulted. He did so; a large calculus was discovered, Mr. Fergusson successfully crushed it, and the lady was immediately relieved from all the unpleasant symptoms.

We learn from this that even the most experienced men may be mistaken, being led by symptoms more than by correct digital examination. In such a case if the pessary had been used her life would have been one of suffering and agony, and which must have been materially shortened.\*

Such being the treatment of the allopaths, let us now examine the usual homœopathic treatment of this disease. There we at once see not only a scientific but a judicious course of treatment carried out.

\* Surgeons cannot be too careful in cases of prolapsus, for I have known both Cystocele and Rectocele to have been mistaken for Prolapsus Uteri.

In the works of only one writer do I find anything resembling a pessary recommended, and that is the introduction of a sponge. To this apply the same objections as to the pessary, and this in addition, it is a filthy application, soon becoming putrid through the discharges and soon causing excoriation of the passage.

The general homœopathic treatment consists in enjoining rest with the use of lotions of the same medicine used internally, injected into the vagina. In the first stage they recommend principally, Aconite, Belladonna, and Nux Vomica. In the second, Sepia, Merc. Sol., Arsenicum, Carbo Veg., Sulphur, Podophyllum, Ignatia, &c.

Such being the usual mode of treating prolapsus, it is now incumbent on me to describe the treatment I usually adopt, and which has been largely blessed in the restoration of health to many. The first thing to be done in all cases of disease is to find out the cause. Whether the prolapsus (in using the word prolapsus I make use of it in the general sense, including relaxation and procidentia) is owing to relaxation of the system or to any violent exertion causing displacement, as in severe labour.

In the first when owing to a relaxed system, we generally find that the displacement has come on

gradually. In these cases inflammatory action is seldom present. If so, it must be at once reduced by the administration of Aconite, Belladonna, Mercurius, &c., and then the most rational mode of treatment will not be to aggravate the difficulty by weakening still further the vaginal walls by the introduction either of a pessary or of a syringe, but to see if there are not some remedies that have the power of restoring strength to the weakened ligaments or the yielding walls of the vagina.

In answer to this question I can state that there are several of the new alkaloid medicines which I have used with marked success. Amongst these I may mention Heloniadin, prepared from the *Helonias Dioica*; Myricin, prepared from the *Myrica Cerifera*; Macrotydin, prepared from the *Macrotys Racemosa*; and Podophyllin, prepared from the *Podophyllum Peltatum*.\*

These remedies I have generally given either in the mother tincture, or what is better in the second or third decimal trituration; to these are added in recent cases, rest in the horizontal posture enforced for the

\* The three last of these valuable remedies with many others, as the *Veratrum Viride*, *Senecionin*, *Leptandrin*, *Phytolaccin*, *Hydrastidin*, and some others, I had the honour of first introducing into practice in this county some twelve years ago.

greater part of the day, and above all things a *proper bandage*, i. e., a bandage which supports the parts in an upward direction, but does not exert, as too many bandages do a pressure downwards. This should be put on before getting out of bed in the morning, and not taken off until in bed at night. Indeed in a word, "the patient should never put her foot to the ground without having her bandage on." In addition to this an injection should be used, but not used in the manner usually adopted. The object of all this treatment is to retain the uterus in its place, and to give tone and strength to the vaginal walls; now any instrument as the usual vaginal syringe thrust up the passage as far as it can go, must cause not only more or less irritation, but also dilatation of those walls, especially in the virgin, hereby aggravating the very difficulty we are attempting to overcome.

Again, such injections are very injurious, because they are necessarily applied in such a posture of the body as to induce relaxation and prolapsus, and it is no uncommon occurrence for the womb to descend when in the act of using the injections.

Further, however good and beneficial the fluid injected may be, it has no time to act, for no sooner is it thrown up, than it returns again.

In treating diseases of the uterus and vagina, injec-

tions are a potent instrument for good in our hands, when the difficulties I have named above are overcome.

This can may be managed very simply. Many years ago, I had a syringe made of glass, about four or five inches in length, and about half an inch from the end there was a small ring, and about three quarters of an inch beyond the first ring there was another; these should not be blown in the glass, but placed on the outside of the tube, otherwise the accurate diameter of the tube is impaired; in the tube works the piston common to such syringes. Between the two rings a mass of cotton-wool is wound and sewed so as to make a large soft pad, which not only prevents the entrance of the syringe more than half an inch into the vaginal passage, but also serves to retain the fluid injected. The syringe having been filled, the patient lies on her back, the hips being well raised on pillows, so that the orifice of the vagina is higher than the cervix, the syringe is then introduced, the pad surrounding it pressed against the vulva, and it must naturally follow that the fluid injection immediately reaches the cervix and fills the vaginal canal. This position should be retained for at least ten or fifteen minutes, allowing by this means the medicated fluid to have time to produce its full effects

on the parts designed, if a prolapsus, to strengthen the vaginal walls.

Should there exist any heat or inflammatory action I use an infusion of the powdered root of the *Hydrastis Canadensis*; if weakness or laxity of the vaginal walls exist, then I do not use it as is commonly done with alum, which merely induces contractile action for a time, but instead a watery infusion of some of the alkaloids, of which I have found Heloniadin and Myricin to be the best for relaxation, for their action is not confined to the mere temporary contraction of the walls, but they permanently strengthen and give tone to the affected parts.

In addition to these means, attention must be paid to the general health. If constipation is habitual, I find the higher dilutions of *Nux Vom.* and Sulphur invaluable. If torpidity of the loins exists, then pilules of *Leptandrin* or *Podophyllin* generally remove the difficulty. If any difficulty exists in passing water (which is not infrequent), to prevent the bladder becoming too full, and tending to displace the uterus, the water should be drawn off with a catheter at regular intervals, say every four or six hours. In some cases, and under certain circumstances, a catheter may be left in the bladder, being carefully removed at least once a day. The health



of the patient may be kept up by good nourishing food, and the judicious use of stimulants. Of these probably the Hungarian wines imported by Mr. Max Greger, of Mincing Lane, are the best, being less heating, and containing more blood-making ingredients than the fiery wines of Spain or Portugal. By careful attention to these means, almost every case of relaxation, and many of seemingly hopeless prolapsus may, with God's blessing, be cured. But, unfortunately, there are other forms of prolapsus and procidentia that require very different treatment. I refer to cases of long standing, and those cases in which the perinæum has been ruptured during childbirth. In the latter the only proper mode of treatment is to perform the plastic operation for ruptured perinæum. This operation, I believe, was first performed by Dieffenbach; lately Mr. Baker Brown has repeatedly performed the operation, not only in recent, but in cases of long standing, with success.

In cases of procidentia, the first step is to return the protruded mass into the pelvis. Sometimes this is a difficult and tedious operation; but in almost every case, with patience and judicious manipulation, this may be accomplished, and when returned, it must be kept *in situ* by a proper bandage. In these cases, in addition to a bandage, I usually order a

strap, in which a small piece of prepared india-rubber is placed, which fits into the orifice of the vagina, but does not enter more than three quarters of an inch. This is an additional security against a recurrence of proclivitas when walking or riding. Sometimes when proclivitas is of long standing, especially in those cases where the mass is ulcerated, we find a radical cure taking place, owing to inflammatory action being set up in the restored parts, and adhesions taking place; but this is an exceptional occurrence. In these sad cases, although great relief and comfort can be given, yet this should not satisfy us, and I am glad to say that there is an operation quite justifiable in these cases, as it holds out, humanly speaking, a certainty of radical cure. This operation was first performed, some thirty-five years ago, by M. Fricke, it was soon afterwards performed by several English, Continental, and American surgeons; but it seemed like most great truths, for a time to have been disregarded. This I believe was owing to the fact that almost all of the pure physician-accoucheurs set their faces against it, and discouraged its performance. And still, even notwithstanding its safety and success has been abundantly proved by the cases recorded by Mr. Baker Brown, and other distinguished surgeons, not only of this country, but of America, yet the

success of these cases is doubted by the pure physician. As this is not a surgical treatise, I merely remark that M. Fricke's operation has been extended and improved by Mr. Brown.

It is simple, and unattended (so far as an operation can be) with danger, and can be performed by any one at all conversant with surgery; and it is such an operation that I would not only recommend, but myself perform, in all those cases where hygienic means fail to afford relief.

#### NON-MALIGNANT TUMOURS OF THE WOMB.

By a tumour of the uterus I mean a dense morbid growth, which has its origin in the body of the womb, appearing either upon the peritoneal coat, in the muscular substance, or upon the mucous surface. These tumours are divided into two classes—pediculated, that is, having a stalk or pedicle; and non-pediculated, or growing without any distinct neck or stalk.

Under the head of the non-pediculated I shall describe the fibrous and fleshy tumours. These growths are as often met with in unmarried as in married females, and generally after rather than

before the age of forty years. They vary very much in size, some are only as large as a hazel-nut or walnut, whilst others attain to the enormous dimensions of a man's head. They may be met with singly or in numbers clustered together. They commence as small fleshy bodies and gradually increase in consistence, assuming somewhat the structure of cartilage until they finally harden into a dense substance of an osseous or calcareous nature. The larger the tumour the less hardened it is, and whilst some few have been found to be hollow, by far the majority are solid and compact.

The symptoms produced by these tumours, as they are very seldom known to become inflamed or ulcerate, are due either to their mechanical obstruction to the uterine functions, or to irritation arising in distant organs through nervous sympathy with them. Sense of weight in the region of the womb, bearing and pressing downwards with dull aching in the small of the back, are most usual, and if the tumour be large, difficult evacuation of both stools and urine may result, while the desire to pass them is more frequent. Hence disease of the kidneys, cramps in the thighs and legs, or even an œdematous state of the limbs may be set up.

The more remote consequences of the interruption

to the uterine functions, occasioned by these tumours, are abortion about the third or fourth month, and difficult parturition, with danger of serious or even fatal flooding.

The allopathic treatment consists in cupping the loins and leeching the passage to remove any local tenderness which may exist, securing regular evacuations of the bladder and bowels by the use of the instrument or enema, frictions of the abdomen with soap liniment and laudanum, mild astringents for any vaginal discharge, and for the radical cure iodine or mercury in various forms for months together. Enucleation with caustic potash, and even an operation by incision into the abdominal walls and extraction of the tumour through the uterine parietes, have had their advocates. I must just mention *en passant* that another form of deposit has been found, though rare, in the substance of the womb, and that is tubercle, or tuberculous infiltration similar to the deposit so well known in the lungs of consumptive patients, but this does not seem to have hitherto deranged any of the uterine functions, such as menstruation or gestation.

When a fibrous tumour of a large size exists, especially in those advanced in life, any attempt at its removal is hazardous, and more especially

when it is external to the uterus and cavity of the abdomen. In these cases all that should be done is to arrest its growth, if possible, by gentle and soothing means, and sustaining the strength of the patient. That this may be done is exemplified by the following case.

Mrs. ———, æt. 55, came to me on the 14th January, 1864, and stated that she had felt a large hard ball in her stomach for about eighteen months, accompanied by pain at night when in bed, if she had walked or worked about much during the day, also a constant dragging pain in the back, frequent desire to urinate, a bearing-down sensation when she stood or walked, as if, to use her own expression, her body would fall out, with leucorrhœal discharges. Menstruation had ceased about eight years ago. On examination I felt a large fibrous tumour attached to the upper portion of the uterus, painless when pressed on; I also found that its weight had displaced the womb to such an extent that over-exertion might easily produce proci-dentia. She stated that the tumour had grown very much during the last month, that frequently she had attacks of sickness and vomiting; she also suffered from obstinate constipation. I prescribed an ointment composed of *Scutellaria* and *Unguentum Cetacei*, to

be applied over the tumour, this ointment to be renewed night and morning, and the surface gently but thoroughly washed with Castile soap and tepid water, to allow absorption more readily to take place. I also administered Hydrastis 6 to be taken three times daily for a fortnight, then Viburnin to be given ; the bowels to be moved by an enema of tepid water ; by using a uterine supporting bandage to be constantly worn, to avoid over fatigue and all unnecessary labour. I heard regularly from this poor lady, but did not see her again until the following May. Her health was improved, the tumour did not cause so much uneasiness as it had done ; I could detect no increase in its size, the lady herself thought it smaller : the Scutellaria ointment was changed to lotions of Hydrastis C., Veratrum Viride, Viburnin, and Xanthoxylin. These were applied by means of cloths dipped in a watery solution, and covered with silk. They were worn at night ; another ointment composed of the Iod. Plumbi and Unguentum Cetacei, applied during the day. The lotions were also changed every week or ten days. This treatment, varying from one application to another, and giving different medicines from time to time, has been so far successful, through the Lord's blessing, that during the last two years the tumour has not increased, and the lady has

enjoyed, and is enjoying, a fair state of health, her only discomfort is being obliged, as she expressed it, "to mess so with herself." Within the last four years a leading surgeon has made it fashionable to operate in such cases. This is done by laying open the cavity of the abdomen, and extracting the tumour. How many cases recover from such a hazardous operation I cannot tell; but this I know, that not a few die within forty-eight hours from the time of the operation, and some within a much shorter time. If this poor lady had chosen this mode of treatment it is probable that, instead of now being alive and with her family, she would probably not have been alive two days after the operation. Again, when fibrous tumours grow within the uterus or the os, the best mode of removing them is that introduced by Mr. Baker Brown, which he has fully detailed in his work on the surgical diseases of women.\* At page 196 of this valuable work Mr. B. Brown gives the rationale of the operative proceedings, viz.—"That from the low vitality of fibrous tumours they may be destroyed by a partial destruction of their tissues." This certainly is a much more rational and philosophical mode of proceeding, and much more successful than

\* 'Surgical Diseases of Women.' By I. Baker Brown, F.R.C.S. Second edition, page 193.



attempting their destruction, either by the actual cautery or by the use of the powerful mineral caustics which are now so freely used, and which are always so painful and so injurious in their effects. My experience has been that no cases of tumour, either malignant or non-malignant, of the uterus can ever be cured by the use of these fearful remedies. My judgment is formed on the many cases I meet with where others have attempted to cure with caustics alone. At the present time I have a lady under my care who entered the institution in Soho Square to have such a tumour removed. It was destroyed by caustics, but in doing so the greater portion of the cervix was also destroyed; malignant ulceration of this part was set up, and it was only through God's blessing that the disease was arrested. She is now tolerably well, but will be a confirmed invalid for life.

I will here pause for the present, but will detail several interesting cases when I come to write on malignant tumours of the uterus. I may, however, mention one case of a fibrous tumour in the walls of the vagina that I met with in November, 1864.

Mrs. —, æt. 27, had been a widow for two years. About six months previous to my seeing her she felt

much pain in the passage, with a feeling of weight and fulness in the parts, a constant desire to urinate, and pain in her back. Catamenia regular, but at these times suffers greatly from dysmenorrhœa. She also had leucorrhœal discharge. Has had one child. On examination detected fibrous tumour situated within the structure of the walls of the vagina on the left side, about an inch and a half beyond the meatus urinarius; it was about the size of a pigeon's egg. I had determined to cut into it, but, as I always do in cases of tumour, I first placed her under constitutional treatment. I ordered Hydrastis 6 three times daily; the bowels being confined, to be moved by an enema of tepid water every morning; and to arrest the leucorrhœal discharge an injection of the infusion of the Hydrastis twice daily was prescribed. In a fortnight I was greatly surprised to find that this tumour had nearly disappeared. The treatment was persevered in for some little time longer, and when I saw her three months after the first interview I could detect no sign of the tumour. The lady has since then married, and at present has had no return of her difficulty.

This case shows the importance of always trying constitutional remedies before resorting to an operation, for if I had not done so in this case the lady

would have been put to much inconvenience and expense, and the results could never have been so satisfactory as the spontaneous disappearance of her disease.

### POLYPUS.

I now pass on to consider our second division—the pediculated or stalked tumours of the uterus. In this form of growth the tumour is attached by a narrow neck or pedicle to the walls of the womb, and does not form a part of those walls itself.

They vary as much in size as the fibrous tumours, but do not attain to the same magnitude, though even when only the size of a bean they have given rise to troublesome symptoms.

In colour they vary from semitransparent white to reddish and dark brown.

Their position or place of attachment differs materially also. Some grow from the upper part of the womb entirely, others from the cervix or neck, its inner surface, and others again from the margin of the os uteri; and their position is of much practical importance in reference to the operation required for their removal.

When a polypus grows in the upper part of the

uterus it gradually dilates all the parts, so as to closely resemble pregnancy, and when to this are added enlargement and tumefaction of the breasts, and sometimes a slight flow of milk, we may, without careful inquiry into the whole state of the patient, be deceived.

It is, of course, only in the advanced stage of the polypus that it can be detected by the finger or seen, and it has been known to be so felt and seen on some days and disappear on others.

The structure of these polypi is either glandular, fibrous, or cellular.

The glandular is simply an enlargement of one or more of the small glands situated in the canal of the neck or cervix; they are frequently clustered together and attached by fine small stalks; they are soft, and exhibit a glandular structure when opened, and contain a small quantity of fluid.

The cellular is soft and rough, and either lobulated or striated; it occurs either singly or in clusters; its colour is reddish or yellowish, and its structure is merely cellular tissue invested more or less with membrane. This kind is very frequently detached by the expulsive force of the womb as a round tumour.

The fibrous polypus closely resembles in structure

the fibrous tumour of the uterus which we have already described, but occasionally it has been met with hollow, or containing altered blood, or gelatinous matter and hair, or fat with hair.

The chief danger arising from these tumours is the hæmorrhage, which may take place at any time during their growth, and often to a truly alarming extent, the best explanation of which appears to be that, owing to the rapidly increasing size of the tumours, a perpetual afflux of blood is induced to the large uterine veins and blood-vessels, which, being engorged, are very easily made to discharge themselves on the least injury or irritation. There is, however, one consolatory reflection, and that is that these growths very seldom are known to take on positive inflammation or ulceration, and seldom induce malignant disease.

The symptoms which indicate the presence of these tumours, which are equally frequent in single and married females of middle age are, whilst the tumours are very small, scarcely noticeable, but when they have attained any size are well marked and of serious import. Hæmorrhage, as we have mentioned, which is generally thought for some time to be nothing more than a profuse monthly flow, is one; vomiting is another, probably owing to the loss of blood or the

action of the uterus in its endeavour to expel the polypus. Leucorrhœa, which may be altered in colour from that of the usually white glairy mucus to a yellowish or brown, or even streaked with blood, also may occur in the intervals of menstruation. Together with these are noticed weariness and aching in the back, dragging sensation about the loins, and weight or pressure in the womb itself; and at times there may be regular labour-like pains through the expulsive efforts of the uterus. This also, be it remembered, would prove a serious impediment to utero-gestation, from the ready occurrence of abortion. During parturition, if a large tumour descend into the pelvis it will require immediate removal, and if it have still remained above it may give rise to very dangerous flooding from impeding the due uterine contraction afterwards.

The proper treatment for polypus is to remove it, if possible, by ligature, for no medicine that I know of will remove it if once formed, although there are several which will prevent its reproduction when removed, and this fact it is most important to know, for there is no form of non-malignant tumour so liable to be reproduced as polypus. When its narrow neck can be reached I generally pass a ligature, composed of dentists' strongest silk, well waxed,

around it, which I tighten by means of Chevalier's knot-tightener, and to avoid irritation I follow the recommendation of Dr. Churchill and excise that portion of the polypus external to the ligature. To avoid any possibility of hæmorrhage, I dress the part with cotton-wool saturated with Ruspini's styptic or with a styptic I have used for many years, composed of alum, compound tincture of benzoin, and water. Neither of these causes any irritation to the parts, and are infinitely safer than the actual cautery which is generally used in these operations. But if the polypus should be attached by a broad band to the inner surface of the uterus, then I would prefer Mr. Baker Brown's operation which he proposes for fibrous tumours of those parts, described at page 83. If the polypus be small and situated on the cervix or immediately within the os, then it can sometimes be rubbed off with the nail or removed by torsion. The actual cautery is not only advocated by many, but is daily used in our public institutions. It is objectionable because it is not necessary, for other milder means will accomplish the same ends, and it is attended with no small danger to the adjacent parts; however skillful the surgeon may be, he cannot always guard against the excessive inflammation that the application of red-hot iron to these parts will produce; indeed,

so great, that malignant disease is a frequent sequene, especially as the womb in these cases is frequently congested, and sometimes the cervix is ulcerated and hardened. After removing these polypi great attention must be paid to the state of the womb and to the general health. Rest should be enjoined ; after the ligature comes away injections of the *Hydrastis Canadensis* should be freely used ; if congestion or ulceration exists those remedies recommended for these should be administered and applied, and the general health built up by a generous and stimulating diet and the administration of *Hydrastis*, *Asclepiadin*, *Cerasin*, *Viburnin* or *Xanthoxylin*, varying one for the other as circumstances may require. We sometimes meet with cases in which a fibrous polypus is of very large size, filling and dilating the uterus, giving rise to many of the symptoms of pregnancy ; these cases, when the neck cannot be reached, are best treated by the operation first introduced by Mr. Baker Brown (see page 83) ; it is simple, attended with comparatively little danger, and in cases of fibrous polypi is generally successful.



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## PART II.

### MALIGNANT DISEASES OF THE WOMB.

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#### CANCER OF THE WOMB.

UNDER this head we will consider induration or hardening of the neck and malignant ulceration of the same part. I do not, however, mean to state that induration and ulceration always degenerate into cancer; but I believe that they do degenerate into this form wherever a predisposition exists for the development of scirrhus; for, from the vascularity of the parts, when excited by induration and ulceration, this region becomes a common situation for its development.

#### I. INDURATION.

Induration of the neck of the womb is always the result of inflammation, generally proceeding from

congestion, but any exciting cause giving rise to inflammation may produce induration. In fact, it is the result of the blood-vessels being engorged with blood, pouring out fibrine or lymph into the tissues, changing their character, and thereby giving rise to hardening of the parts, lowering their vitality, and rendering these parts more liable to degenerate into malignant disease. Inflammation may arise in the uterus from many exciting causes—dysmenorrhœa, the unjustifiable interference with the uterus in the operation proposed by Sir James W. Simpson for sterility, the application of caustics, as Nitrate of Silver, Protoxide of Iron, &c., or of leeches, scarifications, &c., and from congestion. Whatever may produce induration, it is an admitted fact by all surgeons that, if the induration is not speedily removed, it gives place first to ulceration, which frequently degenerates into malignant disease, especially in those cases where either an hereditary taint or predisposition exists. In these cases the treatment usually employed by the old school is to reduce acute inflammation, when in reality the inflammatory action by this time is not acute but chronic, and if, instead of using leeching and depletion, an opposite mode of treatment were employed, we would hear little of malignant ulceration and cancer of the cervix uteri. Such being the

antiphlogistic treatment of the allopaths, if we turn to the homœopaths we find their first object is not only to reduce the chronic inflammatory action by the administration of Belladonna, to arrest chronic inflammation and the pouring out of coagulable lymph, but they also attempt to give tone to the system, to enable the absorbents to remove the deposit and to restore the uterus and its cervix to their normal state. This is what may be called the common-sense mode of treatment. Adopting this view in these cases, I usually recommend an injection of the infusion of the *Hydrastis Canadensis* to the cervix uteri, a medicated compress over the uterus and pelvic viscera, and such remedial agents administered internally as will give tone to the system and enable the absorbents to remove the abnormal deposits. This is best illustrated by a case lately under my care.

On the 1st June last (1865) Mrs. ———, æt. 23, called on me, complaining of having aching pains in the lower portion of the abdomen behind the pubis and in the left hypogastric region, accompanied by a leucorrhœal discharge. She first noticed these symptoms about six weeks previous to her visit to me, but her discomfort, although not positive suffering, had

increased. She had been married only seven months, but her marriage has been an unhappy one, having been separated from her husband about two months. The last catamenia appeared rather before the time, when she suffered more than usual ; the flow was thicker and darker in colour, and lasted longer. On examination I found the cervix and lower part of the uterus to be indurated, giving the feeling of stony hardness to the touch. As yet the mucous membrane remained intact, and ulceration had not taken place. I prescribed injections of the infusion of the *Hydrastis Canadensis*, cloths moistened in a lotion composed of the tincture of *Podophyllum Peltatum* and water applied over the lower region of the bowels, and internally I administered the second dilution of *Macrotis Racemosa* twice daily, alternately with *Helonias Dioica*. On the 8th of the same month this lady again called on me ; she was much better, the stony hard feel of the cervix had nearly disappeared, although considerable hypertrophy yet remained. I recommended her to continue the same treatment, but, as the bowels were confined, I prescribed three or four pilules of *Podophyllin* to be melted on the tongue at bedtime.\* I did not see

\* When mentioning pilules of any of these preparations in this work I mean sugar pilulæ saturated in the mother

this lady again until the middle of August. She had been spending some time with her friends in Devonshire. She told me she was quite well, that she had persevered with the medicines I prescribed for some time, until all leucorrhœal discharge and the sensation of pain and weight behind the pubis had disappeared, when she gradually left them off. On examination I found the womb in a healthy normal condition. This case was most satisfactory, but if I had attempted in the first instance to reduce the induration by leeches or by caustics, I should certainly have hastened ulceration, for induration if it be not speedily arrested and softened sooner or later terminates in ulceration ; and if so, from the parts being already partially degenerated, this ulceration generally assumes a malignant type. We must now consider ulceration as a sequence of induration.

## II. MALIGNANT ULCERATION.

When ulceration first attacks an indurated cervix, it most frequently assumes the form known as "*Eroding Ulcer*," which when fully established, tincture of the medicine, and then dried. I never mean pills of the crude substance.

the following symptoms become distressingly developed. There is a feeling of heat in the upper portions of the vagina; pain above either hip, or above both; inflammation (in some cases) of the vagina itself, with great tenderness; constant desire to pass water, or inability to do so; pain of a dragging, cutting nature in the back, with a constant unbearable bearing-down feeling; irritation in the rectum; profuse leucorrhœa, often streaked with blood; indisposition to move about, headache, and above all, a peculiar sinking feeling at the pit of the stomach, as if it was pressed to the back bone; a desire at times for food, but when it is placed before the patient a certain inability to taste a mouthful; a flow of tears without crying, &c., &c. When ulceration has advanced so far, we would naturally suppose that little could now be done to prevent it degenerating into cancerous disease, and in the majority of cases this sooner or later occurs, although I have been enabled, through God's blessing, not only to relieve, but to effectually cure many sad cases, even when they have assumed the malignant form. But before entering into these details, it is necessary that I should point out the means employed by the allopaths to meet these fearful difficulties. In every case of ulceration of the cervix, they resort

to one common mode of treatment, no matter whether the ulceration be simple, eroding, or cancerous, all are treated by the same means, viz., caustic. The idea seems to be cauterized deeply into the brains of the profession, that an ulcer in these parts can only be cured by burning it out, but why should this sameness of treatment be applied only in cases of uterine ulceration? If ulceration of different forms happen to appear in the cuticle upon different parts of the body, the same men who indiscriminately use the one remedy, when they appear on the cervix uteri, would be very chary of using this agent on the external surface. In these latter cases, every ulcer would not be cauterized, but soothed and treated by different and more judicious applications. Why should the poor womb alone be maltreated? I am sorry, however, that truth compels me to state that this pernicious treatment is not confined to the allopathic school, for I have frequently met with cases in which gentlemen who profess to be the only pure followers of Hahnemann, secretly employ, as it were, these caustic agents. Caustics, in these cases, are forbidden by the great doctrines of Hahnemann, and why! Because such applications are contrary to the theory of *similia similibus curantur*; and because ulceration of these parts can



be, and is chiefly cured by the simple administration of the proper medicines. The following case is only one of many that has come under my care.

On the 4th of October last (1865), Mrs. —, æt. 63, consulted me. At that time she was suffering from malignant ulceration of the womb. About three weeks previous to her visit to me, she consulted one of the leading homœopathic accoucheurs, who, without consulting her, made an application of caustic to the cervix uteri, in his consulting room. This was the more inexcusable as the gentleman knew that the lady had a long railway journey of some hours before she could reach home. The agony she suffered, no doubt greatly aggravated by the shaking of the railway carriage, was very great, indeed she was not free from pain for some ten days after her unfortunate visit. As soon as she was able, she again came to town for the purpose of consulting me. I found the cervix to be in a state of malignant ulceration, and I also found from the appearance of the ulcers that this one only application of the caustic had been very severe, and from the destruction of tissue I knew that it had been only too thoroughly applied. The lady, since the 4th of October, has been under my care. When I last saw her she was progressing favourably towards

recovery. Homœopaths ought to know better, and to practise very differently, especially as when they possess such powerful agents as Belladonna, Rhus Tox., and many others, exercising a direct influence on ulceration of these parts.

I will now proceed to detail the treatment I have found most successful in malignant ulceration of the cervix before it has degenerated into cancerous disease. As I stated in the preface to this little work, "I seldom meet with a case of uterine disease in the first stage, all having been tampered with by other surgeons." This is bad enough in cases of simple chronic disease, but when malpractice has been employed in diseases of a malignant type, hopes of cure should not be expected, and this state of things unfortunately I have always met with, for on looking over my notes I cannot find a single case of ulceration of the cervix that had not previously been treated by others with caustics; in all extensive injury had been done, and in some the injury was irremediable. I am consulted by ladies who have been for months under the care of the most celebrated accoucheurs of this country, in whom hardly a vestige of the cervix remained, aye, even a portion of the body of the uterus itself, being in such cases destroyed by these monstrous applications.

One of the worst cases of this kind I ever met with was that of Mrs. F—, æt. 54, who sent for me on the 20th June, 1854. She had been for eighteen months in Edinburgh, under treatment for uterine disease, and had only returned home two days before I was sent for, she having been told in Scotland that nothing more could be done for her. On examination, I found the whole of the cervix, and a portion of the uterus destroyed; the vagina was also in a state of disease, and to add to her misery, she was also suffering from recto-cele, induced by the destruction of a portion of the vagina by the caustics. In such a sad case I could merely alleviate pain, and make her a little more comfortable by paying attention that the parts were kept cleansed, so that no further irritation was produced by the acrid discharge. This lady died shortly after I first saw her.

In such terrible cases no general rule of treatment can be laid down. The first step is to allay the inflammatory action produced by these applications, then to encourage, if possible, healthy granulations, by supporting the system, and thereby arresting the march of destruction ere it be too late. I endeavour to accomplish this by local injections, generally those

composed of *Hydrastis Canadensis*, *Podophyllum Peltatum*, *Myrica Cerifera*, &c. To act constitutionally on the parts, I prescribe *Rhus Tox.*, and *Belladonna* if inflammation should be present ; if hectic and exhausted, *Gelseminum*, *Cerasin*, *Heloniadin*, and *Xanthoxylin* ; besides these, topical applications are frequently necessary, applied in immediate contact with the sore, and this is done by mixing the proper resinous alkaloid with a proper proportion of the *Unguentum Cetacei*, and by means of a pad they are applied and kept in contact with the ulcerated surface.

In all ulcerations, I believe it is necessary, if you wish to effect a speedy cure, to apply directly to the ulcerated surface such applications as will not only have a soothing effect, but will change their eroding destructive character into a healthy granulating sore, and when this is done, we have no trouble in curing malignant ulceration of the cervix uteri. This can only be accomplished by removing all cause of irritation, by building up and strengthening the general health, and applying such applications as will promote the secretion of pus, and the formation of healthy granulations. In the majority of those cases of induration that I have met with, I have

found that ulceration had taken place before they came to me, therefore my first efforts have been to reduce induration by the means described, and afterwards by topical applications to arrest the ulcerating process.

The following cases extracted from my case-book will best explain my mode of treatment :—

On the 20th December, 1862, Mrs. ———, æt. 50, came to see me. Three years previously I had removed a scirrhus mamma, from which she recovered. The critical period of life had occurred during the last two years, evinced by the irregularity of the catamenia. The last time it appeared was the previous August ; for two months past she had suffered much pain, accompanied by a sensation of weight and heaviness behind the pubis. About three weeks before she was much alarmed by a slight flooding, and since then there had been more or less discharge, sometimes coloured, at others merely imparting a slight coffee-coloured tint of colouring to the linen. On examination I detected induration, with two large eroding ulcers on the cervix ; prescribed injections of *Hydrastis Canadensis*, and as there was considerable heat and inflammation in the vagina, ordered *Rhus Tox.* 2, and *Belladonna* 2, every third hour alternately,

Dec. 24th.—Better, but discharge not lessened, although of a more purulent character; heat and sensitiveness of the parts having almost abated, ordered Heloniadin twice daily, alternately with Caulophyllin.

January 12th, 1863.—Better, but with heat in the cicatrix of breast for which the mamma had been enucleated; prescribed a lotion of Scutellarin and water to be applied to the part: to continue the treatment otherwise as prescribed above.

I saw the lady again some months after this. It seemed to me that the cancerous disease had, by metastasis, attacked the womb, and when it was arrested there, the breast was again affected; however, by judicious treatment, this poor lady is not only now alive, but comparatively comfortable, though far from being cured of the troublesome malignant disease.

Mrs.—, æt. 32, consulted me on the 24th April, 1863. On examination, I found not only induration, but extensive ulceration of the cervix. She told me that at the birth of her child, she was mismanaged, and had been suffering ever since. At that time caustics were regularly applied by the family doctor twice every week, for nearly eighteen months, but it

was only about a month ago, that she felt so oddly, and had such unaccountable pains, accompanied with a coloured discharge. Catamenia regular every three weeks, with dysmenorrhœa, which never existed before. On examination, I discovered induration and ulceration of the cervix uteri. I prescribed rest, baths medicated with Podophyllum Peltatum, injections of the same, and Heloniadin and Xanthoxylin alternately. Complained of much pain in left hypogastric region. Compress of Veratrum Viride to be kept constantly applied until pain ceases. As this lady resided in the country, I only saw her now and then; and I received a letter from her last November, (1865), in which she stated she had just been confined, and that the baby and herself were quite well.

Again; Miss —, æt. 38, came from Somerset to consult me on the 14th October, 1863. This lady had been actively engaged in district visiting and other benevolent acts, but from over fatigue during the catamenia, some two years since, displacement of the womb occurred which was speedily followed by such unpleasant symptoms, that the family physician was sent for. He immediately discovered inflammation and freely applied caustics

as a matter of course, extensive ulceration and destruction of tissue took place, since then she was never free from pain. I found extensive ulceration of the cervix, with induration of the lower portion of the uterus. Injections of the various alkaloids were used from time to time, the medicated baths twice a week; tonics, such as Heloniadin, Xanthoxylin, &c., &c., were regularly administered. The bowels being confined, Podophyllin pilules were prescribed, &c., &c. This lady returned home, and I did not see her until the following July (1864), when I found she was nearly cured. Some slight change was made in the treatment, and when I saw her again, last August (1865), she was quite well, indeed she informed me that, now she could walk farther and endure more fatigue than she could have done twenty years ago. I could transcribe many cases from my note book similar to those here narrated, but as my object is not to make a book, I will therefore confine myself to one more case.

Miss —, æt. 42. This lady consulted me on the 7th July, 1862. She had been suffering for nearly two years from ulceration of the cervix uteri, and had been frequently exhausted from copious floodings, indeed, hardly a catamenial period passes without



her being confined to her couch for days, until the discharge had passed. The poor lady told me that she had heard the word "incurable" pronounced from the lips of a kind, benevolent, and well-known physician, a man who is an honour to his profession, but still one whose eyes are blinded, and who can only see through the revered prejudices of a long passed age—whose only hope of cure was placed on caustics, yet so convinced was he, after having tried his only specific, and proved its inefficacy, that this truly Christian man thought it to be his duty to tell his patient that he considered her to be in a hopeless condition. However kindly the wording may be spoken, and in this case it was most kindly spoken, yet "no hope" is a solemn, and awful sentence, banishing hope for this world. Through God's providence this poor lady was led to consult me. I arrogate no feeling of self-pride in such a case, for it is GOD alone who blesses the means, however humble they may be, and in this case HE did bless them. In a letter addressed to me this lady describes her own case so graphically, that I copy it as being a better account than any one I could give.

“ISLINGTON, N., *January 23rd*, 1865.

“DEAR SIR,—It is with much pleasure that I write to express to you my heartfelt gratitude for the great good you have been the means of effecting for me (with God’s blessing). Mine was a case of no ordinary kind, and when I first consulted you, which is now about three years since, I was in a most critical state. The disease from which I was suffering had been pronounced incurable by an eminent physician, who had ordered me to keep my couch, and avoid the slightest exertion in the way of driving, walking, or standing. I am now, owing to your skill, quite cured of the disease, and able to take ordinary exercise without any inconvenience.

“With kind regards, I am, dear Sir,

“Yours very sincerely,

“J. V. A.

“DR. PATTISON.”

It is now three years and a half since this lady placed herself under my care, at that time she had no hope. One of the wisest and best of our accoucheurs solemnly pronounced that she could not live. Yet, through God’s blessing, this simple and non-irri-

tating treatment has been continued, and she has been in excellent health ever since.

In the majority of the cases of ulceration of the cervix uteri, if the system be reduced by repeated and painful application of caustics, especially if the ulceration be preceded by induration, we find that cancerous disease is invariably and speedily developed. Although mal-treatment by the use or abuse of caustics is a fertile cause of this sad form of disease, yet it is not uncommon for cancer suddenly to become developed without any known exciting cause. I have so fully entered into the history and nature of cancer in general in my former works on this subject, that it would be superfluous for me again to narrate what I have so recently written.\* I will therefore at once proceed to consider

#### CANCER OR CARCINOMA OF THE WOMB AND OF ITS NECK.

This is not only a frequent, but it is a dreadful place for this disease to occur in. I have met with

\* See Pattison on 'Cancer: its Nature, and Successful and Comparatively Painless Treatment, without the usual Operation by the Knife.' Turner and Co., London and Manchester.

over two hundred cases of true cancer of the womb during the last fourteen years. In the majority of these it could be traced to no cause; in a few, malpractice on the part of the accoucheur could be traced as an exciting cause; but in more, from the culpable practice of applying caustics to the neck of the womb, in the vain hope of curing a simple ulceration, or the homicidal and futile attempt to reduce engorgement of the organ itself (womb) by the application of leeches. This may be considered by some to be strong language, but I feel justified in using it, from what I daily and hourly hear and see. In some few cases, and these are very few, the physician cannot trace the sudden appearance of this very sad disease to any cause. For instance, a lady, although she has felt strong, and yet may have been suffering from this disease for months, unsuspected by herself or family, is first alarmed by a sudden and unusual gush of blood. She feels exhausted and frightened, and the family friend is sent for, who discovers the existence (never suspected before) of the fatal disease, now alas, too far advanced to afford any hope of even relief, from the common, every-day remedies, which were in vogue in the days of our grandfathers. If the case be minutely examined, it will be found that the lady has perhaps, for years, been suffering

from a white discharge, known as leucorrhœa (whites). She has paid no attention to this, although daily conscious of a sense of weakness. If not advanced in age, in most cases there is a slight irregularity in the catamenia, at one time occurring every fortnight or three weeks, in another every fifth or sixth week. When too frequent, the flow is not natural; it does not flow imperceptibly for three or four days, but it comes away in gushes, in clots, gradually giving rise, if not to alarm, to a feeling that all is not right. To this is added a sense of fulness or of weight in the lower portion of the bowels, generally on one side. The leucorrhœa, which at first was colourless and limpid, now becomes more profuse and watery, now and then tinged, or rather streaked with blood. The discharge, now, is not only profuse, but it causes great irritation. The "*amicus familiæ*" is consulted; he gravely pronounces that ulceration, or, perhaps, displacement of the womb has taken place, and the panacea of all easy-going surgeons is prescribed (caustics). Up to this period pain has not been excessive. Now come sharp twinges, and an indescribable feeling of anxiety and depression takes possession of the sufferer. The caustic having been very carefully and very skilfully applied, the patient is cheered during her sufferings,

that all will soon be well, that now there is no cause for fear. Vain hope! the pain increases, instead of diminishing, after each application; the discharge is not only increased, but now it soils the linen with a peculiar dirty stain, indescribable, yet recognised when seen. It soon becomes foetid; hæmorrhage, in profuse gushes, becomes more frequent; and the monthly flow is more irregular, not only in quantity, but in time. If the disease should assume the corroding or destructive form, ulceration speedily destroys the neck of the womb, the stomach speedily becomes affected, food is loathed and rejected, severe and almost constant pains are felt in the lower portion of the body and down the thighs; soon after this death takes place. Or, on the other hand, if, instead of the corroding form of the disease, it should assume a fungous growth, then the symptoms slightly vary, the growth fills the vagina (passage), causing pressure on the rectum, producing piles, and prolapsus of these parts. This fungous growth entails excruciating suffering, by pressing on the pelvic nerves, running down the thighs. The agony, at times, becomes intense, and the discharge is constant, foetid, and tinged with blood; food is loathed, mania supervenes, and death (a happy release to the Christian) soon occurs.

Such is a faithful description of this terrible disease, more terrible, if possible, when it attacks a concealed organ as that of the womb, than when the breast or even the face is subject to its ravages. In such cases, what is the duty of the physician? Is it to sit down quietly with folded hands, and to say, our forefathers could not arrest cancer of the womb, therefore it is heresy to make the attempt, we will not try? Should this fatalism be encouraged, as it is, by the revered heads of our glorious profession, are we, because a difficulty, a great difficulty lies in our way, to falter? No! in all matters requiring endurance, courage, and determination, it has been the privilege of Britons to excel beyond others; why should not we, in the face of disease, exhibit the same courage and determination of purpose that carries us through so many other difficulties? Our grandfathers would have scouted the idea of bringing India within a few hours' communication of England, yet it has been accomplished, and although these venerable ancestors of ours also scouted at the idea of the curability of cancer, yet it is just as feasible as writing by means of a slender wire to distant parts of our world, which is now accomplished. Let the word 'incurable' be banished from the lips and minds of every surgeon. All diseases can be cured, and with God's blessing

they are and will be cured, although caustics and the knife, the practice usually followed by allopaths, do not hold out promises of much success. Their treatment of cancer of the womb, when it assumes the scirrhus form, varies but little from that of treating congestion, induration, or ulceration. Caustics here again are the grand sheet-anchor ; the surgeon deadens the excruciating pain either with chlorodyne or black-drop. Again, some allopaths go further than others, for a few even advocate excision, not only of the neck but of the uterus itself. Some few have been bold enough to state that they have been successful in removing the womb by the knife. I distinctly declare I do not believe it possible for any human being to do so, and the patient to live. I admit a surgeon may be so wickedly daring as to cut out a poor woman's womb, as I admit that a Scotch provincial surgeon some few years ago cut out a poor man's tongue ; and I also admit that a London surgeon some few weeks ago exsected a poor woman's spleen ; the surprising nature of the operation giving rise to a paragraph which went the rounds of the daily press : but although I admit that all these operations were performed, yet I insist that all such operations are monstrous, wicked, and cruel ; performed, not for the benefit of the patients, who all died within a few hours



after the operation, but from a weak feeling of a desire for notoriety. Lisfranc, a French surgeon, was the first who claimed that he had successfully treated cancer of the womb by exsection, and reported a number of cases cured by this operation. Unfortunately for his veracity, he quarrelled with his private secretary, who disclosed that the operation had no existence excepting in the brain of the unscrupulous surgeon.

We ought, however, to be thankful that the majority of our physicians are not anxious to earn notoriety by such questionable operations; they content themselves by treating cancer of the uterus, &c., with humbler means, such as injections of Sir William Burnett's solution of the chloride of zinc largely diluted, or, what is now more fashionable, with Condy's disinfecting fluid. Black drop or chlorodyne is administered when in pain, rest, and nourishment—in a word, a sort of placebo, or at best indifferent treatment. Believing that nothing can be done, they fold the hands, stupify their patients with opiates, and quietly wait until the poor body is exhausted and overcome by constant suffering, when it adds another proof to the "incurability of cancer."

The homœopathic school can claim indeed but very few triumphs over this distressing malady, and in those reported cases we are left somewhat in doubt

as to accuracy of the diagnosis. Be that, however, as it may, this much is certain, that the further progress of the disease may be arrested for months and even years, the terrible pain assuaged, and the poor sufferer's affliction rendered more bearable to herself and friends.

The means employed by homœopathy consist of medicine internally, and sometimes a lotion of the same, externally, according to symptoms ; these remedies are Amm., Bell., Sep., Staph., Ars., Iodinium, Conium, Platina, Hydrastis, Merc., Iod., Nitric Acid, Sulph., and Thuja ; Clematis, Silicea, Kreasotum, and Carbo Animalis.

Such being the opinion and the views of all our most celebrated practitioners, it would seem to be almost sheer impudence or chicanery, in either myself or any other humble individual like me, to demur against such an overwhelming mass of opinion, and to attempt to stem the current of prejudice that all those who attempt anything new always meet with. Under such circumstances, the only course open to me is to detail the simple treatment I have so long practised to prove my cases, that what I have advanced is true, and then to leave all to HIM who ordereth all things well.

I seldom am consulted in these sad cases until the disease has made rapid strides, until great destruc-

tion of the parts has taken place ; indeed, in a word, after everything has been tried, I am then sent for, and much disappointment is frequently expressed because I do not promise a cure, forgetting that I am only a humble instrument in GOD'S hands. However simple a case may be that comes to me, even a cut finger, I would not, and I have never in a single instance, promised to cure. Even clergymen of the "glorious gospel of the blessed God" often forget this, for it was only last week I received a letter from a gentleman whose parish is in Wales, stating that if I would promise a cure, he would place his sister under my care. My readers may be assured that she is not, and never will be, on such conditions. In all cases of scirrhus of the uterus, I have found a deplorable exhaustion existing, arising from the constant draining discharge, from the more or less constant pain, from the effects of opiates usually prescribed to alleviate those pains, from mental anxiety, and from the stomach sympathising with the womb, it soon loathes, and even rejects food, therefore my first endeavour in all these cases is to arrest the draining discharge. This is usually done by the application, if possible, of some of the resinous alkaloids to the cancerous sore (I say if possible, for sometimes in these cases disease is so extensive that

a speculum cannot be introduced into the vagina); of these, Hydrastidin, Trillin, Baptisin, and Myricin are the best. These plaisters are retained from three to four hours daily; besides these, the passage is syringed (not in the old-fashioned way, which produces irritation, but in the manner described at page 74) two or three times during the twenty-four hours, with an infusion either of *Hydrastis Canadensis* or *Hamamelis Virginica*; but if flooding should occur, I then inject the pure styptic I generally use, composed of alum, compound tincture of Benzoin and water. This generally stops the flooding; and plugging, which should, if possible, be avoided, is seldom necessary. Internally, if flooding is present, I prescribe *Hamamelis Virginica*, *Trillium Pendulatum*, or the oil extracted from the *Erigeron Canadense*; but when there is no flooding, only a thin watery profuse discharge, which marks the linen with a peculiar dirty whitish colour, I then prescribe *Phytolaccin*, *Hydrastis Canadensis*, *Macrotys Racemosa*, *Baptisia Tinctora*, *Apocynum Cannabinum*; if much prostration, *Helonias Dioica*, *Cerasin*, *Xanthoxylum Fraxineum*, &c. To these should be added such means as tend to promote the general health. These means principally consist in nutritious diet, fresh air, agreeable society; and above all, the avoidance

of all things which may induce physical or mental exhaustion.

The bed-room should be well ventilated, and if the patient should be obliged, either by fatigue or exhaustion, to remain in bed, the latter should be removed now and then into another apartment, if for no other reason, merely for the sake of change.

So far as the disease itself is concerned, every care should be taken to preserve cleanliness. Food should be of the most nutritious kind, and a liberal allowance of either the sparkling or still Hungarian wines should be prescribed. If stomatic derangement should occur, then a few doses of Mer. Sol. 3, Veratrum Album. 2, Secale 2, or Ipecac. 2, are all that is necessary. If sickness should occur, then Veratrum Album. 2, or Sanguinaria 3, will prove of service. If the bowels are confined, I prefer Pilules of Leptandrin, in these cases, to other medicines. Such being my treatment, I will now extract two or three cases from my note-book, and let my readers judge for themselves as to the benefits likely to be derived from such a course of treatment.

Mrs. ———, æt. 41. On the 8th April, 1863, I was requested to visit this lady at Hackney, who was then suffering from cancer of the womb, and whom

her medical attendants had pronounced to be dying. This opinion was confirmed by one of our leading consulting surgeons. She told me that she first suspected that something was wrong about eighteen months before, from the increasing pain during the monthly period. Caustics had been freely used, and chloride of lime injections, to destroy the foetid smell of the discharge. She suffered great pain in the left hypogastric region; the catamenia came on every fortnight or three weeks, and was of a thin watery consistency; at other times there is a constant watery discharge; had been confined to bed for nearly three months, and was never altogether free from pain. On examination I discovered extensive scirrhus ulceration, the greater portion of the cervix had been destroyed either by caustics or by the ulcerative process. The legs and body were much emaciated. This was seemingly almost as hopeless a case as could be met with. I ordered injections of *Hydrastis Canadensis*, of *Podophyllum Peltatum*, of Myricin, Baptisin, &c., &c. The general health was supported. The catamenia, when they appeared irregularly, were at once stopped. At the present time, although this lady is a confirmed invalid, yet still she is not only alive, but tolerably free from pain, and she is certainly

stronger and altogether better than she was when I first saw her nearly three years ago.

Mrs. —, æt. 47, came from Wiltshire to consult me on the 17th May, 1864. On Christmas day, 1863, she was confined with her first child, and ever since then there has been more or less discharge, with a constant dull, heavy aching pain at the bottom of the back. The discharge is so acrid as to cause desquamation of the cuticle with which it was in contact; it is also frequently streaked with blood. Nothing alarming occurred until last Easter Monday eve, when a flooding took place to such an extent as to produce sickness and fainting, and a family surgeon was sent for, who, on examination, found extensive cancerous ulceration of the neck of the womb, and stated that nothing could be done for her. On examination I found that the statement of the surgeon, as to the extent of ulceration, was correct. I prescribed injections of *Hamamelis Virginica* ultimately with those of *Myricin*. The oil of *Erigeron Canadense*, *Heloniadin*, *Asclepiadin*, &c., &c., were prescribed to be taken internally. I received a letter from this poor woman's husband about six weeks after her visit to me, in which he stated she was much better, the discharge had almost ceased, she was entirely free

from pain, and was rapidly regaining her strength. I believe that after this she regained her strength in a great measure, but I have not heard from her again.

Mrs. —, æt. 54, consulted me on the 20th December, 1864. This lady had a miscarriage some thirteen years before seeing me, and ever since then has suffered from displacement and ulceration of the womb. For more than two years she was under the care of the celebrated Professor Simpson of Edinburgh. Caustics have been repeatedly used, there has been more or less discharge for the last three years, accompanied with dragging pains in the back, and tenderness on the right hypogastric region. She feels more alarmed from the fact that her only sister suffered from cancer of the breast, and that her mother and brother died from the same disease. On examination I discovered a small cancerous ulcer, on what caustic has spared of the cervix. Topical applications of Hydrastidin, alternately with Myricin, &c., &c., were daily applied to the sore. Injections of Hydrastis Canadensis night and morning, and Hyrastis 3 with Xanthoxylum Fraxneum, &c., &c., were administered internally. In about six weeks all discharge had ceased, and other symptoms



gradually disappeared. I have not seen this lady since she consulted me, as she resides in Scotland, but I have repeatedly heard from her, and she states that she is now quite well.

Miss —, æt. 35, consulted me on the 8th December, 1862. Had enjoyed good health until about four years ago, when she was seized with a sudden flowing; the family physician was called in, who ordered injections of alum and water, and when the flooding stopped he then applied caustics, daily for some months. The floodings came on every now and then without any premonitory symptoms, but since the first attack she always had a constant coloured discharge, and suffered much pain in both sides; she cannot stand, and can only walk a few steps at a time. On examination I discovered extensive cancerous disease of the cervix and womb. Immediately placed her under treatment; in about three weeks she returned back to Norfolk, better. At home she continued the treatment, and frequently wrote to me; the last time I heard from her was about eighteen months ago, when she stated she was pretty well and tolerably comfortable.

Miss —, æt. 33, consulted me on the 16th May,

1864. She had been suffering from a discharge for about six months, but had much pain and uneasiness in the left hypogastric region back for more than two years. Her sister suffered from tumour. Catamenia irregular, occurring every three weeks, accompanied with more than usual pain. The discharge marks her linen with a clayish-looking stain. On examination I found cancroïd ulceration of the cervix. Made topical applications of Myricin and Hydrastis to the sacs, injections of Hydrastis Canadensis, and the remedies usually prescribed, to be taken internally. In the course of four months the ulceration was healed, and at present she remains quite well.

Mrs. —, æt. 33, consulted me on the 3rd February, 1863. Has been complaining for the last three years, having suffered much from the brutality of her husband, from whom she has been obliged to separate. She complained of a draining discharge, and a sense of great fulness in the vagina. Her mother died from cancerous disease. On examination I first discovered a considerable sized pedunculated tumour, evidently malignant, attached to the anterior part of the vagina. The cervix was also partially destroyed from the effects of caustic and the

cancerous ulceration. On the 6th of February I ligatured the tumour, and afterwards removed the portion exterior to the ligature, which came away on the 10th of the month. Injections and topical applications were used for some time, and changed them from week to week. Different remedies were prescribed, as the various symptoms arose; after this the lady returned to the country, and when I last heard from her, about two months ago, she informed me that she was quite well.

These cases are surely sufficient to prove that much good may be done, without using caustics in these sad phases of disease; therefore I will at once proceed to describe another, and very frequent form of malignant disease, known as

#### CAULIFLOWER EXCRESCENCE OF THE UTERUS AND ITS CERVIX.

This is a tumour of a malignant nature which has been described by authors under a variety of names, and has been considered by some to be identical with the form of cancer known as fungus hæmatodes. It is of a bright flesh colour, having its surface studded over with numerous small projections, and bleeding easily if touched without caution. Over it is formed

a peculiar fine membrane, which secretes a thin watery fluid, and which is discharged in great quantities at times.

It takes its origin generally from the circumference of the os uteri, and is rarely found growing from the internal surface of the womb. This disease shows no partiality for any particular age, since all women are liable to it, married or unmarried, without distinction, but fortunately it is not frequently met with. This formidable malady does not attract the attention of the sufferer until it has attained such a size as to alarm her by the occurrence of slight hæmorrhage, along with the watery discharges we have already mentioned, but when once this has occurred the progress of the complaint is very rapid—the hæmorrhages increase in number and amount, and, together with the previous drain on the patient's constitution, sap the powers of life, the general health giving way, impaired digestion, nervous sufferings from sympathy with the womb, and eventually general dropsy, with effusion into one or other of the great cavities of the body, carrying the patient off.

A vaginal examination, though it will not certainly enable us by the digits alone to ascertain whether the uterine growth is malignant or not, may be of great use in enabling us to judge of its present condition,

attachment to the os, and rate of progress ; in addition to which it is satisfactory to know that no pain will be occasioned.

*Treatment.*—The cases reported as having been effected by the measures adopted in old school practice are so few and far between, that we may class this disease as another of the opprobria medicorum. Excision is the best remedy they can suggest ; some have tried astringent injections, but their success has been very doubtful indeed.

Homœopathically, great advantage has been found from the use of Bell., Phosph., Thuja, Carbo, Nit. Ac., Staph., used locally as well as internally, with the strict enforcement of the horizontal posture, accompanied with nutritious food, accompanied with the free use of the non-stimulating Hungarian wines.

On the 15th June last, 1865, I was requested to visit Mrs.——, æt. 58. About nine months before she had been suddenly attacked with flooding, and lost a great deal of blood. The coloured flow continued for nearly a week, which greatly weakened her. It occurred again about three weeks afterwards, and since then it has come on periodically every month. She complained of a feeling of great fulness in the passage, with great pain round the lower part of the

bowels. She consulted several doctors, who pronounced that nothing could be done for her. When I saw her she was much emaciated, the bloody flow being almost constant, with hectic and loss of appetite. On examination I observed a large fungoid mass filling the whole of the vagina, which bled freely when touched; there was a distressing desire to make water, even when lying down, causing loss of sleep.

In this case I prescribed injections of the styptic, and afterwards of the *Hamamelis Virginica*. A bandage dipped in the *Veratrum Viride* lotion was worn across the loins; oil of *Origanum*, Myrcin, Hydrastidin, and other alkaloids were administered. The discharge gradually stopped, the most urgent symptoms disappeared, and at this date she has had no flooding during the last three months, and the desire to urinate is much less frequent; in a word, she is now comparatively comfortable. Although the cauliflower excrescence is not much lessened in size, still it has certainly not increased.

Mrs. ———, æt. 48, consulted me on the 19th December, 1862. She was of a nervous temperament, and her countenance was blanched and anxious from the frequent losses of blood. The history of her

case was, "that about eighteen months before, without warning, she was deluged with a sudden gush of blood. Several physicians were consulted, one of whom attempted to perform some operation; she could give no explanation what it was, but she lost so much blood before it was completed, and fainted, that her surgeon had to desist. From this time the bloody discharge increased. So much was she weakened that she became a confirmed invalid, and could only rise from her couch for an hour or two during the day." On examination I discovered extensive cauliflower growths from the cervix, which bled freely when touched, and even when she attempted to move from place to place. In this case I prescribed a treatment similar to what I have just described. This afforded great relief. The constant flow was arrested, she rapidly regained strength, and was enabled to mingle with her family and friends. I heard of her death about eighteen months ago, having lived with comfort to herself, and to the delight of her family and friends, for nearly three years, for when I first saw her her death was daily expected.

Mrs. —, æt. 39. On the 27th September, 1864, I was requested to visit this lady at a private hotel in Finsbury Square. I was informed that

shortly after New Year's Day, 1863, she was troubled with a thin, light-coloured, watery discharge, accompanied with a sense of fulness behind the pubis, and an unaccountable bearing, pressing-down sensation, giving rise to great discomfort. A celebrated accoucheur of Finsbury Square was consulted. Unfortunately for the poor lady, this surgeon belongs to the bold school of female surgery. He first applied caustics, but perceived that this treatment, instead of arresting the disease, greatly aggravated it. The fungous mass grew more rapidly. These severe caustic means failing, this gentleman, nothing daunted, attempted to ligature the mass. This not only made things worse, but nearly cost the poor sufferer her life. She was spared, but the cauliflower growth rapidly increased. Nothing daunted, this energetic surgeon had recourse to an instrument not usually employed in surgery, being "his nails." He literally attempted, and in a measure succeeded, in tearing a portion of the diseased mass away; but profuse hæmorrhage daunted this bold gentleman, and he desisted. After such a treatment, which only produced increased inflammatory action and almost fatal exhaustion, the professional reader can only conceive the state I found this poor suffering lady in. She was exsanguineated, in constant suffering, and



exhausted with the fearful draining discharge, constantly attended with more or less suffering. Even in such a terrible case I was enabled, through God's blessing, to afford, not only relief from suffering, but the discharge was in a great measure arrested, and until July last (1865) she felt comparatively well, and she was able to join her family with comfort and enjoyment to herself and friends. A sudden and unexpected flooding occurred; the provincial surgeon, however, could not arrest the flow, and within a few hours of its occurrence, before proper aid could arrive, she died.

Surely this case is sufficient to prove that in the most fearful forms of uterine disease, however advanced, however maltreated previously the patient may have been, yet still, with a common-sense mode of treatment, much may be done, not only in prolonging life, but in rendering that life free from pain and suffering, and a source of comfort to herself and friends.

I could mention many other cases which have fallen under my care aggravated by the injudicious interference of this gentleman; but as my object is not to detract from any gentleman's reputation, but to expose what I consider to be a mischievous and always a fatal interference with malignant disease, I consider what I have already stated quite sufficient.

## MOLES AND HYDATIDS OF THE WOMB.

By the term mole we mean to imply any shapeless mass which is cast out of the uterus, excepting clots of coagulated blood ; but for the purposes of a better understanding of the subject we shall, as is usually done, describe three different kinds. First, false or blighted conceptions ; second, fleshy moles ; and, thirdly, hydatids.

I. Blighted conception simply means what its name indicates—a loss of vitality in the ovum or foetus, which we can readily imagine to occur from any mental or bodily shock during the first months of pregnancy, when the attachment between the mother and the ovum is so very slight indeed. When thus death of the foetus has taken place, it is not usually retained in the uterus for more than two or three months ; but it will degenerate, in all probability, into what is called a fleshy mole if not ejected.

II. *The Fleshy Mole.*—This, as we have just stated, may be the product of a blighted ovum. They vary considerably in their contents and structure ; some are quite firm and solid, others filled with a watery fluid, supposed to be from the membranes surrounding the ovum in its former state.

They attain sometimes to the dimensions of the two clenched fists, the solid mole being much the larger of the two.

In appearance externally they are irregular, rough, and nodulated; and internally the solid ones exhibit sometimes a limb, sometimes an arm, in an imperfect state of development, matted together with hardened clots and a spongy sort of tissue, showing most conclusively that impregnation of the womb must have taken place.

III. *Hydatids*.—By this term we mean a peculiar growth of bladder-like bodies, singly or in clusters like grapes, around or out of the ovum, whence they are discharged into the uterus, where they sometimes remain floating in the fluid contained in the womb, until, perhaps, a certain number have accumulated, when they are expelled, accompanied with flooding, in considerable masses. These hydatids are generally about the same size and shape as a grape, and filled with a pale straw-coloured fluid, sometimes of a reddish cast, and quite transparent.

The symptoms simulate very strongly those of pregnancy; the abdomen increases, the breasts enlarge and grow tender, the areolæ round the nipples become darker, morning sickness and some salivation occur; in such cases, of course, much care and the

use of the stethoscope will be needful to make the distinction. The general health is but little impaired, but there is frequently a slight discharge from the vagina. These growths may occur at any age from the commencement of menstruation until its close.

*Treatment.*—This consists in simply watching and waiting, being careful not to interfere until nature gives the signal, and an effort is made to discharge the hydatids.

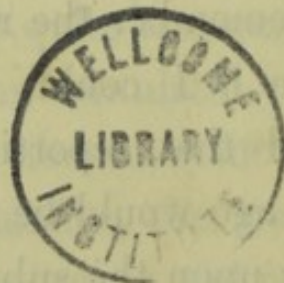
Hæmorrhage must be arrested by the application of cloths dipped in cold water to the vulva, or plugging, and when the ejection is accomplished the case must afterwards be handled as if a natural labour had occurred.

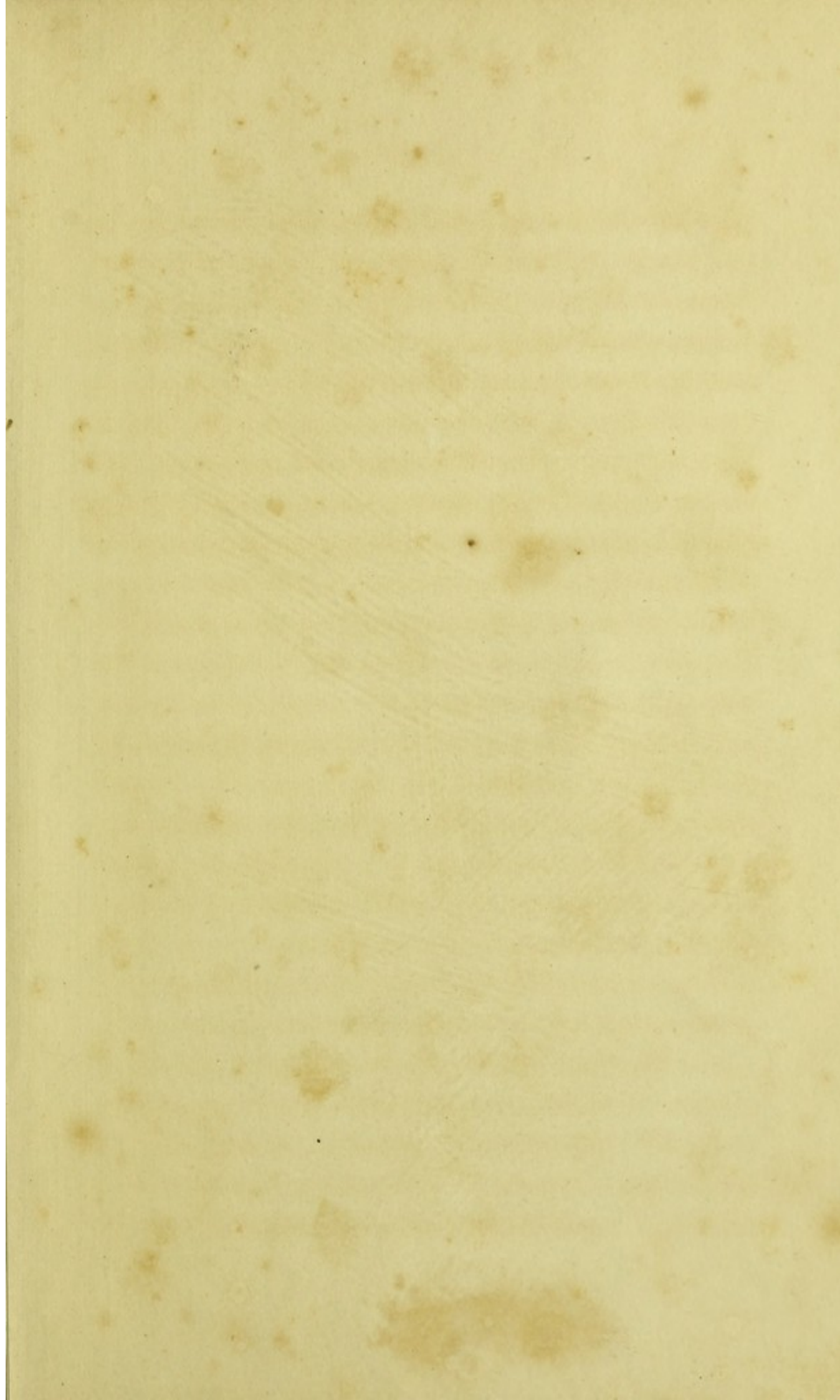
I have not met with a case of false conception, moles, or hydatids, for nearly twenty years. My note-books for these years have been mislaid or lost, therefore I am unable either to give any authenticated case or to detail the treatment I employed at that time, nor can I even remember the result of the cases I then treated. Even if I could, my treatment at present is so modified that reporting cases which I had seen twenty years ago would be useless.

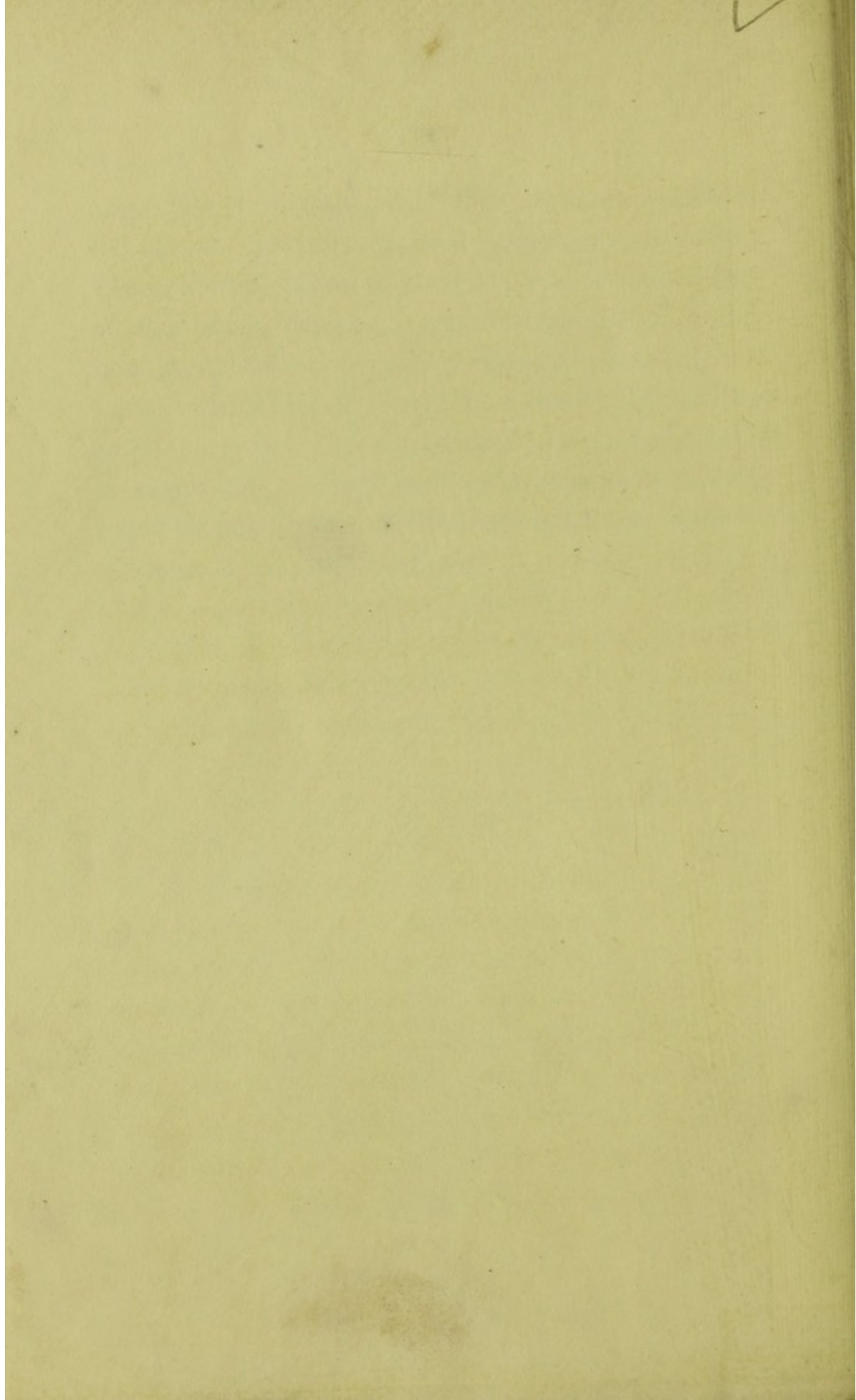
I might easily enter upon the subject of malignant tumours and other diseases of the womb, and that

large class of diseases that affect the appendages of the uterus and the external organs of generation. These, however, I must reserve for a second edition of this work, which I hope to publish in a few months, when I propose to enlarge more fully on those subjects already discussed in these pages, hoping in the mean time that what I have written may be the means, whether in my hands or in those of other duly qualified gentlemen, of affording relief and cure to many poor exhausted sufferers.

THE END.







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