

A treatise, on the functional and organic diseases of the uterus / From the French of F. Duparcque ... Translated, with notes, by Joseph Warrington.

Contributors

Duparcque, F. 1788-1879.

Warrington, Joseph, -1888. Translation of Traité théorique et pratique sur les altérations organiques, simples et cancéreuses de la matrice.

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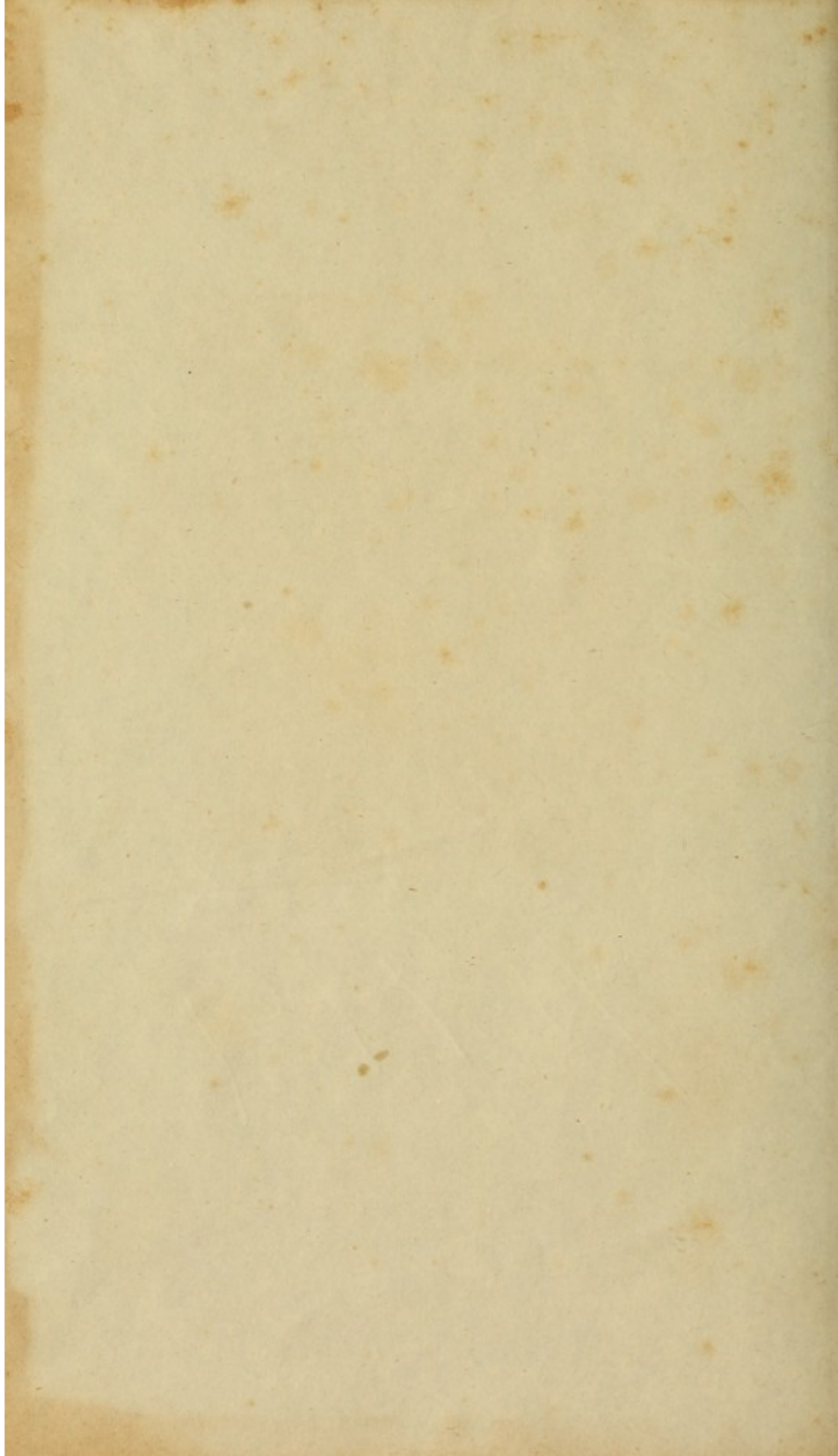
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TREATISE

FUNCTIONAL AND ORGANIC DISEASES

UTERUS

FROM THE STANDPOINT OF

PHYSIOLOGY

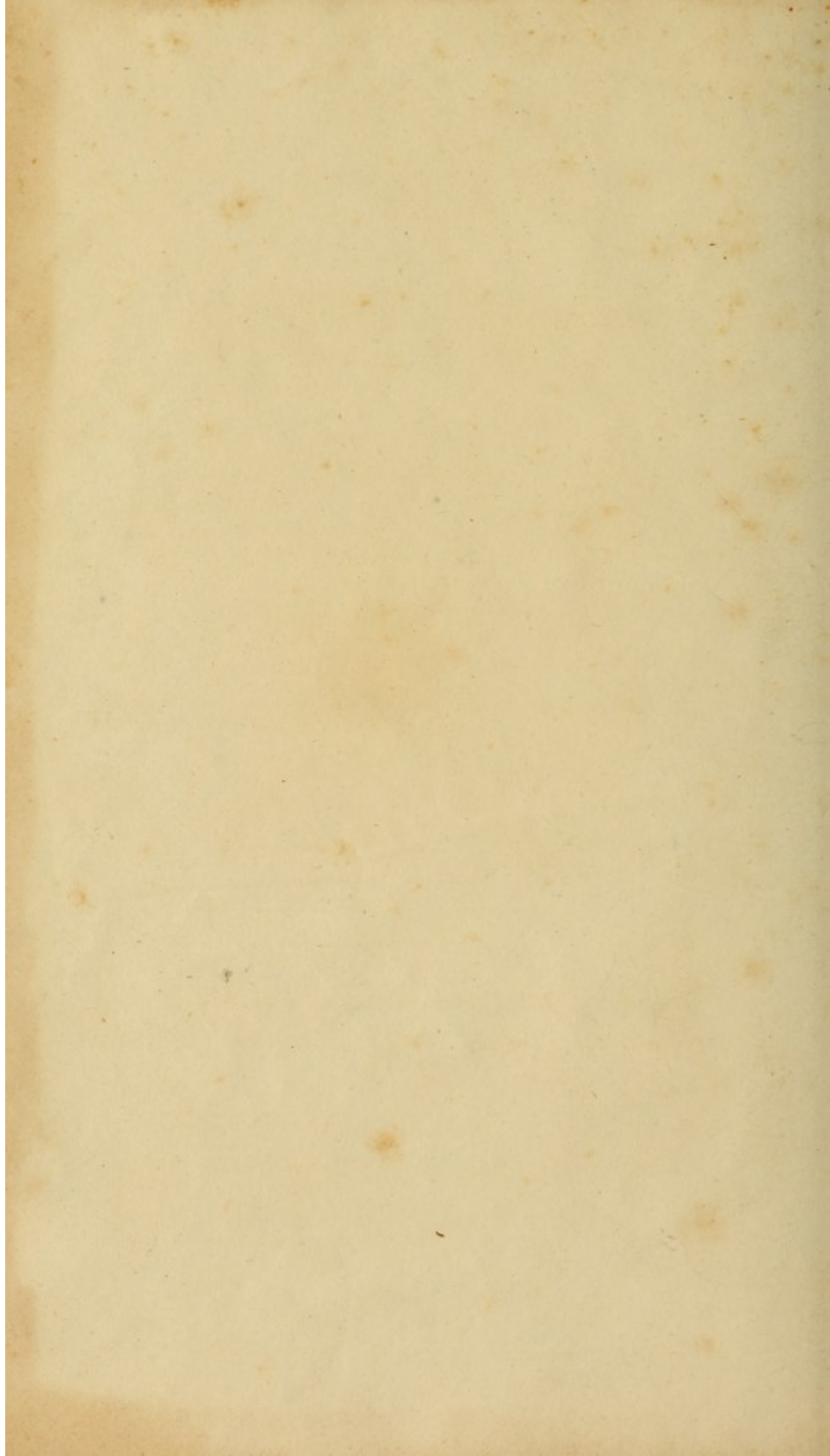
BY ROBERT W. BARNES, M.D.,
OF THE UNIVERSITY OF CHICAGO, CHICAGO, ILL.

BY ROBERT W. BARNES, M.D.

PHILADELPHIA

DESLER, BARNES & CO., 12 MARKET STREET

1887



A
TREATISE,
ON THE
FUNCTIONAL AND ORGANIC DISEASES
OF THE
UTERUS.

FROM THE FRENCH OF
F. DUPARCQUE,
Docteur en Médecine de la Faculté, et ancien interne des Hospitaux
et Hospices civils de Paris, &c. &c.

TRANSLATED, WITH NOTES,
BY JOSEPH WARRINGTON, M.D.
OF PHILADELPHIA.

PHILADELPHIA:
DESILVER, THOMAS & CO.—253 MARKET STREET.

1837.

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TO
WILLIAM P. DEWEES, M. D.

(LATE PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND
CHILDREN, IN THE UNIVERSITY OF PENNSYLVANIA,)

WHOSE LIFE HAS BEEN DEVOTED TO, AND WHOSE PHYSICAL
ENERGIES ARE EXHAUSTED BY THE EXERCISE
OF A PROFESSION LABOURED IN WITH
DIGNITY AND SUCCESS,

THE TRANSLATION OF

This Work

IS RESPECTFULLY INSCRIBED,

BY HIS AFFECTIONATE FRIEND,

JOSEPH WARRINGTON.

Vine St., Franklin Square,
Philadelphia, First month, 1837.

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TO THE MEMBERS OF THE MEDICAL PROFESSION.

GENTLEMEN :

CONSCIOUS of the deficiency of experience recorded in our literature, on the important subject of Uterine diseases, I have attempted to present to you an English version of DUPARCQUE's "*Traité théorique et pratique sur les Altérations Organiques, simples et cancéreuses de la Matrice,*" which obtained a prize in a country where pathology is so much cultivated, and where this class of diseases is far more thoroughly investigated than in almost any other.

I commenced the work merely to supply my own want of information on this subject, but upon an examination of its merits, I thought it an object worthy general perusal. This idea has been confirmed by several of my senior brethern, by whom,

and particularly Dr. Dewees, I have been induced to offer it to you.

American practitioners have written so little upon diseases of the uterus, that we have been obliged to look to the industry of transatlantic observers, for results which are highly important to the physician who is engaged either in obstetric or general practice.

The valuable researches of Mad. Boivin, and M. Dugès, have been placed within our reach, by the pen of a British translator, but I am not aware that any thing of this kind, has been undertaken in this country, except by myself.

While, therefore, I earnestly look to the growing talent and industry of our country, to furnish us with original practical suggestions and experience, I hope my example will be followed by more competent members of the profession; that thus the accumulated knowledge of diseases of the generative system, which may be acquired both by American and foreign practitioners, may be made available to us.

I have thought it proper to introduce with the Author's Preface, extracts from the minutes of the Medical Society of Bordeaux, because they express the opinion of that body, with regard to the essay which he offered for the prize.

The sentiments of several of my professional brethren, to whom both the original and translation have been presented for their examination, may be found in copies of the letters they kindly furnished me.

That the translation is entirely free from the idioms of the original, I shall not assert; but I believe I have been faithful in conveying the meaning of the author.

To those who are interested in the treatment of diseases peculiar to female organism, I doubt not that the publication will be acceptable; while I trust that the general practitioner will consider it worthy a place in his library.

Should it aid the inquirer, or awaken the attention of those who have not hitherto reflected much on this subject, and lead us to a more successful practice in alleviating the afflictions of WOMAN, and enabling her to fulfil the high offices in life for which she is destined, my object will be answered.

Respectfully,

JOSEPH WARRINGTON.

229 Vine st., Franklin Square,
Philadelphia, First mo., 1837.

I am sensible of the extent of my professional duties, and to whom both the original and translation have been presented for their examination, may be found in copies of the letters they kindly furnished me. That the translation is entirely true from the idioms of the original, I shall not assert; but I believe I have been faithful in conveying the meaning of the author.

To those who are interested in the treatment of diseases peculiar to female organs, I doubt not that the publication will be acceptable; while I trust that the general practitioner will consider it worthy a place in his library.

Should it aid the inquirer, or awaken the attention of those who have not hitherto reflected much on this subject, and lead us to a more successful practice in alleviating the afflictions of Woman, and enabling her to fulfil the high offices in life for which she is destined, my object will be answered.

Respectfully, as directed by the author,

JOSEPH W. ARINGTON.

Philadelphia, First week, 1857.

RECOMMENDATIONS.

*From Charles D. Meigs, M.D., Lecturer on Obstetrics,
and diseases of woman and children, in Philadel-
phia.*

My Dear Sir,

I have examined the manuscript translation of Duparcque, which you were so kind as to put into my hands. There can be no doubt of the value of the work, since it is a prize production; and I am sure that the English dress in which you have clothed it, is such as will do credit to your taste and industry. I hope you will publish it for the benefit of the profession in our own country.

Yours, very respectfully,

CH. D. MEIGS.

DR. WARRINGTON.

July 29th, 1836.

*From Hugh L. Hodge, M.D., Professor of Obstetrics,
and diseases of women and children, in the Univer-
sity of Pennsylvania.*

AUGUST 15, 1836.

Dear Doctor,

I have looked over a portion of your manuscript, and of the book. The whole is well worthy of publication—as enlarging our knowledge of uterine complaints; and especially as furnishing practitioners in this country, information not easily to be obtained.

Yours,

Respectfully,

HUGH L. HODGE.

DR. WARRINGTON.

*From Samuel Jackson, M.D., Professor of the Insti-
tutes of Medicine, in the University of Pennsylvania.*

My Dear Sir,

I have looked over your manuscript translation of Duparcque's work on organic alterations of the womb. It appears to me, to be a very accurate translation, preserving the meaning of the author, and in a fair English style.

This work meets my entire approbation. It embodies a mass of interesting and highly useful informa-

tion, on a class of diseases occurring daily in practice, and which are constantly overlooked, or are unknown. It should be read by every student, and be in the library of every physician.

With respect,

Your friend,

S. JACKSON.

DR. WARRINGTON.

Philad. Oct. 6th, 1836.

From John K. Mitchell, M.D., Lecturer in the Philadelphia Medical Institute, &c.

PHILAD. Oct. 1836.

DOCTOR WARRINGTON:

My Dear Sir,

I have read with both pleasure and profit, the part of your excellent translation of Duparcque "Sur les alterations organique De la Matrice," which you did me the favour to send me.

Although the prolific source of so many morbid evils to its possessor, and consequently so important to the professional student, the uterus is so little studied, that ignorance respecting its maladies, is among the most common errors of the physicians of this country. I believe I shall be sustained by my city-brethren in the assertion, that *this* want of knowledge in particular, is the cause of a very large

proportion of the mistakes by which female sufferings are prolonged, and female life is endangered.

It is, therefore, with particular pleasure that I look for your translation of a work of so great value, in an obscure and difficult part of this neglected subject.

With respect,

Yours, &c.,

J. K. MITCHELL.

AUTHOR'S PREFACE.

CHARGED with a duty, the most important in the propagation of the human species, woman seems to purchase the privilege only by the number and gravity of the evils of which it is the source. The uterus is in fact the organ, the most immediately destined to receive and develop the new being—and it is, especially whilst in its state of activity, that health is liable to exposure, and existence rendered more precarious. Though the numerous affections of the external parts of generation, the ovaries and other appendages of the uterus, may exert an unfavourable, and sometimes a dangerous influence on the economy, it is principally in the latter viscus, that the most formidable diseases of women are begun or established.

These diseases have therefore engaged the attention of Physicians of all times, and their history occupies a conspicuous place in the writings of eminent Medical authors, from Hippocrates, downward. But, it is only since pathological anatomy has illuminated the general chaos of organic alterations, that we have

had exact ideas of the nature, character, and difference of those which the uterus undergoes.

Until recently, nearly all its diseases were confounded under the illy selected denominations of scirrhus, cancer, &c. &c. Hitherto, its diseases have been very much shrouded in obscurity, and their treatment but little more than empirical. It must be acknowledged, however, that notwithstanding the labours of the moderns, and their numerous experiments, much remains to be done in this department of the history and treatment of these diseases; while there is much emulation amongst practitioners in regard to the surgical treatment which has been too indiscriminately applied, we have too much neglected the *medical* means best adopted to the treatment of these organic alterations. In regard to the surgical operations, painful experience proves that those so much spoken of, are rarely crowned with success; that they are often uncertain and followed by relapse; and that in some cases, they are either useless or not indicated.

The Medical Society of Bordeaux, conscious that the example given by great practitioners, was unfriendly to the progress of the science of the chronic diseases of the uterus, and to the best interests of humanity, has laudably proposed a question for the subject of a prize,* with a view to obtain the opinions

* "To establish the distinctive characters of divers engorgements, of ulcerations of the neck and body of the uterus; to exhibit the methods of treatment, which agree best with each of them, and to determine the cases which require the extirpation of the diseased parts."

of practitioners, on the different engorgements and the various ulcerations of the uterus, the particular therapeutic means which each of these affections requires, as well as the value of the operations which have been used to remove them.

I am aware that a subject of so much importance, will require much research, and that many difficulties will be found in the way in treating it properly. But, having reflected on all the cases of chronic diseases of the uterus, which have been published up to this time ; having myself had occasion to see and attend a great number of cases of the kind ; I hope I am in some measure qualified to make a comparison between them, and deduce theoretical and practical inferences, proper to respond to the question, and thereby fill the void which the history of uterine affections still presents.

I found the hope of having attained this object, upon the unanimous suffrage which the Royal Society of Medicine of Bordeaux has accorded to this work, after the favourable report made by the committee it had nominated, viz. : M. M. Doumeing, Brulutour, the father, Guerin, Gintrac and Bonnet.

I have endeavoured to expunge from this work those defects which the committee pointed out ; I have given more development to some of the propositions which it includes, and some new considerations which were overlooked in the first compilation ; thus rendering it more nearly complete : I have supported the theoretical and practical opinions which I had pro-

mulgated, by some new facts. I do not presume to offer a perfect treatise to the public, but I incline to think it will not be without utility to Nosography, and that practitioners can draw from it some lights calculated to direct them in the diagnosis and treatment of the chronic diseases of the uterus.

I divide the work into two parts : *Firstly*, I examine cursorily the origin, and the predisposing and determining causes of the chronic alterations of the uterus, considered in a general manner. *Secondly*, I endeavour to establish the etiology, the mode of production and development of these alterations and their respective degree of curability. *Thirdly*, I point out the means by which their material existence can be recognised. On this subject, there are three chapters.

The second part is devoted to the particular history of the chronic alterations of the uterus, which I divide into alterations under the form of engorgement, which comprehends excrescences and engorgements properly speaking, and into ulcerations. I appropriate the last chapter, to cancerous affections.

Each of these divisions forming a chapter, will itself be subdivided into as many articles as there are species of particular alterations ; thus, to the engorgements, properly speaking, appertain, hypertrophia, œdema, sanguineous engorgement, (which may include the forms of simple congestion) ; congestion with hemorrhage, and of acute or chronic phlegmasia. Under the denomination of hard engorgement, we include principally chronic meritis, induration and

scirrhus; engorgement by cerebiform alteration, by melanosis, and lastly, tubercles.

I admit three species of ulcerations of the uterus; simple or benign ulcers, phagedenic or gnawing ulcers, and the carcinomatous ulcers.

Like the preceding *elementary* alterations, the *profound* alterations which we are accustomed to rank under the collective denomination of cancer of the uterus, are presented under the form: 1st, of hyper-sarcosis, which are either essential as the mural cancer, or secondary as carcinomatous excrescences, and fungus hæmatodes. 2ndly, of tumours or engorgements, viz.: cartilagification, or ossification; the scirrhus cancer, properly speaking, or advanced scirrhus, simple or complicated with cerebiform or melanic alterations; the sanguine or soft cancer. 3rdly, of ulcerations, as the gnawing or phagedenic ulcer, and the scirrhus ulcer.

I have devoted the last chapter to the exposition and merits of the surgical or operative treatment of the cancerous affections of the uterus in general.

*Extract from the Report of the Commission.**

* * * * *

It would be wrong to assert that there remains nothing more to be said on the symptomatic or idiopathic

* Journal de Médecine pratique, où Recueil des Travaux de la Société royale de Médecine de Bordeaux, août, 1831.

diseases of the uterus, and, to speak only of these latter, we cannot conceal from ourselves, that if their diagnosis is better known, their causes, nature, and treatment, still present much doubt and obscurity. You have felt it as well as we.

It is under this impression that you have believed it right to call the attention of practitioners to the engorgements and ulcerations of the neck and body of the uterus. The selection of such a question, evinces your discernment, and your constant desire to satisfy the wants of science. It would have been difficult to propose one which offered more interest, and which was more susceptible of exciting the emulation of gentlemen of the profession. And, notwithstanding, the important circumstances which pre-occupy the mind, and attract us to the peaceable labours of study, men are found who have responded to your call. You should felicitate yourselves as much on having instituted this contest, as having obtained the object of it.

* * * * *

The details into which we enter, will not give you an entirely exact idea of this work, unless we again call your attention to one of its principal points. And in the first place, we may remark, that the article which treats of engorgements of the uterus, is without contradiction, the best digested, and the most complete upon this matter that has been published. The author has not only shown himself skilful in explaining the causes and the mode of development of the

organic alterations of the uterus, but he teaches us moreover, how to cure them. No person before him had considered the treatment of these morbid states in a manner more rational and philosophical. The curative means which he recommends to be administered, are doubtless for the most part, known and long since used; but he appreciates with a rare superiority of talent, their properties, and the periods at which it is proper to prescribe them, as well as the time during which their employment should be continued. One thing particularly, which appears to us new, and which it may not be useless to remark, is the explanation which he has given of the kind of modification which sedatives produce in the economy; these medicines according to him, do not exert a special action, but reduce the exaggerated enervation of the diseased tissue to its natural state; a condition necessary in order that this tissue in losing its abnormal secreting faculty, may regain its physiological absorbent power. Surely we have a right to demand, whether it be true, that the remedies which have engaged our attention, act in this manner, and whether it be certain, that by diminishing the altered vitality of a part, it will be enabled to recover its absorbent faculty. But it would be wrong to suppose that such a proposition has been lightly advanced; it reposes, we can assure you, upon very curious facts, which if they do not fully confirm, lend it a very high degree of probability.

This article, we repeat, gives the best, and most

complete idea of uterine engorgements that has been published. Nevertheless, it should not be dissembled, that it leaves something to be desired in certain points. It may be objected, for example, that the engorgements of the uterus do not always depend upon an inflammation—but we are not taught to distinguish the cases in which this fact occurs, from those in which the disease proceeds from real inflammation.

We equally regret to meet at almost every page, the words *red inflammation* and *white inflammation*. These expressions, whatever may be said of them, are improper, and afford no advantage over those now generally in use.

The chapter entitled confirmed cancer, possesses much interest, and we should find nothing to subtract from it, were it not for the numerous species of cancerous affections, which our colleague has thought it necessary to recognise. These varieties being the result of one and the same alteration, we do not see the utility of establishing them. Some are, besides, evidently superfluous; and supposing, it was essential to divide cancer into species, one would be necessarily obliged to reject those which are here made.

Amputation of the neck of the uterus, and extirpation of the whole of this organ, have been for some years, the subject of a lively controversy. The partizans of these operations, regarded them as one of the most important acquisitions of modern surgery; their detractors perhaps exaggerated the dangers and

inutility of them. In this state of things, it was desirable that an impartial man, devoid of prepossession, should endeavour to put an end to a controversy, doubtlessly laudable in its object, but which unhappily, involved personal considerations and private interest. Our colleague has not recoiled before so difficult a task, and he has much more right to our gratitude and eulogy, as he appears to us to have done it with credit.

We are constrained to make you acquainted with the plan of this work, the spirit in which it is conceived, the order and importance of the matters therein treated. We shall further add, that it is recommended by ingenious observations, new explanations, and especially a great sagacity of discussion. The author is not one of those writers who build upon hypotheses, and are lost in conjectures. A severe logician, and endowed with an exquisite tact, he generally advances nothing which cannot be supported by proofs.—Remark that it is not by way of reasoning alone, that he proceeds; most of his opinions rest upon numerous facts which have come under his observation.* Few physicians have seen so many organic alterations of the uterus. He also says nothing upon the faith of others, but like a man who has observed much and perfectly.—Examine the the theory of the causes, and the mode of the develop-

Of 65 cases that he has introduced into this memoir, two-thirds at least, belong to himself.

ment of the engorgements of the uterus, the rules of treatment for the morbid states, the judgment bestowed upon the advantages and disadvantages of the amputation of the neck, and of the extirpation of the uterus. Examine we say, the principal points of his manuscript, and you will see that, without neglecting to profit by the works of his predecessors or contemporaries, it is almost always his proper experience and practical understanding which serves for his guide.

In short, gentlemen, the work which we have just examined, is in every respect, entitled to your suffrages. The question which you have proposed for contest, is here found resolved, as much at least as it was possible it could be, in the actual state of science. There is, therefore, reason for decreeing to its author the whole prize, and it is this your commission have the honour to propose to you.

*Extract from the Proclamation, read at the public annual session, Sept. 3d, 1831.**

* * * * *

The society has received three Memoirs in response. The Memoir registered No. 3, (bearing for its motto, this phrase, extracted from the Memoir, "The greatest number of cancers of the uterus might be prevented, if the engorgements and simple ulcerations

* Jour. de Med. prat. où Recueil des Travaux de la Société royale de Médecine de Bordeaux. Sept. 1831.

which are the most common origin of them, were seasonably and properly combatted,") is divided into two parts. In the first, there is an expose of the general considerations of the organic alterations of the uterus. The second part includes an exact and complete history, according to the state of our knowledge, of the engorgements and ulcerations of the neck and body of the uterus. The author of it describes the forms, from practical experience: if he has sometimes indulged in theoretic explanations, he supports them with the evidence of facts. If he is known to support, by remarkable and curious cases, the description of the engorgements which he calls *Sanguine*, he has shown himself not less skilful in those of the engorgements called *hard*, and the observations included in this chapter, ought especially to engage the attention of practitioners. In following this guide, we would be in the most certain way of discriminating the alterations of the simple tissues susceptible of cure, from the cancerous degenerations almost always mortal; it is of much importance to confirm the happy success of the medicines which have so well succeeded with him. The author has not shown less knowledge and noble independence in the discussion of the cases which required the extirpation of the diseased parts. He has demonstrated that these operations should very rarely be performed, and that the greatest circumspection is imposed upon surgeons in those circumstances, where they may, by medicines as efficacious as certain, preserve the patients from those

always dangerous, if not fatal operations. The work is written with care ; the style simple and clear ; the cases introduced are numerous, and belong chiefly to the practice of the author. It would be difficult to find any particular fault. If some neglect in the details might be relieved, they are made up for by qualities so superior, in the whole, that the Society, well satisfied, decree the whole prize, consisting of a medal of gold, of the value of 300 francs, to its author, Dr. Duparcque, physician of Paris, corresponding member of the society.

A TREATISE
ON THE
SIMPLE AND CANCEROUS
ORGANIC ALTERATIONS OF THE UTERUS.

PART I.

CHAPTER I.

ORIGIN AND CAUSES OF THE ORGANIC AFFECTIONS OF THE
UTERUS.

THIS organ is not very susceptible of diseases either acute or chronic before puberty ; until this period, it has not possession of that vital activity, which suffices for the spontaneous development of various lesions in other parts, or places them in conditions which disposes them to be affected with diseases under the influence of exciting causes.

Isolated as it were from the rest of the organization, and exerting only a feeble influence upon the different organic apparatus, the uterus is itself rarely affected sympathetically during the early period of life. Being by its anatomical position, protected from the mechanical, physical or chemical action of exterior

bodies, it is little exposed to accidental maladies, and therefore, examples of diseases, and especially of organic alterations, are extremely rare in infancy. But when the period of puberty arrives, announcing itself by a more rapid development of the whole economy, and a greater activity of all the functions, the entire life seems to be animated with a new fire, the organs of generation participate in the effect of the general movement, or indeed, it is only at this time that their existence may be said to begin. The uterus then leaves the state of inertia in which it had as it were been buried, henceforth to play an important rôle. Its tissue becomes permeable, extensible, and even erectile. Blood circulates more freely through it, its sensibility is developed, it becomes the centre and point of departure of sympathetic irradiations, which subject to it all the acts of the economy; and these in their turn exercise influences not less important on the proper functions of this organ.

From this reciprocal change of influences, result, in the woman arrived at puberty, new physiological and pathological phenomena, general and local diseases peculiar to the sex, or particular forms of affections which are common to her with man.

To speak of such maladies only as affect the uterus, we shall observe that this viscus may be the seat of all kinds of vital lesions and organic alterations that occur in all other organs of the economy. This disposition corresponds with the anatomical composition of the uterus, for we find it endowed with a serous system, one portion of which envelopes the exterior;

a mucous system which lines its cavity, a cellulo-fibrous membrane, a vascular system susceptible of a great development of the lymphatic vessels, nerves derived from the cerebro-spinal and the ganglionic systems; and finally, a proper tissue of a fibro-muscular character.

The uterus, consequently, may suffer all the maladies with which each of the tissues is susceptible of being especially affected, and which are common to each of the organic systems.

In the early periods of puberty, the uterus is not always in a condition to emit the fluid that gives rise to the menstrual movement in its tissue. In consequence of which, a local plethora or congestion occurs, manifested by a sense of heaviness in the hypogastrium, more or less severe pains, denominated uterine colic or uterine tenesmus, alternate chills and flushes, head-ache, difficult respiration, and sometimes hysteric fits.

This fluxionary movement having existed a few hours or days, subsides spontaneously without any discharge; it re-appears with the same symptoms at the following menstrual period, until the exhalent extremities of the vessels becoming more permeable, readily disgorge themselves.

In some girls, however, this state of things continues through an indefinite period; the congestion of the uterus does not completely pass off after each period, but becomes increased, the local and general disturbance acquires intensity, and medical aid is

required to prevent the dangerous consequences of this morbid state.

The engorgements of the uterus may under these circumstances, take on the form of simple congestion, of acute, and particularly chronic inflammation, which may successively or simultaneously pass through all the stages of suppuration, or cartilaginous or osseous degenerations. Restricted in the degree of its action, this engorgement becomes the basis of cancerous formations in the course of some years.

CASE I.

Mad'lle L. presented at the age of 15 years, the exterior signs of puberty. The phenomena which prelude the catamenial discharge, were manifested for some months, at irregular periods, though the secretion did not take place.

At every period, pains in the loins and hypogastrium, sense of fulness, and general uneasiness were so great as to oblige her to keep her bed for two or three days. These periods subsequently, became more regular as to time, being also more intense, and of longer duration. At the 9th period, the engorgement assumed the character of acute inflammation of the womb—there being very violent pain in the back and hypogastric region—tension of the abdomen, vomiting, delirium, fever, &c.; these symptoms were removed by prompt and active antiphlogistic treatment.

The menstrual periods continued to return with the

same train of symptoms, but with a greater or less degree of violence. She had also oppressed respiration, palpitations, and sometimes catalepsy. Bleeding had been found to be the most useful remedy in preventing increasing violence of the paroxysms.

It was supposed that marriage would correct this morbid state of the uterus. This took place at the age of 20; instead, however, of affording the desired relief, the morbid phenomena returned with greater violence. In July, 1829, three years after, I was called to attend her; at this time, she could not stand erect, in consequence of the severity of pain in the loins, hips, groins, and the anterior part of the thighs. She was afflicted with the dyspnœa and cephalalgia; the pulse which beat 110, was hard and contracted; her countenance was flushed.

An examination per vaginam, enabled me to discover that the neck of the uterus was short, thick, and confounded with the body of the uterus, which could be felt through the vagina, in passing the finger around the neck; the uterus appeared to be as large as at two month's of pregnancy; the mouth of the uterus was partially distended, and filled with a viscid matter. I could seize the fundus by applying the left hand above the pubes, and pushing the abdominal parieties towards the sacrum; it was regular in shape, and about the size of a goose egg. The pain was greatly increased by this examination, and the patient was seized with a paroxysm of hysteria.

She was bled eight oz., which was repeated at night; emmollients and baths were used. I intended to try

the effect of prolonged and vigorous antiphlogistic treatment, but she declined it, having been persuaded, from the ill success of all that had hitherto been done, that though her case might be palliated, it could not be cured. She had already been a patient in the Hotel Dieu, and afterward in la Charité—where it was ascertained by the introduction of a stylet into the uterine cavity, that the amenorrhœa and the train of symptoms, were not occasioned by an imperforation of the uterus. I satisfied myself of the same fact, by similar means.

This case presents a remarkable perseverance of the menstrual *molimen*, in which the uterus did not effect the ordinary discharge—it has resulted in congestions, which produced a permanent augmentation of volume. It would be difficult to decide whether there was hypertrophy of the organ, or that the engorgement was owing to a plethoric state, or arose from a chronic inflammation. Her general health having remained unimpaired by these successive attacks, might lead to the conclusion that it was a case of hypertrophy of the uterus.

It appears to me, that in this case, the engorgement was either accidentally developed, or arose from a peculiar organization of the internal surface of the uterus, by which it was incapable of effecting its peculiar secretion, and therefore could not relieve the menstrual *molimen*.

Too strong, too precocious, or too frequently repeated excitations of the genital organs, a shock communicated to the uterus by a fall upon the hips,

knees or feet, the use of substances calculated to excite determinations of blood to the uterus; indeed all the causes which produce a congestion, not in relation with the exhalent or secretory function of the uterus, are extremely liable to produce acute, or more frequently, chronic engorgements of this organ.

CASE II.

Adèle B. at the age of 18, having the catamenia in abundance, slipped down a stair-case while carrying a bucket of cold water; this was in the first day of her monthly period, in which there was commonly an abundant discharge, lasting four or five days. The fright caused by the fall and the splashing of the cold water with which she was inundated, suddenly arrested the discharge, and she was almost immediately seized with dull pains in the hypogastrium, as well as by rigors and dispnœa. She however continued her occupation as a domestic, though during the day, the pains in her loins became so severe, that she was frequently obliged to sit down. The breasts began to augment in volume and consistence; anorexa and capriciousness of appetite followed, as in pregnancy.

At the three succeeding menstrual periods, she was obliged by the severity of the pains, to keep her bed; the breasts became flaccid, and the body emaciated, and the appetite completely lost. The patient experienced an insupportable tension and weight in the pelvis, particularly after she had been standing some time, or walking a little.

When the fourth menstrual period arrived, I bled

her 16 oz., and prescribed for her a bath of 29 deg. R. Next day, there was a discharge of a dark liquid per vaginam; it looked as though it had been squeezed out of the uterus, and was attended by a sort of tenesmus of that organ. This imperfect menstruation continued four days. The pains were so acute that she could not avoid shrieking, either when still or in motion. She had head-ache, fever, extreme sensibility of the hypogastrium, with constipated bowels. I directed 25 leeches to the abdomen; instead of applying them, however, the attendants kept the hypogastrium covered with emollient fomentations. Appearing to be somewhat better through the night, and the abdomen rather less tense and painful, I continued the fomentations and repose. Three baths were successively taken, and every thing went on in good order: at the next period, the menses occurred spontaneously and abundantly; and the uterus has continued to perform its function since.

When women indulge in iced drinks, or the like frigid substances, to an extent to impress the skin suddenly by cold, the uterus is apt to sympathize, and a sort of spasmodic stricture of its exhalent mouths, takes place. The same effect may be caused by moral emotions, the shivering of an intermittent, &c. When these causes act at the approach of the catamenia, or only at the commencement of the menstrual movement, the effect is not only to prevent the flow, but also to obviate the congestion which precedes it; there is then only an amenorrhœa, without affection of the uterus for that time. But when the menstrual

molimen is in full activity, to the suspension of the flow, are superadded certain local phenomena, which indicate a morbid state of the uterus. This is what happened in the subject of the preceding case. It is of much importance to know, that in this state of things, amenorrhœa is not the disease, but a symptom, and sometimes the consequence of an uterine lesion. Medicines of a stimulating nature termed emmenagogues, having for their object, to excite or increase the uterine congestion, can under these circumstances, be no other than highly prejudicial. Bleeding, emmollients, and baths, are the best means to dissipate congestion, or restore the uterus to its natural condition, and consequently to dispose it to resume its habitual functions.

CASE III.

Mad. G——, 28 years old, has been married three years, and had no children. Since her marriage, she has been subject to frequent pains in the loins.

March 30, 1826.—Attacked with fever, commencing with violent rigor.

31st.—Apyrexia—in the evening, head-ache, nausea, increase of pain in the loins, slight leucorrhœa; all of which are the usual symptoms of the approaching irruption of the menses in this lady.

April 1.—The menses appeared at day-break, but in smaller quantity than at the preceding periods.

2d.—Violent chills followed by two paroxysms of fever—the menstrual flow is suspended.

3d and 4th, Apyrexia.—On the 5th, a slight discharge—(Sulph. Quinine, 24 grs.)

No paroxysms followed, but the patient complained of an unusual feeling of weight in the lower part of the abdomen—dull pain in the hypogastrium—numbness and feebleness in the lower extremities. The quinine was suspended on the following day.

26th.—The paroxysms return every 4th day.

May 3d.—Increase of pain in the hypogastrium and sacrum; tension in the pelvic region,—with a small discharge of serous blood.

The quinine was again resumed, and continued almost a month in gradually diminished doses. There was no return of the fever, still the patient did not regain her strength; an unnatural feeling of constraint, pain and weight in the limbs, obliged her to change her position constantly. The conjugal embrace was accompanied by severe pain, and followed by inexpressible distress for many days. There was an almost incessant discharge from the vagina; being somewhat increased at the menstrual periods. She lost her colour, became emaciated, and greatly distressed, by frequent attacks of gastralgia and dyspepsia.

Ascribing her bad state of health to the defect of the catamenia, she used various remedies recommended by herbalists and old women; till finally wearied out with her suffering, she placed herself under my care, on the 20th of April, 1827. Nearly a year had elapsed since her first attack of quartan fever appeared; and from this period, were dated the sufferings in the side of the plevlis.

I found the uterus very low in the vagina ; its neck thick, hard, but equally engorged ; its body appeared to be larger than natural.

I had her bled three times ; at first, 16 oz., and at the two last operations, from 8 to 10 oz., (emmollient cataplasms, baths every day, horizontal position.—Milk with barley water and chicken broth, her sole diet.)

The pains diminished, the uterus resumed its normal position, but the engorgement continued.—Meanwhile the symptoms were not aggravated ; at the menstrual period, (4th of May,) the discharge was rather more abundant and of longer duration. She was bled twice during the first two weeks in this month. Notwithstanding the very vigorous use of other therapeutic and hygienic means, the uterus diminished very slowly in volume. I then resolved to try frictions in a manner calculated to excite an action upon the system, in consequence of its being absorbed. See cases 57, 59 and 61. Half an ounce of tartarized antimony was used in this way. Towards the end of May, the neck of the uterus was diminished one half, was more elongated and soft ; the menses were abundant on the 31st of May, a few days earlier than usual, without any pain as at the former period.

From eight to ten oz. of blood were taken from the arm on the 15th of June : patient is able to set up part of the day, and walk a little about her chamber : takes a little solid aliment : baths and cataplasms are continued. The catamenia appeared without inconvenience on the 2d of July, since that time they have

been but little deranged. She has, for a long time taken my advice, to abstain from sexual intercourse from danger of relapse. At page 20 of the 4th Vol. *Nouv. Bibleoth. Medical*, 1829, an equally remarkable case of metritis may be found, with considerable engorgement of all the organs, arising from the rigors of an intermittent fever supervening upon an accouchement.

CASE IV.

A beautiful Jewess, 15 years old, had menstruated regularly for some months; at each period, violent pains in the hypogastrium preceded the discharge, and disappeared when it was established; it generally continued pretty freely for five or six days. This state of things existed on the 12th of April, 1824, when she was suddenly frightened by an explosion in an adjoining chamber; an icy coldness pervaded her body, and was soon followed by a violent agitation. Pains in the abdomen became very intense, and gradually disappeared without the irruption of the menses. The pains were doubly severe at the following period, from the 8th to the 12th of May, and subsided less completely than before. The menses did not re-appear.

The emaciation of her person, and the alteration in the colour of her features, the loss of her appetite, the impossibility of walking or standing, without inclining very much forward, and frequent attacks of sickness of the stomach, induced her father to call in Dr. Godechaux. The patient endeavoured to conceal her

situation as much as possible. The Doctor prescribed ten leeches to the thighs and laxative enemata, for which latter she substituted laxative pills and drinks, which the stomach rejected. Her situation becoming alarming, I was desired to see her in consultation on the 31st of August; with some difficulty, I compromised with her modesty, and succeeded in placing my hand over the abdomen, and was soon convinced that the malady was to be found within it. I at first felt behind the pubes and in the hypogastric region a tumour, a little inclined towards the right iliac fossa, exhibiting by its position, form and volume, a tumour about as much developed as at three and a half months of pregnancy: it was very hard and sensitive; the slightest degree of pressure upon it was painful. In the left iliac region, there was another oblong nipple-like tumour, dipping deeply into the pelvis. I first suspected the patient was pregnant, and her great reluctance in submitting to an examination, seemed to confirm that suspicion. Finding it difficult to pass my finger into the vagina, I attempted to ascertain the condition of the parts by an exploration through the rectum; this however, was so blocked up by hardened fœces, that a complete examination was impossible. Her pulse was frequent and hard, skin dry and hot, mouth parched, tongue deep red.

She was bled sixteen oz. from the arm: the sterco-
ral matters were extracted from the rectum by a
spoon handle. Being alarmed by our representation
of her dangerous situation, she submitted to our pre-

scriptions readily. After having cleared the lower bowels of the mechanical obstruction, we administered an ounce of castor-oil, which gave her some colic-like pains, but evacuated a large quantity of fœcal matter from the bowels.

1st September.—The abdomen yielding; the tumour in the left iliac region not now to be felt; that in the hypogastrium was not diminished; it had fallen under the median line of the abdomen and sunk into the pelvis.

By the introduction of the finger into the anus, and applying the whole of the other hand upon the hypogastrium, I felt assured that the tumour was a developed uterus. This could not be pregnancy, because the external parts were in such condition as to prevent ingress; it was not probably retained menses from occlusion of the os tinæ, because she had already menstruated. I therefore concluded that this increase of volume of the uterus, was occasioned by an engorgement of its tissue, and consisted in an inflammation, which though chronic at first, had become acute; this idea received some confirmation from the fact of the pain and great sensibility of the uterus under pressure.

With this view, we had her bled twelve oz., and next day had twenty leeches applied to the hypogastrium, which was kept constantly covered with emmolient cataplasms. She was also directed to use the bath and laxative drinks. I did not see her again until the 5th of September, when the tumour scarcely rose above the pubes, and she was free from fever or

nausea. The pains had very much abated. Apply twelve leeches, continue the other remedies, allowing her skimmed milk and light broths, if she would relish them.

15th.—The tumour could scarcely be felt by pressing through the abdominal parieties towards the sacrum. In the evening she felt some pain in the lower part of the body, and during the night there was a slight appearance of the menses. In a month from this time, she was able to be about without inconvenience. On the 10th of October, the catamenia returned with their usual freedom, and she has subsequently enjoyed good health.

We may be astonished at the size to which the uterus may be increased in very young females, considering the tenacity of its tissue at that time of life. There are, however, some instances in which the volume of this organ has been greatly augmented. See an interesting case of this kind reported by Dr. Sewall, in the *New England Med. & Phys. Journal*, August, 1815.

CASE V.

A young lady, aged about 20 years, enjoyed good health though her constitution was delicate. Her catamenia suddenly ceased, her abdomen and breasts enlarged, and she was supposed to be pregnant. She died 18 months after the cessation of her menses. At the opening of her body, the uterus was found filling up almost the entire abdominal cavity, adhering to the peritonæum in many points, crowding the bowels

towards the vertebral column : its surface was irregular, and the ovaries were confounded with the whole mass ; its weight was $32\frac{1}{2}$ pounds. The natural cavity of the uterus contained several pounds of a dark coloured gummy fluid ; besides this, there was another sac filled with a sero-purulent fluid. When all these fluids were drained off, the tumour still weighed 22 pounds : its tissue was white, firm, inelastic and studded with spots of cartilaginous and osseous degenerations. Chronic engorgements of the uterus most frequently exhibit the character of congestion or inflammation in women at puberty, who have not had sexual intercourse. Coition, although it is the natural excitant of the organ of generation, may by its abuse, or by its use in certain conditions of the female organs, occasion analogous engorgements, or continue them when they already exist. These engorgements, the only appreciable phenomena of which are derangements of the menstrual function, are very frequent causes of sterility.

We have seen women who attributed the misfortune of barrenness to the derangement of their catamenia, become mothers after some months of complete abstinence of sexual intercourse, mild regimen and antiphlogistic means.

If journeys either to waters or to places consecrated to religion, have rendered some women productive who had hitherto been unfruitful, may we not, in many cases at least, ascribe these happy results, less to the use of the waters and the practice of devotion, than to the special repose in which the genital organs

have been kept during this period : to the equilibrium which the change of air, scenery, freedom from care, &c. have established in all the functions of the system : to the diversions which these circumstances effected upon the abnormal concentration of vitality in the uterine apparatus, which having now resumed its natural organic relations, has recovered at the same time its healthy functions.

When amenorrhœa or dysmenorrhœa depends upon engorgement of the uterus, a circumstance of more frequent occurrence than is generally believed, connubial intercourse, far from being useful in re-establishing the healthy functions of the uterus, increases the derangement ; and by the excitement which it produces, maintains the cause of it.

Is it not also probable, that hysteria is sometimes the result of an altered condition of the uterus, and not owing to the coincident dysmenorrhœa, that, after marriage, this nervous condition is aggravated, instead of relieved ?

May it not be, that the failure of success in the treatment of some cases of disordered menstruation, usually considered as the primary disease, is attributable to our want of acquaintances with the causes of hysteria, or the derangements of the catamenia ?—Indeed, the antispasmodic and stimulating emmenagogues, mostly increase the congestion or inflammation of the uterus, and consequently aggravate the consequences of that congestive or inflammatory state.

The following case, amongst many others, the his-

tory of which I have collected, may illustrate my remarks.

CASE VI.

Sophia S., of a nervous temperament, had been crossed in her early inclinations, and subjected to unhappy dissensions in her family,—at the termination of one of her quarrels, she experienced a sudden suspension of her catamenia. At the next period, she had an extremely slight discharge, attended with pain in the pelvis, and occasional paroxysms of hysteria—which afterwards recurred from the slightest causes. I was called to see her in a paroxysm of unusual severity and length. I learned that it was her menstrual period—that she was $17\frac{1}{2}$ years old, and had menstruated since 15; and that the uterine function had been subject to derangement, seven or eight months. She was now perfectly senseless, without any other motion, than a kind of convulsion, occasionally. Her lips were colourless, her eyelids closed and quivering; the pupils were contracted, and the conjunctiva injected.

I directed the application of 12 leeches to the vulva, and sinapisms to the feet. The paroxysm abated as the blood flowed.

There were frequent attacks of hysteria after this period. The dysmenorrhœa continued, and a leucorrhœal discharge came on; at first periodically, but shortly after, was continual.

I united with several other physicians, in the pro-

priety of her becoming married to a young man of her choice, in 1818.

She suffered much pain at the first conjugal embrace; and at the second, she had a paroxysm of hysteria—and from that time, the catamenia were interrupted. She had nausea and vomiting—and supposing herself pregnant, desired me to attend her during its progress, and at her accouchement. Her opinion was, that she was already advanced four months in that state, although there was a general emaciation of her person—and the breasts were flaccid or rather sunken, while the abdomen was very prominent.

I passed my hand over the hypogastrium, and felt behind the pubes, a hard spheroidal tumour, pressure upon which caused pain, and a sense of weight in the sacral region.

I was convinced by the touch, that this tumour was the uterus, though only as much developed as at two and a half or three months of gestation. Its neck was half an inch long, as large as a walnut, and very hard.

I had her bled 12 oz. No change in her condition having occurred during the following five days, I suspected an inflammation of the part, and repeated the bleeding, with prolonged immersion in a hip bath of tepid water—a mild regimen, and abstinence from sexual intercourse. The sickness of the stomach abated, and the pains in the pelvic region became less severe. There was a slight coloured discharge from the vulva; and at the next period, the menses were as abundant as usual with her. She regained her appe-

tite, strength, and embonpoint. She passed through the winter very well, and in the spring, during the absence of her husband, on account of business, she passed her time with an aunt in the neighborhood of Paris, where she lived exclusively on fresh vegetable and milk diet. The hysteric fits were suspended, the menses flowed abundantly, and a little after the return of her husband in August, true pregnancy took place :—she however aborted at five and a half months. Ten months after this, she was again pregnant, though she aborted again within six months. Finally, after another conception, the ovum of which she parted with at three months, the uterus remained swelled, hard and painful. She was at this time, so much devoted in her attention to her husband, who was afflicted with phthisis pulmonalis, that she neglected herself.

Becoming a widow, and continuing to suffer, she placed herself again under my care. I advised her to repose, to be bled every month, rub calomel ointment into the inner surface of the thighs, and observe a light regimen. In four months, her menses flowed easily and abundantly, and her health became re-established.

Forced celibacy by depriving the genital organs of a necessary stimulant may throw the uterus into a state of inertia, which deprives it of the power of relieving itself by a sufficient discharge of the fluids which cause the menstrual movement, and thus congestions, and more or less slowly progressive engorgements, follow.

These engorgements which may be called colds, or catarrhs, in contradistinction to those which have been already spoken of, do not immediately exhibit any phenomena sufficiently prominent to reveal their existence, but at more advanced periods, they are followed by formidable consequences.

Masturbation, on the contrary, by the repeated and permanent excitation which it awakens in the generative organs, makes them a centre of determinations, and thus may cause chronic engorgements, manifested only by dysmenorrhæa, deprive the uterus of its capability of conception, and lay the foundation for the more tardy appearance of profound organic alterations.

I shall remark, *en passant*, that commonly, though not always, chronic diseases of the uterus affect the body, or the whole of the organ in virgins—whilst they ordinarily have their seat at least primarily in the neck, with those who have indulged in sexual commerce, and particularly in those women who have conceived. Perhaps it is because in the former, uterine diseases result from indirect causes, whilst in the latter these maladies are produced by causes which operate directly upon the uterus, and mostly upon its neck only. It is easy to understand this after the exposition which has been made respecting these diseases, and from the manner in which they are produced.

In addition to the excitement and the mechanical impression of coition, (contusion of the cervix uteri) it is occasionally the cause of other acute or chronic

affections of the uterus. I allude to the venereal virus, which, though it usually produces its effects upon the external parts of generation, it sometimes immediately attacks the neck of the uterus, and is the cause of various changes in its organic condition as engorgements, ulcerations and vegetations.

The greatest number of the diseases of the genital organs, and particularly of the chronic diseases of the parenchyma of the uterus, originate in the consequences of conception.

The organization and vitality of this viscus are susceptible of new modifications. Its tissue becomes expanded and more permeable to the increased determination of fluids into it; the exhalent orifices are developed to establish a more ample communication between the uterine vessels and that of the placenta; and lastly, the organ acquires the power of rapidly contracting itself.

Although the separation of the parietes of the uterus for the development of the product of conception, depends upon a sort of inherent expansibility, it is not always readily disposed to effect this extension, this indisposition, occasions in the course of the gestation, bearing down or dragging pain, and disagreeable tension, which are soon followed by abortion. Young ladies are most exposed to this accident, and we are assured that the greatest number of abortions or miscarriages occur in first pregnancies. It frequently happens that the first abortion is succeeded for a long time, or perpetually, by a difficulty in menstruation and a consecutive sterility. Numerous cases

have proved to us that these functional disturbances result from a chronic inflammatory engorgement, of the uterus or of its neck only, which is susceptible of cure. Some cases of uterine cancer, not observed till after the cessation of the menses, have proved to us, that these diseases took their origin in a first and only abortion, after which the menstrual function had been disordered, and the women subjected to more or less severe, protracted and constant pains in the loins, &c.; all—symptoms denoting a morbid state of the uterus.

Indulgence in copulation, and the neglect of hygienic and therapeutic precautions after abortion, doubtless contribute in no small degree, to maintain the chronic inflammation, occasioned both by the distention of the uterus beyond its intrinsic expansibility, and by the painful contractions brought on for the purpose of expelling the product of conception.

Premature delivery, when it has been laborious, is a much more prolific cause of acute, though more frequently chronic affections of the uterus, than parturition occurring at full time. The neck of the uterus first feels the effect of these lesions; it is also the part of the organ most apt to be affected in lying-in, in consequence of the pressure it sustains between the head of the infant and edge of the superior strait, the violent and forced distention in a too rapid labour, by imprudent manœuvres, as the introduction of the hand for the purpose of turning the child, or the application of instruments, causing contusion and laceration of the sides of the orifice.

The violent application of the parities of the uterus upon the body of the infant, when the contractions are very energetic, especially when the liquor amnii has been prematurely discharged, the irritation from turning the child in the cavity, the forcible extraction of the placenta, before its separation from the sides of the uterus; the manœuvres of the hand in an attempt to detach and extract it, the mechanical and medical means employed to excite the contractions of the uterus when in a state of inertia, and to arrest hemorrhage, &c., are so many causes, capable of irritating the uterus, and exciting congestions, inflammations or engorgements, either in the whole, or a part of the body of this organ: these consequences, more readily arise from the persistence of the humoral and vital determinations which are necessary to the development of the product of conception. This congestive action bearing a strong resemblance to the menstrual molimen, may be much more easily disturbed by similar causes, whence analogous but more intense morbid effects result. In fact every thing capable of arresting the discharge of the lochia, without arresting the determination which furnishes the materials, becomes the cause of congestive or inflammatory engorgement of the uterus. Such are the impressions of cold, the rigors of an intermittent,* and moral emotions of various characters.

Even the most favourable accouchment, leaves the

* See case 3d of this work, page 29.

uterus in a state of engorgement, which is either dissipated by a determination of the fluids towards the *mammæ* for the purposes of lactation, or else resolved in the course of the first nine days after delivery, though it may require a longer time if the uterus have been fatigued. If the woman rides, fatigues herself in any way, permits conjugal embraces, takes cold, or exposes herself to the excitement of any moral causes before the resolution of this congestion is completed, it remains the nucleus of an engorgement which may gradually increase and sooner or later become the origin or focus of the most profound alterations. A circumstance of much importance and of which practitioners should not lose sight, is here presented. The uterus remaining engorged for a greater or less length of time after accouchment, necessarily acquires an excess of weight which tends to depress it towards the vulva and cause prolapsus uteri. This precipitation is favoured by the relaxation of the vagina and ligaments of the uterus, as well as the yielding of the cellular tissue of the pelvis, in consequence of pregnancy and parturition.

If we regard the displacement, merely, and apply a pessary, without previously removing the cause, the foreign body increases the irritation and occasions the development of profound alterations. We have very frequently seen this unfortunate mistake committed by physicians of great celebrity, become the source of serious consequences. (See case 57, &c.) In this condition of the uterus, the indication is to endeavour to effect resolution of the engorgement. (See cases 48—54.)

My opinion as to the secondary part which the relaxation of the ligaments plays in the production of prolapsus uteri, and that it arises much more from increase of weight in the organ, in consequence of engorgement of whatever nature, is confirmed by the following circumstances: 1st. The greatest number of engorgements of the uterus, tend ultimately to produce its descent in the vagina, and even its escape from the vulva. 2nd. This displacement occurs in women who are afflicted with engorgements of the uterus, even though they have never conceived. 3d. In cases of the co-existence of descent with an engorgement, the resolution of the latter, effects the disappearance of the former.

From amongst a number of examples of prolapsus, in consequence of engorgement of the uterus in women who had never been impregnated, I select the following :

CASE VII.

Miss C——, of a nervous temperament, and crossed in her early affections, experienced all the symptoms indicating a congestive engorgement of the uterus. She became married, and suffered intolerable pains from sexual intercourse; she even had severe hysteric fits from it. After a superficial examination of her case, all her sufferings were ascribed to a prolapse of the uterus, which was found just within the vulva.

Spunges were introduced to keep it in its place: they however, gave her so much uneasiness that she

could not wear them. Repose, blood-letting, and a mild regimen, caused both the engorgement and prolapsus to disappear, although the hysteralgia continued, being maintained by the nervous susceptibility of the patient, and by numerous irritating circumstances by which she was surrounded.

It has been an opinion, in which even some accoucheurs have indulged, that pregnancy effectually cures prolapsus of the uterus. It must be evident, however, that whilst the disease is occasioned by engorgement, coition will be injurious, and pregnancy impossible. The opinion advanced, has not been based upon sufficient observation, and is therefore worthy only of the "*old women*."

In proportion, as the woman advances in age, and passes the period which nature has assigned to the reproductive life, the tissue of the uterus is disposed to relapse into a state analagous to that which is presented before puberty: contracting and becoming less and less permeable, at the same time the menstrual movement, which had formed in this organ a centre of vital activity and sanguineous determination, decreases daily and is completely suspended in most cases by the 40th, or from that to the 46th year.

Unhappily, this physiological march, is not uniform in all women; in some, this sanguine determination continues without measure as well as without periodicity: consequently, if the uterine parenchyma has lost its integrity, it permits the blood to escape in proportion as it flows into the vessels, or after its tissue has been engorged by it. This is an abundant

source of hemorrhages, either without, though generally with engorgements of the uterus, by the profuseness or frequent repetition of which the woman is placed in imminent danger. If on the contrary, the vital actions of the uterus are increased by a more moderate determination, the result will be chronic inflammation, with induration or exuberances, as polypus or other vegetations.

It is moreover, chiefly at this period of life, that, in consequence of a peculiar modification in the organization, there are developed in the uterus, abnormal substances, tissues unlike any other in the economy, constituting scirrhus, cerebiform, melanic and other affections, the subsequent alterations of which mostly give place to cancerous diseases. The occurrence of these circumstances at this period, has given it the name of *critical age*.

It is improper that we should indiscriminately ascribe to the critical age, all the diseases which are manifested at this time. It should be borne in mind, that a great many of the alterations considered as resulting from the cessation of the catamenia, have originated at an anterior period; the "turn of life," merely develops these affections, changes their character, or accelerates the successive transformations of which they are susceptible.

In a very exact history taken from 40 women, between the ages of 40 and 50 years, who were affected with cancer of the uterus, only five were found in which the disease was of recent origin, or had resulted from the critical period; in 33 others, the catamenia

had exhibited some irregularities since their last confinement, or after an abortion, or in consequence of one of whatever causes we have seen capable of exciting them in women, which the dysmenorrhœa and the constant sterility, and other symptoms developed in the region of the pulvis, indicated some alteration in the uterus, which had immediately succeeded accouchment, abortion, or an accident; and finally, in the two cases which are quoted below, the affection appeared to have originated about the period of puberty.

CASE VIII.

A young woman in whom the catamenia had been deranged, in consequence of some imprudence at puberty, had continued irregular, spare and attended by uterine colics, preceded and followed by leucorrhœa; her health was constantly impaired, and she declined marriage. At 28 years, there was a complete cessation of the menses. I saw her at 42; she was then in the last degree of marasmus and d'etisie, in consequence of an enormous scirrhus engorgement and ulcer of the uterus, which could be felt in the hypogastrium, as a mammary-like tumour, extending transversely from one iliac fossa to the other. She died a few days afterward.

CASE IX.

The subject of this case, was married at the age of 22, by the advice of her physicians, with a view to

cure a dysmenorrhœa, (probably symptomatic,) accompanied by hysteria, which had resisted every species of treatment.

The catamenia flowed neither freely nor abundantly, after her marriage. Paroxysms of hysteria at length wore her out. She never conceived.

From the age of 34, she was tormented by lancinating and burning pains in the hypogastrium and loins. At 38, she was obliged to keep her bed; and at 41, she succumbed to a complete fainting fit, occasioned by the violence and prolongation of the pain, and by the profuseness of a discharge, which for several months, had an offensive odour.

It may therefore be established as a general position, that the critical age is dangerous only to those women who arrive at this period with an alteration in the uterus already existing, and originating at a time more or less remotely anterior.

When the critical epoch has passed without accident, or when those diseases which were at that time manifested, have yielded either to time or to appropriate remedies, the constitution of the woman seems to approach that of the man, she acquires organic force and vital resistance. The uterus has then completely returned to its primitive inertia, and the woman experiences an exemption from all diseases which are not common to the other sex. With very few exceptions, the uterus is no more subject to organic changes, than any other portions of the system.

Those organic alterations which are developed in the uterus in aged women—or which having been

developed at a period more or less anterior, and have not received an unfavourable impulse from the critical period, are slow in their progress; and notwithstanding the frequently considerable organic disorders which constitute them, they do not exert any conspicuous action on the general health. The uterus in discarding its functions, has at the same time lost the influence which it exercised over all the economy; and the diseases which afflicted it, do not radiate to any other parts.

CASE X.

Whilst I was *interne* at the Hôpital St. Antoine, I saw a woman at the age of 60 years, having the pelvis, the hypogastric, and iliac regions, filled with a hard irregular substance, which rendered the evacuation of the bladder and bowels difficult: the neck of the uterus, depressed towards the vulva, was unequal, ulcerated, carcinomatous, discharging a red and foetid serosity. She informed me, that she had been affected with prolapsus uteri, for more than 45 years; that she felt no other inconvenience from it than a sense of weight upon the anus, and occasionally some very acute lancinating pains. She had always had an excellent appetite; and the abundant fat which filled her cullular tissue, proved that her general health had not been much altered. She had been brought into the hospital for a hemiplegia of the left side. She died in 15 days, apparently in consequence of effusion upon the brain.

In dissecting the body, we found the uterus presenting an irregular tumour about the size of the head of a foetus at full time, flattened before and behind, thus explaining the reason why she could at all, evacuate her bowels and bladder: the lateral ligaments were effaced; the tubes and ovaries being involved in the tumour, presenting two principal lateral bosses, separated by a furrow, like two tumours joined together—the left one was rather larger than the right; the neck of the uterus was destroyed by an anfractuous ulcer, covered by a thick layer of pultaceous matter, of a greenish grey colour. The substance of this tumour, grated under the scalpel. It was very hard, compact, homogeneous throughout, of a light grey colour, having a scirrhus or cartilaginous character.

There was a small part of the uterus in a natural state, at the very summit of the fundus, between the two bumps before described; the ulcer extended from the cervix into the cavity of the tumour.

When did this scirrhus alteration commence? Was the prolapsus the cause, effect, or simply a coincidence? Without the means of ascertaining that fact, it is remarkable that, notwithstanding the enormous development of the uterus, the scirrhus nature of its alteration, and the ulcer which deeply eroded it, the health was not materially affected by it; life was prolonged even to an advanced age; and that even at last, her death was not caused by it.

CASE XI.

A respectable lady, 78 years old, affected with asthma, symptomatic of disease of her heart, had been affected with anasarca and infiltration of the abdominal parietes, simulating peritonitis, this infiltration and anasarca, has within the last two months yielded to the extract *de racina de caimca*. In exploring the abdomen after the disappearance of the œdema, I felt in the right iliac region a tumour, which appeared to me to spring from the ovarium; it dipped into the pelvis and connected itself with another mamma-like tumour. Some days subsequently, the passage of urine having been suspended for almost twelve hours, I took advantage of the necessity for introducing the catheter, to *touch* the patient. A small quantity of red thick urine passed by the catheter. I found the neck of the uterus rather lower than customary, it was about the size of a fist, and presented tumours separated by deep furrows, and converging towards a central opening, dilated and filled with a very thick mucosity. Both the uterus and the ovary of the right side were confounded together.

This lady had had six children; her critical period passed without accident, and no symptoms had occurred to make her believe that she had any disorder whatever in the uterus. She had been incommoded only by the asthma, which had troubled her since the 40th year of her age.

I have entered extensively into details of the causes of the chronic affections of the uterus, and especially

of the origin of these diseases, because the knowledge of them may be of more importance than is generally believed in enabling us to make out their character and probable termination, and more particularly aid us in the treatment of them. I hope to prove in the sequel of this work, that I have effected my purpose, and for a similar reason, I have introduced some theoretical views of the mode of development and transformation of the organic alterations, which form the subject of the ensuing chapter.

CHAPTER II.

GENERAL VIEW OF THE FORMATION, DEVELOPMENT AND
TERMINATION OF THE ALTERATIONS OF THE UTERUS.

THE mode of the development of hypertrophy, which consists in a species of exaggeration of nutrition, as œdema depends upon an exaggerated exhalation of the serum, which constantly lubricates the cells of the uterine parenchyma and that of all the soft tissues, being sufficiently explicable, need not therefore occupy our attention.

The sanguine engorgements have their primitive seat in the capillary portion of the circulatory system peculiar to the uterus. The blood being attracted into this portion by the inflammatory erethrism, soon accumulates there as in metritis : at other times it enters passively, being driven forward by a species of fluxionary movement, as in the engorgement by congestion. In these two cases, the blood may readily be carried to the exterior of the organ, by the mouths of the exhalents, and thus constitute hemorrhagic engorgements : it may also be urged into the cellular texture or the fibrous interstices of the uterine parenchyma, either by a kind of exhalation or after a rup-

ture, either active or passive, of the vessels which naturally contain it. So long as the blood does not transcend the limits of the vascular system ; so long as it may be driven there by the fluxionary movements, or attracted thither by the inflammatory irritation, the resulting engorgement is very susceptible of resolution. When the blood is thrown into the parenchyma, resolution is still possible, provided the original structure preserves its integrity, or can be restored to it. When the tissues are destroyed or profoundly altered as in inflammation with carnification in the highest degree of congestion, a reduction to the normal state is impossible.

All indurated scirrhus, and cerebreform congestions, consist of two elements, one, an organized network or cellular tissue, and the other a matter deposited in the meshes of it.

The cellular, is evidently the elementary tissue or net-work common to all organic alterations, as it is the fundamental portion of all the normal tissues and organs ; and it is for this reason that the morbid changes in all parts of the system may be of the same nature, whatever may be the difference of organization of the tissues in which they are exhibited. Thus scirrhus, cerebreform, and melanic matters, present the same individual characters, whether they occur in the epiploon or subcutaneous cellular tissue : in the skin, dura mater, in the liver, lungs, kidneys, spleen or uterus, &c. The cellular tissue is the only one found in the midst of these alterations when the proper tissues of the affected organs have completely disap-

peared. Laennec, Begin and others, assert, that however homogeneous the scirrhus may be, by maceration, we are enabled to recognize, that this morbid production is divided into masses, which are again subdivided into lobules bound together by condensed cellular membrane.

When the cerebiform matter is presented in unencysted masses, it is divided equally by furrows of greater or less depth into lobes and lobules, sufficiently indicating cellular intersections; when this degeneration is encysted, a similar division by a very fine cellular tissue should be found "comparable to the pia-mater, and traversed like it by a great number of blood vessels."—(Begin—Dictionary of Practical Med. and Surg.)

I take to myself the credit of having been the first person who pointed out the immediate seat of scirrhus alterations. It was the subject of an inaugural dissertation, which I maintained in 1813.* The opinion has since been generalized and promulgated by M. Cruvielheir, with that superior talent and knowledge which distinguish the works of that learned physician.

Whatever the matter of these organic alterations

* "The three autopsies which were made with all possible exactness, furnish the following conclusions: 1st. The mucous membrane of the stomach, is not the seat of scirrhus of this organ; neither is the peritonæum. 2d. The muscular tissue does not always participate in this alteration. 3d. It is therefore in the cellular tissue which connects the other membranes, that the scirrhus degenerations *begin* to be developed. At first, restricted to this, it extends to the other tissues; and having passed through all the degrees of cancer in the cellular membrane, it terminates by altering and converting the adjacent ones into the same degeneration." (Thesis, 23.—January, 1813.)

is, it can only be the product of an abnormal vital elaboration. The molecules of the greater parts of these substances, are not found in the blood; we only see them after they have become abnormally developed.

The blood, no doubt, furnishes the elements or materials for this morbid formation, as it supplies the elements of the different tissues of the economy, and the secreted humours. But the selection of these materials, the combination and deposition of them, constitutes a genuine elaboration either nutritive or secretory.

When these elaborated substances are analagous to or in relation with other parts of the economy, when moreover, they are of the same nature as the tissue of the organ in which they are deposited, there is either an excess of nutrition, or a more active secretion, whence the hypertrophy, obesity, &c. Here the interstitial functions are not altered, they are merely exaggerated.

If, on the contrary, these morbid substances are not analogous to any portions of the system, or are foreign to those in which they are deposited, there would not only be an exaggeration, but a particular derangement of the local nutrition or secretion. It must be admitted, that in the deposition of matters not analagous, the vitality of the tissue which receives it, has been so modified, that it can select, from the blood, not the elements proper to that tissue or organ, but only those, the combination of which, constitutes the morbid growth.

I am well aware that these theories, originating in

the opinions of the celebrated Bichat, are repudiated by many other learned men, as only founded on supposition ; but until other and better explanations of the phenomena of secretion and nutrition, either pathological or physiological, shall be furnished, we may be indulged in those we have advanced, because they appear to us, clearly to account for such phenomena, and serve as a basis for those therapeutic indications, the propriety of which is sanctioned by practice.

This theory of the mode of origin, accounts for the hereditary nature of cancerous affections, which numerous cases go to prove. It also enables us to understand how these alterations show themselves simultaneously or successively, in different regions of the body, without our being obliged to suppose the existence of a virus, vice or peculiar humoral principle for producing cancerous diatheses.

By some pathologists, this modification of the tissues seems to be considered as an inflammatory state, and to explain the formation of those substances which inflammations do not produce, they ascribe to it a peculiarity, comparable for instance, to that which in early age, gives place to the formation of pseudo-membranes upon the mucous tissues.

This opinion is rendered very specious, by the development of the alterations in consequence of inflammation, of which they appear to be only the more advanced degrees, and by the whole list of exciting causes of these two kinds of disease.

These alterations, however, take place in some instances, without previous inflammation ; they may

be seen developed spontaneously in the midst of healthy tissues, in consequence of an abnormal vital orgasm or impulse, and without the action of any of the causes calculated to produce inflammation;—they therefore depend upon a special modification of the vital actions which disposes the elementary tissue, to select from the blood the materials of these alterations.

This disposition appears to be peculiar to more advanced age; appearing to exist only at a certain period of life. In proportion as the modification of the vital action which disposes to inflammations of a pseudo-membranous character, is peculiar to infancy, so the modification which influences the development of scirrhus, cerebiform and melanotic alterations, appears to be peculiar to the “critical age.” There are exceptions to this general rule, though they are rare. This modification may be limited, and then the organic alteration, destroyed by some means, is not developed again; or it is extensively diffused to the neighbouring parts, and disposes them sooner or later, to the development of the same alteration; hence relapses. Moreover, they may exist simultaneously, or be propagated in other parts; thus constituting that condition which has been termed cancerous diathesis.

From these facts, it would appear, that this modification will act with slight exception only as predisposing cause to the organic alterations; at least with respect to those which affect the uterus, since the greatest number of these succeed to ordinary affec-

tions, viz. inflammatory or slightly ulcerous affections; the chronic inflammation, which develope and set this modification into action, might with some propriety, therefore, be considered as the determinate, conditional cause of these alterations.

This remark is of great importance, because upon it is founded the hope of a prophylactic treatment, of the most frequent cancerous affections, as we have recently had occasion to demonstrate. The vital or organic modification which predisposes to the scirrhus, cerebiform, and such like alterations, occur equally in both sexes; and it is not until after the 40th year that it is presented in man. This alteration is mostly preceded by chronic inflammation, or at least those causes which produce inflammation, and take place in those parts most exposed to the operations of these causes.

The greatest number of cancerous affections occur in the alimentary canal in the male, in consequence of its being more disposed to derangements from excess of regimen, and the irritating substances which may be taken in with the food. Those points of the canal which are longest exposed to the contact of such substances, are also those in which these chronic affections are seated, viz., the stomach, particularly its pyloric orifice, the cœcum and the rectum. This remark has been repeated since the publication of my inaugural thesis, in which I had particularly mentioned it. Another observation worthy of attention, is, that advanced age overcomes that which earlier age had introduced, as in the case of manhood curing the dis-

position to pseudo-membranous affections. Now in proportion as the woman has passed beyond the "critical age," the peculiar disposition to these scirrhus affections becomes exhausted and "worn out."

In fact we very rarely see cancerous affections of the uterus originate in old women; the cancerous diathesis is more rare at that time of life, and when these alterations, developed at an anterior period of life, have passed over a certain space of time without destroying the patient, we sometimes see them diminish, progress more slowly, or else pass through all the local degenerations without materially changing the health of the women who are affected by them. (See case 10th.)

Who has not been astonished, at the opening of dead bodies of aged women, to find the abdomen filled with a scirrhus, putrefactive mass, accompanied by melanic alterations and ramollissements, with cavities ulcerated and filled with sanious matters, putrid detritus, the principal foci of which indicate that the uterus and its appendages were their original seat. These extensive alterations, the origin of which could be traced back to the "critical age," or even to a period anterior to that, have not materially altered the health, since the subjects in whom they had occurred had arrived at an advanced age; and moreover these affections were not the result of a cancerous diathesis since they were limited to a single region of the body, and had invaded only the several organs in the immediate vicinity. This remark is confirmed by the following observation, growing out of an exact

calculation of the operations for cancers, practised for a certain number of years in the various hospitals of Paris, "that relapses were to be less feared in proportion as the patient was more aged; whence we ought to conclude, that far from urging to the early practice of the operation, it would be better to wait until the disease had, so to speak, spent its action upon the impaired organ. In delaying the operation, we permit the patient to acquire the age in which the vital or organic modifications, which constitute the predisposing essential conditions of the cancerous alterations, change and disappear, and the disease henceforth confined to the part which it had attacked, will not be subject to relapse.

Thus far we have considered the organic alterations in their mode of production. Let us now examine the course they follow and the effects they produce. If the matter which constitutes the alteration is in mass or encysted, it causes the absorption of the parts of the tissue of the organ with which it is in contact, by the compression which it progressively makes upon them. The same circumstances obtain if the alteration be an infiltration, it being the constant effect of all compression upon the living tissues, from which the hardest are not exempt. There is then a wasting, or to speak more correctly, an atrophy of the parenchyma proper to the organ. Indeed, if resolution of a scirrhus engorgement, of the breast, for instance, take place from any cause whatever, we find no traces of the mammary gland which was affected, it being reduced to its cellular or fibrous net-work.

We therefore speak incorrectly when we say that these organic alterations consist in a degeneration of those tissues in which they are located—the tissue has not changed, it has disappeared; it is not transformed, its place is filled up by another. There are no degenerations or transformations, except in the morbid substances. In consequence of the progress of the alteration, the matter which constitutes it, either becomes organized or acts upon the cellular tissue, fills its meshes, and impairs it. This tissue in its turn, being deprived of vital support, becomes altered and loses its consistence, and runs into ramollissement, constituting the second degree of cerebiform and scirrhus production, this alteration usually commencing in the centre of the mass; the rapidity of this change being in proportion to the degree of conglobation. We frequently meet with cysts, containing merely a gelatinous matter, analogous to that of which the soft scirrhus or cerebiform matter is formed. The cellular portion of these alterations may be attacked with inflammation, from which new modifications may occur in the phenomena of these affections, as well as in their product. These scirrhus or cerebiform alterations, being at first indolent or latent, become subsequently the seat of more or less severe pain, their volume increases rapidly, and they run speedily through the various stages of ramollissement, suppuration and discharge of broken-up portions of scirrhus and cerebiform matter, mixed up with pus and blood; this mixture of alterations may be found collected in foci in the centre of engorge-

ments, either after surgical operations, or in post-mortem examinations.

The cellular tissue and the vascular plexus which supports it, are susceptible of taking on an extraordinary development, a peculiar alteration, which constitutes the Fungus Hematodes. It is remarkable that these exuberances of the organic plexus, may spring up upon a scirrhus or cerebreform alteration, and in this manner arise those carcinomatous vegetations and mulberry-like shoots, which sometimes disguise the original alterations.

Are scirrhus and cerebreform alterations susceptible of resolution?

Can the matters of which they are constituted be absorbed?

We shall here enter upon the examination of this question, so important in practice. And we shall first inquire whether all the accidental tissues are subject to the double movement of composition and decomposition? This would not be doubted by any person who has seen the changes of increase and diminution in the size of external cancerous affections, corresponding with the changes from embonpoint to emaciation, and vice versa, as the following cases will serve to show.

CASE XII.

I knew a lively ardent Italian woman, who after the age of 38 years, discovered a hard nipple-like engorgement of the right mammary gland, which was as

large as an adult fist at the age of 45; it was the seat of severe lancinating pains. This lady suffered at that time also, from a retention of bile in the gall-bladder, in consequence of biliary calculi, connected with chronic hepatitis. The treatment to which she was subjected, on account of the latter afflictions, produced a general emaciation, in consequence of which the gland became reduced to the size of a walnut; in proportion as the body again increased, the gland regained its previous state. Another general emaciation was brought on by an attack of acute catarrh in the course of the following year, and the gland was again reduced to a size from which it did not afterwards change.

Should we not ascribe the permanency of the reduction of this tumour to that condition which takes place in the tissues in advanced life, in consequence of that modification of the organization, which influenced the formation of scirrhus, while the other portions of the economy regained their normal state?

CASE XIII.

I am attending another lady, in whom a large scirrhus of the right breast, which at one time almost entirely disappeared under a rigid dietetic treatment for a chronic gastritis, had again become developed in proportion to the re-establishment of the general strength, and has subsequently remained permanently reduced since the occurrence of a spontaneous luxa-

tion of the right thigh, from which she has not recovered.

If these cases are insufficient to prove that the matters which compose these organic alterations, are susceptible of being absorbed, we may appeal to the result of some therapeutic means for confirmation. When we consider, that it is primarily and principally, upon the normal products of the cellular secretions, that all the reduction is effected, we are less astonished that the matters of these alterations are susceptible of being absorbed, because they are also a product (abnormal it is true,) of the same tissues as that of which we have already spoken. Does the *cura formis*, the powerfully resolvent effects of which have been tested by modern physicians, act otherwise than by restoring the general secretory and nutritive functions, both physiological and pathological, and exciting at the same time the activity of the absorbent functions? We shall have occasion to refer again to these theoretic considerations.

As advanced age tends to produce contraction, or even atrophy of the uterus, we would naturally suppose it would promote or effect the cure of Hypertrophy.

From the character of the matter which constitutes œdema, we might suppose it might be absorbed.

The resolution of sanguineous congestive engorgements, or those caused by acute or chronic inflammation is not less easy; and we may also calculate upon the resolution of indurated engorgements.

It is, however, impossible to effect the resolution of

scirrhus and cerebreform engorgements, where the matters of which they are constituted are encysted. Under other circumstances, resolution can be accomplished more easily perhaps, in the scirrhus alterations than in others. Finally, those alterations which are yet incomplete, as long as the organic plexus or network remains unimpaired, are more easily absorbed than those in a complete state of ramollissement. Those exuberances, consisting as we say, in a species of hypertrophy of the vascular and cellular systems conjointly, can be restored only by the atrophy of these tissues, or by their destruction spontaneously or otherwise.

It appears from the preceding remarks, that the organic lesions, viewed in their material relations, result, 1st, some in the alteration of one of the elementary tissues of the uterus, as hypertrophy, exuberances, or ulcerations : 2ndly, others, alterations of the functions of the tissues : such are œdema, inflammation, schirrus, or cerebreform productions, &c. In the first, it is the tissues which are diseased or altered. In the second, the disease appears to be formed by the abnormal products of the same tissue. Before giving the particular history of each of the organic affections of the uterus, we shall endeavour in the next chapter to indicate the means of diagnosis which are applicable to them.

CHAPTER III.

MODES OF EXPLORING THE UTERUS, TO RECOGNIZE THE
DISEASES SEATED IN IT.

THE uterus being most deeply seated of any of the genital organs, it is only by the touch, and the *vue médiate*, that we are enabled to appreciate the changes in its situation, form, volume, consistence, colour, &c., the only positive signs of its maladies.

This organ is accessible to the touch immediately, by the vagina, and mediately through the abdominal parieties of the hypogastrium, or through the rectum by the anus.

The vaginal touch is made with an index finger only, or with it and the medium. It particularly indicates the state of the neck, and may to a certain extent, inform us of the degree of engorgement of the whole organ through the cul-de-sac, which is formed by the attachment of the vagina around the neck of the uterus. The notions which it gives us of the consistence of diseased parts are uncertain; for, in consequence of the mobility of the uterus, and the

yielding of its tissue under the pressure of the finger, it is easily confounded with the recession or displacement of the organ. When two fingers are employed, and divided like a pair of compasses, they may embrace the engorgement of the neck, and thus convey to us a pretty correct idea of its extent.

The examination through the hypogastrium, is made either with the fingers or palm of one or both hands. If one be used, it is applied upon the pubis, and pressure made towards the pelvis. If we use both hands, each is to be applied upon the respective iliac regions, and pressure made from one to the other, so as to seize the uterus laterally. This touch teaches us the change of volume, form, and consistence of which the body of the uterus has undergone behind the pubis, and in the abdominal region.

Finally, the examination through the rectum by the anus, may be substituted for that through the vagina, when any circumstances forbid the employment of the last, or render it insufficient. The volume, form and consistence of the neck of the uterus, is readily ascertained through the thin parieties of the rectum.

By this means, we feel even to what height the alteration of the neck is extended towards the body of the organ, as well as the state of the posterior surface.

In making the examination both through the vagina and the parieties of the abdomen, we appreciate the development in height as well as the positive consistence of the uterus. The combination of the touch through the rectum and hypogastrium, not only con-

veys to us the same ideas, but also indicates the antero-posterior development.

Both the rectum and bladder should be emptied, before either modes of touching are performed—and the patient should be erect, or lying upon the back.

The importance of this physical examination, is not sufficiently appreciated by medical men, in order to recognise the causes of the various disturbances of the functions of the uterus, and to establish the diagnosis of the numerous diseases to which it is exposed, and which, however different they may be in their nature, have so many phenomena in common, and so few that are peculiar to each, that doubts can be dissipated, and errors prevented, only by the touch.

If we have attained some success in the treatment of the diseases of women, and especially those of the uterus, we must ascribe it in a great measure to the practice of touching. In informing ourselves of the existence, point of departure, and nature of these maladies, we have necessarily been made acquainted with the therapeutic indications, and practical experience has taught us the choice of means to fulfil them.

Ocular examination is of no less importance in the diagnosis of uterine diseases. It enables us rigorously to appreciate the volume, form, and especially the colour of the alterations of the organ. When the uterus is brought near to the vulva, we can directly see its neck by separating the labia and nymphæ. It is however very rarely that it is brought within reach of the eye—and in order to remove this difficulty, M. Recamier, has made a very good modification of an

instrument long since known, but, till now, very imperfect—by which we can completely discover the neck of the uterus, with the eye. I allude to the *speculum*, an instrument alike useful in the treatment and diagnosis of uterine diseases.

The speculum is a pewter tube, four or five inches long, and slightly conical. That of Recamier is cut sloping at one end, to enable it to engage under the os tincæ, which is frequently more engorged behind than before ; a circumstance in which it would be preferable to that modified by Madame Boivin, which is surmounted at its widest extremity by a shank, fixed at right angles and a little curved, which serves as a handle, to direct the instrument, and to maintain it when placed.

As the introduction of an instrument of sufficient size to embrace the neck of a uterus, when considerably engorged, would be very painful, it has been suggested to divide the cylinder lengthwise, into two equal parts, and to set them upon articulating branches or handles, by means of which, the two halves of the cylinder can be separated at pleasure, after being introduced into the vagina. To the advantages of being introduced in a small volume, and being extended when once placed, the speculum of this construction, adds that of permitting us to see the surface of the vagina, and examine the lesions of which it may be the seat.

Other forms of speculum have been devised, which may be well adapted to certain cases. Thus, one is composed of four branches, forming by their approxi-

mation, so small a volume as to allow of easy introduction, and being placed, possesses the advantages of the greatest possible distension, and allowing us as in the case of the cleft speculum, to observe whether any lesion exists. For the purpose of effecting the latter object, it has been proposed to have the speculum made of chrystal.* Another modification of this instrument, consists in its being composed of a single plate of metal, rolled up in a cylindric form, sufficiently small for the introduction of it; and when once placed in the vagina, it is unrolled by means of a screw, which is adapted to it, and by which it may be greatly expanded.

For the application of the instrument, the woman should be laid across the bed, her breech placed upon the side, and elevated by a cushion, in order that the parts should be free, and entirely uncovered;† the lower extremities should be separated and flexed. After having dipped the instrument into warm water, to raise it to the temperature of the skin, it should be lubricated with some unctuous substance; the larger end of it should be held in the right hand, while with the fingers of the left, we separate the labia, and depress the

* The glass speculum, after the modification of M. Recamier, has for some time past, been in use in this city, both for the purpose of ocular examinations, and for the application of leeches.—TRANS.

† In the examinations I have had occasion to make, the speculum was introduced under the bed-clothes, with great facility; and every other portion of the female was completely covered. No exposure is necessary, in the great majority of cases.—TRANS.

fourchette. We then introduce the instrument, at first obliquely, and as soon as it is engaged between the nymphæ, we carry it back into the direction of the median line. These precautions are indispensable with the ordinary speculum, to prevent the vulva from becoming bruised. They are less essential when the speculum is properly guarded.

The depression of the fourchette and perinæum is also necessary to put the vulva in the direction of the vagina and prevent contusions of the meatus urinarius, by pressure of the side of the instrument against the arch of the pubes.

The instrument should be passed very slowly till its inferior opening becomes applied to the neck or embraces it entirely.

If the patient is placed before a window in a strong light, the bottom of the instrument and the diseased part will be sufficiently seen, otherwise we make use of a candle or lamp.

A speculum, said to be modified by Mad. Boivin, has just reached this country. It appears to me to be better adapted to vaginal examinations, than any other heretofore used. It consists of four blades so arranged as to expand the vagina considerably, by approximating the handles. One or two of these blades may be taken off if necessary, to expose any part of the vaginal membrane for the purpose of examination, or the application of any remedies.

They can be made to order by any of our ingenious surgeons' instrument makers, some of whom have already imitated the improvement of Boivin.—TRANS.

PART II.

OF THE PARTICULAR ORGANIC ALTERATIONS OF THE UTERUS.

THE uterus is susceptible of every species of disease, every kind of alteration, and all the morbid forms which compose the most complete nosological catalogue. Our only question at present, is respecting those affections of a chronic character, which are presented under the peculiar forms of engorgement, ulceration, and a third complex character, constituting what we call confirmed cancer.

CHAPTER I.

OF ENGORGEMENTS.*

THE appellation of engorgement, is applicable only to affections which cause the augmentation of volume in the parieties of the uterus. The increase of the volume of the organ by the development of its cavity, whatever may be its cause, forms a class apart from this. The aspect common to the two classes of disease, sometimes renders diagnosis obscure, and has more than once been the cause of serious mistakes. However, by attention to and keeping account of all the antecedent and actual circumstances, it is mostly easy to avoid confounding the different diseases. The increase in size of the parieties of the uterus, grows out of various pathological conditions.

* Engorgement, supposes an augmentation of volume produced by an accumulation of fluids in the capillary vessels of a part, or an infiltration into its tissue. But as these alterations which produce the increase of the volume in the parieties of the uterus, do not result in all cases from congestion or infiltration, as the scirrhus and cerebiform alterations for example, may be developed in the middle of the uterine parenchyma, without altering its structure, the name of engorgement is exceptionable. I have made this remark in order to avoid being accused of improper expressions.

Some are *extrinsic*, and constitute exuberances, such as fungus hæmatodes, excrescences, &c.: the others are *intrinsic*, and constitute engorgements, properly so called. To these last are related, hypertrophy, œdema, sanguine engorgements, as well as hard engorgements, including chronic metritis, induration, scirrhus, tubercles, cerebreform and melanic alterations.

OF EXCRESCENCES OF THE UTERUS.

Under this head we comprehend, 1st, excrescences which develop themselves primitively on the os tinæ; 2d, those which arise from ulcerated surfaces of the neck or body of the uterus. It is not uncommon to find the neck of the uterus studded with vegetations of various forms, volume and consistence, sometimes entirely covering and disguising it. Of this I saw a remarkable example in a lady, delivered a few months since. The development of these is generally slow, and their presence does not occasion any particular phenomena. Portal has found them in the dead bodies of a great number of women, in whom nothing had led to a suspicion of that disposition. In the greatest number of cases, these vegetations are insensible, soft, more or less bloody, and give rise only to a sero-mucous secretion, not disturbing in any other respect, the functions of the organs; but it also happens that these excrescences acquire a great development, and degree of consistency; that they furnish an abundant discharge of serum, mucous and blood, and that menstruation may be impaired by their presence.

It is then particularly that this affection may be taken for a carcinomatous ulcer, a mistake already committed, according to the statement of M. Breshet. (Dict. de Med.)

There is a particular form of disease of the neck of the uterus, which very much resembles that just described. It consists in a moderate engorgement, presenting a granulated surface. This particular species of metritis may exist many years without causing any accident: it is commonly mistaken for, or confounded with uterine cancer. Doctor Hervey, of Chegoin, has made me the following communication on this subject.

CASE XIV.

“I cut off, four years ago, the inferior half of the
“cervix uteri; the patient is now well. The disease
“for which the operation was performed, consisted in
“a moderate swelling of the two labia of the uterus,
“with redness and granulation, which had existed two
“years, causing a yellowish discharge, sense of
“weight, and difficulty in walking. It was a raspber-
“ry-like, granulous inflammation of the neck of the
“uterus, an inflammation which sometimes continues
“many years, but does not destroy life. It has been
“confounded with cancer, but it differs essentially
“from it. The patient has recovered perfectly.”

The vagina is sometimes found filled by a tumour of greater or less size and consistence, with a granulated and reddish surface, the aspect of which has

procured for it the name of mural cancer, (cancer of the parieties).

There also arises from ulcerated or cancerous surfaces, flabby vegetations, bleeding at the slightest touch, of a blueish colour, and susceptible of acquiring a considerable development, constituting a peculiar kind of alteration, to which the name fungus hæmatodes ought to be given.

Cancers, moreover, furnish round and unequal excrescences, forming tumours of various sizes. These excrescences sometimes become gangrenous, and are replaced by others which pass through the same changes, or become the subjects of carcinomatous or cancerous transformations. The phenomena resulting from these excrescences are common to them and the cancerous affections from which they spring, and there is no difference in the therapeutic indications.

We shall notice these alterations more fully in the part devoted to the consideration of cancerous affections.

OF ENGORGEMENTS OF THE UTERUS, PROPERLY SO CALLED.

Whatever may be the nature of the engorgments of the uterus, they may effect the body, neck, or the whole of the uterus at once.

Engorgements of the neck are the most common, and it is often by them that those of the body of the uterus have begun, the affection having progressively

invaded all parts of this viscus ; they are much more readily recognizable because they are more accessible to our means of exploration.

In engorgements of the body of the uterus, we are obliged in our diagnosis to depend more upon circumstances which have influenced their development, than upon immediate symptoms. Engorgements may be the result of various alterations, viz. : 1st, Hypertrophy ; 2nd, Œdema ; 3rd, Sanguine Congestion ; 4th, Inflammation, either acute or chronic, and induration ; 5th, Scirrhus ; 6th, Tubercles ; 7th, Cerebiform alterations ; 8th, Melanic alterations.

HYPERTROPHY OF THE UTERUS.

Hypertrophy, or excessive development of the parenchyma of the uterus, does not, properly speaking, constitute a pathological state ; it does not ordinarily interrupt the function of the organ, nor give rise to any peculiar morbid phenomena. It is merely noticed in this place, for the sake of order, and because it may in some circumstances be taken for other organic alterations, as well as become at length a predisposition to these alterations.

The entire uterus may be hypertrophied ; but, this state is mostly limited to the neck or one of the lips only. General hypertrophy of the uterus is as rare as partial hypertrophy, or that of the neck, is common.

Accoucheurs are often struck with the volume which the neck of the uterus presents, a volume

which does not always disappear with the progress of pregnancy. This engorgement frequently becomes an obstacle to the dilatation of the os uteri, and to the termination of parturition ; the neck in these cases of hypertrophy, becomes hard at the same time that the body of the uterus contracts, and thus opposes difficulties to the passage of the child. In the cases where belladonna ointment has succeeded in removing this kind of obstacle, it has been necessarily owing to the causes I have intimated, the medicine acting only by paralyzing the active contractility, because, when under its influence, the neck of the uterus ceases to become hard, and contract at the same time with the rest of the organ ; it is evident that its thickening is not owing to any other circumstance than an abnormal development, without alteration of its tissue.

If this engorgement was the result of a pathological state, an induration, for instance, as accoucheurs insinuate, the belladonna would be ineffectual, as no medicine could instantly change or destroy that state. Induration, does indeed very frequently exist ; but in that case, the belladonna is entirely nugatory ; and if the resistance be not overcome by expulsive efforts and the laceration of the neck, the interposition of art is required to relieve it by scarifications or by numerous deep incisions. In other respects, it is easy to distinguish hypertrophy from morbid engorgements during labour, by the alternation of hardening and softening of the engorged parts, corresponding to the contractions and relaxation of the uterus. Except during the pregnant and parturient state, hypertro-

phic engorgement does not deprive the parts which are affected by it, of their natural elasticity.

CASE XV.

Me—— M. of a slender make, had menstruated at the age of $14\frac{1}{2}$ years, was married at 17, at 26 experienced a suspension of the menses, and immediately after, anorexia, vertigo, fever, pain and heaviness in the loins. I examined her per vaginam, in January 1823, about four months after the suppression. I found the cervix uteri about the size of a small hen's egg, firm, but still pliable,—it was indolent,—this enlargement occurred almost exclusively in the anterior lip of the os tincae, the posterior one being slightly developed—the mouth of the uterus was slightly open, I thought I felt its body enlarged: not knowing whether the enlargement of the neck and perhaps of the body also was the cause of the suppression of the catamenia, and the phenomena which the patient presented, or whether there was a complication of pregnancy, I therefore treated the general symptoms by a bleeding, mild regimen and cooling drinks, until I should be able to detect her condition more accurately. A month after, the well developed movements of the infant proved her state of pregnancy, while the neck of the uterus remained in the same condition: I found it the same at seven months. Labour came on at the end of June, commencing with violent pains in the loins—the anterior lip of the os tincae concealed the uterine orifice which was placed far back upon

a level with the sacro-lumbar articulation. In the progress of labour, which advanced slowly, notwithstanding the force of the pains and violence of the contractions of the uterus, the engorged lip became elongated transversely without being much diminished in thickness,—became hard during the pains, and was gradually pressed against the arch of the pubis,—the pouch formed by the liquor amnii, ruptured, the vertex engaged in the orifice and was retained there incapable of being advanced, though the contractions were violent and the efforts of the woman energetic. I applied, upon the anterior lip of the os uteri, (which formed a pad behind the pubis about the size of my thumb, and in transverse length two and a half inches,) a scruple of extract of belladonna softened in a little water, and in a few minutes the protruberance was sufficiently diminished to admit of the passage of the child: she recovered rapidly.

In 1827, I was again called to visit this lady for an attack of colic. I embraced this as an opportunity to examine the state of the os tinæ, and discovered that it was smaller than at my first exploration of it. She enjoyed very good health, constant regularity of her menses, and an absence of all the abnormal phenomena, which might lead us to suspect any morbid condition of the uterus.

I shall introduce to notice another species of hypertrophy, more rare than the preceding, and which, commonly affecting the neck of the uterus, presents a peculiar aspect, capable of leading into error. This is, a blue colour, more or less deep, a character of

little importance in itself, but which may make us believe in the existence of a scirrhus or cancerous engorgement, if we rely upon an inspection made by the speculum only. But the *touch* enables us to perceive that this engorgement merely lessens the consistence, or the pliancy natural to the part affected ; besides, it does not occasion any derangements of the functions of the organ itself, nor increase disturbance in the condition of the general functions.

In the two cases which I have observed, I was led to examine the uterus, because in women approaching the turn of life, the menses did not appear with the same regularity as formerly. In both these cases, they disappeared in a few years ; there was no phenomena indicating disease on the part of the uterus, although its neck preserved, without increase or diminution, a volume equal to that of a small hen's egg, as well as the bluish colour which it presented at my first examination.

Dr. Leroux, of Reunes, to whom I mentioned these cases, assured me that he had seen similar ones, and cited to me particularly that of a woman whom he had sent to the Hospital la Pitié, believing her to be affected with a scirrhus engorgement of the neck of the uterus, because this part was swelled, blue, and perhaps more consistent than ordinary. But after remaining there some months, it was perceived that this affection did not progress any, and did not interfere with her health ; the operation which was at first considered necessary was not performed.

I shall say nothing of another kind of hypertrophy,

consisting in a real lengthening of the anterior lip of the os uteri. This state, which occurs only during pregnancy, commonly disappears after accouchment.

Œdema of the neck of the uterus. Œdematous engorgement of the neck of the uterus often takes place after lying-in, and appears to be the result of violence done to the part in which it is seated during accouchment. This state, which continues or increases until after the milk fever, commonly disappears within six weeks.

Without this determining circumstance, œdema of the os tincae must be very rare, because, notwithstanding the great number of engorgements, which I have observed, I have had occasion to see only a single instance of the latter.

CASE XVI.

Madame —, of a lymphatic temperament, subject to catarrhal affections, has since her infancy had a very abundant serous leucorrhœa. She began to menstruate about her 18th year, gave birth to an infant at 25, which she suckled two years. In the last months of her nursing the menses returned, and continued as customary. At 31, the leucorrhœa became fatiguing, and to remove it she was advised to use injections of Goulard's lotion; this however very slightly diminished the flow; the menses became less abundant, and gave place to a serous discharge. The general health became deteriorated; her debility, paleness and general œdema were attributed to the

derangement which the leucorrhœa produced sympathetically in the digestive functions. Shortly after, the menses ceased to appear. As the abdomen became simultaneously enlarged, a new pregnancy was suspected, and she thought that the weight she felt upon the anus confirmed this suspicion. Six months however had passed since the suppression of the menses, without any movement to indicate the presence of a fœtus; the volume of the abdomen was not increased; the breasts flattened more and more, and the general health declined rapidly. When I was first consulted by this lady about two months previously, I made only a slight examination of the uterus, but at this time I made the exploration more carefully, and found at about an inch and a half within the vagina, a tumour resembling a circular pad, presenting a funnel-like depression, leading into a strait and narrow aperture. It was easy to slide the finger all around this tumour, in the cul-de-sac of the vagina. By introducing the finger into the rectum, I could distinctly perceive this enlargement apparently contracted at its upper portion, and confounded with the body of the uterus, which was not increased in volume. This tumour appeared to me lighter and more elastic than any that I had before examined. I however referred its existence to a chronic inflammatory engorgement, with induration; but the death of the patient occurring soon after, gave me an opportunity of correcting my diagnosis, as will be shown in the result of the following

Autopsy. The mucus membrane of the stomach was thick, brittle, and strewed with red arborizations; and numerous large brown patches, with erosions of the mucus membrane in the centre, as well as thickening of the parieties of these parts, were seen in the small intestines, especially in the lower half.

The body of the uterus was very healthy, but the neck was bloated beneath the vaginal connexions, and formed an elastic, light, transparent tumour, retaining the impression of the finger, if strongly pressed; incisions made into it at first yielded a little serosity which appeared to have been infiltrated, but easily escaped under pressure.

In a similar case, I should think scarifications, tonic and astringent injections, together with the internal use of diaphoretics, would be advantageous. In the woman who was the subject of this affection, the general debility and morbid state of the *prima vie*, should have been the first object of attention; it was, however, too late to hope for advantage from any treatment.

After the resolution of the neck of the uterus, this part sometimes continues swelled, but without hardness or pain—this intumescence may be attributed to a sort of œdema, analagous to that with which the uvula sometimes remains affected after certain guttural anginas. I think this species of engorgement may always be readily recognised, by the form of the tumour, its elasticity, lightness, and the possibility of pressing down its tissue, as well as by its white and

transparent appearance—characters to be detected by the speculum.

SANGUINE ENGORGEMENTS OF THE UTERUS.

Engorgements produced by excess of blood in the tissue of the uterus, present themselves under three different pathological forms, which we cannot designate better than by the following denominations:—
1st. Engorgements by simple sanguine congestion.
2d. Engorgements by congestion with hæmorrhage.
3d. Inflammatory engorgements.

ENGOREMENTS BY SIMPLE SANGUINE CONGESTION.

SYNONYMES—UTERINE FLUXION—UTERINE CONGESTION—
PLETHORIC STATE OF THE UTERUS.

The circulation may by its activity, throw a much greater quantity of blood into the uterus than usual, may engorge its vascular system, and moreover, more or less increase the size of the organ, either in its totality or in one of its parts, without there being, properly speaking, any disease. We notice this at the menstrual period, sufficiently, though more extensively after parturition. In the first case, the congestive state is necessary to the accomplishment of the periodical function to which women are subject; and it is the result, or inevitable consequence of the accomplishment of another function, viz. parturition.

If, however, this congestion pass certain limits in intensity or duration, it constitutes a true state of disease, particularly when it takes place out of those normal epochs which we have just mentioned.

As in all active congestion, the engorgement of the uterus by congestion, is composed of two successive periods ; first, that of the fluxionary movement, which directs and carries towards the uterus, the fluids, and particularly the blood, in much greater quantity than ordinarily. Secondly, that of the engorgement itself, which results from the presence and retention of the fluids in the parenchyma of that organ. The fluxionary movement determined by a particular concentration, or special direction of the vital power towards the congested organ, appears to be a phenomenon essentially nervous, or to be produced under the peculiar and direct influence of innervation. We have succeeded in promoting menstruation in girls, and in re-establishing it, when it has been suppressed, by means of galvanic or electrical currents, directed from the loins towards the pubis, and consequently from the origin of the nerves of the uterus, towards their termination in that organ.

Doubtless the means have been effectual in these cases, only when the absence of menstruation depended upon a defect in the fluxionary movement.

It is therefore adapted to certain states of supposed uterine inertia ; or when in consequence of some aberration of nature, the fluxionary movement is directed towards parts never destined as menstrual emunctories ;—I mean in cases of the deviation of

the menses. By the above means, is recalled or awakened, the menstrual fluxion or molimen—the first condition for the accomplishment of this function. Perhaps we might hope for advantage from this kind of treatment in chlorosis.

It would be as important as curious, to try whether in cases of abnormal uterine fluxes, we could not arrest them by passing the electric or galvanic currents, in a direction reversed from those employed to excite these fluxions, and obtain their ordinary consequences, the menstrual discharge.

Is it not somewhat after this last manner, that moral impressions act, which occurring at the approach of menstruation, or during its course, suddenly arrest the flow or prevent its appearance?

Is it not in the cases where the amenorrhœa depends upon default of the fluxionary movement towards the uterus, and in these cases only, that those medicines agree which are called emmenagogues; such as rue, savine, motherwort, &c., which have been thought more or less proper, to excite the uterine congestion?

The second period or element of uterine congestion, is the engorgement itself, determined as we have said, by the access and retention of the fluids, and particularly of blood forced into the parenchyma of the uterus by the fluxionary movement, but which does not appear to pass the limits of the vascular system. This engorgement, of variable volume, may be carried to an extraordinary degree. It happens sometimes slowly, as when it results from a default of the

menstrual flow, the fluxionary movement still occurring—sometimes rapidly, especially in the sequel of accouchment, as may readily be conceived. We sometimes see the uterus acquire, in a very short period, a volume equal to that of four or five months of pregnancy; or its neck form a tumour in the vagina, which dilates and fills the canal. This engorgement, the increase of which is regulated by the degree of consistency of the parts, without any other pain than what from time to time, arises from the contractions of the organ, should not be confounded with those resulting from an acute metritis,—the difference between them, consists in the greater sensibility, and the general phenomena indicating an inflammatory disturbance, as well as a less prompt and considerable development of the uterus in metritis, than in simple congestion.

Puerperal engorgement is simply congestive, and as it were, passive; that is to say, resulting from deficiency in the resistance which the capillary system opposes to the access of blood. In inflammation, there is a truly active local disturbance, an increase of the capillary circulation.

In the first case, viz. simple congestive engorgement, the blood is forced into the organ. In the second, viz. the state of inflammation, it is, as it were, drawn out.

Engorgement of the uterus by congestion, besides its spontaneous development, at the menstrual periods and after delivery, is produced by numerous causes,

which for the most part, act primarily, by exciting the fluxionary movement.

Let us here introduce an important remark upon this subject. Whenever there exists in the economy, a natural or morbid tendency to a fluxionary movement towards an organ, it will be the elective or predisposing fluxionary movement, which will be excited by all the causes capable of developing in the general system, an increase of vital abnormal activity, indicated by the augmentation or excitation of innervation, and consecutive or concomitant exaggeration of the circulatory movements. It is the lung, which by its organization, or in consequence of the vital impulse which had been originally impressed upon it, becomes predisposed to fluxions and congestions of which hæmoptysis, and subsequently, phthisis, are the results.

We see these affections become excited by violent moral emotions or exercise, the use of alimentary or medicinal excitants, stimulants, &c.; circumstances which would either have no local effect, upon a thousand other individuals, or which would cause in this one, a hæmorrhoidal affection, an apoplexy in that one, &c. In women who have arrived at puberty, the same causes direct the fluxionary and congestive movement towards the uterus.

Besides these general or common causes, there are some which are peculiar to a species of engorgement which will attract our notice, viz.—Some peculiar excitants, such as rue, savin, &c., as well as the

excitants proper to the genital organs, as coition, masturbation, &c. In fact, other causes provoke these engorgements, and favour their development only by acting in a manner to retard the local sanguine flux, which serves in the normal cases as natural crises to the congestion, and in nowise by opposing the fluxionary movement, which incessantly urges or attracts new fluids into the congested organ. It is thus, that cold, lively moral emotions, the imtemperate use of astringents, act at the menstrual period, and after accouchment. In the first instance, the *menses* are suppressed—in the latter, the *lochia* are ; in both cases, perseverance of the fluxionary movement, keeps up or increases the congestion.

The symptoms of congestive engorgement of the uterus, are nearly the same, but less severe than those of metritis. There are sensation of swelling, tension, and weight in the pelvis, lumbar, sacral, and inguinal pains, attacks of pains more or less prolonged, and frequently repeated, during which the uterus seems to contract itself violently, as if to express the blood which has engorged it ; peculiar pains, called colics or cramps of the uterus, a tenesmus or severe griping sensation in it. These pains are sometimes so extremely violent, that the patients are strongly bent forward during their continuance. In the mean time, pressure as well as the vaginal *touch*, prove the insensibility of the engorged parts, at least in the interval of these spasms or gripings.

The reverse of this, is the case with engorgement by inflammation, which is the seat of more violent

pains, or of a constant sensibility. Constitutional symptoms are uncommon; when they occur, they consist of various forms of nervous affections, and there may be fever, which however, is usually of short duration.

In the normal congestions of the menstrual periods, or the consequence of accouchement, nature tends to disgorge the uterus of the blood which filled it, by a proportional discharge. If after the cessation of this evacuation, a slight engorgement remains, it quickly disappears in consequence of the cessation of the fluxionary movement, which readily permits the return of the blood into the general circulation. This last circumstance of itself, frequently suffices to bring about the spontaneous resolution of the engorgement by congestion, when any obstacle whatever is opposed to the establishment of the discharge naturally destined to resolve that engorgement. The preludes of puberty, offer sufficiently frequent examples of it, as at that time, the uterus, become the centre of fluxion, and more permeable to the access of blood, is not organically disposed to let it escape from these vessels. The repetition or perseverance of these fluxions, however, without their natural result—the menstrual evacuation—terminates by establishing a permanently congestive state, capable of being increased at subsequent periods.

The immediate results of these engorgements are:

1st. By increasing the weight of the uterus, to dispose to its displacement: the descents of the uterus

by engorgements of this organ, are observed even in those women who have not had children.

2d. To become an obstacle to the return or future establishment of the menstrual discharge.

3rd. To become the cause of sterility, incorrectly attributed to amenorrhœa, considered as an essentially pathological state, particularly as it may be only secondary or symptomatic, at least in a great number of cases.

Engorgement by congestion readily passes into a state of chronic inflammation, and thence into the most profound organic transformations. Examples of these have been related in the first part of this work. This affection is frequently the prelude to acute or chronic metritis, as well as to hæmorrhagic congestions. When it exists, it requires the action of very slight causes to develop inflammation or excite the loss of blood. Little or no vestige can be observed of this affection after death, when it has been simple or recent; the engorging fluid not having passed beyond the limits of the vascular system, retires into the general circulation at the moment of the cessation of life.

TREATMENT OF ENGORGEMENT BY SANGUINE CONGESTION OF THE UTERUS.

The first and most essential of the indications which this kind of disease presents, is to arrest the fluxionary movement, either by removing the causes which have produced or maintained it, or by inviting it to other regions, determining it towards other parts by means

of revulsive bleedings, by the lancet, leeches or cups, (*Mulieris menstrua si velis cohibere, cucurbitam quam maximam ad mammas appone.* Hippoc. sect. 5, aphor. 50,) and by irritants applied more or less remotely from the congested organ.

This first indication, the object of which is to prevent, arrest or detain the fluxionary movement, is appropriate; 1st, in the case of accidental congestion, or one threatening to establish itself at other times than at the physiological periods: 2dly, at the same epochs when the fluxion and congestion assume a pathological character by their prolongation or violence: 3dly, before these epochs, when the uterus in consequence of any condition whatever of organization that art cannot correct, is not inclined to relieve itself by a sanguine discharge of fluids which the menstrual movement carries thither, a kind of flux and an artificial supplementary fluxion is then substituted.

As has been said, the spontaneous or provoked suspension of the fluxionary movement is sufficient of itself to enable the engorgement which it had occasioned, to dissipate itself without other means.

In the opposite case it is necessary to have recourse to means for producing resolution or disgorgement in a more direct manner.

The establishment of a local, sanguine discharge, which is the most natural mode of termination for this species of engorgement, should be promoted by the use of means appropriate to the nature of the obstacles which oppose the establishment of the flow.

If there is too great a rigidity of tissue, and conse-

quently of impermeability of the mouths of the exhalents as at the earliest periods of puberty, we may have recourse with advantage to local baths and relaxing drinks, emmolient applications, &c.

If the retention of the discharge is owing to a nervous or spasmodic condition, we associate sedatives, antispasmodics, &c. with the preceding means. Finally, we substitute this evacuation by leeches applied immediately upon the engorged organ, when this is practicable, as for example, after parturition.

As I have related some cases of congestive engorgement in the early part of this work, it is unnecessary to speak of them here.

Congestive engorgement is frequently kept up by a kind of atonic state of the uterus, which indicates the employment of astringents, or what is better, of a substance which has a peculiarly tonic action upon this organ, such as the *secale cornutum*, which we have seen succeed very promptly in producing a cure of cases very analogous to those under consideration. We shall hereafter speak more fully in regard to the properties of this article in some of the diseases of the uterus.

We have extracted several confirmatory notices of the use of this article, from the *Annales Universales de médecine de Milan*,* which we will here present.

* De l'usage du seigle ergoté dans la menorrhagie, la congestion utérine, &c. par les docteurs Pagrani et Pignacca, traduit de l'Italien par M. le docteur Chambeyron.

CASE XVII.

Madame R., who has had six happy accouchments, experienced at the end of the last a suppression of the lochia, with chills, fever, pain in the whole abdomen, and more especially in the hypogastric and iliac regions, with a sense of weight in the vagina and upon the anus. The pain and fever yielded to the ordinary antiphlogistic treatment, and she was supposed to be cured. Two days after the suspension of the treatment, the symptoms re-appeared without any known cause. (Leeches, castor oil, and tamarinds were used.) The symptoms again subsided, and the treatment was suspended. She however had a second relapse. We then prescribed one drachm of the ergot, divided into eight doses, one to be taken every two hours. This was persisted in for a while, and all the symptoms permanently left her.

CASE XVIII.

Madame N., having arrived at the critical age, was attacked with chronic metritis. Sanguine emissions and laxatives had been employed with temporary advantage. The ergot however, administered as in the preceding case, produced happy results.

CASE XIX.

Madame F. N., was affected at the termination of her accouchment, with metritis, which yielded to the ordinary means. She soon became pregnant again,

and was delivered at full time, after a moderately long labour; about the fifth day, there were quick pains commencing in the loins, and thence extending to the iliac and pubic regions, with a sense of weight in the vagina and frequent desire to evacuate the bladder and bowels. As there did not appear to be any evidence of general plethora, bleeding was omitted, and the whole symptoms disappeared under the use of ergot, diet and rest.

CASE XX.

Maria P—— was delivered by forceps after a tedious labour, since which she has from time to time been subject to inflammation of the uterus.

In July, 1828, about five years after this accouchement, she again felt quick pains, extending from the hypogastric region to the groins, loins and thighs; the whole surface of which became sensible to the touch. "Bleeding" says the reporter of the case, "did not appear to me to be necessary, because I thought the symptoms did not arise from metritis, but an affection which resembled it, I would say, a *uterine congestion*, and that the organism had not undergone the peculiar modification, which constitutes inflammation. I therefore resolved to try the ergot." The relief was such, that on the third day (after its administration) she abandoned all treatment, re-entered upon her domestic operations and partook of her ordinary regimen, including wine. This was followed by a relapse with signs of real inflammation. After

one bleeding, we recurred to the ergot, which produced no good effect, and the disease yielded only after a prolonged antiphlogistic treatment." This last case proves that we should calculate upon the good effects of ergot in sanguine engorgements of the uterus, only when it is of the congestive character. It is probably injurious in metritis. Engorgement by congestion rarely resists the treatment based upon the principles we have endeavoured to establish; and when it does not succeed, we may conjecture that there is something beside a simply congested state, and therefore it will be necessary to inquire into the other alteration which exists, and then oppose it by means more appropriate to its nature.

CONGESTIVE ENGORGEMENT WITH HEMORRHAGE.

Many cases reported by authors in metrorrhagia, menorrhagia and other uterine discharges considered as morbid entities or primary diseases, belong to that species of engorgement, which may be called, soft engorgement, in contradistinction to most other chronic engorgements of the uterus, of which hardness forms one of the most constant and conspicuous characters.

This species of engorgement becomes developed in the same manner as the preceding, and is subject to the same causes: like it, it also results from a fluxionary movement, but excessive in degree, and particularly prolonged in duration: like it, it also consists in the penetration of a super-abundance of blood into

the uterine tissue ; but it differs from the above in this, that it is constantly accompanied by a sanguine discharge, which notwithstanding its abundance and persistence, does not at all diminish the congestion : on the contrary, this engorgement tends in spite of this spontaneous means of disgorgement, to progress and undergo particular alterations, which we will endeavour to exhibit.

To judge of the frequency of the soft or hemorrhagic engorgements of the uterus by the great number of times which it has come under my observation, I should be astonished not to find it mentioned by authors, at least, in a special manner, and generally known to practitioners, if I did not know that they are generally attached only to the apparent phenomena, and that they do not give themselves the trouble to inquire into the state of the organs which furnish these phenomena, the essential or fundamental alterations, of which they are oftentimes only the effects or secondary symptoms.

In fact, the affection under consideration is constantly attended by a discharge from the vulva of a bloody fluid, variable as to consistence and colour according to the period of the malady ; a discharge nearly always perpetual, but with more or less frequent aggravations.

Now, the physician called to a woman who is a prey to uterine discharges, sees only the hæmorrhage, and considers it as being or constituting the disease, except the case in which the discharge is the result of the progress of an advanced cancerous ulcer. Conse-

quently, a treatment more or less rationally founded upon this diagnosis is adopted.

Let us examine the results of such superficial views. Presently the discharge is arrested, but it is quickly reproduced more violently and tenaciously, and resists the action of means which at first had seemed to combat it with advantage. If we then decide on examining the organ from whence this hæmorrhage comes, we recognise an engorgement, which by its progress has assumed a serious character, and one invested with alarming forms. In the commencement we might have looked for the cure of the engorgement; it is now too late: in place of a simple sanguine congestion, we have now a particular species of cancerous affection, which itself badly understood, has been confounded with others. By one, it has been considered as fungus, by another, a brown soft scirrhus, &c. (See Soft Cancer.)

In no small number of analagous cases the antihæmorrhagic treatment, employed from the first attack, causes other symptoms, denoting a more or less acute inflammation, to succeed to the uterine drainings: this results especially from the employment of astringents, either directly or indirectly. The sanguine flow is indeed arrested under their influence, but the fluxion and congestion do not persist any less; the engorgement progresses under the form of chronic phlegmasia. Would it have been so if the hæmorrhage had been essential? Thus then, when we have completely restrained the hæmorrhage, we are not the further advanced; on the contrary, we have made

one symptom disappear, but we have, in place of it, a luminous index of an affection, which, continuing its march in the shade, leads secretly to fatal terminations.

Such is the tenacity of adopted ideas, such is the difficulty of changing the direction, when we have acquired the habit of pursuing a wrong course, that notwithstanding a fatal experience, which is very frequently observed, we permit ourselves to follow on in the same error.

Like many others, I sacrificed to the common routine, but soon, desirous to enlighten myself upon the diseases of the uterus, I resolved not to give any advice, nor to undertake any treatment of the diseases peculiar to women, without my being at the outset assured of the state of that organ, and informed by a scrupulous examination, whether the morbid phenomena for which I was consulted, were essential, or symptomatic of some affection of the genital organs.

It is to this firm determination, against which I have rarely found the serious obstacles which practitioners allege as an excuse for not having subjected the patients to a necessary investigation, that I owe the ideas I have acquired upon the numerous and different kinds of chronic diseases of the uterus, and the success which I have often obtained in their treatment.

It is by pursuing this course which alone promises important results to sciences and humanity, that I have been particularly able to declare,—that the greatest number of uterine discharges, usually con-

sidered as primary or essential, are merely symptomatic of a special engorgement either of the whole of the uterus or affecting the neck alone. When we trace up to their origins, the cancerous affections which *fatalize* the term of life in women, we will see that a certain number of these diseases begin by uterine discharges, which had been treated without sufficiently extensive examination, as essential hæmorrhages. How then can we be astonished at the inefficacy of the treatment consequently employed, and at the progress of hæmorrhagic diseases towards mortal cancerous degenerations.

Whenever, therefore, a sanguine discharge takes place by the vulva, unseasonably, and beyond the normal duration and degree of intensity, the exploration of the uterus is indispensable to establish a correct diagnosis upon the essential or symptomatic character of the hæmorrhage.

Engorgements of the uterus by congestion with hæmorrhage, present in their more or less rapid, but in general, chronic course, three periods or degrees.

The type of the first period is indicated by the hæmorrhagic congestion of the menstrual periods, or better still, by those which succeed to parturition. The local and general effects of the engorgements are the same as in the case of the simple congestive state, except that there is here, more sanguine discharge—also a more or less considerable increase of volume of the whole uterus, or of its neck exclusively;—more or less deep red colour; and the uterine orifice enlarged in proportion to the engorgement. The

consistence of the uterine tumour may readily appear, not changed—but in general, there is rather softening, much more marked as we approach the centre of the tumour.

The hæmorrhage presents paroxysms, sometimes alarming, and which occur spontaneously, or are the result of the action of all the causes capable of hastening the fluxionary movement, or of impressing a mechanical shock upon the organ. Thus the erect position prolonged—the agitation of running, dancing, or coughing—the efforts at defecation, coition and the *touch*, increase the discharge, or incite it, if it had been momentarily suspended. The engorgement increases at length, but without ever acquiring a considerable volume, as it does in cases of congestion, without hæmorrhage; and at the same time, the ramollissement becomes more and more marked; the neck of the uterus appears to be of a deep red colour, appearing as though the blood had been strained through the surface of the organ, by compression. This is the second period, or second degree of the disease.

Thus far, the general phenomena evince only the loss of blood, and are in relation in intensity, with the abundance, duration, or more or less frequent repetition of hæmorrhagies. Thus, there is a progressive discoloration of the tissues, loss of strength, sense of dragging and languishment in the gastric and pre-cordial regions, loss of appetite, or insatiable hunger, as if nature was striving by an abundant alimentation

to make reparation of the vivifying fluid, incessantly lost.

Let us repeat the essential characters of this kind of engorgement ; tumefaction, softening, more or less deep red colour of the cervix uteri, discharges by the orifice, of blood variable in quality, and an exudation, often appreciable of an analagous fluid through the surface of the tumour.

These discharges are excited or aggravated by the *touch* and pressure.

These pathognomonic signs are recognised directly by the *touch*, and the use of the speculum.

At length, the third period arrives ; sometimes after a very short interval, at others, when the affection has continued during several years, in the first and second degrees. A new condition of things has obtained, when the third period occurs.

As this alteration is commonly extended to the neck of the uterus, or affects that part only, we obtain by the touch and the speculum, the signs which are proper to it, and which characterise it. We find then, at the bottom of the vagina, and advancing more or less into that cavity, a tumour formed by the engorged neck of the uterus, of a brown red colour, its surface which appears pretty smooth to the sight, being always covered with layers of coagulated blood, seems a little uneven to the touch. By pressing this tumour, a distinct sensation of crepitation is produced, depending probably upon a displacement of the half coagulated blood, which infiltrates the diseased tissue ; at the same time that we very evidently

observe this dark fluid escaping from the surface of these tumours, as if it was expressed from a sponge.

At the opening of dead bodies, we find the altered part puffed, of a dark colour, soft, friable, and pulposus. The uterine parenchyma is reduced into a mass of fibro-cellular and vascular filaments, easily torn and lost in the midst of the dark and coagulated blood which is infiltrated into it. In a word, this alteration presents an exact resemblance to the tissue of an engorged and half putrified spleen. This alteration appears to progress from the internal surface of the uterus to the external, in which we commonly find a more or less thick layer of uterine tissue, still unaltered.

This alteration is often found in the midst of parts presenting traces of inflammation, surrounded by purulent cavities. The altered mass is itself strewed with small cavities, and infiltrated with pus mixed with black blood. How is this transition effected from the engorgement of a simple congestive state in which the blood merely occludes the capillary system, and which constitutes the first degree of alteration, to the second or third degrees in which the blood inundates the meshes and intestices of the uterine parenchyma?

Is it not that the prolonged contact of the fluids has weakened the tissues, or as may be said, macerated and destroyed them, with the exception of some part of the cellular and capillary tissue? The natural or accidental state of relaxation, or of atony of the uterine parenchyma, should, if this be the case, favour

the development and transformations of this kind of disease: this is in fact, what observation proves. We see the hæmorrhagic engorgements affect in preference, women of a soft constitution, and lymphatic temperament; those in whom the uterus has been fatigued by numerous and laborious accouchements; finally, those in whom the menses are remarkable for their habitual abundance, the length of their duration at each period, and the frequency of their return.

At the "turn of life," this affection is favoured by these two conditions: 1st. The return or the unusual perseverance of fluxionary movement: 2dly. The loss of elasticity, the organic feebleness of the uterine parenchyma, which permits it to be distended and infiltrated by the fluids and the blood which the fluxionary movement urges thither.

Before reaching the third period, the hæmorrhagic engorgement, in a certain number of women, takes another movement or direction. The centre of alteration, represented by the orifice and internal surface of the uterus, soft, macerated and destroyed, is transformed into an ulcer presenting a stratum, more or less thick, soft and putrilaginous; the limits of which, marked by chronic inflammation, form an almost scirrhus base. The general symptoms also disclose by their intensity, or their special character, the existence of hæmorrhagic engorgement, arrived at the last degree.

To the general and complete discoloration, arising from excessive discharges, is joined a straw-like yellow tint, as in ordinary cancerous affections. The eyes

are dull, the feebleness is extreme ; and notwithstanding women, who, in common, have much embonpoint, still preserve the appearance of it, though a firm flesh has given place to a general bloating which conceals the marasmus of the muscular portion, and the flesh is really soft and flabby.

The prognosis of hæmorrhagic engorgement is very serious, when the disease has arrived at its last period ; there is no possibility of return to the normal state of the tissue profoundly altered, or completely destroyed. In the first two periods, the danger is subordinate to the abundance of the uterine discharges, which may be mortal by their frightful violence, or their prolongation. But we may hope for a certain and safe recovery, if we have recourse in time, and in a suitable manner, to a rational treatment, the basis of which we proceed to mark out.

TREATMENT OF THE HÆMORRHAGIC ENGORGEMENTS OF THE UTERUS.

In the first period, it may happen that hæmorrhage, proportioned to the congestion, reduces itself without any other aid. We frequently see the return of an abundant menstruation, bring about the complete cessation of a uterine congestion, and the suppression of a hæmorrhage, which had continued a long time. After several accouchements, the uterus remains engorged and constantly supplies a more or less abundant discharge of blood. At the end of six weeks, and some-

times of several months of that state, a profuse hæmorrhage appears, and declares the re-establishment of the physiological state.

It is sufficient at other times in order to obtain resolution, to remove the causes which have excited and which maintain the uterine discharge, or place the woman who is affected by them in a condition which counterbalances the action of the causes.

Finally, we may employ with success, the same means previously indicated against engorgement, by simple congestion, viz. derivative bleedings by the lancet, leeches, scarified cups, sinapisms, &c.

In many cases, the means acting as revulsives have not the power of arresting the fluxionary movement which seems to precipitate towards the uterus, even the last drop of blood in the circulation ; they can do nothing in the state of relaxation into which the tissue of the uterus is fallen, a relaxation which favours the access and penetration of a superabundance of fluid, and which consequently tends to maintain the engorgement and consecutive discharges. Besides, the blood becoming more serous in proportion as it is drained, has greater facility in traversing the congested tissue, and escaping from it. Here sanguine emissions would be no longer practicable without danger. Another indication of great importance to the safety of the patient presents itself; its object is to put the uterine tissue in such a condition that it may prevent the further transmission of blood, and even return into the circulation, that with which its tissue is engorged. This indication might be fulfilled by compressing the

abdominal aorta in cases of essential or violent hæmorrhage, were it not for the difficulty of effecting it. It would however be adapted only to hæmorrhage and not to engorgement. The uterus is prevented by its mobility and situation from a more or less direct compression, which would moreover be attended with serious inconveniences in the cases now under consideration.

The employment of astringents in copious uterine discharges, demands very particular attention. Most of these medicines seem to limit their constrictive action to the inhalent orifices and scarcely reach even the capillary vessels. They may prevent extravasation of blood and suppress the hæmorrhage, but are not always effectual in arresting the fluxionary movement. Congestion therefore increases or continues notwithstanding their use; the engorgements either remain stationary or increase, or if the blood which constitutes it finds in the provoked resistance of certain parts of uterine tissue an obstacle to its accumulation or discharge, reactions occur, from whence arises an inflammatory state often more dreadful in its consequences than the primitive malady.

There is at all events less hæmorrhage, and there is moreover a congestive engorgement complicated with more or less acute inflammation. There are probably few physicians who have not had occasion to see symptoms of acute metritis develop themselves about the uterus in consequence of the use of astringents employed with an intention to arrest uterine discharges, not only when the hæmorrhages were symptom-

atic, but in cases even in which they appeared to be essential.

Astringents therefore should not be employed ; 1st, except when we have suspended or diverted the fluxionary movement, by the previous employment of the means which we have designated as proper to fulfil this primary and essential indication : 2dly, when the congestive engorgement and consecutive uterine discharges shall appear to be maintained rather by a state of atony or relaxation of the diseased tissue than by an active capillary circulation, a state which is presumable when the disorder continues during a certain time, and when the abundance or the continuance of the sanguine losses has occasioned a general feebleness. Under these conditions we shall obtain the happiest effects from cold, and astringents, or styptic applications upon the skin, by fomentations, douches, aspersions, or even into the genital organs, by means of injection ; from the internal use of the root of Rhatany in decoction, powder or extract of nut galls, alum, mineral acids, preparations of iron, or the waters which contain it, &c.

In reflecting on the peculiar action of ergot upon the parenchyma of the uterus, bearing in mind the facts which appear to prove that this substance has also the faculty of acting like an astringent on the inhalent and capillary systems, since by its employment we have been able to arrest hæmorrhage from other organs beside the uterus, I have thought it might be useful in the congestive engorgements, with hæmorrhage of this latter organ. My presumption

has been confirmed by an opportunity of proving its powers.

Other analagous facts published since in the journals of medicine, have removed all doubts in respect to the important advantages which this singular substance presents.

I have already reported some of the cases, and I shall relate others in the progress of my observations. (See case 15th.)

Moreover, it is easy to conceive and explain the action of the ergot in these cases; by promoting the contractions or tightening of the uterine tissue, it forces the engorged fluids back into the current of the circulation, restores that organ to its normal state, and puts it in a condition to resist their return.

CASE XXI.

Sanguine hæmorrhagic engorgement passing to the inflammatory state by the intemperate use of astringents—more rational treatment—recovery.

The chief cook of a restaurant, aged twenty-eight years, small, short, thick and well formed, had always been regular, and never had children. She was obliged by her profession to be upon her feet a great part of the day, and exposed to the broiling heat of her furnaces. Her menses however became abundant, and the discharge prolonged with a sense of weight in the pelvis. A few days of repose relieved her, and she resumed her business. From this period the men-

ses were always profuse, and occurred more frequently than proper; for six months the blood flowed continually, but in small quantity unless it was at the menstrual period, which occurred from the 24th to the 27th of each month, when the discharge was both very abundant and prolonged; in the mean time the strength wasted daily, the skin lost its colour, the body however appeared to retain its embonpoint, but the soft and transparent flesh indicated that œdema had taken the place of fat. A dreadful hæmorrhage occurred on the 25th of June, 1826, (nearly fifteen months after the first menstrual derangement.) The eyes were sunken, the features profoundly altered, the colour pale except the lips and the circumference of the nose, which were of a dirty yellow; there was discolouration of the lacrymal caruncles, lips, tongue and gums. The pulse was frequent and hard, the skin dry and hot, there was swelling of the feet and eye-lids, nausea and vomiting of food. The *touch* renewed the hæmorrhage; the neck of the uterus was swelled, soft and spongy; its orifice gaping and filled with clots of blood; the uterus thus engorged appeared heavy; its fundus could be felt behind the pubis.

Prescription.—Potion with a half a drachm of Rhatany root, rice gum, and a drachm of water of rabel. Applications of linen wet with cold lead water, upon the hypogastrium.

26th of June.—The hæmorrhage is diminished: only a reddish serosity flows from the vulva. The hypogastrium is painful to pressure, the touch gives pain also; the cervix uteri is engorged as last even-

ing, but it is harder; pains in the loins and head, pulse hard and frequent; in the forenoon the pains in the lower parts of the abdomen became insupportable. I substituted for the potion and astringent drink, a lukewarm infusion of mallows, and cold applications by cataplasms upon the hypogastrium. The pains however persisted, the fever increased and delirium came on. In the evening I ventured to bleed her from the arm to the amount of about ten oz.; syncope and an abundant perspiration followed. (Continue cataplasms, &c.)

27th June.—The abdomen is not more sensible, but compression upon the uterus brings back pain into the loins: there is a serous discharge from the vulva. The bowels have not been open for eight days, and the projection of the sigmoid flexure of the colon in the left iliac region, indicated an accumulation of fæces. An ounce of castor-oil, taken in two doses, relieved the intestine.

28th and 29th, in the same state. 30th, dull pain in the loins, cervix uteri more engorged and soft inferiorly, discharged about two spoonful of blood: pulse high and hard. (Bleeding eight oz.)

1st July.—Discharge of serosity scarcely coloured: cervix uteri reduced to one-fourth: patient has appetite.

6th.—The neck appears to have diminished one-half; the body could scarcely be felt behind the pubis.

12th.—The uterus appears to have returned to its natural volume; no discharge.

25th.—The patient walked out yesterday a little; to-day she felt a general uneasiness and pain in the loins; the cervix uteri has increased in size; the *touch* caused the discharge of clear and dark blood; this slight hæmorrhage continued on the 26th, 27th and 28th. The patient left her bed and descended four stories; although much fatigued she did the same next day.

1st August.—There was hæmorrhage last evening: the pulse is hard and frequent: the uterus is more engorged. (Bled four oz., directed her to repose on her bed, and take light diet.)

4th.—General depression: pulse small and feeble: uterus engorged and flabby, and discharging a dark liquid blood under the slightest pressure of the neck. I now resumed the potion and extract of Rhatany, with syrup and extract of Peruvian bark, broth thickened with mashed wheat.

6th.—All discharge has ceased, the neck of the uterus is hardened and firm. On the 15th of September, she appeared to be returned to her natural state; she regained her strength, and soon after ceased to be under my care.

In 1828, her menses diminished; she again felt pains in the loins. I found the cervix uteri a little tumefied. By my advice she relinquished her profession, had herself bled, kept in her chamber some weeks, and found herself once more re-established.

This person in regaining her former embonpoint, has not recovered her colour, she remains extremely pale.

CASE XXII.

Sanguineous congestive engorgements with hæmorrhage.

Mad. J., aged 32, of a sanguine temperament, perceived an unusual prolongation of her menses, in November, 1827. In January, 1828, there was an abundant discharge ; since that time more or less serous blood, has constantly been discharged, though in small quantity. Moral emotions, fatigue, and especially conjugal approaches excited hæmorrhagies, pains in the loins, and a sense of constriction and weight in the pelvis. This sickly state was at first neglected, but was afterwards declared to be the prelude to cancer of the uterus, and that there was little hope of cure. I saw the patient in the meantime, nine months after the beginning of the derangement of the catamenia, and obtained with difficulty, permission to explore the affected organ, because my predecessor, they told me, had not thought it necessary to touch in order to recognize the malady and indicate the treatment. I found the neck of the uterus enlarged, though slightly projecting into the vagina. The finger, in passing over the circumference of this canal, felt the body of the organ swelled as at the third month of pregnancy. Applying at the same time the left hand upon the hypogastric region, to seize the uterus between it and the exploring finger, I assured myself that this organ was more than double its volume in height. This exploration was painful and caused a

discharge of pure blood from the orifice, which was enlarged without being open.

Notwithstanding these continual and repeated floodings, Mad. J. of a naturally highly coloured complexion, had preserved these colours upon her cheeks, but the lips and nose were of a pale yellow: pulse frequent and strong. (Bleed sixteen oz., observe absolute rest and diet, drink lemonade.)

I was about to visit this lady on the ninth day, when she came to me, pale, faint, and fatigued; but informing me that the discharges were arrested, that she suffered no more, and that she hoped she should, by using discretion, be able to pass from under my care.

I found the neck of the uterus more prominent, less thick and painful, but the organ was not entirely reduced to its ordinary volume: the *touch* even caused a slight flow of flood.

Notwithstanding my entreaty, I could not induce the patient, to submit to repose at least; but afterwards the return of the affection, obliged her to resume her bed, where I was able to keep her for about six weeks. Three bleedings were practised in this time; since then, her menses have been regular in frequency, and moderate in quantity.

CASE XXIII.

Hæmorrhagic Uterine engorgement subsequent to parturition,—happy effects of the ergot.

The subject of this case, was a fruiterer of 29 years

old. Eight months had elapsed since she was confined with her second child; since which there had been a constant discharge of a small quantity of clear blood. She was tormented by dull pains in the sacral region, sense of dragging in the stomach, fastidiousness of appetite, and laborious digestion. Every ten or twelve days, the blood flowed in very great abundance. This woman, in spite of a progressive feebleness which this continued discharge produced, was almost always engaged in her little trade: a more abundant and protracted hæmorrhage took place, and obliged her to lay in bed: four days after which, I was requested to visit her: the discharges had begun to moderate; there was discoloration and general emaciation, the pulse was frequent, moderately hard and undulating, urinary and alvine excretions in their natural state. I proceeded to examine the uterus—its neck which was tumefied, occupied to a great extent, the bottom of the vagina, was soft like sponge—and the contact of the finger excited a great discharge of blood; the examination was very painful. The thinness and relaxation of the abdominal parieties, allowed me to feel the body of the uterus, just in advance of the sacro-lumbar angle; it was of the size of a goose egg, and appeared but slightly painful.—(Repose—light broths—rice water.)

The hæmorrhage abated, though the discharge of clear blood continued: the eighth day after, there was little change in the state of the uterus.

I suspended one drachm of ergot, finely powdered in four ounces of water, of which she took one table-

spoonful every two hours. Next day, all discharge had ceased. I did not repeat the examination per vaginam, till three days after, from a fear of renewing the hæmorrhage: the neck of the uterus was firmer, and reduced more than one-half. Two drachms of the ergot had been used—a third was administered by a spoonful every three hours, with an allowance of light soups. The neck of the uterus became longer and thinner; the fundus of the organ could not be felt above the hypogastrium. As the febrile movement continued under the intermittent form, and as the stomach refused food, I gave her instead of the ergot, ten grains of the sulphate of quinine, in the potion, during the next eight days—allowing her also, rice ptisan, to be coloured with a little wine.

The fever was arrested; she regained her strength, and her menses re-appeared in only two months afterwards, in ordinary proportion.

In addition to this case, I will relate others which have occurred in Italy,* which tend to confirm all the advantages which may be hoped for, from the use of ergot in hæmorrhagic congestions of the uterus.

CASE XXIV.

Mad'lle R. N. had menstruated very irregularly; sometimes there was a long interval, sometimes the periods were very frequent, occasionally the discharge

* De l'usage du seigle ergoté dans la menorrhagie, la congestion utérine, &c. par les docteurs Pagrani et Pignacca, traduit del' Italien par M. le docteur Chambeyron.

was very slight, at other times it amounted to a profuse hæmorrhage, lasting even for eight days.

In the early part of August, 1827, the menses which had been suspended for two months, appeared in great abundance, with pain in the abdomen and loins.

A general bleeding, followed by the use of ipecacuanha, nitre, infusion of roses with nitric acid, centifolia, &c., produced no effect. Three drachms of ergot, divided into twenty-four doses, and taken in two days, caused the symptoms to cease.

CASE XXV.

C. C. aged 24 years, was happily confined with the fourth child : at the end of eight days, the lochia were suspended, and followed by a mucous, and sometimes sanguinolent discharge, which gradually increased, mixed with clots of blood ; the patient suffered from wakefulness, faintness, and loss of appetite. She felt violent pains in the loins, hypogastrium, groins, and internal parts of the thighs. The author attributed these symptoms, to a slow inflammation of the uterus.

A drachm of ergot was administered, without any preamble, in eight portions, and in the course of twenty-four hours. The first doses caused the pains to subside, and diminished the hæmorrhage, which completely disappeared after taking the eighth. A second portion was given in the same way, to confirm the recovery, which after that time became complete.

CASE XXVI.

Mad'e N. obliged by the nature of her business, to make much effort on foot during a great part of the day, had suffered for fifteen days past, from a relapse of *mætrorrhagia*. The discharge was intensely red, partly fluid and partly coagulated. There were pains in the loins and public region, sense of torpor in the lower extremities, with muscular debility.

She was subjected to a rigid vegetable regimen, and the use of three drachms of ergot, which produced most salutary effects. A fourth drachm completed the cure.

CASE XXVII.

J. M. aged 36, had had five favourable confinements. In the sixth, which occurred at the eighth month of gestation, it was necessary to turn the child. Nothing particular occurred during the month. From that time, the menses appeared every two weeks, and continued four days. She was afterwards thought to be again pregnant, but at the end of February, 1828, after experiencing some pains in the abdomen, groins, &c., she had a discharge of pale liquid blood from the vulva, which, soon augmenting in density and quantity, presented intensely red coagula.

After a month spent in the useless employment of blood-letting, and various remedies, an exploration made on the 30th of March, exhibited the orifice of

the uterus, *gaping, swelled, and varicose*. Half a drachm of ergot was administered in two doses, and as much during the next and following days. From the 3d of April, the recovery was complete.

CASE XXVIII.

This patient was 28 years old, who after venereal excesses, repeated abortions, and frequent metritis, had a *tumefaction* or *hypertrophy* of the uterus, with a suspicious excrescence on the left side of the cervix. The frequent attacks of *mætrorrhagia* had been relieved by repose, blood letting, ipecacuanha, and castor oil, but they always returned. The last hæmorrhage continued 20 days, with pains in the abdomen, loins and thighs; the administration of a drachm of ergot, in eight ounces of water, in doses of two spoonsful every two hours, arrested the hæmorrhage.

She had another attack subsequently, but it yielded to the same means.

CASE XXIX.

Congestive hæmorrhagic engorgement of the neck, with chronic inflammation of the body of the uterus.

E. F. had an infant, at the age of twenty-four years, which she did not nurse; at twenty-five and a half she had an abortion at three months of pregnancy; from that time the blood continued to flow, sometimes little, sometimes more, but not sufficiently to exhaust her strength or deprive her of the possibility of labour.

Eight months afterwards, the prospect of a more happy situation seemed to produce a favourable effect upon the organism; the discharge ceased almost completely, the menses became regular as formerly, though more abundant and of greater duration.

At twenty-eight years she was disappointed in her hopes, and was obliged to gain her living by a sedentary employment in a public institution, the ceiling of which was low, and containing a large number of persons. The temperature of this room, in which she was under the necessity of labouring the whole day, was never less than from 18 to 20 deg. (Reaumur.) The sanguine discharge was soon renewed, with redoubled frequency, preceded and accompanied by lumbar pains, and a sense of fatigue and inquietude in the whole pelvis. Coition occasioned copious hæmorrhage; necessity compelled her to labour, but at thirty years, debility obliged her to renounce it. She was considerably emaciated, and in the evenings her legs became œdematous.

January, 1822, the neck of the uterus was very tumid, hard at the circumference, and softer towards the orifice to such a degree, that at the first examination I believed a fungus existed; it was painful to pressure, and its orifice was widely open. By pressing upwards in the vagina, I could sieze the uterus through the hypogastric region; it was as large as a fist, and very hard. This exploration was painful and excited a profuse discharge of blood. (Absolute repose, bleeding eight ounces, to be repeated four days after; barley mucilage, lemonade, sinapisms, applied

upon the arms and sides of the thorax, dry frictions, dry cups, and flannel under-dress.)

Fifteen days after the use of this treatment, the uterus and its neck were diminished more than a third; the matter of the discharge which appeared to depend upon a leucorrhœa to which she was subject from her infancy, was scarcely red, though the touch excited momentarily a deeper coloured discharge.

13th February.—The body of the uterus was beyond reach, the neck only remained tumefied, and had become harder, while the volume was diminished; her strength returned and her colour became clear. She has committed some improprieties.

28th.—Her general state is very satisfactory. She complained only of a sense of heat and of weight upon the anus; the neck of the uterus was in the same state as on the 13th, and was painful to the touch. She was ordered back to bed, bled from the arm, to have frictions upon the legs and thighs, with calomel ointment.

10th March.—No change. Eight leeches were applied by the aid of the speculum, to the engorgement. I saw the neck of the uterus, rounded, tender, of a rose whiteness, having its orifice slightly dilated, and permitting the distillation of a reddish serosity.

11th.—The neck is elongated, pliant and reduced to one half.

15th.—Six leeches were applied to the neck.

20th.—This part is now not much more voluminous than in the ordinary state; it is very pliable and not painful. Shortly after this I discontinued my visits.

I met her again in about three months; she was very well, and retained no evidence of her protracted disease, except paleness.

22d December, 1830.—I was again desired to see her. She informed me that during the eight years which had elapsed since I last saw her, being obliged to labour, and often illy treated by the man with whom she lived, her health declined, her menses became more and more abundant, and finally almost constant; burning, lancinating pains had succeeded to dull sensations in the back. Within a year, the hæmorrhages had progressively given place to a serous discharge of a dark colour and fetid odour; during only the last three months had she remained in bed, receiving insufficient attention and aid from neighbours and charity. The hypogastrium was painful, and filled with unequal tumours, dipping into the pelvis; the cervix uteri was destroyed, and presented a large excavation, the margins of which were not distinguishable from the vagina, except by a hard irregular anfractuous pad, of from two to four lines in thickness. The whole surface of this large ulcer was soft and pultaceous. I prescribed some soothing injections and opiate pills. She died before night.

This case affords a very striking example of the sanguine engorgement of the neck, with inflammation of the body of the uterus, at first cured by a rational treatment. The disease was recalled by unhappy events. We might perhaps have hoped to arrest these symptoms a second time, but neglected, they became the seat of a mortal cancer.

CASE XXX.

Uterine hæmorrhage at the critical period, maintained by a congestive engorgement of the uterus.

Madame —, aged forty-two, of a strong constitution and full habit, had never suffered from deranged menstruation since her last infant, which was born at the age of thirty-six.

For the first time her menstrual period came on early in September, 1823; the flow was moderate but prolonged, even to the next period. Debility obliged the patient to keep her bed for eight days, during which she took rice-water. The hæmorrhage having ceased, she returned to fatiguing labours. At very frequent periods the hæmorrhage was renewed, though less violently; there was a discharge of a serous blood in the intervals, as well as pains in the pelvic region. She was bled twice in the course of a year, and took astringent drinks and occasionally allowed herself a few days of repose. The symptoms then abated, sometimes even disappeared, but quickly to return. This treatment was advised with the avowed intention of warding off the pains until nature should put an end to the phenomena judged to be common to the age of the patient. Three physicians whom she had successively consulted, had not thought it proper to *touch* her.

I saw this lady in March, 1824, a year after the derangement of the menses had begun. She was

completely discoloured, with a tinge of pale yellow, though her flesh was soft, she still preserved the appearance of embonpoint, the cellular tissue seeming rather œdematous than charged with fat; the eyebrows and lower extremities were greatly infiltrated; there was want of appetite and sleep. She felt an uncomfortable heat above the pelvis, sense of weight about the anus, with sacro lumbar pains, mostly dull, but occasionally severely lancinating.

The uterus was prolapsed, its neck rested upon the fourchette and could be perceived in separating the labia externa; it was very much swelled, reddish brown, hard at its circumference, but softer towards the orifice, which was dilatable to the extent of admitting the point of the finger, though it was not gaping open; the anterior lip was larger than the posterior; a red fluid was discharged from the os-tinæ. The examination was followed by a discharge of a large quantity of dark blood.

The enlargement of the abdomen would not allow me to examine the uterus through the hypogastrium, but with the finger per anum could feel the whole extent of the engorgement, which appeared to be about two inches in height, and to lose itself in the body of the uterus, the posterior form and limits of which I could trace.

I prescribed horizontal posture, with the hips elevated, a bleeding of twelve ounces, rough frictions upon the whole skin, acidulated drinks, light soups. After the fourth day, the uterus returned to its proper position, solely in consequence of the horizontal posture

of the patient. There was also less discharge. Three small bleedings were performed at intervals of six or eight days, dry cups and sinapisms were freely applied to the skin.

The engorgement was reduced more than one half in six weeks; the neck was pliable and soft, but bled very freely upon being touched: pain and all sense of inconvenience had disappeared. Two more small bleedings were practised, but without great diminution in the engorgement of the neck, in its softness or liability to bleed. In June, her digestion became difficult, her strength recruited but little, and there occurred general and even local atony. I thought it proper to direct her to use tonics and astringents, rice-water with wine, pills of sulphate of iron, and extract of gentian.

In July, all the discharge had ceased, the neck of the uterus was the size of a thumb, pliable, soft, and elastic, the appetite returned, and the patient began to leave her bed. I advised her to go into the country. It was not more than two years before she regained her strength and colour; since that time her health is perhaps more robust than previously.

CASE XXXI.

Uterine hæmorrhage at the critical age, maintained by a congestive engorgement.

A woman of forty-five years, large and of vigorous constitution, had a sanguine discharge almost constantly for eighteen months, with greater or less in-

crease every six or eight weeks ; these hæmorrhages exhausted her, and had resisted the use of mucilaginous, or astringent drinks. An attack more than usually prolonged, laid her up, and induced her to request my attention to her, that I might moderate but not arrest the discharge, because she had been told that it was a necessary evil, a natural accident which depended upon the critical age. I was desirous of examining by the touch, but this was strongly opposed. Having unavailingly endeavoured to convince her of the necessity of my being correctly informed, with regard to her situation and the cause of the hæmorrhage, I left her without any prescription. She sent me a request the next day, to take charge of her, promising submission.

I found the neck of the uterus of the size of a very large walnut, soft, bleeding, and sensible to the contact of the exploring finger.

I directed the application of three leeches, absolute rest, thin regimen, and six weeks after the use of the spa water, which brought the uterus back to its natural state ; after that some hæmorrhages occurred, but the patient, conscious of the past, called me at their first appearance, when a small bleeding and a few days rest, always sufficed to arrest the discharge. In the mean time there remained an unsettled pain in the whole pelvis, with a sense of burning and lancination in the sacral region, of which I could not find the cause in the uterus, which appeared to me to be entirely restored. I thought that they depended upon a diffused neuralgia, of which I had already seen several

examples. Some vesicatories were temporarily applied, from one part to another, upon the loins and hips; these caused the pains to disappear. For two years past, this woman has not had a single derangement of her health, and the cure of the uterine affection appears complete.

Is it not evident, that the two patients who have furnished me the subjects of the last observations, would have been devoted to a consecutive cancerous alteration, if the engorgement of the uterus had not been cured by an appropriate treatment? In how many women might we not prevent this dreadful disease, if we would take more pains to assure ourselves of its origin?

CASE XXXII.

Hæmorrhagic congestion, followed by chronic inflammation of the uterus—abscess—induration—resolution under extreme emaciation, occasioned by a chronic gastro-enteritis.

Mad. T., large and strong—had had four children; the last at the age of 31 years. After many exposures arising from domestic difficulty, she began to use alcoholic drinks. In approaching her 40th year, she had frequent uterine discharges; and as she felt her strength fail, and her stomach refuse aliment, she used wine and spirits more freely.

In 1817, being then 42, she again felt pelvic pains; the sanguine discharges, which had become continual,

were suspended; and the symptoms of a very acute inflammation in the bottom of the abdomen, manifested themselves.

They yielded to a copious bleeding, two applications of leeches, and an antiphlogistic regimen.

Pain, notwithstanding, continued in the lower part of the abdomen, but it was not possible to prevent her from resuming her disgusting habit.

The acute inflammation returned at three different attacks, until the middle of 1818, in the intervals of which, the discharge re-appeared.

After the last inflammation, the uterus was felt developed behind the pubes; it was regular and hard; the tumour extended itself towards the right iliac fossa; and in November, a flood of puriform matter escaped by the vulva—the iliac tumour had disappeared the next day, but the post-pubic tumour was still perceptible, even two inches above the pubis.

Nevertheless, the pressure which I made upon it, caused the flow of a sanguinolent fluid; sometime afterward, the lower extremity of the right side, became the seat of insupportable pain, and so general an engorgement, that this limb was twice as large as the opposite one.

This phlegmasia alba dolens disappeared gradually, and only terminated after six weeks duration. The uterine hæmorrhages had re-appeared; and every time they were suspended, whether in consequence of moral emotions, or from improprieties in regimen, the patient suffered severe pains, fever and insomnolency.

Repose and emmollient fomentations restored tranquility, by favouring the return of hæmorrhage.

In 1819, the hypogastric tumour had enlarged so much, that the uterus was developed as at the sixth month of pregnancy—it was painful, and resisting to pressure. Neither emmollient fomentations, nor the repeated application of leeches to the abdomen, frictions with calomel, baths, nor regimen, illy regulated indeed, could retard the progressive development of this tumour. She was now, for the first time, willing to submit to the *touch*. I had hitherto believed the apparent symptoms sufficient to establish my diagnosis, and had not till now, endeavoured to overcome the repugnance of the patient.

I found the neck of the uterus thick, jutting out, and descending even to the os externum; of a soft texture, except the anterior lip, which, more voluminous, presented in the forepart, a resistance like scirrhus; the gaping permitted the escape of a sanguinolent fluid, the quality of which was increased by the touch. By examining through the vagina and hypogastrium, I assured myself that the tumour was formed by the uterus, considerably engorged, and that it did not present any fluctuation; these circumstances changed the opinion I had formed, that a new abscess might probably exist.

Already had alternate constipation and diarrhœa, nausea and spontaneous vomiting, less acute, but more constant pains in the lower part of the abdomen, brought on considerable emaciation: diarrhœa became constant, hectic fever came on three months

before her death, and the adynamic symptoms seemed to indicate its approach, while the tongue, teeth and lips, threw off a black and fuliginous crust, which covered them; the heaviness and general state of stupor disappeared, and the patient seemed to revive, so as to sit up for some hours. These pseudo adynamic symptoms supervened principally after the administration of tonics and opiates, which I had advised with a view of arresting the alarming decline of the powers, or moderating the diarrhœa. I therefore discovered that these substances produced effects, the reverse of those I proposed to obtain;—the debility increased rapidly; a sense of heat and burning was felt in the stomach; the extreme dryness of the mouth and throat, the permanency of the diarrhœa, declared that a gastro-enteritis, more immediately threatened the existence of the patient. The marasmus or emaciation increased daily, and to my great astonishment, I perceived that the tumour diminished in volume daily also—so that at her death, which occurred 11th March, 1819, it scarcely passed above the pubis, and appeared at the largest, like a goose egg. Nothing particularly escaped from the vulva in the mean time, except that which was before sanguine, had now become serous.

To my regret, no post mortem examination was made—and I have not less regretted since, that I did not insist upon a more active and persevering treatment.

I considered the engorgement of the uterus as a scirrhus or cancerous state, and believed upon the

authority of writers that a malady so evidently incurable could only be palliated.

This case has not a little contributed to engage me subsequently to examine uterine affections with more attention than I had till then been accustomed to do ; and the success which I have obtained in the treatment of these diseases, has recompensed my efforts beyond my expectations.

CASE XXXIII.

*Engorgement by sanguine congestion in the third degree
—death—autopsy.*

R. D., aged 26, was confined for the third time in February, 1834, after a severe pregnancy and a painful and tedious labour ; the lochia, slight at first, became more abundant after the milk fever went off, and the discharge continued without interruption, sometimes more, sometimes less in quantity. The patient left her bed after nine days, and resumed her business of mantua-making.

In June, she entered the Hospital St. Antoine, during the attendance of M. Prat, and in the course of the last year of my residence in it. Since her accouchment, the discharge has continued in greater or less quantity. She could neither remain erect nor seated, because in either of these positions the pain which she constantly felt in the sacrum became insupportable. She had lost her strength and appetite, and was also considerably emaciated.

In this condition I examined her; the hypogastrium was sensible to pressure: there were violent pains in the loins, the uterus was engorged, little consistent and painful; there was a moderate discharge of blood, and an incessant flow of a serous liquid of a brown colour and sickening odour. At 5 o'clock every evening, there was an accession of fever with palpitation and thirst. A marked relief and a diminution of the symptoms resulted from repose, emmollient cataplasms, and a soft mild regimen.

But a departure from the prescribed course, some particular vexations (and we say confidently the fault of never having understood her disease, and therefore not having it treated by the proper means,) were circumstances which contributed to reproduce the inconveniences.

Opiates, cicuta, &c. were in vain opposed to the acuteness of the pains, which now extended to the whole base of the abdomen, now become tumefied; the fever returned, more intense and protracted in its attacks; there was at the same time a renewal of the uterine discharge, profuse, and of an offensive odour, obstinate diarrhœa, continual tenesmus; the urinary excretion frequent, painful, thick and strong in odour as in colour; cough dry, thirst inextinguishable, depression rapid, and death on the 4th of October, after seven months of disease, and three and a half months residence in the hospital.

Autopsy.—The lungs were very sound; nothing peculiar about the heart; liver voluminous and dis-

coloured ; biliary vesicles filled with a brownish muddy bile. The inferior portion of the intestines adhered to a tumour, which occupied the base of the abdomen, extending from one iliac fossa to the other, dipping into the pelvis, the whole cavity of which it seemed to fill ; the ovaries, the uterine ligaments, bladder, rectum, and even the commencement of the sigmoid flexure of the colon, appeared to be involved in this general mass. The whole of this presented the consistence of a liver a little softened. In cutting through it from top to bottom, I found several foci filled with puriform matter mixed with a bloody fluid beneath ; one of these cavities, much more ample than the rest, placed between the cœcum and the uterus, communicated with the uterine cavity by an opening, four or five lines in diameter. In the centre of this altered mass, there was a cavity, which by its form and communication with the vagina, appeared to be that of the uterus ; its internal surface was smooth and glassy, and contained a brown and extremely tainted serosity.

The tissue of the tumour was soft like sponge, and gorged with black blood ; it indeed looked like a half putrified spleen, and was very readily torn.

At the anterior part where this tumour adhered to the bladder, the tissue was less infiltrated with blood, firmer, and presented with considerable distinctness traces of fibrous organization, indicating that the anterior parieties of the uterus were much less altered than elsewhere ; the cervix uteri was confounded in the mass, its orifice was widely open, the softness of

the altered tissue was also greater towards the internal surface which was villous or pultaceous. The vaginal mucous surface, the circumference of the vulva, the perinæum, and the anus, were of a deep red colour, and appeared to be excoriated.

CASE XXXIV.

Sanguine engorgement of the neck of the uterus arrived at the third degree.

This case, though incomplete, is worthy of a place here; it may give a precise idea of the manner in which this species of engorgement is developed, and enable us to see how it constitutes by its progress, the particular kind of cancer, which we have called soft or sanguine cancer.

Mad. D., of a lymphatic temperament, had had four children, the last at the age of 32 years; all these labours had been severe and followed by a prolongation of the lochia for many weeks. Subsequently, the menses were very abundant, continuing longer than before. At 42 years, there were pains in the loins, sense of heaviness in the pelvis, frequent uterine discharges, which the patient considered as natural phenomena, or inevitable at the critical age which she had attained. At 46, the discharge of blood was continual with repeated exacerbations; the external appearance of the body gave evidence of a former great embonpoint. The subcutaneous cellular tissue

appeared very much developed, but the flaccidity of the skin, the infiltration of the eye-lids and cheeks, proved that in place of fat there was bloating and œdema. The skin was pale, the internal surfaces of the eye-lids, the lacrymal caruncles, lips, gums, tongue, every perceptible portion of the mucous membrane were completely discoloured. The blood which flowed incessantly from the vulva, formed upon her linen patches of a reddish brown, with or without serous areola; coagula, more or less voluminous, black, and without remarkable odour, escaped very frequently. I found, at two inches within the vagina, a tumour, which occupied the fundus uteri, of the size of the large extremity of a goose egg, but flattened at its inferior surface, with its centre deeply indented like the navel by an opening which was recognized to be the os tinæ. The circumference of this tumour, produced by the engorgement of the cervix uteri, seemed like a pad, but slightly projecting, and separated from the vaginal cul-de-sac, by a shallow furrow. The resistance and the smooth aspect of this circumference, indicated that the uterine tissue of the neck had in part preserved its integrity; but in proportion as the exploring finger approached the centre of the tumour, it felt a soft surface studded with large but superficial granula, the tissue seeming to break down under moderate pressure; this crumbling was accompanied by a sense of crepitation, as I discovered in pressing the substance between my two fingers in order to measure the transverse diameter. The examination caused a profuse discharge of black blood.

The engorgement, seen directly by means of the speculum, appeared smooth, of a deep red brown, covered by layers of clotted blood; in raising these, I could see blood springing from the whole surface, and quickly coagulating, forming a new layer. The central infundibuliform orifice was filled with half coagulated blood, which upon being removed was quickly supplied by other. The pulse still preserved its force and hardness, the whole base of the abdomen was sensible to pressure. I could however easily explore the hypogastric region and feel the uterus behind the pubis, in consequence of the amplitude and relaxation of the abdominal parieties. The body of the organ appeared to me healthy, especially in its fundus. I prescribed absolute repose, horizontal position, a small bleeding from the arm, and derivatives to be applied successively to different parts of the skin, with a light decoction of rhatary root for drink. The discharge became less abundant, the patient regained a little strength, but the engorgement remained unchanged.

It is evident that at the point to which the engorgement reached, medicine could only palliate: recovery would be possible, only by the complete destruction of the diseased part, by excision or cauterization. But how far does this alteration extend? Is it completely accessible to surgical means? Whilst I remained uncertain as to its limits, and undetermined as to treatment, and therefore allowing the patient time to recruit her strength by an invigorating diet, a physician who had become renowned for the cure of can-

cers of the uterus by cauterization, saw the patient at my suggestion, and promised her a success which I had considered as very uncertain. I did not see the patient afterward.

The morbid state, of which I have just traced some particularly detailed histories, has therefore a form which is peculiar to it, and it has also certain very well marked characters. It frequently presents itself in the practice of any one who is desirous of observing it.

In its first periods it resembles essential uterine hæmorrhage, and here occurs that which takes place in relation to amenorrhœa and dysmenorrhœa. We only see the disturbances of the menstrual function in both cases; the fundamental affection, unknown and neglected, by an insidious progress runs into deep and incurable alterations. When it attains the third period, it is so clearly manifested, that we cannot misunderstand it. I speak in reference to its existence, for its nature we cannot even guess. In fact as the affection simulates at that time, some one of the forms of alteration called cancerous, we confound the symptoms which characterize it, with those peculiar to scirrhus, properly so called, and from their unsuitable amalgamation, we compose a general description of the latter affection. I do not know any writer on this subject who has not committed this error. It is thus that we repeat, that there is sometimes dysmenorrhœa or amenorrhœa, or scirrhus, at other times, frequent or continual discharges from the uterus. For we will demonstrate that in scirrhus of the uterus hæmorrhages are unfrequent, because they are only accidental or

eventual, whilst they form one of the constant characters of sanguine congestive engorgement, which now engages our attention. Has it not also been said, that the colour of the scirrhus engorgement of the neck of the uterus, is sometimes red, and sometimes white? Some go further than this, and attribute the reddish brown colour more particularly to the scirrhus state, as a distinguishing sign from simple induration, which presents a whiter colour. A gratuitous error! How would scirrhus, one of whose anatomical characters is greyness of colour, be red in the living subject? It must be admitted when this phenomenon occurs, that the superficies of the tumour, not affected by scirrhus alteration, are affected with inflammation. This sometimes happens, but then the red colour does not belong to the scirrhus; it is only accidental and the result of a complication.

It is true that when the scirrhus is advanced, it undergoes in some cases, alterations which lend to it the greater part of the symptoms peculiar to sanguine engorgement; it becomes softened, the vessels which traverse it, being themselves disorganized, permit the blood to be extravasated and become mixed with the proper substance of the scirrhus, the tumour becomes soft and brown; it distils a dark blood by pressure; all characters of a sanguine engorgement; but if we return to the origin of the disease, and the course it has followed, the difference can be easily recognized. We may very easily confound the sanguine hæmorrhagic engorgement, with fungus of the neck of the uterus. These two affections present much analogy.

Many of the cases, also of fungus, or fungus cancer of the uterus, related by authors, evidently belong to sanguine engorgement in its last state. Many of the features in the history of fungus of the uterus, described in publications, are perfectly applicable to our hæmorrhagic engorgement; but authors have been unable to explain their origin and development. They have left us to infer, when they have not positively established it, that the fungus might result from a sort of vegetation arising from the surface of the neck of the uterus, which may be little implicated. I have seen these two fungi resembling a species of mushroom, engrafted as it were upon the neck, which served as its pedicle, but then the sanguine discharge was not so tenacious, abundant, and protracted as in hæmorrhagic engorgement; besides, the narrow base of the tumour proved that there was not only engorgement of the cervix uteri, but a real exuberance. A distinction between these two states appears to me to be of great importance in surgical treatment.

In case of fungus by exuberance, we may hope readily to put an end to the disease, by means of the ligature, incision, or cauterization. On the contrary, if there be hæmorrhagic engorgement, it is to be feared, that the alteration, having an extension even into the body of the organ, which cannot be easily appreciated, will for this reason, render all surgical treatment very doubtful in its results.

This opinion is confirmed by a fact, for which we are indebted to our learned colleague, Hervez de Chegoinë. (See case 75.)

We should not confound this engorgement with ordinary vegetations, easily to be known by their form; nor with varices of the cervix uteri, as easily to be distinguished by their bluish colour, by the inequality of their surface, the fluctuation they present, and the facility with which they are indented, even under moderate pressure.

We should also be reminded, that pregnancy with an implantation of the placenta over the os uteri, presents some of the signs characteristic of hæmorrhagic engorgement. Thus the neck of the uterus is thicker than in ordinary cases, because of its vascular communication with the placenta; it appears soft, because it does not there lose its natural pliancy: it gives place to hæmorrhagies, which are renewed or increased, under the influence of the same causes as in hæmorrhagic engorgement; but we could not remain long in doubt, as the positive signs of pregnancy are soon announced, and indicate the source of the uterine discharge.

Inversion of the uterus after parturition, may also simulate hæmorrhagic engorgement of the neck, but the circumstance of recent accouchment, the absence of the central opening, the existence of the margin of the orifice which embraces the circumference of the tumour, when the inversion is incomplete, its pediculated form when the inversion is complete, are signs which will prevent us from being long mistaken.

The diagnosis will be more obscure in cases of polypi, still enclosed in the cavity of the uterus.

Time only, perhaps, can remove all doubts in this case.

INFLAMMATORY ENGORGEMENTS OF THE UTERUS.

SYNONYMES—METRITIS, HYSTERITIS, INFLAMMATION OR RED PHLEGMASIA OF THE UTERUS.

The object of this memoir is not the discussion either of the inflammation of the serous membrane, which envelopes the external surface of the uterus, or forms its ligaments ; or of that which lines the internal surface, and constitutes a peculiar morbid character designated "*uterine catarrh*."

Our attention is here solely directed to that inflammation which is seated in the parenchyma of the uterus.

In relation to its development, progress and intensity, *metritis*, properly so called, is divided into acute and chronic.

ACUTE METRITIS.

Our object being chiefly to treat of the chronic engorgements of the uterus, the history of the acute stage of the metritis would here appear misplaced ; but as the chronic state often commences by it, I could not well dispense with sketching its principal features ; besides, it will give me an opportunity of presenting some interesting considerations on this subject.

I have said that there existed this difference between the congestive or fluxionary state of the uterus, and inflammation; that in the former case, the engorgement may be said to be passive, the uterine parenchyma allowing itself to be penetrated and distended by the blood, which the fluxionary movement forces there, whilst in the state of inflammation, the engorgement is essentially active. It is in the uterine tissue, that the vital exaggeration called irritation, which attracts thither the fluxionary movement, is commenced. In *congestion*, the uterus appears therefore to be the *limit* of the morbid movement;—it is the *focus* of it in *metritis*.

This explains why the engorgement by congestion, ordinarily occupies the whole or a complete section of the organ, as the entire body or the neck, for example, whilst inflammation may be confined to a very limited portion. It sometimes attacks only one or the other base of the neck of the uterus; it has been seen to affect the anterior face of the body exclusively, &c.* The congestive engorgement sometimes acquires a development to which that by inflammation rarely arrives. I am persuaded that a great many of the large engorgements reported as puerperal metritis, depend almost exclusively on a simple state of congestion: the local and general symptoms of even moderately acute metritis, are commonly very strongly pronounced; should we not therefore perceive a greater degree of violence in the general and local symptoms

* Nauche, *Traité des maladies des femmes*.

attending those sometimes enormous engorgements occasionally occurring at the termination of parturition, if they depended upon inflammation?

Whatever is capable of irritating the uterus, either directly or indirectly, or immediately, may give rise to inflammation of its tissue. This affection will be imminent in proportion as the causes proper to determine it surprise the organ at the moment when it is the centre of fluxionary movements and the seat of congestive engorgements, as at the menstrual periods, after parturition, &c.

The most ordinary causes of metritis, are :

1st. Mechanical or Physical.—Shocks communicated by falls upon the feet, knees or pelvis ; the introduction of strange bodies, as a pessary ; the too great distension of the organ by the product of conception ; the violence which it may have received during a tedious and painful parturition by the manœuvres or instruments necessary to be used to terminate labour, &c.

2ndly. The direct application of chemical or medicinal substances, as irritating injections used with the intention of modifying or suppressing the sanguine discharge, or the abnormal humours secreted by the vagina, or even the uterus.

3rdly. Chemical substances taken internally, either as medicines or aliments ; the use of warm drinks or condiments, of general stimulating irritating medicines, or those which have a special action upon the uterus.

4thly. Physiological.—Such as the excitation of the

genital organs by desires not satisfied by masturbation and the venereal act.

5thly. Pathological.—All other affections of the uterus are very capable of inviting inflammation to it.

6thly. Specifics.—The venereal virus.

I should introduce into this place, in order to reduce it to its just merits, an opinion I have somewhere met with. It has been advanced, that in puerperal metritis, the large tumour which is to be felt in the hypogastric region, was chiefly composed of a thick albuminous deposition, resulting from the concomitant inflammation of the peritonæal envelope of the uterus, which encloses it and impresses its form. I have very rarely met with this pretended deposition, and I have every reason to think that in a great number of cases, the tumour consisted of the uterus itself, the parieties of which are engorged beyond measure, less indeed by the effect of inflammation than by a sanguine congestion, either essential or concomitant with inflammation confined to a limited portion of the organ. The slight sensibility of the hypogastric tumour, in proportion to its development, is probably the reason of the supposition of an albuminous deposition or layer, of sufficient thickness to defend the uterus in its *inflamed state*, (as the opinion conjectures,) from the compression necessary to a complete exploration of its condition.

The symptoms of acute metritis are swelling with apparent increase of the density of the tissue of the uterus. I said apparent, because the hardness which

this presents, does not depend on an increase of consistence, since on the contrary, microscopic evidences, demonstrate its friability ; but because it results only from its distension by the presence of an excess of its parenchyma, the fluids, and especially the blood which engorge it.

The neck of the uterus which is the seat of this inflammation, or which partakes of it, is hot and of a more or less lively red. Besides the intermitting pains arising from the contractions of the altered tissue, and which constitutes the cutting or colic pains in the uterus, this organ is sensible to pressure, and moreover the seat of continual pain. Pressure made on the parieties of the abdomen, recalls them most violently, and obliges the patient to flex herself, and raise the pelvis in order to keep the abdominal parieties in a state of permanent relaxation. Nothing except a small quantity of more or less serous blood, flows from the internal surface of the uterus or its neck. The most copious hæmorrhage which could exist before the development of the inflammation, is arrested by it. It also suppresses the menses and checks the lochia.

The neighbouring parts, from contiguity or the immediate relation they have with the uterus, become also implicated in a greater or less degree with it.

The pressure which the diseased organ exerts upon the sacral nerves, and the sense of dragging in the ligaments, cause pain in the lumbar, sacral and inguinal regions ; an insupportable sense of numbness or contusion in the breech, an exquisite sensibility in the

anterior face of the thighs, so that they cannot bear the pressure or friction of the clothes. The compression of the bladder as well as its exalted irritability, causes either a constant inclination to urinate, or an involuntary discharge. The same causes acting upon the neck of the bladder and the urethra, cause dysuria and even retention of urine. In the same way the patient is sometimes troubled with constipation, at others, with diarrhœa and severe tenesmus. All these phenomena may be the products of inflammation, which is propagated from the uterus to the organs furnishing them. At the same time, constitutional symptoms, as fever, with evening exacerbations may arise, as also a particular disposition to nausea and vomiting. It seems to me that these sympathetic phenomena, are frequently, either absent or less strongly marked in those engorgements, the volume of which leads us to suppose a simple congestion, than in the less developed engorgements, accompanied by local phenomena, indicating an incontestibly inflammatory state. Metritis may be carried to such a degree, that the disturbance which it produces in the general functions, causes death in a few days, rarely however, before the seventh, unless from complication with peritonitis as after parturition. Often in this case, the suppuration, developed at the internal surface, or in the thickness of the parieties of this organ, and especially in the uterine sinuses, is propagated to the veins, and the product of this morbid elaboration, carried into the circulatory torrent, goes to exert a deleterious action upon the organs immediately essen-

tial to life. It is thus that the fatal termination of puerperal metritis takes place, as has been demonstrated by the researches of Drs. Cruveilhier and Dane. At other times, it is at the exterior of the uterus underneath the peritonæal tunic, or in the thickness of the ligaments, &c. that the suppuration establishes itself, and forms the more or less voluminous foci, sometimes opening into the peritonæal cavity, the rectum, bladder or vagina; at other times again, manifesting itself at the exterior, either directly, or after having spread across the cellular tracts to a greater or less extent, and escaping above the pubis, at the groins, loins, hips, &c.

I have known many examples of these terminations, commonly favourable, which I propose to bring into notice presently. It is not uncommon to find the consequences of violent acute metritis, march rapidly to a promptly fatal termination, some portions of the uterus softened, reduced into pus, and struck with gangrene. This alteration may be recognized during life, by the dark colour and especially the putrid odour of the matters which flow from the vagina. But it must be remarked, that these signs do not always announce gangrene of the uterus; they are equally furnished by putrefaction of the placenta, membranes, or coagula which have been retained in the uterine cavity. The mistake is therefore much more easy, as these abnormal retentions give place to other signs more characteristic of metritis, and as these inflammatory symptoms persist even to the moment in which these retained and putrified materials are expelled,

and as the general phenomena, similar to those of a vigorous reaction, assume at last, an adynamic character, we have another cause of mistake.

At other times, metritis terminates by gradual resolution; the symptoms lose their acuteness, the uterus discharges itself, and this disgorgement is promoted or announced by sanguine exhalations, or by a more or less abundant mucous discharge. It is very important to inspect the uterus in these cases. The great tendency which inflammation has to pass into and maintain itself in the chronic state, is favoured by too precipitately abandoning therapeutic means, and the precocious neglect of hygienic precautions. Women relieved of their sufferings easily believe themselves out of all danger, and unhappily, many practitioners participate in this fallacious security. In their satisfaction of having been able to ward off an imminent danger, they do not sufficiently consider those which lurk, to burst forth not less terribly at some future period. Women pass from a few days of comfort, which hope had exaggerated to them, to a state of habitual uneasiness, the functions of the uterus not becoming established. We are still fortunate, if after a longer or shorter time, we should recognize the disease, and know how to apply the means, which, rationally and properly employed, restore the organ to its normal state, and reestablish its functions.

The prognosis of acute metritis, without being so serious as many writers seem to believe, is always grievous, especially when it occurs after accouchment. I am however convinced from my own experience, that

if we are sufficiently careful to recognize and appreciate the disease from its attack, and active enough to use a thoroughly antiphlogistic treatment, we can, if not always, at least in the majority of cases, prevent a fatal termination. There is much reason to hope for this happy result, when the metritis is simple. It is more doubtful when complicated with peritonitis, and it is even to this complication that it is necessary to attribute the unfavourable prognosis that is made in puerperal metritis. Even puerperal metritis that has been brought into action by the efforts or violent exercises of the uterus, is rarely fatal. That which arises from indirect causes, as violent passions and chills after parturition, has a very grave character. It is particularly fatal when metritis is developed under the influences of general causes, as certain epidemics or endemics, or without other appreciable cause than a perturbation which appears to affect the whole economy of some accouched women. In most of these cases metritis appears to be only one of the local expressions of alteration in the whole individual: it is therefore upon this, and not upon the uterine disease exclusively, that the prognosis is made out; it would also be less rational to be limited in this case to a local treatment, or one exclusively directed to the disease of the uterus.

Post-mortem examinations of women who have succumbed under a metritis, exhibit the tissue of the uterus swelled, of a dark red colour, soft, pliable as in the second and third degrees of the congestive state, but in most cases the blood which engorges it is mixed

with a puriform fluid and purulent serosity ; many spots of pus are found scattered here and there, or collected into cavities of greater or less size.

The sinuses and uterine veins are filled with pus, which may be traced in the great trunks and even into the heart itself. Finally, we meet with some parts putrescent, black and evidently gangrenous. With even a little attention we shall avoid confounding with acute metritis ; 1st, those symptoms (sometimes very violent) which announce the establishment or the return of menstruation : 2dly, the pains of parturition or abortion, in cases of little advanced or obscure pregnancy, or where the patients are interested in concealing it : 3dly, in recent accouchments, at term or otherwise, either the inversion of the uterus, or the inevitably congested state, accompanied by uterine colics (after-pains) or inconveniencies depending on retention of all or part of the placenta, fragments of membranes, coagula of blood, or finally, the symptoms arising from the presence of another infant, &c.

TREATMENT OF ACUTE METRITIS.

To remove the causes which have determined the development of metritis, and which, if still existing, tend to maintain it, to destroy by suitable means, the first effect of the action of these causes, as with antispasmodics, in the case of shock of the nervous system by passions or violent emotions, with diaphoretics at the time of chilliness, &c. form the first indications to be fulfilled. Immediately after, or simultaneously

with these primary means, we resort to antiphlogistic treatment, general bleeding, by the arm of choice, capillary bleedings by leeches to the vulva, the inguinal or hypogastric region, or the anus. Cups with scarifications to the abdomen, loins, hypogastrium or thighs. For the choice of the kind of bleeding, the parts on which it should be practised, its repetition, the quantity of blood to be evacuated, the general state of the forces should be taken into consideration, as also the activity of the reaction, the degree of intensity of the disease, the period at which it has arrived, the nature of the causes which have excited it, and the particular circumstances in the midst of which the affection has been developed. As a general position, local bleedings are effectual in metritis, in proportion to their copiousness from the first attack; or as we have in the first place, disgorged the circulatory system, and abated the general reaction by one or more general bleedings.

At the same time, the hypogastrium should be covered by emmollient cataplasms; and bland or mucilaginous injections, are to be thrown into the vagina. Enemata should be thrown into the rectum. All this should be accompanied by absolute repose, rigid regimen, mild and cooling drinks, rendered laxative or diuretic. Irritants applied in quick succession over different parts of the body, also act advantageously in recalling the vital movements, and attracting the blood from the centre to the circumference. Suction of the nipples in women recently delivered, and if this cannot be done, cups applied

upon the breasts, efficiently excite the revulsive movements.

Baths, in acute metritis, as well as in peritonitis, have generally appeared to me, more pernicious than useful. Rarely have I seen good effects from them; very frequently they have been productive of harm. Moving the patient is always painful; and the difficulty in using precaution sufficient to overcome the ordinary inconveniences of baths, and perhaps also, the want of facility of ascertaining what temperature would be adapted to the particular case, are all circumstances which render the means of application so delicate, that it would be better to dispense with it than to use it.

It frequently happens that, notwithstanding the well meant active employment of all this train of rational means, the uterus remains swelled, and engorged as though the local disease had become stationary. The general sympathetic phenomena, and the acute local symptoms, have in part yielded; we have to resume again, or to persist in the employment of the same means which have arrested the inflammation in its progressive march. Nothing more can be done to make it retrograde, and bring about resolution. It is evident that in case, that the paranchyma of the uterus, greatly distended by the engorgement, has lost the tenacity sufficient, in returning upon itself, to force out the fluids which engorged it.

A similar condition of things appears to exist with regard to *phlegmasia pulmonalis*, in that state called hepatization, so frequent and fatal, especially in the

very aged. The analogy is still more striking between the uterine engorgement, become, as we might say, atonic,—and that which the tongue presents in certain states of glossitis. In all these cases, I repeat, the blood which engorges the diseased tissues, appears out of the course of the general circulation; for it would be in vain, that we should drain even the last drop of blood in the circulation,—the engorgement would not be in any degree lessened. It is because we in general, only obtain an incomplete resolution, that the uterus often preserves, after acute metritis, the elements of alterations, which soon or late, assume a grave character. What are the most suitable means, most easily and completely to favour and attain resolution of the sanguine engorgements of the uterus, sometimes so tenacious? From the analogy of this pathological state, with that of hepaticized pneumonia and glossitis, we are induced to have recourse to the same means, which have appeared to be the most advantageous in these last diseases—the efficacy of which we have ourselves verified, viz.—emetics as counter-stimulants, respecting which many facts prevent us from doubting their resolvent action in pneumonia; local bleeding immediately from the tongue, by means of leeches or scarifications in glossitis. I have given a very remarkable case in another place, which confirms the advantages that we may obtain from profound scarifications, in this latter disease.*

* See *Journal general de Medicine*.

I have been much gratified with the application I have made of these means, in cases of acute metritis, under the conditions and after the rules which I shall indicate. As to the tartar emetic, I have not thought best to administer it by the stomach; I should fear that if it would not be tolerated, the shocks of vomiting would only increase the irritation and inflammation of the uterus—exasperate or develop peritonitis, so likely to become complicated with metritis after accouchment. It is by cutaneous absorption that I cause this medicine to penetrate into the economy, by applying it in friction upon the great surfaces, and frequently repeating the application. I shall presently point out the rules to be observed, in order to avoid the local action of the drug, so that it may act exclusively, by being absorbed. This medicine appears to me, to produce incontestible results, by exciting in a remarkable manner, the resolution of metritis, when after having employed the ordinary treatment, this disease is disposed to become stationary. Having already published the facts upon which I have established these practical considerations, on the application of tartarized antimony in the treatment of acute metritis, I shall here only give a succinct extract from them.*

* Nouvelle, *Bibliothèque Médicale*, December, 1829, pp. 326—330, and 332.

CASE XXXV.

Acute metritis after parturition—antiphlogistic treatment—prompt resolution under the influence of tartrate of antimony in friction.

Mad'lle —, aged 26 years—of strong constitution, was delivered February 15th, 1828; on the 20th, after a deep emotion, she had a chill, and sudden flattening of the breasts. Lochia continued.

21st.—Abdomen tender, hard and painful; violent and frequent sharp cutting pains in the uterus; fever; urine scanty; the discharge of it painful; constipation.

Directed fifty leeches—with cataplasms—on the abdomen.

22d.—Abdomen pliant; permitting us to feel the body of the uterus, which rose several inches above the pubis, was largely engorged, hard and painful to pressure—the cutting pains continued.—(25 leeches to the abdomen, occasioned copious beeding.)

23d.—Same state of the uterus; general discoloration; sinking; pulse small, soft, and 120 strokes to the minute.

Directed frictions of tartar emetic ointment on the inner sides of the limbs, and on the sides of the trunk.

24th.—Uterus less voluminous.

25th and 26th.—Resolution continues; and on the

27th, the organ could scarcely be felt in the hypogastric region.

Five drachms of the tartar emetic were employed.

CASE XXXVI.

Puerperal metro-peritonitis—frictions with the tartrate of antimony.

Madame —, aged 24 years, was confined at 7 o'clock, P. M., 11th February; on the 12th, she was disconcerted. Icy coldness, with chills and trembling; lancinating pains, which radiated from the pelvis into the whole abdomen—the patient lying on her back, scarcely able to move or respire—iliac and hypogastric regions tender, and so painful, that a minute examination was impossible—eyes brilliant; anxious respiration; nausea; pulse 110, and hard; skin of the body dry and hot; extremities cold; features altered, and expressive of pain.

Seventy leeches were applied, at twice, upon the hypogastrium—soft cataplasms, diet, &c.

13th.—The stomach is more sick than at last evening. (60 leeches: abundant discharge of blood from the bites.)

At four o'clock, P. M.—Abdomen still bloated, but soft; the diminished sensibility permitted the body of the uterus to be felt, forming in the hypogastrium a tumour as large as a doubled fist; lumbar pains, inexpressible uneasiness and anxiety, dejection, faintness, constipation, (*Potion huileuse Kermètisée.*) Several stools followed.

14th.—Same state of the abdomen. (Friction, with antimonial ointment.)

15th.—No change; extreme feebleness. (Chicken broth; same frictions.)

16th.—The uterus has gradually diminished in size; there is a discharge of the lochia, which are light coloured: the breasts are a little painful, and more developed. For the first time, the patient could turn herself in bed.

17th.—Abdomen indolent; uterus concealed behind the pubis; breasts very much engorged.

18th.—Convalescence confirmed. Four drachms of the tartar emetic have been employed in friction in this case.

CASE XXXVII.

Acute puerperal metro-peritonitis—antiphlogistic and derivative treatment, largely employed—little effect upon the engorgement and effusion—efficacy of the tartar emetic in frictions.

Mad. P.—, aged 24 years, aborted at three months of pregnancy. She became again pregnant.

January 28th, 1828, the left arm of the fœtus with a portion of the umbilical cord presented; the waters had been discharging several hours, and the shoulder was found engaged in the still firm and thick os uteri, when I was called. 29th, at 3 P. M., after a difficult version, the delivery was prompt, followed by a perplexing discharge, which however

yielded to the application of refrigerents and astringents. Her sleep was interrupted, and she had nausea and chills.

30th.—Uterus very much developed; neck greatly engorged; suppression of the lochia, in place of which, there was a sero-sanguinolent discharge; abdomen sensible and painful; countenance flushed; 110 pulsations. (20 leeches to the vulva, with emollient fomentations.)

At 4 p. m., the abdominal symptoms were much more violent. (60 leeches.)

31st.—Same state: 40 new leeches; the bites of those before used, still bleed: at 4 p. m., the abdomen became softer and less painful, and permitted me to feel the uterus, which was so large as to occupy the whole base of the abdomen, and reach even to the umbilicus—the neck of the organ filled the vagina, which was dry.

Doubtful fluctuations in the iliac region; pulse small and feeble, 125 to the minute—general discoloration; extreme debility; alternate heat and cold; tongue dry; thirst intense; evacuations involuntary, with tenesmus followed by syncope. (Sinapisms and vesicatories rapidly changed, opiate injection into the rectum.) Had an extremely uncomfortable night.

1st February.—Abdominal fluctuation less obscure; uterus in the same state; the mammæ completely sunk. (Frictions every two hours, with a drachm of antimonial ointment—composed of one part antimony to six of lard.)

2d.—Uterus less voluminous; neck soft; urine

more abundant; serous discharges by the vulva; pulse 120. Continued the antimonial frictions.

3d.—The patient has slept—abdomen is insensible to pressure, except towards the pelvis—the uterus is receding behind the pubis—fluctuation is obscure; there are borborygmus and colic, for which I directed an infusion of the linden and camomile aromatic embrocations upon the hypogastrium. Same frictions.

4th.—Abdomen was bloated and soft, and indolent; uterus almost completely reduced. Allowed her soup.

5th.—Convalescence continues; she has an appetite. Use the frictions only four times a day.

8th.—The patient could rise to her chair. There was a complete restoration of health from that period. Eight drachms of the tartar emetic had been used.

Remarks.—Is not the promptitude with which the uterus, in these three cases labouring under inflammatory engorgement, has returned to its natural volume, very striking? To those who know how much time is requisite for the removal of this species of engorgements, by the ordinary means, in the most happy cases, the resolvent effect of the tartar emetic applied endermically, will be evident.

Antiphlogistics energetically applied, have relieved the concomitant peritonitis, but exerted no other influence upon the metritis, than to render it stationary—(if left in this condition,) was not a new train of serious consequences to be apprehended? To the tartarized antimony, therefore, should the credit of the

resolution be attributed, because it is immediately after its use, and under the influence of its administration, that the morbid phenomena are extinguished.

To arrive at similar results, it is necessary that the practitioner should understand the importance of well appreciating the opportunity for the application of this method of treatment. It agrees only when the acuteness of the inflammation of the uterus has been depressed by antiphlogistic means—otherwise this medicine would be rather prejudicial than advantageous. The effects of local bleeding, made immediately on the diseased organ, are neither less prompt nor less efficacious than those of tartarized antimony employed in frictions; the engorgement diminishes, and the organ returns to its natural state in proportion as the blood flows.

Recourse might perhaps be had without inconvenience, to scarifications on the neck of the uterus, especially when the enormous engorgement of this part would have resisted the treatment ordinarily employed in similar cases.

Incisions radiating from the orifice to the circumference of the neck, the length and depth of which are proportioned to the volume of the engorgement, doubtless leave only, scarcely perceptible, linear traces, though these incisions may degenerate into ulcerations or fissures, or the cicatrices which result from it, present obstacles to the dilatation of the os uteri, at subsequent accouchments. This method, therefore, from these *possible* inconveniences, should not be adopted.

It is not so with the direct application of leeches. The disgorgement and the melting down as it were, which results from their free suction, are affected with a truly astonishing rapidity, not only when the neck alone is diseased, but even when the metritis is general.

A small number of leeches applied upon the neck, suffices to produce an abundant discharge of blood. It might be dangerous to apply in cases of metritis more than eight or ten at a time: otherwise, we would have a dreadful hæmorrhage, which might however be easily arrested by the tampon.

We have recourse to the application of leeches upon the neck of the uterus, only after having arrested the fluxionary movement, and moderated the general symptoms by the ordinary treatment. But we should not push this treatment near to the point of exhaustion in the patient.

From the success which I have obtained, I do not hesitate to speak of bleeding the neck of the uterus, as the most excellent means to effect the complete resolution of the engorgement of the uterus, affected by acute inflammation.

CASE XXXVIII.

Mad. S., seven months pregnant, fell upon her back in a stairway. She had pains in the loins, sacrum, and abdomen, with fever. Two bleedings, several baths, and absolute repose, scarcely mitigated these feelings. On the twelfth day after the event, the pains became

more violent, brought on the expulsion simultaneously of a dead infant, and a black soft placenta. There was scarcely any lochia; the abdomen continued to be painful; the uterine pains were very severe; the patient suffered much through the night. The midwife herself applied fifteen leeches to the vulva, and emmollient cataplasms to the abdomen: this became swelled and continued to increase in size.

I saw the patient next day, and thought she laboured under both peritonitis and metritis. The neck of the uterus was swelled, hard, sensible to pressure, and hot. Its body was elevated into the hypogastrium, and more to the right iliac region than to the left, forming a tumour of the size of a doubled fist.

She had hot fever, dry skin, was thirsty, delirious, lying supine on the bed; her alvine discharges natural. I had her bled from the arm nearly a pound of blood, and two hours afterwards thirty leeches applied to pubic region. Fomentations and emmollient injections were also used.

Third day. Same general and local state, but with more marked delirium, and greater anxiety; forty leeches applied to the abdomen produced a very considerable flow of blood. In the evening the abdomen was less sensible and less tender: she had distressing dreams.

Fourth day. The symptoms had become more intense; the breasts were soft and flabby. Applied thirty leeches.

Fifth day. No other result was obtained from the leeches than less tension and sensibility of the abdo-

men; the uterus remained at the same degree of engorgement; her general state became alarming; there were 120 small and feeble pulsations. Nausea, eructation, and extremely fatiguing vomitings came on; sinapisms were applied, but they occasioned much agitation, without at all calming her inquietude.

The debility of the patient, the discolouration of the apparent tissues, the smallness of the pulse, contra-indicated any further emission of blood, which the inflammatory engorgement of the uterus seemed at that time to demand, I therefore determined to apply six leeches directly upon the tumefied neck of the uterus. They took promptly and without pain, filled themselves and fell off in a few minutes. About eight ounces of dark blood subsequently flowed; emmollient injections were to be frequently repeated; mucilaginous enemata, to keep the bowels in a laxative state; and chicken soup for nourishment.

Sixth day. The night has been passed more calmly; the neck of the uterus a little more diminished in volume, having also lost some of its hardness and become less sensible. The uterine globe appeared reduced to one-third of its previous volume; it was also less sensible to pressure. The general state of the patient was less alarming. Four new leeches were applied to the neck of the uterus; the discharge from the bites was more abundant than after the first application. The reduction of the uterus went on rapidly, in the evening it was scarcely as large as a hen's egg. Its neck was diminished to one half of what it was yesterday, and had become quite soft.

Seventh day. The breasts became slightly swelled during the night, and in the course of the day were completely engorged; all the morbid phenomena in the pelvic region had ceased.

I shall be satisfied with reporting this example. Of five or six other cases which I have collected together, some are precisely similar to this. Others present circumstances which complicate the character of the disease, and of the treatment which we have aimed to bring into view.

We have considered metritis as an essential disease. Acute inflammation also complicates other morbid states of the uterus; it often accelerates their progress, renders their transformations and degenerations active, and causes their fatal result. It serves as the means of transition to propagate and extend the existing alterations from parts which are affected by it, to those which are not so. There are many cases of alteration, which, without the occurrence of inflammation, would have remained a long time stationary or unperceived. In all these relations, inflammation holds a conspicuous place in the history of the diseases of the uterus.

It is entitled to particular consideration, in appreciating the chronic affections and the modifications, which it ought to produce in the therapeutic indications which these affections present.

UTERINE ENGORGEMENT BY CHRONIC INFLAMMATION.

SYNONYME—CHRONIC METRITIS.

Derived from the same causes which determine either congestion or acute inflammation of the uterus—frequently succeeding these pathological states, especially the latter, of which it is the most common termination; chronic metritis presents the same symptoms, is characterised by the same signs as acute metritis, except in a more feeble degree.

This morbid form is not, however, long preserved; because the pathological state which constitutes it, is generally more or less quickly transformed into another.

Metritis passes to the state of induration, a transition which cannot be recognised while taking place, because the signs of these two affections of the uterus differ only by imperceptible shades.

Induration, in its turn, is very easily confounded with scirrhus, of which it is considered as only the first degree, by some physicians. It is proper also, to say, that these three morbid states, chronic metritis, induration, and scirrhus of the uterus, really cannot be distinguished from each other, in a great many cases.

In fact, all three are affected by the same causes, or succeed to the same circumstances, have symptoms in common, and very few peculiar to each, or if any

exist, they are so inconstant that they are rather negative than positive. Finally, the three states may proceed from each other; all of them following this order, whilst undergoing these transformations—thus, induration succeeds chronic metritis, and scirrhus follows induration; so that these three conditions may be literally regarded as three states of the same disease. It has therefore been in vain, that attempts have been made to trace a well marked history of each of these morbid alterations.

Compare the particular descriptions which authors have given of these diseases, and you will find so much analogy between them, and so little difference in the details, that in the whole, the descriptions differ essentially only in their names. They might also be changed with impunity, or without much loss in the truth of the description. Again, in the history of chronic metritis, the name of induration, might as well be given to the description of that entitled scirrhus, &c., and reciprocally.

I have thought, that in order most fully to appreciate the analogy and the differences between them, it would be better to unite their history into one. Thus by placing these affections in a parallel, under all their features, or having them compared under all the points of view which they present, it would be most easy, in showing those which they have in common, the better to mark the shades which distinguish them—and to bring out to view, those symptoms which being peculiar to such and such of the alterations, may serve to characterise and distinguish them.

We hope also, to derive advantage to practice, from this plan.

After having traced the treatment in its outlines, and found its basis absolutely the same in the three cases, we can more clearly determine the indications particularly applicable to each of them, and trace the therapeutic rules more precisely, than we have hitherto been able to do.

I therefore combine into one, the histories of chronic metritis, induration, and scirrhus, under the common denomination of *hard engorgements of the Uterus*. First, because this collective name leaves nothing to be conjectured upon the nature of the morbid states, which it designates; and secondly, because every thing is presented under this form. And it is upon this common character, that the practitioner finds his first diagnosis, of the kind of alteration with which the uterus is affected.

HARD ENGORGEMENTS OF THE UTERUS.

SYNONYMES—WHITE INFLAMMATION; FIRM ENGORGEMENTS, CHRONIC METRITIS OF MOST MODERN AUTHORS: INDURATION; CARCINOMA; SCIRRHUS OF THE UTERUS.

Anatomical Characters.

Post mortem examination, or anatomical investigation of an engorgement, enables us to discover whether it consists of a scirrhus state, or a simple chronic inflammation, with induration; but still these two

states are so analagous in some circumstances, that it is sometimes embarrassing to discriminate between them.

Scirrhus is characterized by a white colour, with a bluish or grey tint of its tissue, which is semi-transparent, very hard, resisting, creaking under the instrument which divides it. According to the alveolar or radiant disposition of its net work, and its more or less white colour, it presents the aspect of a chesnut, a turnip, or the intervertebral cartilages.

Ordinarily, little, or even no traces of the tissue proper to this organ, are found in its composition, in the midst of which this alteration is developed.

In the engorgement by induration, the tissue which composes it, and which presents in the living, a hardness, analagous to that of scirrhus, is, if not soft, at least pliable: the colour of the tissue which is the seat of it, has only grown pale. We can still readily enough distinguish the tissue, the fibres of which are only dispersed by the presence of a more or less concrete fibro-cartilaginous matter, and which we can sometimes indent by pressure or scraping, especially after maceration, for some days. It would seem that here, there was merely a mixture of the product of chronic inflammation, with the tissue of the organ, whilst in the scirrhus, there will be a sort of combination which gives a more homogeneous aspect to the alteration. In proportion as the induration is of longer standing, the anatomical differences which distinguish it from scirrhus, diminish and become effaced—the tissue of the organ sinks down and dis-

appears, the infiltrated matter becomes more and more concrete, and in passing into a species of cartilage, it acquires a greyer colour, and the more transparent tint which characterises the scirrhus state. This, doubtless, is one of the reasons for which many pathologists consider these two states, induration and scirrhus, as only two degrees of one and the same malady.

Diagnostic characters.—If it is sometimes difficult to recognise by anatomical inspection, when an engorgement depends upon a more or less advanced induration, or an imperfect scirrhus; it is still more so to distinguish these two morbid states in the patient; causes, symptoms, terminations, are all similar or common, or if there be some pathognomonic signs peculiar to one and unusual in the other, the varieties of these signs, and especially their inconsistency, cause the diagnostic differences to disappear, or render them scarcely applicable.

Let us now inquire into the importance of these diagnostic signs. They depend upon the form, consistence, apparent colour of the tissue, upon the character of the pains, and on the disturbances which they occasion in the functions of the uterus, considered as a menstrual emunctory, &c.

I.—FORM.

It has been said that the tumour produced by chronic inflammation or induration, presented an equal surface, whilst it was nipple-like and embossed in scirrhus; but influenced by facts, we have contradictorily avowed, that this sign* was very variable and inconsistent. We suppose that this nipple-like and embossed condition, is not exclusively confined to scirrhus engorgements. In fact, the scirrhus neck of the uterus, is of a globular form, without any inequality in its surface, whilst other engorgements, which, by the recentness of their occurrence, the nature of the causes to which they have immediately succeeded, the promptitude with which their resolution can be obtained, evidently and unequivocally bear the character of chronic inflammation, or of induration, presenting however, an irregular surface.

In the mean time we remark, that these irregularities of surface in the cases of chronic metritis, have mostly a peculiar arrangement. They are separated by fissures of greater or less depth, perpendicular to the uterine orifice towards which they converge; and as I have never observed this disposition of the engorgements of the neck of the uterus, except in women who have had one and more frequently several children, I can render the following reason for it :

* Gardien, Nauche, &c.

the circumference of the external orifice of the uterus, may be torn or lacerated during the passage of the infant, and these fissures will have formed cicatrices which do not stretch as much as the neighbouring parts to the distension which the morbid engorgement has caused in the neck of the uterus. These furrows commonly correspond to the commissures of the os tinæ, and sometimes occur also anteriorly or posteriorly, which makes the engorgement appear as though formed by several globular tumours, in contact with each other. Sometimes the bottom of these fissures is excoriated and becomes the seat of a trickling discharge, which leads to the idea of scirrhus ulcers. I have found in consulting authors, only a single well related case, which can be referred to this peculiar disposition.

CASE XXXIX.

A woman aged 38 years, having had a very laborious accouchment, the orifice of the uterus, and especially the posterior lip, presented to the touch a hard rough surface, which was bleeding and painful. Notwithstanding the use of pills of *cicuta* continued some time, the disease made rapid progress; there was loss of embonpoint, diminution of strength, pale visage, cephalalgia, short dry cough, want of sleep, disgust, restlessness, and abundant light-coloured serous discharge from the vagina; the menses, previously abundant and irregular, have now ceased; there is weight

towards the anus; pains and difficulty in going to stool; pulse febrile. The same patient, examined at a subsequent period, presented the following symptoms:

1st. Very hard scirrhus tumour, with the orifice of the uterus as if cracked and divided into lobules, with abundant discharge of a serous and glairy fluid from the vagina; and in the interstices of the fissures, a whitish and purulent humour, which the patient is careful to remove frequently to avoid the bad odour which arises from it. There has been a very sensible development of the tumefied parts, for the last six months.

2ndly. Loss of strength, emaciation, countenance discoloured; there is sometimes a leaden or yellow colour of the skin, absolute loss of the appetite, frequent nausea, short cough, sleeplessness, wandering pains, slight diarrhœa, frequent discharges of foetid urine, which can only be passed while in the erect position, paroxysms of hectic towards evening, hoarse voice, impatience, and constant restlessness. As might have been predicted, this case terminated fatally.*

We may remark here, 1st, the origin of this disease, viz., a laborious parturition; 2d, the symptoms which it presented in its commencement, and which preeminently characterize the inflammatory state; 3d, the presumed scirrhus and cancerous degeneration.

* Pinel, *Medicine Clinique*, 3d edit. page 342.

II.—CONSISTENCE.

The humours which distend the diseased tissues add to the proper consistence of the engorgement, by chronic inflammation and by induration, and give them an appearance of firmness, and hardness analogous to that which is proper to scirrhus; but this consistence disappears after death, or after the separation of the diseased parts.

Amongst the anatomical preparations presented to the academic societies, by a surgeon celebrated for the amputation of the cervix uteri, we have seen several which have been given as exhibiting all the characters of scirrhus, and consequently treated by the *bistoury*, which could now be proved by the pliancy and softness of their tissue, to be not even affected by induration, but to have been simply affected with slightly advanced chronic inflammation, and above all, very susceptible of cure without an operation. We shall have occasion to cite analogous examples, more circumstantially hereafter.

The hardness of these engorgements of the uterus, cannot therefore furnish positive signs of their nature.

III.—COLOUR.

The colour of any engorgement of the uterus whatever, is only appreciable when the affection occupies the neck of the organ. We may then recognize it, either directly, by separating the labia externa when the uterus is depressed, or by means of the speculum,

which is possible in every case. We find in a modern work, already quoted, the *red* colour, more or less tinged with brown, given as a symptom of scirrhus. Now, this colour is known to depend, neither upon scirrhus, nor on engorgement by chronic inflammation, or induration, because these two kinds of alteration are characterized by the greater or less *whiteness* of their tissue; at most, it may co-exist with these affections, in consequence of the red inflammation which their presence may develope, either in the mucous tunic, which prolonged from the vagina, covers the os tinæ, or in the layer of the tissue proper of the organ not yet invaded by the alteration, a circumstance however, which is very rare, if I may judge from my own observations.

I have seen many of these hard engorgements and I have never found this reddish brown colour, mentioned by most authors, who upon this point as upon some others, have copied, without verifying the facts. In the mass of cases which I have observed, the surface of the engorged os tinæ always presented a roseolous tint, or a simple red arborization on a white ground or bottom.

It is therefore probable that they have confounded with the scirrhus or indurated engorgement, those produced by a sanguine congestion with hæmorrhage, disorders, which give to the tissue they affect a more or less deep red colour. The same may be said of some other signs, viz., the *softness* and the *spungy* state of the neck, and the facility there is of expressing the blood by the touch; signs peculiar to imperfectly

marked sanguine alterations, which we have never seen, and which in fact cannot really be found, whatever may be said about them in the indurated or scirrhus engorgements of the first degree. When these engorgements have passed to the state of softening and ulceration, in a word, when they have taken the cancerous form, they may present analogous signs, but then the disease has changed; it belongs to the confirmed cancerous affections, and it offers besides certain peculiar signs which do not permit us to confound this new state with the simple and primitive sanguine engorgement.

Thus the colour of the alteration, may readily serve to characterize that which is produced by sanguine engorgement, but it offers no special diagnostic signs, to enable us to distinguish the engorgement by induration, or chronic metritis from scirrhus engorgement.

IV.—PAINS.

The pains which have been considered as pathognomonic of scirrhus, are acute and quick lancinations, to which Dr. Cruveilhier has given the expressive name of "flashing pains." Now, on one hand, these pains are constant, and those physicians who have been engaged in the study of cancerous affections, of which scirrhus makes a part, have with good reason asserted that the scirrhus alteration was indolent in its nature, and that the pains which arise from it, are to be attributed to its connection with the nervous filaments, or some nerve which has itself become involved in the alteration.

But, on the other hand, the engorgements which evidently appear, far from having arrived at a scirrhus state, are so acutely and insupportably painful, that the expressions which the patients make use of in describing them, are calculated to embarrass the most attentive observer.

Therefore, these pains do not furnish us any aid in the diagnosis between engorgement by chronic inflammation or induration, and the scirrhus engorgement.

These two states afford still less diagnostic difference, when considered in relation to their causes, the local and general symptoms which they produce, their progress and termination. Divest this affected description of each of these states, of the title which authors have given them, and I will challenge the possibility of saying that *such* description is appropriate to chronic metritis, *such* to induration, and *such other* again to scirrhus engorgement. Such at least is the conclusion to which we have come, not merely from reading, but from an attentive reflection on the history of these affections, both in particular treatises, as well as in the works on obstetrics and the diseases of women.

We are therefore compelled to blend the history of the two states, since they are ordinarily indistinct in practice, as are also the indications and the means proper to fill them, nearly the same in the two cases. We reserve to ourselves, always, the privilege of indicating at a proper time and place, the circumstances which may concur to make us suppose their reciprocal nature and the modification, which each affection

should make in the treatment. Thus far, we believe it proper to unite them, and designate them under the comprehensive name of hard engorgements.

CAUSES.

The uterus may be affected with hard engorgement, either wholly or only in some one of its parts ; sometimes the body only is engorged, most commonly the engorgement is limited to the neck, or even to one of the lips, and in this latter case the affection more frequently seizes the *posterior* than the *anterior* lip of the os tinæ.

The causes of these engorgements are, all the circumstances capable of producing inflammation itself, and which have already been noticed in this work. It will suffice to recapitulate the principal ones, which are the determination of blood towards the uterus by the use of exciting and stimulating substances, masturbation, &c., the suspension of the sanguine flow, during the menstrual molimen, or of the disgorgement of the uterus by lochia after accouchment, or the discharge of accidental hæmorrhages, whilst the congestive movement which occasions them is not yet arrested or destroyed. These suspensions or suppressions are the result of the action of cold, styptic or astringent agents, moral emotions, &c. Such are also the direct irritations of the uterus, by coition, the presence of a pessary, pregnancy, abortion, labour and delivery, or violence exerted by the employment of instruments, by badly directed manœuvres, made with the intention

either to hasten delivery, to effect the version of the infant, detaching or extracting the placenta, to emptying the uterus of blood, which is infused into it, or finally to excite to action the inertia of the organ.

Fatigue, violent exertion, falls, and those commotions which convey their effects to the uterus, are equally capable of provoking the engorgement of it. The "critical age" acts also as a determining or predisposing cause of the engorgement, either by the changes which are produced in the organization of the uterus at this period, or by derangements which it excites in menstruation.

The engorgement of the uterus may finally succeed to acute inflammation of that organ, whatever be the cause of it, and to its chronic sanguine engorgement. Some circumstances of position and of relation between the hard engorgements and their causes, and especially with respect to the periods of their development, may furnish indices of the inflammatory or scirrhus nature of these engorgements. Some general results obtained by a comparison of a great number of cases, are here presented.

1st. The engorgements which affect the uterus in *girls*, are in general of a fluxionary or inflammatory character. They then also most commonly, though not always affect the *whole* of the organ.

2nd. It is the same with those which have succeeded accouchment, at or before term, but contrary to the preceding case, the diseases most commonly affect the *neck* of the uterus exclusively.

3rd. The hard engorgements, whatever be their seat and their cause, which occur in young females, in general belong to the *indurated*, much more frequently than to the *scirrhus* state.

4th. These engorgements may preserve their character of chronic metritis or of simple induration for many years ; but at the approach of the critical age, they have a tendency to pass through the *scirrhus* state to confirmed cancer. But if they pass this period without changing their nature, they undergo successive transformations both cartilaginous and osseous.

5th. The engorgements which occur during the critical age, are in general, and at the onset, of a *scirrhus* cerebiform, &c. nature, and when they commence by an inflammatory state, this is only transitory and endures but a short time.

6th. The engorgements which arise and are developed, a certain time after the normal cessation of menstruation, (which, it may be said, happens very rarely,) present an extremely compact *scirrhus* tissue.

These engorgements, scarcely ever occasion other inconveniences than those which result to the neighbouring organs from their volume and weight.

7th. The engorgements which have promptly acquired a certain volume, constitute rather a chronic metritis, according to the common application of the name, than a *scirrhus* of which the development is in general more slow and gradual.

Moreover, all things otherwise equal, I would prefer to treat a voluminous engorgement of the neck,

rather than one of those partial indurations which are as it were lost, or isolated in the midst of the parenchyma of that part. When after having obtained the resolution of the engorgements, either diffuse or general, there remains small hard kernels in the lips of the os tincæ, there is occasion to apprehend a relapse. (See case 71.)

SYMPTOMS AND ACCIDENTAL PHENOMENA OF THE HARD ENGORGEMENTS.

Although in some cases the hard engorgement of the uterus may exist, and even acquire an extraordinary development without occasioning marked phenomena; they generally give rise to various symptoms and more or less severe accidents. It is necessary to repeat that these phenomena and these accidents alone, attract the attention of most practitioners, who, neglecting to trace them to the source which produces them, fatigue the patient with symptomatic treatment, which, besides its inefficacy, allow the radical disease time to advance, if they do not always hasten its ultimate development; while it is frequently only necessary to direct our attention to the engorgement exclusively, in order to remove these accidents, notwithstanding they exhibit such a degree of violence and intensity, that they demand the use of particular and direct means. But this symptomatic treatment then indicated, should never be a substitute for, or cause the neglect of the treatment of the principal alteration.

A.—DESCENT OF THE UTERUS.

The most frequent local accident is the prolapsus of the uterus. The weight which this organ acquires from the circumstance of its engorgement, will occasion its precipitation so much more easily, as its ordinary supports shall have lost their resistance, and the ligaments shall have been relaxed, the vagina enlarged, &c., by one or several antecedent pregnancies. This accident furnishes the means of ascertaining most directly the state of the uterus; unhappily, we seldom know how to profit by it. The descent only is regarded—a pessary applied, and surprise is felt that it cannot be supported; or that far from causing the distress and the varying pains, which have been attributed to displacement, to cease, the presence of the instrument exasperates them,* or becomes the determining cause of graver alterations, and cancerous ulcers, of which we find many examples reported by authors.

Position and repose, always suffice to cause this

* It must be admitted, that there are some cases in which the descent of the uterus does not so far depend upon engorgement, as to be cured by rest and those means ordinarily capable of resolving congestions or engorgements. In this country, at least, it is well known to practitioners, that there are many cases in which the pessary is indispensable, even after long treatment for engorgement; and in numerous instances, patients have received most happy relief from their severe sufferings, by the use of a well selected and properly adjusted instrument, with little or no previous preparation.

In confirmation of this, I have in my possession, numerous notes of cases, some of which I have designed for another work.—TRANS.

infirmity to disappear; and the resolution of the engorgement alone, can radically cure it.

We repeat, that coition recommended with the intention to excite pregnancy, the pretended curative of prolapsus, is in this case, more prejudicial than useful; for adding to the intensity of the cause, this means only serves to aggravate its fatal results.

In the cases where the cancerous uterus has been found without the vulva, can it be believed, that it is the displacement which has become the cause of the cancerous alteration? Is it not rather the previous and neglected engorgement which has determined the fall of the organ, and is the source of its cancerous alteration?

The descent of the uterus, contributes with the increase of the volume of the organ, to compress more or less painfully, the vagina, the meatus urinarius and the rectum; whence dysuria or retention of urine, tenesmus, and more or less obstinate constipation.

B.—PAINS.

Engorgement of the uterus, whatever may be its cause and its nature, produces a sense of dragging, inconvenience in the pelvis, weight upon the rectum, the sensation of a body which would escape from the vulva, a sensation comparable sometimes to that which the head of a child engaged in the cavity of the pelvis produces—a painful dragging in the loins and groins. There frequently exists numbness in the

pelvic members, contusive pains in the forepart of the thighs ; and this region sometimes acquires a sensibility so exquisite, that the slightest touch of it is insupportable by the acuteness of the pain which it produces. Women in these cases, complain also as of a sense of disagreeable pressure about the nates, or of a constriction similar to that of a band of iron drawn tightly around the pelvis.

Besides the pains which depend on the stricture, compression and distress which the uterus exerts on the surrounding parts, from the increase of its weight and volume, as well as its displacement, there are others which have their seat in the same organ, although the patients refer them to the sacro lumbar and coccygeal regions, situated on a level with the diseased parts. The pains consist, either in a sensation of heat and burning, in sharp, piercing, pungent, lancinating pains, more or less continued, or passing like electric flashes. Walking, standing or setting, too long persisted in, augment them. The horizontal position, calms or suspends them, except that the warmth of the bed so aggravates the sense of heat and burning, as to render it almost insupportable.

The natural susceptibility of the uterus, and the nervous state of the patient, exert much influence on the character and force of the pains. These, as well as other inconveniences, become more intense at the menstrual periods, or when any cause whatever excites the uterine congestion, and particularly when the engorgement or the neighbouring parts, are affected by an exacerbation of the inflammatory state if it exist, or

with development of a more or less acute inflammation, if it had not before occurred.

In general, no relation exists between the degree of development, the early or advanced state of the engorgement, and the intensity of the pain. A voluminous engorgement, arrived at the scirrhus state, frequently occasions little or even no pain, whilst at other times, very acute and severe pains accompany a very moderate engorgement; it even happens in certain cases, that the pains are, by their predominancy, so little in relation with the engorgement, that the latter seems only to be the result of the pains in consequence of the afflux of humours which they occasion.

The engorgement, of an inflammatory or a fluxionary character, is therefore in this instance only symptomatic; the pains constitute the primitive affection; they present an essentially neuralgic character, not only by their nature, but particularly by the more or less regular march which they observe. I shall cite, in support of these considerations, two remarkable cases, one of which is unpublished, and the other has been inserted in the *Nouvelle Bibliotheque Medicale*, (June, 1828,) by Dr. Jolly, to whom I communicated it.

CASE XL.

Intermittent neuralgia of the uterus, with local fluction, suffering exasperation under the influence of an antiphlogistic treatment, directed against a supposed metritis—prompt cure by the sulphate of quinine.

Madame R. C——, aged 28 years, of a tall stature, robust constitution, was happily confined about the first of October, 1827. She did not nurse, and the menses became established after six weeks, and reappeared regularly as before, till February following; they did not then recur at the ordinary period; without any appreciable cause to explain the suspension; but eight days after, the discharge reappeared, accompanied by severe pains, which particularly affected the right iliac region, whence they were extended into the pelvis and even to the opposite iliac region. The patient said the pains extended to the fundament, as in labour; they were quick, lancinating, tearing, and continuing several minutes, leaving between them only short intervals, and their violence was such that they excited the cries of the patient, throwing her into a state of most inexpressible anxiety, causing delirium and convulsive motions. These phenomena which had appeared in the morning, passed off by the middle of the night, leaving her extremely fatigued, but at noon next day there was a recurrence of the affection; after this period, the attack returned every day at the same hour; the pains at first slight, gradually increased in force and frequency; in the intervals the

blood continued to flow in small quantity ; it appeared to have been much more abundant during the attack. The accoucheur, called about the eighth day after the invasion of this accident, attributed them to a probable abortion, but their prolongation beyond the accustomed term, made him think there was perhaps inflammation of the uterus ; and from this idea, sanguine emissions, repose, fomentations and emmollient cataplasms, sweetened drinks, enemata, demibaths, &c. were brought into use, but far from diminishing, the attacks were sometimes more violent. I saw this patient at ten o'clock, P. M., 14th March, about the 25th day of her disease. She had fallen into a state of extreme emaciation ; the appetite was unimpaired, the tongue was soft, the colour natural, the temperature of the skin was then more elevated, the pulse frequent and irregular, and in the middle even of the attack, the abdomen was soft, flat, by no means sensible to the touch ; pressure excited it is true a little pain in the iliac and hypogastric regions, but it bore no relation to the violence of those which took place spontaneously in those parts. I felt nothing in these regions, the parieties of which were easily compressible, that could lead to the suspicion of any organic lesion whatever, in the ovaries or the body of the uterus. I found the neck a little swelled and partially opened, but not more so than it commonly is during menstruation. In seizing the uterus between the two exploring fingers, in order to *touch* it, whilst the other hand was planted above the pubes, I assured myself that this organ was in its natural state, as to

its volume and consistence. Can there not be a uterine neuralgia, a regular periodical hystericalgia? I thought I could assure Madame C., who believed her condition desperate, that probably this attack which had not yet terminated, would be the last.

I prescribed 8 grains of sulph. quinine, in four pills, to be taken next morning.

15th. This medicine produced those happy effects upon which I had counted. The pains did not return at the accustomed hour; some appeared in the evening, but they were infrequent, slight and dull; the sanguine discharge became more abundant, and was the only phenomena of the attack which exhibited itself.

16th. The same prescription. Not only did the patient experience the most perfect calm, but the sanguine discharge had sensibly diminished; it was completely arrested on the 17th. I prescribed again by way of precaution, six grains of sulphate of quinine; the disease definitively disappeared.

CASE XLI.

Periodical hystericalgia, irregular at first, afterwards regular with hysteria and coinciding with an engorgement of the neck of the uterus. Resolution of this by an antiphlogistic treatment. Cure of the neuralgia by a large dose of Meglin's pills.

Mad. M——, lost her husband at the age of 26 years. She had no children, but indulged in excitation of the organs till they became painful; the menses became less and less abundant, whilst they always appeared at the periods. Acute pains soon manifested themselves; they were at first fixed apparently at the base of the sacrum, but at their period of increase, they radiated from this centre to the loins, the external parts of generation and neck of the bladder, where they caused a frequent desire to urinate; they abated at the end of a few minutes, or quickly disappeared to return in the same manner, when they became intolerable. This happened principally at the menstrual periods, and when the patient experienced any contradiction, they occasioned general hysteric phenomena, sometimes very alarming. The total duration of these attacks, was from one to six hours; they returned sometimes twice in the same day, but mostly they observed an interval of from one to two or three days. These accidents have many times been calmed by sanguine emissions, baths, opiates,

milk diet, and a residence in the country. I was requested to see her while suffering from one of these attacks; she was however, somewhat calm, (24th of April, 1828, at 10 o'clock, A. M. :) the menses had merely appeared eight days before; since then, the attack of pain had returned every day, sometimes once, sometimes twice. She experienced more than common a painful sense of weight, with tenesmus, which obliged her to make efforts at expulsion, either as of the contents of a gravid uterus, or of the bowels.

I found by the *touch*, the uterus depressed, its neck in contact with the fourchette, of the size of a walnut, and apparently incompressible; it was very sensible, for the touch caused sacro-lumbar pains, and reproduced the uterine tenesmus. I then believed I could explain all the accidents to which this widow was a prey, at the age of 32 years. The descent of the uterus was occasioned by the chronic inflammatory engorgement of the organ, from which also resulted the dysmenorrhœa and the pains. Past experience enabled me to promise a cure possible, and in order to obtain it, I subjected the patient to an absolute rest with the hips elevated.

I had blood abstracted from the arm by the lancet, and by leeches upon the hypogastrium, at several times. I advised cataplasms, baths, emmollient injections and narcotics, with a rigid diet, &c.

After five days of this treatment, rigidly followed, the uterus returned to its natural place; the uterine tenesmus and sense of weight in the pelvis, had disappeared, but the neck of the uterus preserved the same

degree of engorgement. The attack of pains and hysteria, at first enfeebled, and even suspended during five days, had been renewed within two days.

May 16th.—I applied eight leeches to the neck of the uterus; the introduction of the speculum was very painful, but the bites of the leeches were scarcely felt. Continued the other means prescribed. The menses* appeared during the night, but disappeared next morning.

17th.—The neck is less voluminous, and particularly more pliable; it was reduced almost to its ordinary volume by the 19th; nevertheless the attack of pain re-appeared every day, but at irregular periods. I prescribed the *Meglin's* pills, (composed of extract of black henbane, extract of valerian, and of the oxid of zinc, one grain of each,) six a day.

20th.—The attack came on at dusk, as common, and with as much violence; eight pills were taken; they caused some dizziness, and nausea. She suffered no more during the evening. Took 10 pills on the 21st. I subsequently diminished the dose even to three pills a day—which were continued to the 15th of June; at which period the menses came on with an unaccustomed abundance. After the 20th, there were no paroxysms. The patient took 115 of *Meglin's* pills, upon the use of which I had insisted for a long time, with a view completely to destroy the dis-

* Query.—Was the discharge alluded to, menstrual, or only the thin serous blood which often oozes from leech bites, several hours after?—TRANS.

position which a neuralgia of so long standing would have to relapse.

This lady set out for Havre, in August, where she was directed to bathe in the sea, to cure a leucorrhœa which had supervened since her restoration to health.

Perhaps this would be the proper place to attempt to establish the relation which may exist between the nervous affection called hysteria, and the pathological state of the uterus. We shall assert merely from our own experience, in a great number of cases—

1st.—That the general nervous phenomena, which together constitute hysteria, are sometimes established, without there being any organic alteration, or vital affection of the uterus, or of its appendages.

2d.—That nevertheless, it is to one or other of these pathological states of the genital organs, and especially to a nervous excitation, which is local, and most frequently associated with an inflammation of the uterus, that the hysteria most commonly owes its existence or development; that consequently this disease or morbid form, is sometimes essential and purely nervous, at other times consecutive or symptomatic.

3d.—We shall add, that in these latter cases, it sometimes happens, that certain hysteric paroxysms having deranged the uterine functions, have introduced into this organ, an element of change which afterwards reacted upon the nervous system, and recalled in their turn, the hysteric phenomena—which till then, bore the symptomatic character.

4thly.—Finally, it should be remarked, that there is in general, little relation between the degree of the affection or alteration of the uterus, and the intensity and virulence of the hysteric paroxysms.

As regards Chlorosis, it may be considered as a pathological state, entirely opposed to symptomatic hysteria. In the latter, there is evidently a surcharge of innervation towards the organs of generation. In chlorosis, there appears to be rather a default of uterine innervation.

I cannot omit to mention here, that some women are, at the approach of the turn of life, tormented by pains which do not appear to have any fixed point of departure, but which attacking the parts contained in the pelvis, or near it, may give rise to a belief in a cancerous alteration of the uterus. These pains are more strong than acute—rather compressive and contusive, than lancinating. They extend from the bottom of the pelvis to the external parts of generation, and to the anus—and disturb the alvine and urinary excretions. They return by attacks more or less approximated; the duration of which, varies from one hour to several days. Their constant effect is, at least as I have remarked, in the four cases which I have had occasion to observe, to throw the women who are affected by it, into a state of inquietude and melancholy, moroseness and hypochondriasis; probably determined by the uneasiness which the seat of the pains inspire—by the fear that they may be the precursors of a cancerous affection.

We have known very intelligent physicians greatly

embarrassed in this kind of malady—while an attentive exploration easily shows that the pains are not connected with any organic alteration or affection of the uterus, whatever; they constitute a particular species of neuralgia.

Exercise and diversion, ordinarily suffice at that period, to delay the return of the paroxysms, render them less intense, or cause them to disappear. At other times, these pains seem to be the result of some rheumatic affection, which previously erratic, appear to be fixed upon the sexual organs.

CASE XLII.

A baker's wife had always been distressed by an insupportable stoppage in the head, with sense of constriction at the root of the nose. She discontinued her trade, and lived very retired. The stoppage disappeared, but it was succeeded by a development of pains in the pelvis, vagina, anus, &c. I predicted a neuralgia. Of all the eminent practitioners consulted, M. Marjolin was the only one who gave an opinion similar to mine, and comforted the patient upon the nature of her malady, the dangers of which had been exaggerated to her.

A few small bleedings, and a residence in the country, dissipated the inconveniences. Since then, the pains have been manifested in the different regions, and particularly in the shoulders; and occur more especially when the wind is from the east.

Another woman treated for a supposed cancer of

the body of the uterus, was in the same case. After three years duration, the pains disappeared.

This lady had not been *touched*. The alarming diagnosis had been founded upon the seat of the pains, derangement of menstruation, and a leucorrhœal flow, which however, was slight.

The hard engorgement of the body of the uterus, does not frequently occasion those violent and acute pains, which are one of the most common characteristics of the engorgements of the neck.

C.—DISTURBANCE OF THE FUNCTIONS OF THE UTERUS.

When the engorgement is not considerable, when it only affects a limited part of the body of the uterus, or the neck alone, it may not prevent fecundation and its sequelæ. There exist a great number of cases of engorgements, called scirrhus engorgements of the neck of the uterus, which neither preventing fecundation, nor the progress of pregnancy, have opposed such an obstacle to the passage of the infant, as to render it necessary to resort to cutting instruments in order to terminate accouchment.

It should always be remembered, as we have already demonstrated, what accoucheurs have regarded as engorgements by induration, appeared rather to depend, in a certain number of cases, on hypertrophy, (page 80,) and that the belladonna is then the touch stone by which we remove all doubt in this respect. It may be conceived, that when the engorge-

ment affects the neck of the uterus entirely, and especially the body of that organ, fecundation is no longer possible; but fecundity may be re-established after the resolution of the engorgement has been obtained; examples of which will be given hereafter—(Cases 54, 56, and 63.)

Every hard engorgement, without ulceration, ought also to suspend or diminish, in a word render the menstrual secretion more difficult: and in fact, dysmenorrhœa is the most common sign of these affections. When the engorgement is limited, it may by the dragging and the irritation which its presence occasions upon the parts which remain sound, readily determine sanguine congestions, and more or less abundant hæmorrhagic discharges, but these cases are extremely rare. It is after attentive examination, and upon a comparison of facts which we have had occasion to observe, that we believe ourselves able to establish as a general proposition, with few exceptions—

1st, That dysmenorrhœa is a character distinctive of hard engorgements; as habitual discharges are the ordinary result of sanguine or congestive engorgements:

2d, That the *touch* which in the last constantly excite a flow of blood, scarcely ever produces a similar effect in the hard engorgements.

In proportion as the resolution is effected, the menses become more abundant, and resume their accustomed course.

D.—UTERINE AND VAGINAL DISCHARGES.

As engorgements more or less voluminous may exist, without causing discharge, we very naturally conclude that when there are discharges, they depend (not on the alteration itself, which it appears to us, ought rather to suspend those of which the part affected may be the seat,) but on accessory circumstances, such as the anterior and habitual existence of a vaginal and uterine leucorrhœa, or the development of this discharge in consequence of the irritation, which the presence of a tumour resulting from a hard engorgement of the neck would produce upon the vaginal canal.

In the great number of cases, the orifice of the uterus is dry, or at most it only leaks out some mucous filaments more or less tinged with blood, or a very small quantity of limpid or reddish serosity, but this in so small a quantity, that it is all lost in the vagina, and can only be perceived by holding the speculum in it for some time. (Case 58.)

No diagnostic signs can be founded upon the odour of the matter of the discharges when they exist, because it is not the immediate product of the alteration, or of the part of the tissue which is affected by it; moreover, sometimes it is inodorous; at other times it presents an odour, either acid, insipid, or fœtid and infectious. This last character belongs to a particular idiosyncrasy, because it is observed in some women affected with simple leucorrhœa, without other alteration of the uterus or its appendages.

Again, vaginal discharges can furnish no diagnostic signs of the existence and nature of the hard engorgements of the uterus.

GENERAL AND SYMPATHETIC SYMPTOMS.

The uterus may be affected with a very considerable hard engorgement, without occasioning any other disturbance in the functions than those which result from the volume of the tumour which weighs upon the surrounding organs, and constrains them; (cases 9th and 10th) other inconveniences are very variable and inconstant. The abdomen is alternately bloated and flaccid, digestion is deranged or suspended, or there are signs of gastritis, gastro-entritis, capriciousness of appetite, coinciding with the disease; but the most constant sympathetic phenomenon is vomiting. It occurs at various periods, whether the stomach is empty or full; the most careful exploration cannot then discover any affection in the stomach or its neighborhood, which can explain this accident, or if a gastritis exist, for example, the vomiting does not cease after the disappearance of the inflammation by an appropriate treatment.

In Madame Lévêque, who makes the subject of the 67th case, I suspected, from this sign alone, an alteration of the uterus, the patient having concealed the other symptoms, from misconceived delicacy. *Vomiting, when it exists at the same time with dysmenorrhœa, becomes an almost certain diagnostic sign of hard engorgement of the uterus.*

Fever is very rarely produced by the hard engorgements of the uterus in general, it only occurs when violent congestion in this organ takes place, or as free inflammation is developed, either at the periphery of the alteration, or in its centre. But the local symptoms also announce at that time an active state, and present the proper characters of an acute metritis.

Various nervous symptoms result from the hard engorgements as from all diseases of the uterus. Most commonly they assume the form of hysteria. The dispositions of the women become impatient, passionate, irascible, peevish; they acquire an exquisite susceptibility, and therefore the slightest sensation, the least motion, produces as it were, an electric shock, which extends even into the pelvis and there re-awakens the pains.

It follows evidently from considerations which have just been presented, and a rigorous interpretation of facts, that the precise and proper diagnostic of each species of alteration which may constitute the hard engorgements of the uterus, is very difficult to establish.

Chronic inflammation, induration and scirrhus of the uterus, may therefore assume the same aspect in the greater number of cases.

These three states have common signs; those which are peculiar to either of these pathological conditions, are not constant. In order to distinguish either of these affections from the other, our only resource consists in the accessory circumstances relative to the manner in which the engorgement has

occurred, the nature of the causes which have occasioned or favoured its development, the length of time which the disease has existed, and to the age of the patient.

We are conscious how very uncertain these indirect signs are.

Moreover, we shall deduce from clinical observations made from time to time, either in cases of sanguine engorgements or of hard engorgements, this general proposition which admits of but few exceptions, viz: that *the disorders of menstruation, whatever they may be, rarely constitute essential pathological conditions, but that they are most frequently, only one of the manifestations, the result, or the consequence of organic alterations of the uterus.*

The hard engorgement of the uterus is easily recognised and distinguished from other diseases, if it be examined with attention. The diseases with which it may be confounded, are the swelling and prolapsus of the vagina, the development of a tumour in the parietes of the canal, as is to be found in a curious case related in the work of M. Patrix,* of displacement and retroversion of the uterus.

It is not however, so with the engorgements of the body of the uterus, the essential pathognomonic sign of that state, (the augmentation of volume,) is common to it, with all the pathological and physiological circumstances, capable of producing or simulating the dilata-

*Traité sur la cancer de la Matrice, 1820.

tion of the cavity of the organ, (such as ordinary, or extra uterine pregnancy ; the presence of a mole, of hydatids, of cretaceous concretions, of a polypus, of peculiar fibro-cellular masses, a case of which we have published in the *Bibliothèque Medicale*, and to which we have not yet seen any thing analogous in the reports of authors;) with retention of the product of menstruation in the cavity of the uterus, in consequence of the obliteration of its orifice, an obliteration which may occur accidentally to women, previously very regular, and even such as have had children, a remarkable case of which has been furnished by M. Dance.*

We will make only one remark upon these divers diseases ; either they only cause slightly alarming accidents, and then we may bring about without great inconvenience, a cessation of the pathological or physiological state which constitutes them, accompanied by signs better calculated to enable us to recognise them, and thus remove all doubts ; or else, they occasion insupportable and dangerous accidents, the most common of which in all cases are hæmorrhages and pains.

The symptomatic treatment, so to speak, is the only one proper to the last of these accidents, and will restore it to the first condition, which may be expected.

* *Archives general de Medicine.*

CASE XLIII.*

A young woman, five to six months pregnant, received a blow from a knee upon the abdomen, which after a few days disposed her to abortion. Severe vexations rendered her indifferent to her condition, and she took no particular care of herself. Her menses returned with difficulty, and did not flow regularly. They were manifested by pains in the hypogastrium, groins, loins, head, and stomach, and there was an abundant discharge by the vulva. This state continued a year, when she engaged in the business of a lace-weaver, at which she confined herself to the loom whole days together, with the bar pressing upon her abdomen. Her pains became so quick and severe, and syncope so frequent, that she determined to enter La Charité, during the tour of M. Fouquier. The seat of her disease was known, but its nature was not decided upon. A number of leeches were applied to the vulva, and even to the uterus itself. By these she was much relieved; but the swelling of the body of the uterus, and the acrid and purulent discharge which accompanied it did not diminish, and M. Fouquier consulted M. Roux. After the most attentive examination of the uterus, the alteration of the viscus was considered to be cancerous, and the

* Nauche des maladies propres aux femmes, Tome prem, p. 341, et clinique des Hopitaux, July 31, 1828.

extirpation of the affected part was proposed to the patient, who readily consented to it. After a very careful examination repeated from day to day, during which time the patient was confined to her bed, the operation was finally decided on. She was placed upon the table, the assistants had taken their station, the instruments were arranged, and the operator had already seized the neck of the uterus, with bistoury in hand, and ready to cut, when he suddenly stopped, withdrew the instrument introduced into the vagina, and suspended the operation he had commenced. There was observed a peritonitis which was combated by the repeated application of leeches. The treatment of the chronic inflammation (of the uterus,) was re-commenced with antiphlogistic and various emmollients; the swelling of the body of the organ gradually diminished; the puriform flow disappeared; the menses returned, and the patient considered herself cured.

A whole year elapsed without her feeling any thing of this affection: having then experienced a severe contradiction, she again felt the pains as well as the discharge by the vulva, of a yellowish matter, which irritated and ulcerated the adjoining parts. She re-entered La Charité. It was perceived that the neck of the uterus formed a red, flattened, very sensible tumour, surmounted by inequalities of a scirrhus hardness, presenting an irregular ulcer in front, larger than a 30 sous piece. The abdomen was tumefied above the pubes, though indolent. Leeches, baths, enemata, fomentations, cataplasms, injections, &c. into the

vagina, in fact the whole series of bland, resolvent substances were put into requisition.

There was soon a marked amelioration of her state; the cervix uteri became progressively softer, losing both its volume and sensibility. Meanwhile the abdomen became again tumefied and the patient feeling some sudden movements in it, believed that she was pregnant, and resolved on her departure from the "Asylum."

PROGRESS OF THE DISEASE.

The alterations about which we are engaged, are generally developed very slowly. They remain from time to time stationary, during some weeks, months, and even years; menstrual periods, moral emotions, hasten their progress.

The critical age has a particularly unfavourable influence on these engorgements. It is at that period, that they promptly pass to a state of confirmed cancer.* If the critical period passes by without other inconvenience, the progress of this affection slackens, and from that time the disease either remains stationary or scarcely makes any sensible progress. It is in the interior of the alteration that the most remarkable changes are then produced; it acquires more and more consistency and becomes successively, both cartilaginous and osseous.

* See this word.

DURATION.

From what has been said already, the duration of the hard engorgements of the uterus, is not determined.

TERMINATIONS.

Inconsiderable engorgements may be resolved spontaneously, if the woman be placed under proper hygienic conditions, and especially if removed from the causes which have determined and maintained the engorgement. On the contrary, however, if advantage be not taken of these circumstances, or if the disease be not combatted by suitable means, it tends frequently to run into the most profound alteration.

The induration passes to ossification, or is changed into scirrhus; this may become softened, and cerebiform matter may be found in connection with it; ulceration may become established and extended, and from this combination of advanced alterations, confirmed or incurable cancer results.

We cannot, in the engorgements or other alterations of the uterus, (as in the same affections in the external organs, the mammæ for instance,) calculate on the sphacelus of diseased parts, and their spontaneous separation from healthy portions, in which a salutary, acute inflammation has been established.

This happy termination is not possible, and has only been observed in the cases of precipitation of the uterus out of the vulva. Hence sprung the first idea of the possibility of practising the extirpation of that organ.

PROGNOSIS.

Unknown in their nature, and consequently treated without rule, the hard engorgements of the uterus terminate in general in an unfavourable manner. Authors also give a very grave prognosis upon this kind of affection.

Fortunately, we have experienced that these engorgements are susceptible of cure; and we can found from our experience in a large number of cases, a much less unfavourable prognosis. Every general or partial engorgement, which occurs in girls, and succeeds to causes which disturb menstruation, those which are developed more or less immediately after delivery, either premature or at full term, are almost without an exception, susceptible of resolution, since they are simply owing to a chronic metritis, to a state of induration, or offer signs which lead to the presumption of their scirrhus nature. The prognosis is more unfavourable in the engorgements which are developed or augmented in women upon the "turn of life." Nevertheless, it is not impossible to cure them, or at least to render them stationary.

The engorgements which occur after the critical period, are in general incurable; but by the slowness of their progress and development, they do not cause immediate danger to the patients.

The engorgements which, in being developed, remain hard, without inequalities which do not occasion insupportable pain, nor remarkable derangement of the functions, either general, or of the adjacent organs,

should occasion less fear of their fatal termination than those which are covered with soft wrinkles, and which occasion quick and deep lancinating pains ; for of these, the approaching transformation into ulcerated cancer is beyond doubt.

The prognosis is less grave in engorgements limited to the neck of the uterus, than in those which affect the whole organ.

The engorgement which has commenced by one or more small tubercles, may be considered as being essentially scirrhus : its prognosis is fatal.

TREATMENT OF THE HARD ENGORGEMENTS OF THE UTERUS.

Whether the hard engorgements of the uterus be formed by a chronic inflammation with induration, or whether it be owing to a scirrhus state, the therapeutic indications, appear to us to be the same in the two cases.

Let us repeat, that these two pathological conditions, are the result of a kind of exaggeration of the vitality of the fibro-cellular tissue, the fundamental net-work of the accidental, as well as of the natural tissues—a simple exaggeration, as in all inflammation resulting in induration, with special alteration producing scirrhus.

Let us repeat, that both these are formed by a more or less concrete matter deposited in the meshes or interstices of the diseased tissue ; and that this matter is furnished by the blood, either by an act of

secretion, as probably in induration, or by an act of abnormal nutrition, as in scirrhus.

The therapeutic indications deduced from this view of these organic alterations, ought therefore in the final analysis, have for their object:

1st.—To dissipate or remove from the diseased organs, the material elements of the alteration.

2d.—To modify or destroy the exaggeration of the secretory or nutritive functions, by which these elements are separated from the blood, and assimilated to the affected organ.

3d.—To excite or favour the absorption of the deposited morbid matter.

FIRST INDICATION—TO DISSIPATE OR REMOVE FROM THE DISEASED ORGAN, THE MATERIAL ELEMENTS OF THE ALTERATION.

Like all organized beings, the human economy is subjected to the double movement of composition and decomposition. It is also observed, that these two movements exist in inverse ratio, in such manner, that the more active the one is, the more the other is found retarded; otherwise the body, or the organs which compose it, would neither change volume nor dimension.

The accidental tissues appear as much subject to this law, or general rule, as the natural tissues. We have already furnished proofs of this; and new evidences grow out of the considerations which we shall present on this subject.

Now, whatever retards or depresses the movement of composition, should increase the movement of decomposition. Therefore, in depriving the economy of the sources of the renewal of the organic elements, natural or accidental, we excite the activity of the movement of decomposition. Whence, result emaciation of the natural tissues, and the atrophy of the accidental ones, which are the product of a species of abnormal nutrition ; or rather, if these alterations are formed by secretion or exhalation, the suppression of the elements of repair or support, should arrest their ulterior development.

The *blood* has been justly considered as the natural stimulant of the organs, and principally of the nutritive and secretory functions in the physiological condition ; and may we not with great reason, suppose it exercises this power more actively, in the pathological state ? It is no less certain, that this fluid furnishes, or that in it are elaborated the materials of organic alterations, that they may be separated by a nutritive or secretory action. It is evident, that in removing or modifying this source of the pathological elements, we shall obtain for our first result, the suspension of the development of the organic alterations, the primarily indispensable condition before attaining other results. Moreover, it is amongst the modifiers of the circulation or the composition of the blood, that the proper means are found, to fill the first indication of the treatment of the hard engorgements of the uterus, as of all organic alterations by excess.

We drain, if I may so express myself, this material source of organic alterations;—

1st.—By subtracting from the general mass, by the lancet, by leeches, and by scarifications and cupping glasses.

2ndly.—By directly disgoring the vascular system of the diseased part, by the immediate application of leeches.

3rdly.—By moderating the activity of the circulation, either in a general manner, as by the use of diluent drinks—of digitalis—nitrate of potass—by absolute repose, of the diseased organ in particular—by giving a horizontal posture to the body—or by inclining it in such manner, that the affected region will be on a more elevated plane than the rest of the body.

4thly.—By inviting or directing more especially, the circulatory action upon other parts, more or less remote, an effect which local derivative bleedings, dry cups, cutaneous frictions, hot baths, sinapisms, &c., produce.

Besides these modifiers of the circulation, the Profession is possessed of means of acting even upon the composition of the blood, among which are ranked, *diet* or *regimen*, which deprives this fluid of the renewal of its repairing elements; then come in excitants of the different natural secretions, which by their abundance subtract from the blood a part of its materials, and render it less proper to supply the abnormal secretions, or the pathological nutritions; such are emetics, and particularly purgatives, diuretics, diaphoretics, &c.

Finally, there are substances which have been

believed to possess the property of modifying or altering the blood, and particularly of acting chemically upon the organic elements of this fluid, which appear more especially to contribute to the formation of the chronic engorgements, or which even essentially constitute the material elements of which they are most frequently formed, viz., albumen, fibrine and fat, as proved by chemical analysis. We allude to the *po'ash* and its *soapy preparations*, the prolonged use of which evidently impoverish the organic materials of the blood.

Let us bring under review the chief of these modifying agents of the circulation and the composition of the blood, and understand the particular mode of their action in the hard engorgements of the uterus, as well as the rules we ought to follow, in the special application of these means to the divers alterations which constitute them.

I shall observe that as the treatment of the cancerous affections, at least of such as proceed from the simple alterations which now engage us, rests upon the same basis as that of the latter, we will be often obliged to speak by anticipation of its application to these affections.

I.—SANGUINEOUS DEPLETION.

Sanguine emissions, aided by hygienic precautions, which will be alluded to elsewhere, have in a number of cases and without other therapeutic means, reduced the uterine engorgements, which by their form, volume,

hardness, the pains of which they were the seat, might have been considered as being of a scirrhus nature, and which consequently would have been deemed incurable, or only to be destroyed by surgical treatment. (See cases 51, 54.)

When the engorgement is evidently the result of a chronic metritis, there is stronger reason to calculate on success.

Besides, attentive observation of facts, proves that in all hard engorgements whatever, *the inflammatory state*, whether primitive or consecutive, essential or symptomatic, acute or chronic, opposes an insurmountable obstacle to the action of the most powerful resolvers. Not only do these medical means then fail, but they often produce unhappy effects, altogether the opposite of what they promised in their employment. Now, as in the majority of these cases of hard engorgement, there has been an essential inflammation, or complication of that pathological state, the attention of the physician should be directed to the removal of this condition, before he uses other therapeutic means.

The antiphlogistic medication, at the head of which stands the abstraction of blood, will therefore always be (or with very few exceptions,) the essential curative treatment for certain hard engorgements of the uterus, and the indispensable preparatory treatment for all others.

This rule of practical conduct is not only necessarily applicable to chronic engorgements of the uterus, but it is especially so to most organic alterations under the

form of engorgements, wherever their seat may be. I am convinced, that if these visceral alterations, or others, designated by the name of scirrhus induration, of visceral tumours or obstruction, &c., sometimes resist the treatment which is opposed to them, it is because the necessity of this general rule is not sufficiently insisted upon, or that the application of it is neglected.

Further, blood-letting in these cases of hard uterine engorgements, can produce good effects only when it is opportunely and discreetly resorted to. It destroys or divests the sanguine congestion, and the fluxionary movement which fed the alteration, and maintained the vital super-excitation which presides over its development. We also see (after these first results are obtained,) most of these engorgements, (if they do not disappear under the single influence of this means,) yield with facility to the action of other resolvents, even less energetic, whilst before this, the most heroic ones, only made the disease worse.

I could relate a large number of cases of internal visceral engorgements, very considerable, and even of long standing, which had resisted the efforts of reputable physicians, run rapidly on to resolution, by a treatment according to the rules which I have just laid down. Among other cases, the following have appeared to me to be worthy of being quoted.

CASE XLIV.

Prodigious engorgement of the right ovary. Inertness of the action of resolvents. Efficacy of anti-phlogistic treatment, and cure terminated by the use of simple diuretic drinks.

A lady of sanguine temperament, middle stature, with reasonable embonpoint, endowed with a good constitution, had never had any other derangements of health, than those occasioned by pregnancy and accouchment. She had had three children; the last at 30 years of age. At 45 or 46 years, the catamania were suppressed, after having presented some variations in their course. Soon after, this lady experienced constant dull pains, in the right iliac region, and taking on from time to time, a more acute character: the abdomen increased in volume. At 48, I discovered the existence of a tumour arising from the right side of the pelvis, regularly rounded, filling the corresponding iliac region; and presenting a volume of the size of the head of an infant at full term.

As the pains were habitually supportable; as the patient preserved her appetite, sleep, and all the appearances of health, she would not submit to therapeutic treatment, nor even to some of the hygienic precautions, demanded, not only by the disease, but by the period of life at which she was arrived.

Blood-letting, practised at long intervals, and some baths, were all the means that she used.

The volume of the abdomen increased, till at the 52d year of her age, it might be compared to that of a woman at the full term of gestation, with twins. The patient was easy only when lying in bed, with the trunk half elevated, and supported on the back. Every other position renewed the pains in the abdomen, or was insupportable from the threatening suffocation it occasioned.

When she arose, she scarcely could walk; the body inclined backwards, a position in which she was obliged to be maintained with assistance, to avoid suffocation. At the same time, general emaciation became more and more strongly marked. There were wakefulness and want of appetite. In this condition, she was obliged to comply to the letter, with the advice of her physician. After some sanguine depletion, I resorted to the use of medicines reputed as resolvents, such as frictions of calomel ointment, pills of soap, squill and digitalis, and some purgatives. The affection, however, became worse. Reflecting then upon the positive condition of this pathological state, which I had to treat, I thus established my diagnosis, viz.: Engorgement produced by chronic inflammation of the right ovary, with probable dropsy of several cavities: I founded this opinion:

1st.—Upon the primitive seat of the pains about the iliac region and flank of the *right side*.

2ndly.—Upon the presence of a tumour occupying these regions; and which whilst almost spheroid in

the general mass, had exhibited in its development, some variations in its form, so that, whilst it filled and distended all the abdominal cavity, it presented many large folds,* slightly salient, and separated by shallow furrows. Another, and much more salient fold, traversed *the left side*.

3rdly. Upon the pains, not those which were profound and obscure, and which might result from the distension, but those quick, sharp pains, which the patient very frequently felt in many points of this enormous tumour, which in places was more sensible to the touch or to pressure, and appeared to be harder; evident symptoms of an inflammatory state, which was denoted by the continual febrile movement, with evening exacerbations, to which the patient was subject.

4thly and lastly, upon the sense of fluctuation, obscure it is true, but which was particularly remarked at the summit of the folds which the tumour presented.

I was disposed to abandon the use of resolvents, upon which the patient founded her hope of relief, and recur to an exclusive antiphlogistic treatment; but she was frightened at the proposition of repeated bleeding and a rigid diet. A consultation was proposed, and M. Fouquier was called. His diagnosis and prognosis were as follows: "Encysted tumour of the right ovary, having perhaps invaded the left one,

* *Bosselures*, Fr. would probably be better rendered by *protuberances* or *bumps*.—TRANS.

parieties scirrhus in parts, many spots of effusion, separated by partitions, which circumstances connected with the presumable consistence of the effused fluid, renders the fluctuation obscure. The great distension produced by the gradual development of the tumour, excites inflammation in some points of the proper parieties, or of that portion of the peritonæum which serves as its exterior envelope. All that we can hope is to render the disease stationary or supportable, by combatting and preventing the inflammatory symptoms, till satisfied at a later period when by their progress the isolated effusions will be united, and the fluctuation shall become more extended, to try puncture as a means of relief; but this disease is incurable and may be expected sooner or later to terminate in a fatal manner."

M. Fouquier, sanctioned the utility of the antiphlogistic treatment, as the most effectual palliative, not curative, means, but proposed that when the engorgement should become indolent under influence, to recur to the use of resolvers.

Thus supported by the decision and counsel of a distinguished practitioner, whose opinion upon the diagnosis of the disease, differed very slightly from that which I had advanced; it became easy to remove the objections of the family and to determine the patient to submit entirely to a *debilitating* treatment, which I had as yet scarcely adopted.

Several bleedings from the arm, of from eight to ten oz., were made at intervals of a few days. Leeches were afterwards applied to the most painful spots on the abdomen; this was kept constantly covered with

emollient cataplasms or fomentations ; ptisans of dog-grass, whey, orange-ade, a few spoonful of skimmed milk, light soup, or pottage, composed all her nourishment. The patient took two or three baths, of from one to two hours each, every week. After persisting two months in this treatment, the abdomen without having lost its volume, became completely indolent ; it gave no further inconvenience except from its bulk. The points hitherto painful had lost their resistance, at the same time they had become indolent and insensible to pressure, fluctuation was more manifest, more superficial, and more generally equal. The urinary discharges were infrequent, small in quantity, red, and having a heavy sediment. When the patient rose, which she did with greatest ease, the legs became infiltrated ; the fever had disappeared. I now determined to try some resolvents before I tapped her ; I therefore prescribed the use of *pareira brava*, the powerful diuretic property of which, I had more than once proved, although it had some months previously failed in this case, probably because of the inflammatory action, which then existed in her system. At this time its activity was so great, that I had no need to recur to any other medicines, from the first cupful of the decoction, viz. two ounces to one pint of water, boiled down to one third ; the urine flowed abundantly, so that a large vessel was filled two or three times in 24 hours : the abdomen at the same time sunk down and softened, and in less than six weeks, it was reduced to its original and healthy size.

The fluctuation completely disappeared, and there remained only a kind of fold in the hypogastrium. The ovarian tumour softened, became concentrated into the bottom of the abdomen, and was occasionally the seat of pains, which instantly yielded to venesection and leeches. In other respects, the patient recovered the regular exercise of all her functions. She could walk for two or three hours at a time, without repose or fatigue; slept well and had a good appetite.

CASE XLV.

Supposed epiploic tumour—resolution under the influence of an antiphlogistic treatment and regimen, after having resisted for a long time the most energetic resoluvent practice.

I will introduce another not less curious case, of a girl of ten years old, who carried a hard tumour in her abdomen, of the size of an adult fist, movable, and appearing to have its seat in the gastro-colic epiploon. She was at first treated by myself, subsequently by M. Deguise, Jr., then by M. Guersent, and afterwards by all three of us. We were agreed to use simultaneously antiphlogistic and solvent remedies, amongst which we chose the calomel, and the preparations of iodine; all, however, were without success, as well as the *saponaceous pills*: the internal use of the extract of cicuta, and externally in the form of cataplasm; there was no diminution of the engorgement; it was sometimes the seat of extreme pain, giving rise to con-

vulsions and a state of anxiety difficult to depict; the patient was reduced to the meagreness of a skeleton. Observing the inutility of all our efforts, I advised palliatives only, for I counted but little upon the possibility of a cure, I advised the suspension of all resolvent medicine, external as well as internal, and to confine ourselves to an antiphlogistic treatment; the application of leeches upon the most painful points, emollient fomentations, long continued baths, mild drinks, a thin regimen, consisting chiefly of milk, with calming medicines, such as infusion of lettuce and syrup of white poppies.

The little patient was at the same time placed in a well aired boarding house, at the *Champs Elysees*. The engorgement soon ceased to be painful, and some months after, I was not a little astonished to find at the place only a sort of thickening; the body had the embonpoint of her age. When this girl had attained to her fourteenth year, she presented all the appearance of the finest health.

It is principally in uterine engorgements, whatever their nature may have been, that I have seen the application of these means fruitful in advantages, and of which many of the cases I shall report, give evidence.

The number of bleedings which we ought to make, and the quantity of blood which should be drawn, should be in proportion to the age, temperament and strength of the subject, and based upon the degree of the predominancy of the congestive phenomena, or local inflammation, and upon the general state of reaction. Small bleedings from eight to twelve oz.,

but frequently repeated, are infinitely preferable to more abundant and less frequent bleedings. Producing or maintaining by these means a more substantial derivation; the fluxionary or congestive movement which tends to perpetuate or increase the engorgement, is more successfully counterbalanced. Sufficient strength should be preserved, that the patient may endure the sometimes inevitable length of the treatment, as this strength will be useful at a more advanced period, in order to preserve or excite an advantageous general reaction. The most favourable period for blood-letting, is a few days previous to menstruation, and also shortly after it. Previous to this period, bleeding moderates the menstrual molimen, and congestive movement, which we have said to be cause of the exacerbation of the disturbances and the progress of the engorgements in most of these cases.

After the menstrual period, the bleeding destroys the congestion which the menstrual fluxion occasions in the diseased organ, and which may only add to the engorgements in favouring the ulterior progress, and is opposed to the action of other resolvent means.

Is it necessary to say, that to render bleeding the most derivative possible, it ought to be done at the anus in preference to the feet? The diminution and even the complete suppression of the menses, do not contra-indicate this practice, for it is not because the blood is not carried to the uterus, that menstruation is disturbed in the case of engorgement, but because the

disease deprives the organ of the faculty of relieving itself of this fluid.

If bleeding from the foot produces an effect upon which the preference for it is founded, (the determination of the blood towards the uterus,) it is evident that, in exciting this fluxion, the only result obtained by these means would be to increase the engorgement. These reflections are equally applicable to the use of leeches to the vulva or anus, with the same intention as bleeding in the foot. Is it therefore astonishing that these operations so often fail in the object for which their employment is proposed, viz. the re-establishment of menstruation?

On the contrary, the cases which we have already reported, and those which we shall hereafter quote, prove that blood-letting from the arm practised a short time before the menstrual period, renders this secretion more easy and abundant.

In suppression of the catamenia in his time, and even since, blindly considered as essentially a pathological condition, Pasta, only practised blood-letting from the feet, after two or three bleedings from the arm. By these previous precautions, the diminution of the mass of blood has rendered the uterine congestion less to be dreaded, and bleeding from the feet, as probably the reiterated depletions from the arm, favour the definitive resolution of the engorgement. It is in this manner that Mercatus obtained a striking success by bleeding in the feet, in a case given as an example of amenorrhœa, but in which are to be recognised all the signs which positively indicate the exis-

tence of a uterine engorgement : we here give a case reported by Barthez :

CASE XLVI.

“ A lady, after a sudden suppression of a uterine
“ hæmorrhage, suffered from violent pains in the lum-
“ bar and hypogastric regions, which returned every
“ month at the menstrual period, and continued about
“ five days at each attack. Bleeding from the arm,
“ and narcotics had been employed without success.”
(Would not narcotics inconsiderately administered,
maintain the uterine congestion and counteract the
effect of bleeding from the arm?) “ Mercatus pre-
“ scribed bleeding from the foot at the two successive
“ menstrual periods, and from that time they became
“ re-established.”

Bleeding is not only one of the best curative means
in uterine engorgements, but it may prevent their
formation and their ulterior development.

If small but repeated bleedings are practised at the
approach of the critical age, will they not divert the
the tendency to uterine fluxions, (from that period
abnormal,) and consequently prevent the engorge-
ments which often result from these congestions,
which no longer find in the sanguine excretion, (from
that time prevented in consequence of the changes
which age effects in the organization of the uterus,) a
natural emunctory and therefore a spontaneous
means of resolution? Small and repeated bleedings,
just sufficient to prevent stagnations or local sanguine

fluxions, would not occasion a feebleness prejudicial to the health of women, and might prevent the development of formidable alterations.

This prophylactic precaution is especially indicated in women who by their temperament, constitution, some particular antecedent or actual symptoms appear to manifest predispositions to engorgements and other organic alterations of the uterus.

II.—CUPS WITH SCARIFICATIONS.

These placed about in different parts of the loins, base of the abdomen, even to the thighs, add to the derivative effect of the bleeding which they produce, and may be employed with advantage.

III.—LEECHES.

Analogous effects are obtained, by the application of leeches applied upon the hypogastrium and the loins, it is necessary to observe much caution in their application to the thighs, groins, labia pudenda or anus.

It is necessary to apply a number sufficient to obtain a full bleeding, otherwise we either fail in our object, or we excite still more unfavourably, the pelvic fluction. The development or the propagation of inflammation in the appendages of the uterus, which is revealed by pains in the iliac and hypogastric regions; the sensibility and tension of these parts, indicate the employment of leeches upon these regions.

Leeches upon the neck of the Uterus.—I shall call the attention of practitioners to the application of leeches to the *neck of the uterus*; a means by which I have obtained the most happy effects in cases of engorgements, either of the body, or of the neck of the organ, even when we had suspected them to be of a *scirrhus* nature, and when they have already resisted the treatment ordinarily indicated in this dreadful affection. The rapidity with which the resolution is effected by this kind of application, is such, in certain cases, that it is necessary to have the evidence of it—not to be tempted to accuse of prepossession or of exaggeration, him who should announce such facts.

The first effect of the application of leeches to the neck of the uterus, an effect which uniformly occurs, even in cases which do not admit of cure, or in confirmed cancer itself, is to calm the sacro-lumbar distress, the lancinations, and indeed all the severe pains which are the usual attendants on profound alterations of the uterus.

The number of the leeches should be proportioned to the volume of the engorgement, the degree of predominancy of the inflammatory symptoms, and to the general state of the strength. It may, however, be remarked, that this *direct bleeding* produces less feebleness, other things being equal, than general bleeding. It may also be used in those cases where the latter might be prejudicial; as for example, in the last stage of cancer.

Let us observe, that in general, the most insupportable disturbances in the cancerous affections of the

uterus, are less the result of the cancers themselves, than of the inflammation which they either determine to, or develope in that part.

Further,—The schirri, like the soft encephaloid masses, become opened into ulcers only after inflammation is developed in them, as is proved by the phenomena which accompany this effort of elimination, and the matters which escape from them. It is particularly at that time, that those excruciating pains are manifested, which characterise the progress of cancer, or disclose their existence when till then they have been unperceived. Now, in these cases, the leeches applied upon the tumours, arrest inflammation, suspend the pains which it had occasioned or exasperated; and may also retard the march of the disease, and delay the period of their fatal termination.

In cases of cancerous ulcer, it is also to be observed, that the disease involves the neighbouring parts only after inflammation has been developed there in the form of protuberances or engorgements, the red colour and the painful sensibility of which, attest its inflammatory nature.

In these cases also, leeches applied upon these parts, arrest inflammation, and consequently allay the pains which it produced, as well as suspend the progressive march of the ulcer.

Thus, therefore, leeching upon the disease itself, effects its cure, or furnishes one of the most powerful palliations which we possess in the incurable alterations of the uterus.

It is not only when the engorgement occupies the neck of the uterus, that they are useful, for they do not produce less good in the engorgements of the uterus itself. (See case 63.)

PROCESS AND RULES TO BE FOLLOWED IN THE APPLICATION
OF LEECHES TO THE NECK OF THE UTERUS.

When the uterus is low, and when in separating the labia externa its neck can be perceived, a direct application of leeches can be made *upon it*. Accident once furnished me the opportunity of making this application without my wish to do so, and not without some uneasiness as to the consequence which might result. I did not then appreciate the advantages to be derived in practice from the happy and unexpected results which it produced. (See case 48.) It was reserved to the practical sagacity of M. Recamier, to foresee the advantages which could be obtained from these valuable means.

In other cases, when the uterus occupies its normal situation, the speculum serves to expose its neck, and conduct the leeches to this part.

When the instrument has been placed, as we have already explained, for exploration,* so that the circum-

* Let it be constantly borne in mind, that the greatest delicacy may and ought to be observed in introducing the speculum, of any form. After having the patient placed in a suitable position, (which for the purpose of leeching, is always on the back, with the breech at the foot of the bed,) she should be covered entirely by a sheet or blanket, into which a small slit may be cut sufficiently

ference of its opening exactly and exclusively embraces the neck of the uterus, to prevent the leeches from biting any other parts, a quantity of water should be injected, to wash away any matters which by their qualities would hinder the leeches from taking hold.

They are then to be placed in the tube, pushed up and maintained against the neck, by thrusting in after them, a cork or tampon of linen, to prevent their return ; the tampon is to be withdrawn as soon as the leeches attach themselves to the uterus, which they commonly do very promptly.*

To the great astonishment of the patients, the biting and the suction of these animals are scarcely felt ; sometimes, however, the patients, during this little operation, which they very much dread, because

large merely for the admission of the speculum. With the left hand under the bed clothes, the labia may be separated whilst the speculum, properly lubricated, (and warmed, if the weather be cold,) may be passed into the vagina through the opening made in the cover for the purpose. Whilst we ascribe to the French Practitioners the credit due to their pathological and therapeutic improvements, let us at least retain that *delicacy* of conduct which has hitherto characterized the English and American physicians.—TRANS.

* In this country, and especially in our large cities, the business of leeching in ordinary cases, is performed by females, very efficiently ; and in diseases of women it is every way desirable that they should be induced to qualify themselves for this purpose. Till quite recently, the application of leeches to the uterus, in this country, has been extremely rare ; only a few females in Philadelphia have been instructed in the mode of their use ; and I regret to observe that they sometimes fail of success, by the almost constant effort they make at thrusting the leeches down upon the surface of the part to which they wish them applied. The counsel of the author is well worth their attention, merely to confine their movements by the tampon to the lower part of the speculum till they take hold, immediately after which the barrier should be withdrawn, and the patient's limbs made as comfortable as possible.—TRANS.

of the habitually painful state of the diseased uterus, feel a tickling, heat, and quick lancinating sensation in the pelvic and sacral regions. All these sensations are easily supportable. In ten or twelve minutes, the leeches have taken, filled, and fallen off; they slide out of the speculum, or may be removed by the finger or forceps. After having washed the parts by warm water injections, the speculum may be withdrawn.

It should be remarked, that when the engorgement appears to be of a scirrhus nature, by its hardness, the length of time it has existed, and the whiteness of the tumour; the punctures bleed very little after the leeches fall off, and that when on the contrary, the neck of the uterus was coloured, of a moderate hardness, in a word, when the engorgement was more inflammatory than indurated, the bleeding was more abundant, and might even become alarming. It is however easy to suppress the hæmorrhage by the tampon, as may be seen by an example in our 61st case. The sanguineous discharges become more and more abundant, almost constantly, in proportion as the first applications of leeches, in bringing the uterine tissue to its natural anatomical state, render it more permeable to the blood.

Regard must be had to all these circumstances, in determining upon the number of leeches to be applied. We have not used more than a dozen at a time; six to eight most commonly are sufficient to produce a bleeding free enough, and in the subsequent applications the number may be diminished.

It has been said, that the orifices made by the

leeches upon the neck of the engorged uterus, would not cicatrize, that they remained open without always becoming ulcerated. It has been impossible for me to detect any traces of the bites of the first leeches, when I have subsequently repeated the applications; but this may readily result from the retraction of the engorged part, which necessarily brings about a proportionate diminution in the extent of the punctures, as we see in profound incisions in a tumefied part, the tongue for instance, become reduced into linear divisions, imperceptible after the disgorgement.

The unlooked-for success which I have obtained from the application of leeches upon the neck of the uterus, in cases of engorgement, no less than in the most profound and most advanced alterations of the uterus, authorizes me to place this means at the head of all those which have been in repute against these formidable affections. Cure of the one, and relief of the others, have been in great part owing to this means. Other therapeutic measures ought not to be neglected, for they in general add to the efficacy of this, and in some cases produce the advantageous effects that could not be obtained from local bleeding.

Nevertheless, we should have recourse to the application of leeches to the neck of the uterus only, after having practiced one or more general or derivative bleedings, in order to prevent the consecutive congestions, which would render the employment of this means, more prejudicial than useful. (See cases 55, 58, and 60.)

II.—*Regimen, Diet, Abstinence, the cura famis.*

It has long since been observed, that abstinence from aliments, exerts a remarkably resolvent action upon alterations under the form of engorgements, or any other character.

Some physicians have made this the essential basis, or even the exclusive means of the treatment of these diseases.

This mode of management has been styled the *cura famis*: and we can say, that in the cases in which success has been obtained in treating scirrhus and cancerous affections, where the cicuta, aconite, and other reputed resolvents were used, much was to be attributed to the severe regimen and rigorous diet employed at the same time. This is proved by the fact, that the exclusive use of these heroic remedies, without dietetic precautions, has very rarely produced marked results; whilst, under the influence of diet alone, we have seen engorgements, having all the characters of scirrhus, sink away, and become cured.

By impoverishing the blood, abstinence must necessarily suspend the development of the engorgements, because they no longer find sufficient materials for their nutrition in this fluid, which has proportionably lost the stimulating properties necessary to keep up the abnormal excitement—the principle of the alteration. So far, it may be conceived, that the disease can be rendered stationary. But how is the subsequent resolution effected? Is it not in consequence

of the organic law, by which the movement of composition being suspended, that of decomposition continues no less active, sometimes becomes accelerated? Or is it in consequence of another equivalent law, that the secretory action being suspended in an organ or tissue, the absorbent faculty is developed, or becomes more active? The phenomena which abstinence produces, answer these questions affirmatively.

A constant result of severe and protracted abstinence, is emaciation, first seen on the cellular or adipose tissue, (this is emaciation properly so called); and subsequently, on all the soft tissues, especially the red fibres of the muscular system; thus constituting marasmus or atrophy.

Further,—Abstinence has for its primary and immediate effect, the absorption of the natural productions of exhalation or secretion from the cellular tissue, viz.: serosity and fat. It therefore acts by exciting the absorbent faculty of the tissue; or rather by allowing it the whole force of the faculty which it possesses.

Now we admit that some engorgements result from infiltration, effusion, or the deposition of abnormal organic elements, more or less concrete, instead of fat which fills the meshes of the fibro-cellular tissue; or instead of the serosity which naturally lubricates the interstices of the tissue, as appears to be the case for example, in respect to engorgements by induration.

It may be inferred from these facts, that abstinence can as well recall the absorbent faculty, or cause it to

predominate in this diseased portion of the fibro-cellular tissue, as in the whole system; and that absorption of the abnormal products of this tissue, is as readily affected in the one case, as of the physiological products in the other.

By prolonging abstinence the parenchymatous tissues in their turn decay. The relation between the movements of composition and decomposition are changed. The first is arrested by default of recuperative materials; the second is always going on and the organs become atrophied. This effect is observed in the most marked manner in the organs in which there was abnormal excess of nutrition, or hypertrophy. It seems even that benignant nature commences in these tissues the atrophy, by which a local consumption of the diseased part takes place before emaciation becomes general, and in fact, the *cura famis*, applied to the treatment of hypertrophia of the heart, for example, often restores this organ to its natural proportions before having occasioned a proportional marasmus in the whole economy.

Now, in admitting that some of the organic alterations under the form of engorgements, are the result of an abnormal nutrition of a hypertrophy, either simple or depending upon a more or less special aberration, it will be conceived that the movement of composition, being arrested by abstinence, the movement of decomposition, (to which these alterations are not less subject than other parts of the economy, as we have demonstrated by facts which we shall soon have occasion to support by others more conclusive,) this

movement of decomposition, I repeat, continuing, will necessarily effect the resolution of the engorgement.

Therefore, as organic alterations may be the result of an exaggerated or altered parenchymatous nutrition, or the product of an abnormal secretion, abstinence may effect its cure. Numerous facts might be quoted from the archives of medicine, to prove these happy effects.

The *cura famis* will therefore become a valuable means in cases of hard engorgements of the uterus, as it has been in scirrhus affections of other organs.

By conjoining means capable of aiding in this result, such as sedatives, bleeding, &c., we may avoid subjecting the patients to a very protracted and rigorous diet.

In all cases of chronic affections, it is not expedient to subject the patients suddenly to a rigid regimen. It must be done gradually, and be continued in proportion to the general state of strength, to the habits of the patient, and to the degree of intensity or tenacity of the alteration.

The nutriment should be of the mildest character, such as not to excite the organs, and at the same time the least substantial and most easy of digestion. The milk diet has appeared to us the most agreeable. If the patient cannot bear this, she may be nourished with light pottages, or soups of chicken, veal, or of herbs; cooked or crude fruit, &c. &c.

She should rigorously abstain from all fermented, alcoholic, spirituous or aromatic drinks.

REPOSE.—POSITION.

From its situation in the most dependent part of the abdomen, from its mobility, and the laxity of the ligaments which maintain it in the midst of the pelvic cavity, the uterus is exposed more than any other organ to feel the shocks and commotions which are produced by walking, running, leaping, dancing, exercises on horseback, or in rough carriages. We have already said that a fall upon the feet, knees, or the hips, may produce disturbance enough in this organ to occasion its engorgement.

When this already exists, the effects of these causes are more to be feared, as they tend to augment this pathological state.

It is therefore proper to prescribe absolute repose in a horizontal position, and even keep the pelvis a little more elevated than the rest of the trunk. These precautions are intended to prevent passive congestions or stagnations in the uterus. They are also indicated in prolapsus uteri, and always suffice to cause it to resume its normal place.* The first advantage observed in this plan, is the disappearance of the distressing and dragging sensations in the loins, and the weight on the rectum, which have resulted from the descent of the uterus.

* We might quote several cases of prolapsus, in which repose, diet, and depletion, were insufficient to cure the patient. The *pessary* was the final means resorted to, to enable the patient to walk about with any comfort.—TRANS.

As in these affections the patients are frequently tormented by sensations of insupportable heat in the loins, back or hips, and the horizontal position tends to produce and even increase these painful sensations, they may be partially prevented by allowing them to lay on a hair matrass, and have a bag or cushion of oats under their hips. The hair mattresses or cushions,* answer well in these cases. A lady labouring under an advanced cancerous affection, could obtain relief from the broiling heat which she felt in the sacro-lumbar region, only by lying in a hammock suspended by cords from the ceiling in the middle of her chamber. The oscillations of this swinging bed, kept up a constant impression of freshness, and produced a sleep very difficult to obtain by any other means; sedatives having lost their effect by long use.

EVACUANTS.

Under this title we include all the medicines which tend to reestablish suppressed secretions, or excretions, or to augment them.

Evacuants are a good means to remove from the blood a certain quantity of its materials, to counterbalance and destroy the activity of the capillary circulation of the diseased uterus, by diffusing and

* These articles, which can be filled with air, will no doubt be found very valuable for this purpose, and may be obtained, made to almost any pattern, at the India-rubber warehouses, in 3d above and below Market street, Philad'a.—TRANS.

carrying it to other organs: for this purpose, diaphoretic, diuretic, diluent or laxative drinks are indicated in the treatment of the engorgements to which we allude.

Emetics would seem to be capable of exerting a sort of general derivation, by the shock which they impart to the whole system; but, apart from the fact, that prompt and violent medicines have very little influence on chronic pathological states, it is to be feared that the shock impressed upon the uterus by the effort at vomiting, would only increase the disease with which it is affected.

As active purgatives, administered by the mouth, or as enemata, excite an irritation in the intestines, which may be propagated by contiguity in a manner very disadvantageous to the uterus, they should be had recourse to only with the greatest precaution. Laxatives alone, are sufficient in general to combat and prevent constipation, always unfavourable to cases of uterine diseases.

DERIVATIVES.

Exterior derivatives concur advantageously with other means to favour resolution of uterine engorgements. Sinapisms may be applied in different spots on the exterior of the body; flannel clothing should be worn by the patient, frictions, dry or with some alkaline linament; cups, either dry or scarified, may be applied to the sacro-lumbar region, or we may substitute a plaster of Burgundy pitch, either simple

or mixed with tartar-emetic; advantage may be derived from the application of temporary cauterization, or setons may also be established in the vicinity of the pelvis.

If the patient has been otherwise affected with rheumatism, or cutaneous diseases, it is well to establish upon or near to the parts which were the seat of it, some permanent drain. These aid in all cases to counteract the tendency to relapse.

SECOND INDICATION.

MODIFICATION OF THE INNERVATION.

The therapeutic means which have been noticed above, sometimes suffice, by depriving the affected tissue of its ordinary stimulus, the blood and its elements, to remove the *exaggeration* of its vitality, and return it to its normal state. Remedies essentially proper to destroy this exaggeration, may and should be made to concur in the treatment. It is through the medium of the modifiers of the innervation, that an artificial influence may be exerted on the vitality of the altered organ, as it is through the medium of the circulation and the blood, that the materials of the alteration may be acted upon.

The influence of innervation in scirrhus affections, even when ulcerated, has been noticed by some authors; but, as they have only established their opinions upon a questionable interpretation of facts

which were not very positive, it has been contested, and rejected by the majority.

The case which I now report, may serve to give the amount of the influence of innervation in the organic alterations, which constitutes the most common forms of cancerous affections.

CASE XLVII.

Cancer of the left breast, which disappeared some days after a hemaphlegia had attacked the same side.

Madame B——, in approaching her 40th year, perceived a progressive development of a hard engorgement, with lancinating pains in the left breast. She was tall, of a strong constitution, and without any impairment of her health up to this time. The nipple became defaced, and its situation was occupied by an ulcer. Several professional men, who were successively consulted, were unanimous in the necessity of an operation. To this, she would not consent ; and after many unfruitful attempts, she placed herself under the care of an empiric, who promised to remove the disease without an operation. She was then 47 years old.

He covered the diseased parts with a red paste, (probably the caustic of Frère Côme, or some analogous article,) which caused extreme pain, fever, delirium, and a very intense local inflammation. At the end of 15 days, the plaster fell off, bringing with

it a black mass, and leaving a large surface of a lively red colour; the wound shrunk, but arriving at a certain degree of cicatrization, the centre became excavated, and the edges hardened; hard and painful protuberances were developed, and quickly ulcerated. The breast assumed so hideous an aspect, that the lady would never permit any person to see it. She had the good sense to dress the ulcer with nothing but emmollients or narcotics, and to cleanse it morning and evening, with lotions of the same nature.

The alteration made insensible progress: however, at 52 years, the violence of the pain, and the fœtor of the ulcer, determined Madame B. to consult me. She would scarcely let me see her frightful disease. There was a central excavation of sufficient size to lodge the large extremity of an egg, and surrounded by other cavities, which were smaller, but deep.

They appeared to be excavated into a species of hemispherical tumours, the whole collection of which presented a mass which might be from four to five inches in diameter. The union of these cavities, by more or less extended points of their circumference, produced a general irregular ulcer, jagged at the edges; of a white rose colour in some points, reddish brown in others; but in all parts, extremely hard.

The bottom of these ulcerations, was a greenish grey; and from it exuded a sanious serosity of a fetid odour, which reddened and excoriated the sound skin of the adjacent parts. Blood frequently escaped from the vessels invaded by the ulceration, and many times the hæmorrhage run on to an alarming extent;

nevertheless, the patient said she always found relief from the loss of blood. As she had been very portly, there still remained without and below this mass, portions of the mamma untouched. The band of lymphatic vessels, was tumefied and hard. Some of the glands of the axilla were mobile, hard, and painful to pressure, and frequently affected by lancinating pains.

This profoundly altered mass, was immoveably fixed upon the breast. The corresponding arm was kept close to the side, from the fear of awakening the pain in the breast and armpit: it was, moreover, frequently swelled.

I prescribed the application of 20 leeches upon the hard and red edges of this vast cancer, and then directed it to be covered with pledgets, dipped into a solution of chloride of soda, diluted with 30 times its weight of decoction of marsh mallows. This was in May, 1829. The patient derived from the employment of this means, relief from pain, and the suspension of the bad odour. In other respects, there was no alteration.

About the 5th of October, in the same year, having experienced more pain for some days, she complained of vertigo and heaviness in the head.

Soon afterward, she was found stretched out in her chamber, and in raising her, it was discovered that she had a complete hemiplegia of the left side. Bleeding from the arm, leeches behind the ears, sinapisms, &c., restored the lost speech. The leg began to feel and move on the eighth day. The nurse was directed to dress the breast. In a month after this event, she

arose and walked a little in her chamber ; she then sent for me and inquired whether during her attack, I had carried off the disease of her breast ? She convinced me that she was not joking as I thought. *The cancer had completely disappeared ;* swelling, ulceration, and the discharge of every kind, were no longer to be found. The skin had contracted from the circumference to the centre, and had formed a cicatrice without apparent loss of substance, but plaited like the cicatrice remaining after the amputation of a cancerous breast. If I had not seen the patient frequently before, and every day since her paralytic attack, I should have been persuaded that she had been operated upon. The paralysis had almost entirely disappeared, and there has subsequently been a threatening of relapse. The circumference of the cicatrice became swelled and hard in some points, and there has been a little oozing from its centre. Would not the occurrence of this circumstance naturally warrant the following conclusions ? 1st. That cerebro-spinal nerves exert upon the scirrhus and cancerous alterations, an indispensable influence, since the suspension of the action of these nerves, has been sufficient to cause the disappearance of an enormous cancerous ulcer, in a very little time. 2ndly. That we may hope to find in the modifiers of innervation the means of removing the morbid super-excitation of the vitality of a tissue affected by organic alteration, not only when there is simple exaggeration, as in the engorgements by induration, but even when there exists a special

aberration as in scirrhus, cerebreform engorgements, &c.

Had Willis supported his views of the nature of cancer by a similar case, how much greater a number of partisans would he not have acquired?

Notwithstanding we do not participate in the opinion of that celebrated man, revived by professor Dubois, an opinion which makes cancer consist in an alteration of the nerves, we cannot prevent ourselves from recognizing the prominent parts played by innervation or nervous influence in these diseases; and may we not therefore look amongst the modifiers of innervation, for medicines which will be sovereign, efficacious, and even specific remedies against scirrhus and cancerous affections?

I have named the cicuta and its congeners. Although the medicinal properties of these substances have been singularly exaggerated, we still see men of profound medical knowledge, and of extensive practice, recommend them as the best remedies of which we are in possession. If the results which have been so often obtained from them, are uncertain or nugatory, should they not be attributed to the unseasonableness of their employment, or the want of sufficient discrimination in the conditions which favour, cripple, or neutralize their action?

I believe that we are wrong in attributing to the cicuta and its congeners, the power of producing by any special action, the absorption of the matters formed in scirrhus and cerebreform engorgements, as well as all

others designated as obstructions. I cannot recognise in these substances, a special property of exciting the absorbent faculty of the affected tissues. I rather think that these medicines act exclusively on the nervous system, and that they have for their only effect, to restore the exaggerated or altered innervation of the diseased tissue, to its physiological degree, a condition necessary, in order that this tissue may recover its physiological absorbent, at the same time that it loses its abnormal, secretory faculty.

When I shall speak of resolvents, properly so called, I shall find occasion to refer to this assertion, and to give it sufficient development to carry my conviction into the minds of my readers.

However this may be, cicuta is of all the substances which belong to the modifiers of the nervous influence, the article from which the most advantageous effects have generally been obtained in the treatment of scirriform engorgements and cancerous affections in general. M. Recamier, whose name occurs whenever this subject is treated of, ascertained by experience, that the extract of cicuta prepared in the vapour of vinegar or alcohol, possesses the most active resolvent properties, and that thus prepared, it has not the inconveniences attached to the use of ordinary extracts, which distress the stomach and impair the functions. The extract prepared in this manner, on the contrary, seems to revive the tone of the stomach and reestablish the digestion so often deranged in these severe diseases.

We are not, however, to give exclusive confidence to this medicine, and consider it a panacea. The suc-

cess which has been obtained during its administration, has been in part owing to the joint employment of other means.

M. Recamier affirms that he has witnessed the resolution of scirrhus and other engorgements of the uterus, liver, spleen, breasts, testicles, &c., by the use of the acetous or alcoholic extract of the cicuta. But this medicine was not employed without other hygienic precautions, such for example, as that of subjecting the patients to a rigorous diet, which has contributed greatly in effecting a cure. The extract of cicuta alone produces little effect; absolute abstinence does much in causing the resolution of these engorgements. By the concurrence of these two means, we may calculate upon a success which would appear marvellous.

The extract, prepared as before mentioned, may be given in pills, in doses of two grains per day, gradually increased even to a drachm, taken in divided portions morning and evening. Recamier prescribed to be taken after each dose, a cup-full of decoction of Smilax China, one ounce to a pint of water.

The above remarks are applicable to the aconite, (extract of the Aconitum Napellus) which also shares with the cicuta the reputation of a specific in cancerous affections. Next in order of this kind of sedatives, is the Belladonna, Hyosciamus, Solanum, and Lactucarium, which are either less powerful or have been less fully tested than the former.

Opium and its preparations have a good effect in calming pains when every other sedative has exhausted its action, or when the disease has arrived at a point

not to leave any hope of being rendered supportable. But as this medicine has the effect of exciting the circulation, so as to produce active or rather passive congestion in the capillary system; it cannot be applied as a curative or even as a preservative means, and therefore we should have recourse to it only as a palliative, in these cases. Some of the products of opium however, are free from the above imputation, as the acetate or sulphate of morphia. The effects of hydrocyanic acid are doubtful in the chronic engorgements, as well as in the cancerous affections of the uterus.

When narcotics are employed, more particularly with the intention to allay pain, it should not be forgotten that their use requires care. It is known that the economy easily becomes accustomed to their action, and that their effects are soon lost; for this reason they should be administered in small doses at first, and progressively increased, with an entire suspension of their use from time to time, and with either a variation in their forms, preparations, or modes of administration.

Simple medicines, or those whose action appears to be feeble, often produce very marked influence in calming the system.

I have rarely seen the watchfulness occasioned by the painful or distressing sensations which the organic alterations of the uterus occasion, resist an emulsion composed solely of the distilled water of lettuce, of piony, some almonds, and simple syrup, or syrup of white poppies.

Emmollients are also of great advantage in the treatment of the hard engorgements of the uterus. If the action of most of the agents which compose this form of medication, seems to be in part physical, and have for effect the breaking down of the parenchymatous tissue of the organic alterations, to soften the infiltrated matter, and to render it more easily resorbable, they have another more manifest property, which is to temper the exaggerated vitality of the diseased tissue, or to speak better, to moderate the innervation, the physiological element of that vitality, and to bring back to the indispensably normal degree, the faculty of resorption.

All medicines, whether calming, or sedative, are administered in every form, and every way, as by the mouth, in drinks, potions, or in pills, by the rectum, in enemata, somewhat thick, and capable of remaining in that intestine, and to operate more or less directly upon the uterus by its contiguity to it. We have sometimes succeeded in allaying acute hysteric pains, by adding to a quart of enema composed of a decoction of narcotic and emollient plants, 6 to 10 drops of Rousseau's laudanum, or 5 to 6 grains of powdered belladonna.

INJECTIONS.

By means of injections per vaginam, medicines may be conveyed directly to the diseased organ, by which very great advantages may be derived from their

employment in diseases of the uterus, especially when they affect the neck.

They are composed of a decoction of the roots of marsh mallows, flax-seed, lettuce mallows, leaves of the mullein, pellitory of the wall, groundsel, nightshade, potatoe stalks, poppy heads, stramonium, mandrake, cicuta, henbane, &c. To these may be added tinctures or aqueous solutions of extract of opium, belladonna, or still better, the morphia or the salts of that vegetable alkali.

In cases of indolent, hard engorgements of the uterus, without ulcerations of the neck of the uterus, the injection may be thrown in with some force.

When on the contrary, there is irritation or inflammation, when the engorgement is painful, and there is besides, ulceration of the neck of the uterus, the injections should be passed in gently and slowly.

The *Clysoir* has for this purpose advantages over the ordinary syringes, as the distribution of the liquid injected by means of this new instrument is more equal, and mild, and can be prolonged without interruption for a long time. The decided advantages which result from this prolonged contact of medicines with the diseased part, has suggested to our colleague, M. Guillon, the happy idea of conveying into the vagina medicines in a vehicle sufficiently consistent to be retained there for some hours.

For melted butter, the pulps of mushrooms and carrots, formerly employed, he has substituted cataplasms of a demi consistency, so that they may be injected, composed of one of the above indicated decoctions,

sufficiently thickened by the addition of potatoe starch; or in lieu of this, the common starch, barley or rice flour, may be used.

To administer these injections, an ordinary injecting syringe is to be used, armed with a strait, short canula, the canal of which is of small diameter. The patient is kept in a state of supination on her bed, the pelvis a little elevated, and when the injection is passed into the vagina, it is prevented from escaping by covering the vulva with a tampon, which is maintained by crossing the thighs, or what is still better, by the aid of a T bandage, confining a compress upon the vulva.*

BATHS.

General baths, at the temperature of 30 to 32 deg.† and of short duration, produce an advantageous derivative excitation upon the skin, in some cases.

* Several attempts have been made at the construction of syringes, adapted to the purpose of vaginal injections. One by Dr. Rousseau, several years since, the pipe of which consists of a straight canula, cylindrical at its end, and terminating in a funnel-like expansion, which is screwed to the side of the piston chamber. The funnel-like enlargement being intended to fill up the opening in the vagina, and thus prevent the escape of the fluid which can easily be withdrawn, and injected again and again, while the canula was somewhat forcibly retained in the vagina. Dr. Heber Chase recently improved this apparatus, by giving the canula a curve corresponding to that of the vagina.

It appears to me, however, that it might be made more nearly complete, by having the upper portion of the curved canula guarded by a broad plate, the disc of which should have a curvature made to correspond precisely to the convexity of the vulva.—TRANS.

† Reaumar.

This effect is more fully obtained by medicated, aromatic or mineral baths. But they only suit indolent scirrhus engorgements.

In the contrary cases, luke-warm baths used for one, two, or three hours, are preferable.

Hip baths should be taken only at a slightly elevated temperature of 24 to 28 degrees, for example; otherwise they attract to or maintain in the pelvic organs, a sanguine fluxion, which should be avoided or removed.

I knew a lady affected with a far advanced ulcerated cancer of the uterus, who after having tried every sedative, found comfort to her severe sufferings only in the use of cold water, either as a hip bath, vaginal injection, or enema.

The hip bath may be rendered mild and composing, by the addition of the decoctions of the plants referred to under the head of injections.

Finally, cataplasms made of the same materials, and applied upon the hypogastrium, or around the loins, may contribute to the relief of the pains which are felt in these regions, during the uterine alterations, and concur more or less directly, in the cure of the disease.

Other hygienic means which are capable of acting on the nervous system, and moderating its influence, re-establish the harmony of its functions, and consequently prevent its abnormal and fatal concentration upon the affected organs, and afford important aid in the management of this disease.

It is observed that every strong impression made

upon the nervous system, by whatever cause or circumstance, rebounds upon the diseased uterus, and aggravates its morbid symptoms, or re-awakes them if they had become dormant. It happens especially in cases of hard engorgements of the uterus, and in its cancerous affections. I have sometimes seen the most appropriate treatment of the disease, and upon which I had a right to found hope of success, fail, in consequence only of the patient being tormented by domestic cares, by contradictions, and disturbances of various kinds, fatigue in social duties, and particularly trouble, chagrins, and every violent emotion, grave or gay, painful or only disagreeable, which the habits of a city life frequently give rise to.

The removal to the country, far from the noise of a city, and from domestic cares, is sometimes sufficient to favour a disposition to resolution of these obstinate engorgements. The influence of pure air, is always advantageous in counteracting the prejudicial effects which may be produced upon the economy, by severe regimen, and the atonic action of the means which form the basis of the most rational treatment of this affection.

With the same object in view, passive exercise should be resorted to, as by the vibrations which it imparts to all the economy, or the change of air which it produces, it serves to keep up an equal distribution of the vital power, and by exciting the action of all the functions, prevent the concentrations which occasion or maintain the organic alterations.

Peripheral excitation should also be maintained by

the use of warm clothing, and especially by the habitual use of flannel on the skin, dry frictions, &c.

THIRD INDICATION—TO PROMOTE OR FAVOUR THE ABSORPTION OF THE MORBID MATTERS WHICH FORM THE ENGORGEMENTS. THIS INDICATION CONSTITUTES THE RESOLVENT TREATMENT, PROPERLY SO CALLED.

TREATMENT DIRECTLY RESOLVENT.

It has been seen that the former indications may suffice in a great number of cases, to promote the resolution of engorgements resulting either from chronic inflammation, or from induration, some of which, according to all appearances, bear the character of scirrhus. These indications, and the means proper to fill them, may therefore be considered as forming an *indirectly resolvent treatment*. But besides these, there are other means of acting directly on the diseased organ, in a manner to excite or promote the absorption of morbid substances, or the abnormal organic materials which either compose the engorgements or constitute the alterations. To these agents, the name of *resolvents, discutients, deobstruents, &c.* are applied.

Their use constitutes the *direct resolvent treatment*.

Applying to this object the analytic method which has heretofore been followed, we divide *the direct resolvents*—

1st. Into those which modify the morbid materials in their physical state or in their composition, in such manner as to render them more easily resorbable.

2ndly. Into those which by the action they exert upon the organic net-work of these alterations, develop or awaken the absorbing faculty in them.

I. MODIFIERS OF THE MATERIALS OR ELEMENTS OF THE ORGANIC ALTERATIONS.

Of these modifiers, some act *physically*, others *mechanically*, and others again *chemically*.

We place under the head of the physical modifiers, those therapeutic agents, which appear to act only by softening, diluting, or macerating, so to speak, the abnormal concrete organic substances, such as the liquid emmollient applications and plasters, which for the most part act less by the medicinal properties of the substances which compose them, than as a species of *vapour bath* upon the parts with which they are placed in contact.

At the head of mechanical agents, is placed *compression*, a means by which M. Recamier has obtained such remarkable effects in external scirrhus engorgements.

Its application would be difficult and not without serious inconveniences in the hard engorgements of the uterus, especially whilst the alteration exists only in the neck and is limited to that part. In this case the disks of agaric, buckskin, or pads of charpie, may be applied upon the engorged neck, and be maintained there by a shallow cup of ivory or metal. A handle fixed to the centre of this cup as in the cup-and-ball pessary, would serve to fix the instrument

and to exert a compression with the aid of the T bandage.*

Next in importance to compression, are the (*douches ascendentes*,) forced injections, which, well directed upon the diseased parts, gradually increased in force, and sufficiently prolonged, act after the manner of compression, and may promote resolution, as I believe has been observed in some reported cases.

If *potash*, or the soapy preparations, have the power of destroying or modifying those organic elements in the blood, which would enter into the composition of the morbid alterations, as cases seem to prove, it might be thought that the same substances, taken in a full dose internally, would be carried through the circulation even into the parenchyma of these alterations, and that by their immediate contact they would modify the materials which compose them, and render

* We believe that this mode of compression would not be *availingly* practicable. Such applications if made with sufficient force to exert any influence upon the absorbents, would carry the uterus so high in the pelvis, as either to give pain or other great inconvenience. In a very interesting case of uterine enlargement under our care, the patient was subjected for a long time to graduated pressure upon the abdomen. It caused much constraint and other inconvenience, without appearing to afford any advantage. Under a long continued use of Iodine, followed by a rapid succession of blisters upon the hypogastrium, the tumour as large as at the sixth month of pregnancy, suddenly diminished to about the size of an orange behind the pubes. After a few weeks, however, it as rapidly increased, and has remained for more than a year *in statu quo*, notwithstanding the persevering use of leeches, blisters, tartar-emetic ointment, purgatives, and active diuretics. It is now in an indolent state, and the patient is able to move about without much suffering. The menstrual function was suspended about four months, in 1835, since which it has been resumed with slight variations, as to time and quantity—a leucorrhœa has been constantly an attendant upon this enlargement.—TRANS.

them more easy to be absorbed. The success obtained from the persevering use of saponaceous pills in visceral obstructions and other engorgements, is founded upon too many facts to be doubted. We have ourselves often derived benefit from their use in various chronic engorgements, and we think we ought particularly to attribute to these medicines a favourable effect in the hard engorgements of the uterus. (See some of the subsequent cases.)

II.—MODIFIERS OF THE VITALITY OF THE ORGANIC NETWORK OF THE HARD ENGORGEMENTS, PROPER TO EXCITE IN THEM THE ABSORBING FACULTY.

It is proper in this place, to recall what we have previously indicated, respecting the vital conditions, which bestow upon or restore to the tissues of the system, the faculty of absorption.

It may be considered as established upon undeniable proofs, that the act of absorption is in inverse ratio to the vital exaggeration of the tissues;—that this absorption, no matter on what it is exercised, is consequently never more active than when the vitality of the tissues is in a natural state, or even below the physiological standard.

It is known with what promptitude, liquid injections are absorbed into the cellular tissue, or the serous cavities in healthy subjects. When, in consequence of an exterior violence, some blood is found infiltrated or even poured out, either into the cellular tissue, or into a serous synovial sac—what are the most effi-

cacious means of exciting absorption? Are they not those agents which, so to speak, depress vitality, and prevent the disposition to inflammation.

Amongst these agents, *cold* holds the first place. No other means are more proper to determine, in a short space of time, the absorption of infiltrated blood, and to prevent inflammation and other unpleasant disorders, which necessarily result from the inflammation, if developed under these circumstances.

Shall it be said that cold acts in this case, by exciting the vital forces, when it is positively known that this agent has an essentially depressing or sedative action? Is it not, therefore, by producing this sedative effect, that on the contrary, it prevents super-excitation, the precursor of inflammation? Thus, therefore, cold can promote the absorption of infiltrated or effused liquids, only in keeping the tissues at the normal degree of vitality, or reducing this vitality below the physiological standard. So long as a bubo is red, hot and painful, suppuration and external rupture are impending, but from the movement in which, from any cause whatever, these signs of vital super-excitation disappear, we may hope, that notwithstanding the certainty of purulent effusion, manifested by fluctuation, *resolution*, or to speak more correctly, *absorption* may take place. This resolution may be very much promoted, whether there be fluctuation or not, by depressing the inflammation, by the application of cold. There are few practitioners who have not in a very short time, succeeded in removing

buboes of greater or less size, by covering them with ice.

In essential dropsies, called acute or active, and even in some that are symptomatic, sanguine emissions, are often efficacious in promoting the resolution of extensive effusions, by merely suspending their progress, if they only destroy the exaggerated vital activity, or the super-excitation which has presided over the abnormal secretion or exhalation. We are therefore obliged to recognise and admit that by recalling the vitality or the vital excitation, to its physiological relation, the exhalent function is suspended, the absorbant faculty becomes predominant, as is proved by the remarkable rapidity with which absorption is affected in these cases.

It would be easy to select from the archives of medicine, a great number of facts confirmative of the general examples which we have just related. But what has been said will, I believe, suffice to demonstrate, that *resolution* in any case whatever, can obtain only by bringing the exaggerated or super-excited vitality of the diseased tissue, to its natural state, or even to an inferior degree—a condition indispensable, that this tissue in losing its abnormal secretory faculty, may recover its physiological absorbing powers.

In making application of these considerations, to the treatment of hard engorgements of the uterus, and even to all organic alterations whatever, under the character of engorgements, we shall find the key to the manner in which many therapeutic agents

produce resolution in these cases; and they will also serve to enlighten the practitioner in his appreciation, and direct him in the choice of the numerous resolvents, which have been extolled at various times. He may also deduce from them, rules as to the best mode of administering them.

We may further conceive from these considerations, that the name of resolvents, &c., is applicable to every medicine capable of acting or depressing, or diminishing the vitality of the organs or tissues. Thus,

1st.—The antiphlogistic treatment, which besides depriving the engorged parts of the elements of renewal by blood-letting, diet, &c., removes from it, the super-excitation which presided over the formation of the alteration, and reduces its vitality again to or below the normal state.

2ndly.—For a stronger reason, it may be applied to sedatives, anodynes, and narcotics, which produce the same effects, in the most active and direct manner. I shall repeat, then, what I have above advanced, that I am inclined to believe, that sedatives, narcotics, and anodyne medicines, praised as specific resolvents of scirrhus engorgements, act only by causing the cessation of the vital exaggeration with the particular aberration which presides over the development of these alterations, or which, as I have said, constitutes the vital or physiological abnormal element.

It is probable, that if we were to employ these medicines more largely, we should obtain more marked and uniform effects. We are aware that we

cannot administer them in enlarged doses, without danger of serious consequences. If they are introduced gradually, the habit which the economy, and especially the nervous system, acquires, always keeps their action feeble.

We shall not recur to the mode of employment of the indirect resolvents, having spoken sufficiently of the articles which particularly relate to this class.

An important question here presents itself;—Do there exist any medicines endowed with the special property of exciting absorption in general, but more particularly in the tissues affected by organic alterations? Are there any special or direct resolvents?

If we refer to cases upon which we have placed the credit of certain medicines, the reply to these questions would be in the affirmative.

We have expatiated sufficiently upon cicuta, aconite, and other poisonous plants, upon the mode of whose action we have given our opinion. It remains for us to speak of other medicines, the directly resolvent action of which, in the cases of hard engorgements of the uterus, and especially in the scirrhus states, is supported by approved cases. These are, *mercury*, *iodine*, and *arsenic*, to which I would add the *tartar emetic*.

MERCURY.

Numerous cases ascribe to mercury and its compounds, the property of exciting absorption, and of

promoting the resolution of the engorgements formed by induration and the scirrhus state. This medicine however, often fails, and it has seemed to me, in general to give favourable results in cases of hard engorgements of the uterus, only when there was reason to suspect the patient had a venereal taint.

Perhaps its inefficiency in many cases, depends on the fact of our not having rendered the diseased part susceptible of its beneficial action, and put it into those conditions which we have shown to be necessary that absorption may be possible. This remark is applicable to *all* the resolvents.

We generally prefer the calomel, (hydrarg. chlormit.) to the other mercurial preparations. Prepared by vapour, calomel has not the inconveniencies attached to the ordinary preparations; it is also by this means brought into a state of more complete division which renders its penetration into the system more easy, whether given by the mouth or administered in frictions. We should carefully watch its effects, and suspend or moderate the use of it, as the swelling and bleeding of the gums, the odour of the breath, and the continual moisture of the mouth, announce the approach of ptyalism.

IODINE.

Great hopes have been placed on this medicine, which is endowed with very energetic powers. (But what substance has not had the merits of a heroic remedy during its first employment?) Time and expe-

rience will decide upon the merits of this article. I think that the preparations of iodine may be advantageously applied to the treatment of the organic alterations of the uterus; but in order to direct their use properly, and to manage them in the opportunities for their employment, it is necessary to understand the manner in which they act upon the system.

Now, in observing with attention, the phenomena which result from their administration, it seems to me that it may act in the manner of the *cura famis*. I certainly have never seen it effect the resolution of goitres, of strumous or other tumours, without its previously occasioning a more or less considerable emaciation. Almost always, therefore, (not to say constantly) it occasions manifest symptoms of irritation and even inflammation of the digestive passages. It is known, that taken without measure or precaution, the preparations of this article often destroy persons by a speedy marasmus, and that at the opening of the dead bodies, unequivocal traces of inflammation and ulcerations of the gastro-intestinal mucous membrane are found. Are not the resolvent effects of this medicine owing to the suspension of the digestive functions?

I have had only one occasion of employing the Iodine in a case of chronic engorgement of the whole uterus;* but as the disease was verging towards a resolution which was already advanced when I com-

* See case 44.

menced the use of this medicine, I can only attribute to it other very remarkable effects which it has produced, viz., the cure of a very abundant vaginal leucorrhœa, which persisted notwithstanding the resolution of the engorgement of the uterus ; and the disappearance of a large goitre, which the patient had carried for several years, and which had not changed during the treatment of the uterus.

The advantages which we had hoped to derive from the employment of iodine in the engorgements of the uterus, are demonstrated by a fact observed by Klaproth.

I shall only remark that the name of scirrhus, which he has given to this engorgement, is not appropriate. The lymphatic constitution of the patient, the scrofula with which she had been affected in her infancy, indicated a strumous disposition which could readily impress its peculiar stamp upon the uterine engorgement, and consequently render it more susceptible of being happily influenced by the action of iodine.

We borrow the annexed curious case from the pamphlet of the *Revue Medicale* of March, 1824, p. 510.

CASE XLVIII.

“Wilhesmes, aged 25 years, was attacked with
“scrofula during her infancy, of which, however, she
“was relieved at the period of her puberty, which
“occurred at 13 ; she menstruated regularly up to 17,

“when she became pregnant; delivery was difficult,
“and instruments were necessary to effect it. At
“22 she aborted, and had a considerable hæmorrhage
“four days; four months after, there was another san-
“guineous discharge, which continued eight days;
“her menses did not appear after this period, but a
“leucorrhœa, at first benign, but at two years later it
“was attended with pains in the groins and heat about
“the sexual parts; six weeks passed without any
“treatment, and she then consulted M. Klaproth.”

“By the touch, there was discovered a hardness of
“the orifice of the uterus, with sensibility and heat.
“He prescribed the internal use of iodine, at the dose
“8 drops three times a day, and the external use of
“frictions with an ointment of digitales, belladonna,
“and hyosciamus. After she had reached to 28
“drops of the tinct. of iodine at a dose, she menstru-
“ated regularly, the leucorrhœa greatly diminished,
“and the heat about the sexual organs disappeared
“insensibly; at this period, nervous symptoms and
“great debility made it necessary to suspend the
“medicine, but she was soon able to use it again.
“Some time after, a sensation of stunning and cramps
“caused a second suspension of the medicine; the
“tincture was nevertheless continued for several
“months, although often suspended and again taken,
“and at the period at which M. Klaproth revisited
“the patient, menstruation was entirely regular, the
“hardness of the neck of the uterus had almost com-
“pletely disappeared; the pains were wholly gone,
“and the leucorrhœa cured.”

EMETICS.

I do not know that any one before me has made known the application of tartar emetic, administered endermically in the treatment of hard engorgements of the uterus. It was not until after having well tested the resolvent properties of this medicine thus employed in chronic pneumonia, with or without pleuritic effusions, that I tried it, with no less success in metritis, after accouchment, which tended to run into a chronic state, as was shown in some examples given in previous chapters. I have also tried it in some cases of hard engorgements of the uterus, and it has appeared to me to contribute much in exciting resolution. We may judge of this by reflecting on the history of cases, 38 and 40 in which I used it.

In order to promote the absorption of the tartar emetic, and at the same time to prevent it from causing the pustules, unnecessary for the object for which its use is proposed, some precautions are to be taken in the application of this medicine.

I incorporate one part of the tartar emetic with eight of common lard, (1 dr. to 1 oz. ;) for each friction I take about half a drachm of this ointment. The first friction is made on the inner side of a leg in the evening, a second friction is made on the inner side of the other leg; the next day frictions are made on the thighs, one in the morning and the other in the evening; on the third day they are made alternately on each arm; and on the sides of the thorax the fourth day. We then re-commence and go

over the same ground. We should rub extensively, lightly, and for a long time with the palm of the hand. If pustules appear on any part, we must cease to repeat the frictions upon it. If after having employed in this manner about 3 ounces of the tartar emetic, we do not perceive any results, we should cease.

I shall mention *arsenic* and its preparations, only to allude to the dangers attached to the employment of this highly deleterious substance. The advantages which have been derived from it in the treatment of scirrhus affections, are so uncertain, that they are far from compensating the serious accidents which it may occasion.

Some isolated cases have induced physicians to consider and propose many other medicines as resolvents of hard engorgements, and especially of scirrhus and cancerous affections of the uterus. Such are the *cyanuret*, or the *hydrocyanate of lead*, taken internally, or administered in injections or baths; the *hydrochlorate of barytes*; the *muriate of gold*; the *subcarbonates of lead and potass*; the *sulphates of ammonia and copper*; and the *green sulphate of iron*; the *murates of iron or ammonia*; the *hydriodate* and the *chromate of potass*; the *borate of soda*; *oxygenated water*, &c.

It is of the greatest importance to observe that most of the resolvents in question, are taken from the class of stimulants or irritants. They are therefore improper before depressing the vitality of the engorged organ, and arresting the development of the alteration by the previous use of medicines for the two primary indications. Otherwise, not only will these

medicines fail, however heroic they may be, but they may produce effects the opposite of those which were intended. If on the contrary, they are had recourse to only, when the alteration is disposed by treatment appropriate to its nature, fully to receive their action, it is probable that success would be more frequent with them than at present.

RECAPITULATION OF THE TREATMENT OF THE ORGANIC ALTERATIONS UNDER THE FORM OF ENGOREMENTS, AND ESPECIALLY OF THE HARD ENGORGEMENTS OF THE UTERUS.

1st.—The debilitating or antiphlogistic treatment having for its object, to give predominance to the movement of decomposition over that of composition of the organic alterations, by diminishing or draining the source of the materials which enter into their formation, and at the same time, to restore to the absorbing power of the altered tissue, all its activity by reducing the vital exaggeration, which presides over their development ; this treatment, I say, is essentially indicated in the hard engorgements of the uterus, whatever may otherwise be the nature of the alterations which constitute them.

This species of treatment alone, effects a cure, when the engorgements are the result of inflammation.

It is proper in almost every case, to dispose the altered part, to receive the action of other medicines with advantage, more especially resolvents, &c., pro-

perly so called. The antiphlogistic treatment then, forms an indispensable, preparatory part, or essential auxiliary to other modes of treatment.

It is, in fact, that which in general furnishes the most valuable means, (even in those cases which appear incurable,) in arresting the march, and moderating many of the symptoms which are most to be dreaded in these diseases.

Thus, it arrests the inflammatory complication, which is mostly the means of extending the alteration of the affected parts, to those yet sound, or which accelerates these formidable transformations, or renders scirrhus engorgements very painful, which were previously indolent.

2ndly.—The *sedative* or *anodyne* treatment, by depressing the exaltation or vital exaggeration which attends the formation of the hard engorgements of the uterus, or the alterations which constitute them, may arrest their development, and favour resolution, by leaving to the absorbent power of the altered tissue, all its force—but the caution which is necessary in administering those medicines of a sedative or anodyne character only, on account of the danger which might result from their deleterious action, prevents our deriving from them, the advantages we might otherwise expect.

We think, moreover, that it would be wrong to ascribe any absolutely specific property, to any of this class of agents.

Sedatives, anodynes, and narcotics, become powerful auxiliaries to the other medicines. Combined with

the debilitating treatment, and especially with diet, we can calculate upon prompt and happy results from them.

United with the resolvents, properly so called, they favour their effects in counterbalancing, or preventing the irritating action of these medicines, which action may present an obstacle to the accomplishment of the happy results they promised. Again, we may combine with advantage, opium, the extracts of cicuta, aconite, &c., with calomel, iodine and its preparations, antimony, the saponaceous alkalies, &c.

Finally, these medicines are especially adapted to cases in which nervous symptoms predominate, as where there exist violent or very acute pains, wakefulness, spasms or convulsions, &c.

3rdly.—The resolvents, properly so called, are successfully applicable only, when after a rational employment of the means belonging to the two preceding indications, nothing remains to awaken or stimulate, in a more direct or especial manner, the absorbent faculty of the tissues which are the seat of the alterations. Previous to this, these medicines would be inefficacious, and even prejudicial.

CASE XLIX.

Engorgement of the neck and descent of the uterus, subsequently to delivery. Application of leeches to the vulva, some of which accidentally took hold of the neck of the uterus—rapid resolution.

In 1818, I was called to No. 5, Marché Saint-Jean, to see a fat and strong servant, aged 22 years, who complained of pains in the loins and hypogastrium, and of something heavy which seemed disposed to escape from her. I found the labia separated by the neck of the uterus, which was enormously engorged, and of a rose colour; from its orifice distilled a little sanguinolent serosity. The abdomen was yielding and indolent; bowels were constipated, and urination was difficult.

This girl had been delivered at Versailles four months previously. On the fifth day afterwards, she returned to Paris on foot, and immediately entered as servant in a house, where she became much fatigued, being obliged to make the beds. Notwithstanding the pains, the heaviness, the dragging in the loins, the stiffness which she experienced in the thighs, she persisted in her business. The menses had not appeared since her delivery. She continued at business until the aggravation of the inconveniences compelled her to acknowledge to a sister (with whom I saw her,) what

had passed and what she now experienced ; her appetite had not failed.

I ordered bleeding from the arm (16 oz.,) a ptisan of sweetened barley, repose, and care in her diet.

The next day I found the patient up ; she pretended that the bed increased the pain in the loins, and that she felt better to walk about in the chamber, which she did by holding the hypogastrium, and walking bent forwards. (20 leeches to the vulva.)

The third day I found the leeches spread upon the labia, and some of them attached to the salient neck of the uterus ; this at first distressed me, and induced me to watch the result with some anxiety, for I was particularly fearful that the punctures would occasion a dangerous hæmorrhage. I therefore returned two hours after ; the blood flowed moderately ; the patient was found relieved : she was kept in a horizontal posture ; the uterus was carried up more than an inch, and its neck appeared to me less hard. I was instructed by this result, though at that time I attributed the advantage gained only to the general loss of blood. I also repeated the application of leeches, at two and six days after ; the patient kept her bed closely, and submitted to a rigid regimen for about a month : her appetite diminished in the first few days of her treatment and afterwards returned. Finally, at the expiration of a month the uterus was entirely restored to its place, its neck was pliable, more voluminous than in its ordinary state, but free from every sense of pain. I did not see this patient any more.

CASE L.

Chronic engorgement of the neck of the uterus, with prolapsus of the organ.

Mad. R——, aged about 24 years, of a naturally strong constitution, but deteriorated by an unhappy youth and unfortunate marriage, had a labourious accouchment in June, 1820: since then she has constantly experienced pains in the hypogastrium, heaviness in the pelvis, and dragging in the loins; the thighs were the seat of insupportable contusive pains: these symptoms were increased by walking, late hours of labour, and domestic vexations; menstruation seldom and very slight; leucorrhœa debilitating, digestion painful; flashes of heat, irregular fever, with general emaciation and pallor; the patient suffered so much from conjugal embraces that she dreaded them.

Nothing had been done to remedy these difficulties, till the 2d of October, 1821, when I was consulted 16 months after her delivery. I found the patient pale, emaciated, feeble, and under complete discouragement.

The fever had become constant, or nearly so, with sweat, nausea, watchfulness, frequent oppression, which excited the fear of asthma; there was a constant disposition to urinate; the hypogastrium was painful, but I could not feel any tumour there. The *touch* enabled me to discover the uterus dipping into

the vaginal canal, so that its neck was level with the labia interna vaginæ. Its body almost filled the pelvic cavity ; it was very hard and exquisitely sensible. There appeared to have been a chronic metritis ; the weight of the engorged uterus explained its fall into the vagina, and both were sufficient to cause the frequent desire to urinate, the dragging in the loins, &c.

Applications of leeches, four times repeated, both upon the hypogastrium and the vulva, cataplasms, emollient injections, a mild regimen, diulent drinks, horizontal position, as well as absolute repose, produced marked comfort, although the strength did not return ; the uterus still maintained its sensibility and engorgement ; whenever the patient arose, this organ was again displaced, and most of the former inconveniences returned with new intensity.

27th October.—In this state of things I determined to apply six leeches upon the cervix uteri, with the aid of Recamier's speculum. The bites were scarcely felt. The leeches filled themselves, and the subsequent flow of blood probably amounted to about eight ounces.

After the 28th, the uterus diminished in volume very much ; the neck was more pliable, soft, and much less sensible : general state the same.

29th.—Leeches to the cervix repeated ; from that time the uterus was reduced almost to its ordinary volume. The strength has subsequently become established, and the patient has been able to walk and resume her fatiguing exercises without being incommoded.

CASE LI.

Chronic engorgement of the whole of the uterus, with ulceration of the neck, presenting the principal characters of scirrhus—resolution effected by local bleedings, and friction with antimonial ointment.

Madame F——, of a strong constitution, mother of three children, had menstruated regularly till thirty years old, when she experienced a suppression in consequence of grief for the sudden death of her two young daughters. This suppression continued six months, after which the uterine secretion was reestablished, but it returned at irregular periods, and under the form of menorrhagia. Severe pains manifested themselves in the left flank; oppression in respiration took place, as well as troublesome flushes of heat to the head, and a kind of muscular depression ensued. These disturbances were carried to their highest degree of intensity, when more than fifteen days elapsed after the suppression of the flow; they diminished upon the reappearance of this discharge. The person was of a florid complexion, the mucous secretions were of a reddish colour, the superficial veins well developed, and the pulse full and strong.

Notwithstanding a light, mild regimen, some bleedings from the arm, the frequently repeated applications of leeches, most of the symptoms continued, or only momentarily disappeared.

New ones were soon joined to them, viz., a white uterine flow, sometimes reddish, and blistering the

orifice of the vagina, causing insupportable smarting and ardour urinæ.

Lancinating pains in the uterus, dull, dragging pains in the loins, so great a sensibility of the anterior part of the thighs, that the slightest pressure there was intolerable, tearing pains in the groins, sometimes extending even to the sides, capricious appetite, irregular sleep. The patient arrived at the age of thirty-six, in the midst of all these disorders, increased by domestic vexations and commercial losses. Being consulted, some time in 1820, I assured myself by the *touch*, that the uterus was engorged to a volume of the size of the fist, the cervix was very much swelled and hard, presenting folds, separated by deep furrows corresponding to the commissures of the os tincæ; the anterior lip appeared more voluminous than the posterior, and of an exquisite sensibility; its half gaping orifice permitted the escape sometimes of a limpid or reddish serosity, sometimes glairy filaments more or less sanguinolent.

I insisted upon general and local bleeding; I prescribed hip baths, emollient injections, &c., but she neglected the advice I gave her, because her friends made her believe, and she persuaded herself, that this was her critical period, and that it would necessarily be contrary to nature to use any remedies. Meantime, the persistance and the increase of the disease rendered her uneasy, and I was again consulted in 1821. What was here remarkable, is this, that notwithstanding the disorder of the functions, the unfavourable moral circumstances which assailed her, this

lady preserved her embonpoint, though the softness of her flesh, the yellow colour of her skin, bespoke a profound alteration of her health.

A calming and antiphlogistic treatment, as well internal as external, produced only feeble and momentary relief. The patient could not move about her apartments, as the least exercise developed the pains to an insupportable degree.—Bleed eight oz., the 19th August.

23rd.—Six leeches were applied to the cervix uteri; an injection of a thick decoction of marsh mallows, with the heads of poppies, was administered. By the speculum, I was enabled to see the neck of the uterus, forming a tumour, with two swellings, one posterior, the other anterior, of a rose white colour, and apparently united to the anterior surface of the posterior lip, where there was a superficial erosion of six or eight lines in extent, transversely.

All the pains, and most of the other symptoms, passed away, as by enchantment; sleep was enjoyed, the appetite returned, the patient rose and moved about in her chamber, without suffering.

The cervix uteri was less voluminous, less sensible and less hard. The same was the case with the body of that organ, which appeared reduced.

The patient, however, relapsed, and a fresh application of leeches was made on the 29th; the ulceration was scarcely perceptible. There was immediate relief in the diseased part, and from this moment, the uterus regained nearly its natural volume. But new pains arose from new affections, which it would

be useless here to mention. It will be sufficient to say, that the uterine alteration, although of long standing, and which until then, had resisted all treatment, has almost completely disappeared. At least it has been so considerably mitigated, that the menses have taken place twice since this period, and in natural abundance. I am far from considering the cure here as accomplished; but at least, can it be doubted, that the disease of the uterus, consisting in a chronic metritis, with symptoms of the scirrhus state, has yielded for the present, to the application of leeches to the cervix uteri?

The preceding was noted in the following November—we now refer to what has occurred since.

Mad. F. has resumed her old occupation, of carrying jewelry some distance from home, and hawking it about in the shops and hotels.

The attacks recurred several times, and always yielded to the treatment, which had been previously successful. They were removed, but the patient experienced almost constantly, pains and weight in the loins. Subsequently, she was obliged to suspend her business, and was unable to bear the slightest fatigue. A small bleeding from time to time, and an imperfect repose, was all that could be obtained.

In 1830, symptoms of metro-peritonitis were manifested.

Bleedings, repeated applications of leeches to the hypogastrium, baths, &c., allayed the disease. I obtained advantage from confining the patient to her bed three months. The cervix uteri remained en-

gorged, and was occasionally, the seat of some lancinating pains. Baths, injections, and antimonial frictions were used.

The patient was now able to make long walks without much suffering ; the appetite returned, the menses were less abundant and less irregular, for eight or ten months past ; the symptoms of the uterine affection appeared rather to diminish than increase, and we are permitted to hope that the engorgement will remain stationary, and if the critical period is passed without the occurrence of degeneration, or transformation, it will perhaps remain finally inert as is seen in the scirrhus engorgements of the breast in some women.

REMARKS.

Under the influence of an antiphlogistic treatment, a uterine engorgement with superficial ulceration, existing for seven years, and which might readily pass for scirrhus, diminished, and almost completely yielded to the application of leeches upon the diseased parts. The too prompt interruption of the treatment, upon the indispensable perseverance of which, experience has not sufficiently enlightened me, the fatigues, &c. to which the patient is constantly exposed, occasion one relapse, and subsequently more. The engorgement terminates by remaining stationary. The critical epoch approaches ; a renewal of the uterine disease of a highly inflammatory character extended to the

hypogastrium, is then developed ; an active treatment followed by prolonged repose, the use of baths, injections, frictions of antimonial ointment, produces a little reduction in the uterine engorgement, which subsequently remains stationary, but without occasioning as at other times any disturbing symptoms, and without materially altering the general health. Is it not probable that a treatment more patiently prolonged, would effect a complete cure? Much has been gained, if we can only arrest the progress of the disease, and prevent degeneration into confirmed cancer. The actual state of the patient gives hope of obtaining this result, if she follows up the hygienic and therapeutic precautions which her case requires.

CASE LII.*

“ A young lady whom I had attended before her
“ marriage, for various affections, principally neural-
“ gic or erysipellatous, was troubled during her first
“ pregnancy with a peritonitis, circumscribed to the
“ hypogastrium, and which was removed by bleeding
“ from the arm, application of leeches, baths, &c. ; at
“ the period of her parturition, a new peritonitis came
“ on, which was successfully combatted and destroyed
“ by the same means ; but she rode out in a carriage
“ during the cold weather, and went twelve miles to see
“ her infant, which had been placed with a wet nurse
“ in the country.

* Guilbert. *Considerations pratiques sur certaines affections de l' utérus*, p. 13.

“ After her return, a very considerable peritonitis, accompanied by a marked metritis, manifested itself.

“ The accoucheur, M. Gardien, again called, recognised these divers lesions, and applied a suitable treatment promptly and actively, which reduced the peritonitis and diminished the metritis; the engorgement of the body of the uterus continued, although the means which appeared useful were persevered in.

“ New, revulsive and derivative bleedings, baths, cataplasms around the pelvis, erratic vesicatories, and appropriate injections to the interior of the vagina, &c. were all used without effect. M. Recamier, was called in consultation; an attentive examination of the diseased regions, by means of the methodical touch, practised by the vagina and rectum, exhibited to him a well marked engorgement of the posterior lip of the os tincæ and underneath, on the face of the rectum a slight salient tumour which was of the size of a half walnut. The tumour was renitent, and induced the hope that it did not conceal one of the small abscesses which we often observe in the substance of the uterus, upon the termination of the fatal metritis; otherwise, the sensibility of the os tincæ, not long since exquisite, had diminished; *douches** at first emollient and subsequently resolvent, were prescribed; narcotics were also directed; the douches renewed the pains, and it became necessary to abandon them: in a word, the best calculated means appeared

* *Douches*, thick medicated fluids poured into the vagina from a cup or vessel made for the purpose.—TRANS.

“unavailing, and the diseased parts continued in the same state.

“Meanwhile, I considered that the patient had been recently subject to erysipellatous affections, which readily admit of white engorgements with induration. I ought also to consider, that this lady was extremely liable, from her parturient state, to give place to more or less considerable engorgements; having, otherwise, only little confidence in the means I had at command, resembling those ordinarily practiced, to add to those which we had advised, and used, it became necessary for me to seek for other remedies which might give me hope of complete success.

“It was thus that I came to think of making the application of leeches upon the engorgement itself, immediately upon the thickened lip of the os tinæ, and also upon the conspicuous portion of the base of the tumour. The immediate application of leeches upon the cervix uteri, is the means of treatment which I recommend to the attention of my professional brethren.

“I mentioned it to M. Recamier, who strongly approved the project.

“To render this application easy, I advised the preliminary introduction of the speculum uteri of this practitioner, which instrument makes the application extremely easy.

“M. Recamier proposed the employment of a glass tube, as a means by which we may by the aid of the breath, carry each leech to a determined point.

“Four leeches were first applied, the glass tube

“ prepared for the separate application of each leech,
“ was useless, as well as the dressing forceps which
“ were provided to aid in this operation. The fingers
“ answered best ; the leeches were directed to the neces-
“ sary points without difficulty ; they took hold without
“ giving so much pain as when applied to the skin, and
“ they appeared to furnish a little more blood than else-
“ where. This little bleeding, which had been satis-
“ factory, was repeated some days after, as I did not
“ think that the first application could be sufficient to
“ destroy such an engorgement as I have described ;
“ the pains still existed. The second application was
“ with six leeches ; the mucous membrane of the cervix
“ had become pale, apparently from the effect of the
“ first bleeding.

“ This second dissipated the pains of which we have
“ spoken, and even scattered the whole engorgement of
“ the tumour. In fact, the exploration which was then
“ made, showed no tumour, no engorgement of the
“ posterior lip of the os uteri ; most of the pain, most
“ of the redness, and all things had returned to their
“ accustomed order. The patient, who before could
“ not bear the carriage, could now ride in it without
“ pain.

“ Thus we had obtained, in a few hours, so to speak,
“ such considerable and salutary changes, as the ordi-
“ nary means accumulated and disposed with method
“ had failed to procure for us.

“ Meanwhile, when the menstrual period arrived
“ with this young lady, long time subject to amenor-
“ rhœa, and recently delivered, and in whom the pletho-

“ric state of which we have spoken existed, slight pains
“came on, and we used the same means, which at this
“time might not be indispensable. We nevertheless
“found them useful, and every time that it substituted
“menstruation, it made the pains cease.”

I have reported the case of Professor Guilbert, because in the midst of the most negligent compilations are found curious details which fully confirm many of the considerations into which we have entered, upon the signs of the engorgements of the uterus, and upon the efficacious results of the application of leeches upon the diseased parts.

CASE LIII.

Chronic engorgement of the neck of the uterus, with prolapsus. Cure by the ordinary antiphlogistic treatment.

Mad. Delah, was delivered at 27 years. Some months afterwards, she aborted, in consequence of a fright, having been pregnant two months at most. The next day after, she attended to her business. She had hæmorrhage in the evening. She reposed for three days. The blood continued to appear, though in small quantity. There were dull pains in the pelvis, alternations of swelling and flattening of the abdomen, loss of appetite and embonpoint. Some months passed over, without the return of the menses. Application of leeches to the vulva, irritating pediluvia,

and some emmenagogues, were advised. The indisposition, however, increased. She felt something resembling a strange body in the pelvis; when she stooped, it seemed to her, that something was going to escape from the vulva. She was tormented by uterine tenesmus, and constipation; sometimes the urine flowed almost involuntarily, but drop by drop, sometimes several hours, or even a day passed without any evacuation, but soon after lying down, it flowed in abundance. By the advice of her midwife, and with the approbation of her physician, she repeated the application of leeches to the vulva.—Confinement to bed for several days, and the use of the pessary, were prescribed.

The presence of the instrument, although very troublesome and painful, was however, supported; the patient desiring at any sacrifice, to rid herself of her infirmity. The menses appeared sparingly at each time, and the pains in the loins and hypogastrium, augmented in intensity.

In the meantime, having been called in consultation, to the son of this lady, labouring under gastroenteritis, with alarming cerebral symptoms, I was made acquainted with the state of the mother, (18 months after her abortion.) I removed the pessary, and found the neck of the uterus of the size of a large egg, very hard, hot, and painful. In compressing it, the patient complained, that I gave her great pain in the loins. I presumed that the displacement of the uterus had only been the result of the engorgement of that organ; consequently, I advised bleeding, in-

jections, baths, absolute repose for six or seven weeks, and a very mild regimen. These means persisted in, caused the engorgement to disappear completely. Four bleedings were practiced, the catamenia were re-established, and there have been no more signs, either of descent or of engorgement of the uterus since.

CASE LIV.

Chronic engorgement, with ulceration of the neck of the uterus, the consequence of acute metritis, and apparently maintained by a supposed venereal cause.—Antiphlogistic treatment ; mercurial frictions ; resolution ; relapse.

Madame L—— was married, contrary to her taste, but to please her family, to a man repulsive in every respect. She soon lost her former freshness, and had an habitual leucorrhœa, and preserved her natural gaiety only in appearance. Fearing to add to the unhappiness which had overwhelmed her family, by revealing to them her domestic vexations, she kept her trouble to herself. Meanwhile she had three children. Some days after her last confinement, (27th September, 1822), notwithstanding her debility and suffering, she arose to attend to the affairs of her house, in order to avoid exposure to reproaches and bad treatment, which she commonly received from her husband. An acute metritis was speedily the consequence—the antiphlogistic treatment triumphed over

it, or at least, arrested its progress; but for want of precautions sufficiently long continued, the disease passed into a chronic state, and profound derangement of the health began to excite serious fears in the husband himself, who requested me to attend her.

By an examination, I discovered a hard and nipple-like engorgement of the uterus, which dilated and filled the fundus of the vagina. Its smooth surface, however, presented a depression, with irregularity about the left commissure of the os tincæ; at that spot the touch became most painful, and there appeared to be ulceration. She was unwilling I should examine with the speculum. A yellowish, and sometimes sanguinolent fluid of a nauseous odour, flowed incessantly by the vulva. Moreover, constant pains in the loins, the sensation of burning in the bottom of the pelvis, and lancinating pains returned at frequent intervals, and wakened the patient suddenly during the night, or when overcome by disease and fatigue, she give herself up to some short periods of repose. The treatment was the same as in the preceding case, only I added to each injection, a drachm of laudanum. I ordered her attendants to apply to the internal surfaces of the thighs, frictions of calomel ointment. It was less, as a resolvent, that I employed this medicine, than because the venereal affections which her husband had had in his youth, made me suspect that the ulcerated engorgement of the uterus might readily be maintained by that cause, although this man, in whom I had confidence, assured me, that for a long time before his marriage, every syphilitic

symptom had disappeared, without there being any indication of return since. In less than three months, the cervix uteri returned to its usual size, and the catamenia were re-established. But within a few years, they have become again deranged, with every symptom of relapse. The patient, tired of the sad life which she led, was unwilling to submit to any treatment, hoping that her unhappy days would be shortened by permitting the disease to take its course.

CASE LV.

Prolapsus uteri, by chronic engorgement of the neck of that organ. Cure by bleeding, repose and diet. Subsequent pregnancy.

Madame H——, aged 30 years, of a small stature, but very muscular, had prolapsus uteri, commencing three and a half years since. When she was delivered of her second child, she attributed her indisposition to the circumstance of her having carried some furniture very soon after her accouchment. Since then she has felt painful draggings in the loins and stomach, heaviness upon the rectum, and the approaches of her husband have been very painful to her. The catamenia were gradually reduced to nothing. The midwife who had accouched her, recommended a pessary, which she could not wear in

consequence of the violent pains its presence produced in the loins. In the meantime, by the advice of M. Dupuytren, she replaced it, but she was soon obliged to withdraw it again. Many attempts having been unsuccessful, she bore her disease in patience. But the suffering and constraint which she experienced, the impossibility of raising any heavy body, and the inability even to make her bed as customary, induced her to revisit M. Dupuytren, who advised the repetition of the pessary, or a state of pregnancy. The attempts to procure the latter object having greatly augmented the inconveniencies, I was requested, 11th July, 1818, to place a pessary, thinking I had the address to do it without occasioning suffering; but the state in which I found the cervix uteri, prevented me from complying with the wishes of the patient. The part was very much tumefied, hard, very sensible to the touch.

I thought that the disturbances which the patient experienced, and the prolapsus itself, might readily depend upon this engorgement.

I immediately confined the patient to her bed, and advised her to keep it for a month at least. I directed her bled from the arm every eight days, to the amount of eight oz. each time. She was subjected to a soft and moderate regimen. At the end of four days, the uterus returned to its natural place, when I prescribed emollient injections, and baths every two days. Every four or five days, the patient took a spoonful of castor oil, which was sufficient to excite two or three operations,

and overcome the constipation which had troubled her.

Two days after I commenced the treatment she menstruated, though in much less amount than usual.

At the next period the discharge was much more abundant, but continued only for one day ; the cervix uteri had diminished one third, and was pliable. She was bled twice about this time.

At the third period, the cervix, which had almost returned to its ordinary form and volume, became tumefied ; in the meantime the sanguineous discharge continued all day, (7th September) in sufficient abundance : the next day eight ounces of blood were taken from the arm.

The patient, who had a good appetite, and who felt her strength renewed, left her bed contrary to my wishes. No accident however occurred. At the next period, the menses continued full two days, as much as at other times. Finally, the fifth period, they did not appear, and the patient visited me, fearing a relapse. But the *touch* proved the cervix to be in a good condition. I suspected the commencement of pregnancy, which in fact existed.

Her accouchment took place at full term, and as easily as at the two preceding ; but by way of precaution, I kept the patient in bed fifteen days, and I did not permit her to go out and attend to her business till after the expiration of six weeks. Nothing particular has since occurred in relation to the uterus.

CASE LVI.

Chronic engorgement of the neck of the uterus—sterility—improvement by the antiphlogistic treatment rigorously followed—residence in the country—prompt resolution of the rest of the engorgement, by the application of leeches to the engorged part.

The wife of an officer of the life guards, experienced violent pains during sexual intercourse. Having been married four years, she despaired of having children. The catamenia, copious when she was a girl, had scarcely appeared since her marriage; sometimes, however, she had menorrhagia. She had also a leucorrhœa, to which were attributed her pains and emaciation, as well as her sterility. The *touch* convinced me that the cervix uteri was engorged and hard, the posterior lip especially presented a prominence of the size of a pigeon's egg; this part was found about two and a half inches from the vulva. I felt nothing in the hypogastrium. I prescribed for her as follows.

Spend six weeks in the country, be bled once or twice from the arm in the intervals of the menses, keep in a horizontal position constantly, live only upon milk and vegetable food.

About eight months after, this lady visited me, and I could not at first recognize her, she had improved so much in embonpoint and freshness. Though she had been fifteen days in Paris, she had lived *absque marito*; for, notwithstanding the apparent improvement which

she had made, she was always troubled with dull pains in the loins, and her menses though more abundant, were not yet so much so as in health. I discovered the cause of these difficulties in a remaining engorgement of the posterior lip of the os tinæ. It was the size of an adult thumb, and very hard. I proposed the application of leeches upon it, to which she agreed; eight of them were put on the next day. In two days after, the engorgement was reduced one half, and the part rendered more pliable. Three days after, six more leeches were applied, which completely removed the engorgement. I induced the patient to lodge by herself for some months longer.

She became pregnant in 1823, but as she sailed with her husband, I have not since heard of her.

CASE LVII.

Chronic engorgement of the neck of the uterus of seven years standing. Leucorrhœa, prolapsus uteri, acute hysteritis; leeches to the uterus, antimonial frictions. Cure in less than three months, pregnancy shortly afterwards.

Madame Humblot, aged 27 years, keeping a restaurant and furnished house, had been for seven years affected with leucorrhœa. In this time she had lost her only child, at the age of three months. She attributed her leucorrhœa, the derangement of her menses, and the pains which she experienced in the pelvis, to

the vexation which this loss had occasioned her. To the incessant pains in the loins, hypogastrium, thighs, &c., were joined violent hysteric paroxysms, occasioned by the lancinating pains which interrupted sleep, or attacked the patient in the midst of her occupations, or were easily brought on by even slight contradictions, from the extreme irritability she had acquired in consequence of these sufferings, which had rendered her very easily disturbed. These attacks happened most frequently at the menstrual period, and it was then also that her other symptoms became more intense.

Of five or six physicians who had been successively called to take charge of her case, one prescribed reputed anti-leucorrhœal medicines, another emagogues, a third supposed that all the symptoms were entirely owing to a prolapsus uteri, which in fact existed, and in consequence, he had placed and replaced at different times pessaries of various forms, sizes, and materials. The patient could not bear any of them. Left finally to the employment of useless means, she had renounced all treatment. She hoped however that a new pregnancy would cure her. But her sufferings finally became insupportable, she lost her embonpoint, and could not remain up more than two hours in the day, experiencing a general sense of feebleness, to remove which, she ate strong food, though without relish. Nausea, indigestion, frequent diarrhœa, were the result of this course of diet. She visited me 23d August, 1828. Her description of her symptoms made me suspect an affection of the uterus,

of which the touch satisfied me. The cervix presented itself between the nymphæ, having the size and form of the neck of a six ounce phial; it was hard and of a rose white. The deep red colour of her cheeks contrasted strongly with the pale yellow tint of the rest of her skin; this red colour of the cheeks was natural to her. The tongue was red and pointed, there was sensibility in the epigastrium, the features were elongated, the eyes were sunken and circled, the extremities were constantly cold, and were warmed with difficulty.

I directed the patient to return to her home; advised her to remain in a horizontal position, with the pelvis elevated above the rest of the trunk, and to be bled the next day 18 oz. Cataplasms, mild drinks, rigid diet, a bath of two hours every other day, gum-water as a drink, and decoction of the roots of marshmallows and poppyheads, to be applied to the uterus and vulva as a wash.

27th. The uterus had returned to its place, but the engorgement was the same; 12 leeches upon the neck of the uterus; bath of two hours duration.

28th. The anterior lip appeared a little softened, without being sensibly diminished in volume; the tongue was red only on the point, the epigastrium scarcely sensible, and diarrhœa was arrested.

30th. Repeated the leeches; the anterior lip had diminished one third, and the posterior one softened.

Sept. 1. Pains in the loins, sense of tension, attack of hysteria. She states that this was her menstrual

period. The discharge appeared in the course of the day and continued till in the following night.

2nd. The catamenia had ceased ; the neck of the uterus was as much engorged as when I at first examined it, but apparently less consistent.

11th. Twelve leeches to the neck produced a large quantity of blood.

12th. The anterior lip was reduced two thirds, and soft ; the debility of the patient is such that she cannot be raised upright without losing her consciousness. The baths were suspended ; pure milk and chicken broth were allowed her. Frictions were made on the limbs with antimonial ointment.

From the 26th of September, the resolution of the engorgement was rapid ; allowed her light soup twice a day, and afterwards three times a day.

October 2d.—There was a plentiful flow of the menses, without the ordinary pathological precursors.

17th.—The neck is elongated, of the size of a thumb, soft and very pliable. Eight frictions of the antimonial ointment have been used, making eight drachms of the tartar emetic. Some small vaccini-form pustules appeared about the groins and elbow. The frictions were suspended ; allowed her fresh eggs and greens.

November 6th.—The patient set up ; the leucorrhœa was almost gone.

28th.—I found her engaged as if she had not been sick. Two months and a half afterwards, in the course of January, 1829, she became pregnant.

In July, of that year, she contracted a peripneu-

mony, with hepatization of the right lung, which resisted an energetic antiphlogistic treatment, and passed into a chronic state. M. M. Marjolin, Pilon and Vallerand de Lafosse, called in consultation, agreed with me in the prognosis. The patient approached the term of her pregnancy, and on the 5th of September, she was delivered of a healthy boy by the simple contractions of the uterus. No lochia flowed. She died six hours after.

CASE LVIII.

Engorgement of the neck of the uterus, with a scirrhus appearance—almost complete resolution obtained by the influence of repeated bleedings, &c.—too early exercise, and painful moral situation—tendency to relapse—cure.

Madame C., aged 40, had had six children. After her last accouchment but one, she suffered for a long time distress in the hypogastrium, and heaviness upon the rectum. Since the birth of her last child, which occurred five years ago, the same pains recurred, the catamenia diminished in quantity; the lancinating pains in the sacral region were almost constant; sense of dashing or rending in the thighs, distress in standing or walking a short time; changes of complexion and features, made gradual progress. Fatigue and anxiety occasioned by a severe illness of her eldest daughter, increased these symptoms.

The accoucheur, several times consulted on the occasion, advised the pessary, which however she did not wear, and neglected every other means.

1830, March 5.—I proved the existence of prolapsus, with a very hard engorgement of the neck of the uterus.

I was unable to induce the patient to remain constantly in bed. Accustomed to provide for, direct and superintend the affairs of her family, she was unwilling to refer these cares to other persons; and the husband feared that diet, baths, and especially repeated bleedings, which I advised, would cause too great a debility, and desired a consultation. For this purpose M. Marjolin was selected. He recognized the engorgement, and gave a prognosis much more unfavourable than mine, but agreed with me in the propriety of the treatment which I had proposed. The patient, more alarmed, became a little more docile, and we soon perceived that the engorgement left scarcely any traces in the posterior lip. A bleeding was practiced some days before, and another some days after the menstrual period. The catamenia flowed easily after the third period, and more abundantly than they had done a long time previously. She at first used the hip bath, but although the temperature was much elevated, the heat in those parts did not diminish. The entire baths appeared to produce the best effects.

She felt better, and resumed her former manner of life. She neglected the mild regimen which I had prescribed for her, and at the commencement of the win-

ter, the symptoms reappeared. They again yielded to repose, and returned again in March, 1831. The patient, tormented at that time by matters of interest, and otherwise irritated by the slightest causes, had a remittent cerebral fever, which after being treated by blood-letting, yielded entirely to the sulphate of quinine. After that time, the cervix returned to its natural state, with the exception of a small tuberculous and painful engorgement, which existed in the posterior lip. There was reason to fear that this nucleus would become the source of a relapse and of serious alterations, if the patient should persevere in her active habits.

Although this case may be incomplete, it no less proves the success obtained from a prolonged antiphlogistic treatment, rigid diet, absolute repose, &c. I am convinced that the cure might have been complete, if the patient had been more quiet, or had not been harassed by moral circumstances, the unhappy influence of which upon the uterus, is always to be feared.*

* Placed in more favourable circumstances, the person which made the subject of this case, submitted herself to absolute repose, proper regimen, and applied thick injections, which I had before prescribed for her; and after some months perseverance, she recovered her natural condition. She was found free from any trace of engorgement, 20th January, 1832.

CASE LIX.

Ulcerated engorgement of the neck of the uterus. General bleeding. Leeches to the neck. Residence in the country. Antimonial frictions. Cure.

I was called in consultation with M. Lisfranc, 17th September, 1830, to Madame L., whom her physician, (of a reputation otherwise respectable,) had said to be affected with a cancer of the uterus, and had advised her husband not to incur the expense of useless treatment, as the affection would inevitably cause death, sooner or later ; but at most, within two years.

This lady was 31 years old ; fair, and of fine carnation complexion. She had had an infant at 24 years. She had had an abundant leucorrhœa, which continued a year and a half, and disappeared in proportion as the pregnancy developed itself. She had had an abortion at six months ; slight lochia. The pains in the loins, which had preceded the abortion, continued. Instead of the catamenia, there was a sero-sanguineous discharge, the periods of which were marked by an aggravation of the morbid symptoms. Thus, lancinating pains, sense of heat in the loins, of erosion and burning about the sacrum, and uneasiness in the inferior extremities. We discovered the cause of all these, in a very hard, but regular engorgement of the uterine neck. We prescribed—

Repeated bleedings from the arm, cataplasms and

injections, both emollient and narcotic, absolute repose, rigid regimen, and mild drinks. I encouraged the patient, by explaining to her the inflammatory nature of her malady, and by the certainty of a complete cure.

Our prescription was irregularly and incompletely followed; the symptoms, at first allayed, reappeared with increased intensity. She then consulted Dupuytren, who reported a cancer with ulceration of the neck of the uterus, and said, "There is only one means of preventing the fatal consequences of it—that is to remove the diseased parts; perhaps that will not completely *cure*, but it will *relieve*. I advise a prompt decision to be made, as all *temporising* would be *fatal*."

More discouraged than ever, she visited me without at first saying whom she consulted, and informed me of her distress, and desired to know if I still thought as I did when I was in consultation with M. Lisfranc, viz. that her disease was curable. I made a new examination, and found the engorgement increased, offering a nipple-like prominence on the posterior lip, and still more, an erosion at the internal face of the same part. The patient complained of continual dull burning, and frequently acute pains, which extended from the uterus into the left thigh. There was no trace of discharges, except a slight sero-sanguinolent distillation from the surface of the erosion, the greyish and reddish granulated bottom of which was delineated upon the white, or slight rose colour of the tumour. The case was a serious one; however, in taking into

account the shortness of the time the disease had existed, (about 13 or 14 months,) and having seen cures of older and more advanced diseases—with the view of calming the alarm, which had been excited in her, I assured her that her disease, in increasing in its intensity, had not changed its nature, and that it was still susceptible of cure.

Bleedings, diet, repose, repeated baths, and injections, soon produced the effect which I expected from the persevering employment of these means. This was conspicuously marked after three applications of leeches to the cervix uteri, on the 25th of February, 11th and 18th of March, 1831. The patient felt relief from the pains and believed herself cured; but the resolution was not complete, the symptoms were renewed by domestic vexations, and the bustle of large commercial enterprises, which prevented her from taking the repose so necessary in her case. In order to be withdrawn from the obstacles which were opposed to her cure, and to give exclusive attention to her treatment, she removed into the country near Paris. In a month afterwards, she was bled from the arm, had leeches applied to the cervix, and on the 30th of April, the neck was found elongated, pliable, and preserving but a small point of engorgement of the size of a cherry stone, in the thickness of the posterior lip. All the pains had ceased, the catamenia were abundant, and without renewal or increase of the inconveniences: in fact, I had intimated that complete cure would be promptly obtained. She was however, severely threatened with relapse, for in May,

1831, there was a renewal of the pains, the neck had become engorged and hard, the erosion which had cicatrized, was renewed; the menses were less abundant. (Bleeding from the arm, severe regimen, baths, and thick injections.)

20th May. The same state of things; eight leeches to the cervix uteri; frictions of antimonial ointment; thick injections retained all night in the vagina.

24th May. Complete disappearance of the pains: I found the neck a little swelled, but pliable and soft in all its parts.

In September, the patient took a journey of about two months, during which she was frequently shaken in a public coach. She had continued her debilitating treatment. At her return, she desired me to inform her of the state of the uterus; I applied the speculum, and I found the neck swelled of the size of a walnut, and of a slight rose colour. 'This state of things gave me uneasiness, which however was soon dissipated by the touch. The pliancy and softness of this part proved that the primitive engorgement had disappeared. I attributed this puffy swelling to an œdematous state, analagous to that which attacks the uvulva, after it has been inflamed.

There had been more leucorrhœa than before: I therefore prescribed a less debilitating regimen, and the use of ferruginous waters. After that time, the cure appeared completely confirmed: every symptom depending upon a morbid state of the uterus, disappeared, and the cervix was restored to its natural state. There was no more leucorrhœa, and the

embonpoint and freshness of the countenance attested the return of the most satisfactory state of health.

The advantageous effects which the women affected with engorgements of the uterus obtain from a residence in the country, are confirmed by a case which M. Lagneau has reported in an inaugural dissertation. I borrow it from page 293, Vol. 33d of the Dic. des Sciences Medical.

CASE LX.

“ Madame ———, aged 38, of a lymphatico nervous temperament, had had only one child, which
“ did not live ; after having experienced many domestic vexations, she became subject to very acute pains
“ in the hypogastrium. They were generally dull and
“ constant, but were exasperated by the least contradiction, and particularly by coition, which towards
“ the end of the disease was always followed by the
“ discharge of some drops of blood from the vagina.
“ The loins, groins, and the region of the ischia, the
“ interior of the thighs, were always more or less painful ; she also experienced an habitual sense of
“ weight in the rectum, accompanied by tenesmus.
“ To these symptoms were joined a slight discharge,
“ sometimes white, sometimes yellow or green. The
“ touch evinced to several physicians that the neck of
“ the uterus was tumefied in its whole circumference,
“ and that at the fundus, that organ made a well marked tumour in the hypogastrium ; pressure on it gave
“ pain.

“Mild regimen, moderate exercise and tranquillity of mind were prescribed, as well as bleeding from the arm, several applications of leeches to the anus and vulva. When the menses were delayed, or did not flow in sufficient quantity, the organ remained in a state of engorgement, which renewed or increased the pains; hip baths and general baths were advised, as well as injections of water of marsh-mallows, rendered anodyne by the addition of poppy heads, or a sufficient quantity of crude opium.

“This treatment mostly succeeded in calming the unpleasant and disturbing symptoms which the patient experienced; but they reappeared, more or less some time after, upon the occasion of some lively moral emotions, or sometimes even without our being able to attribute them to any cause. Finally, she was advised to reside in the country, where she remained three months. She had scarcely left Paris, before she found herself a little better, and her sojourn in a salubrious residence, far from all that could produce vexations, or recal her former perplexities, entirely completed her cure.”

CASE LXI.

General chronic metritis following parturition; ordinary antiphlogistic treatment; antimonial ointment; cure.

Madame B——, tall and slender, cleared up her room, fifteen days after a long and severe labour, which had left an engorgement in the uterus; two

months and a half after that, I saw the patient again. The uterus presented a tumour in the hypogastrium, which was hard and painful to pressure ; the neck was also hard and effaced ; the infundibuliform orifice, partially open, permitted the escape of a reddish serosity, in considerable quantity. To the heaviness and lumbar pains were added frequent and spontaneous vomitings, alternate flushings and paleness of the countenance, with great alterations of the features. There was evidently chronic metritis. I confined her to her bed, ordered eight bleedings, copious at first, and successively diminished, to be performed in eight days. Two hundred leeches were applied in several times upon the hypogastrium ; emollient applications, mild injections, and a severe regimen, constituted the rest of the treatment.

At the expiration of two months, resolution was almost complete, but the neck of the uterus remained still engorged and hard. The general debility was too great to allow us to persevere in the antiphlogistic treatment, and I employed antimonial frictions.

Fifteen days after, during which three ounces of the ointment, and consequently three drachms of the tartar emetic had been used, the neck became elongated and softened, and returned to its natural state.

Madame B. has since had three children.

CASE LXII.

Chronic metritis—leeches to the cervix—dangerous hæmorrhage, arrested by the tampon—rapid cure.

Madame Deheur, aged 30, of a mixed temperament, having had two children, aborted at two and a half or three months; she almost immediately after this, resumed her household occupations, and the lochial discharge was soon interrupted. Irregular pains in the pelvis, weight in the anus, and dragging towards the groins were experienced. Emaciation and languor were experienced in all the functions. She however persisted in being up.

Six weeks after accouchment, there were preludes of menstruation, without the appearance of the fluid; from that time there was augmentation of the inconveniences, fever, anorexia, pains in the hypogastrium at short intervals, radiating over all the abdomen; urination difficult; constipation and wakefulness.

Fifteen days elapsed, but the severity of the symptoms induced the midwife, whose opinion had been till then, depended upon, to solicit advice. This was on the 2d of May, 1827.

Two applications of leeches upon the hypogastrium were made without other advantage than to diminish the general pains of the abdomen; hip baths, cataplasms, &c., were also used.

May 9th.—The uterus was examined by the touch, which proved that its neck as well as body, was

engorged. The thinness of the parietes of the abdomen, permitted me to feel the fundus of the uterus, behind the pubis. It was of the size of a hen's egg; hard, and sensible to pressue.

Twelve leeches were applied to the neck of the uterus; the hæmorrhage from which, was very abundant, and even dangerous. The tampon was used.

10th.—I removed the tampon. The uterus was pliable, and reduced more than one-half, and its neck more projecting. To date from this period, the resolution was accomplished in a little time.

The patient remained a long time weak and pale, in consequence of the enormous loss of blood which was caused by the leech bites. Towards the close of 1829, she again became pregnant, and was happily delivered without any consecutive accidents, during the memorable events of July, 1830.

CASE LXIII.

General chronic metritis following parturition. Bleeding. Leeches to the uterus. Sojourn in the country. Complete cure. Seven years after, phthisis and death.

Madamoseille —, small, brown, and very ardent, had followed her lover to Paris: there, abandoned by him, she soon perceived that she was pregnant. Either from pity, or some other motive, a rich coal merchant protected her; and they very soon lived together as

man and wife. I was chosen as accoucher. Labour-pains commenced in the loins, December, 23d, 1822: the dilatation was hardly complete, notwithstanding bleeding and baths were used, till the evening of the 25th. The application of the forceps was indicated by the rigidity of the parts, the exhaustion of the patient, and the volume of the head of the fœtus.

The placenta was adherent; and a frightful hæmorrhage obliged me to introduce the hand into the uterus, to excite its contractions. An acute metritis of the most violent character, declared itself; it yielded to a vigorous antiphlogistic treatment, and the restoration to health was very prompt.

Requested again to visit her, in June following, (1823), I found the patient excessively meagre, the eyes sunken and encircled, the breath fetid, and she had not been able to leave her bed for near a month. She told me she had departed from the counsel which I had given her; that she had indulged in the pleasures of the dance, the theatre, the table, &c., shortly after my last visit. Pains, at first dull, afterwards violent, were developed in the hypogastrium, so that she could not straighten herself, and she was obliged to walk bent forward. The menses had not appeared since her accouchment, but she was constantly wet with a reddish watery discharge. In feeling the abdomen, I immediately perceived a hard and round tumour in the hypogastrium, apparently a little flattened before and behind, and having a slight depression at its summit. The patient had just urinated, and was also affected with a diarrhœa of long

standing; it was therefore evident, that this tumour was formed by the engorged uterus. The *touch* confirmed my diagnosis; the os tincæ was at its ordinary place, engorged, but effaced; that is to say, did not project into the vagina. The patient had till then, eaten and drank as usual, though without appetite. The tongue was red, pointed and papillated, the epigastrium was painful, the skin of the body was dry and hot, the extremities more frequently cold than warm; and it was with much difficulty that she submitted to the severe regimen to which I subjected her.

A large bleeding, and subsequently four smaller ones, four or five days apart, emollient fomentations, and baths, very much diminished the uterine engorgement.

On the 10th of July, after my first visit, the uterus was about the size of a fist; and there had been constantly dull pains. Two applications of eight leeches, with the speculum to the uterus, produced an almost instantaneous resolution.

The patient was reduced to extreme debility, and a skeleton-like emaciation, although the diarrhœa had ceased and the stomach had begun to retain aliments.

With the intention of confirming health, and particularly to prevent relapse, I urged and succeeded in getting this patient to pass some months in an isolated part of the country. There she became partly restored; afterwards she returned to Paris, where she resumed her ordinary habits of dissipation, which the

ruin of her new lover alone forced her to abandon. She relapsed into misery. In 1828, one of her neighbours desired me to visit her. I found her in a garret and reduced to the last degree of phthisis pulmonalis, to which she succumbed a few days after. The catamenia were deranged after the development of the affection of the chest, but I discovered nothing particular in relation to the uterus.

CASE LXIV.

General engorgement of the uterus of six years standing—prolapsus—goitre—copious leucorrhœa—treatment by bleeding—leeches to the uterus—preparation of iodine—cure of all. Subsequent pregnancy.

The wife of a jeweller of Lyons, came to Paris to be treated for a supposed scirrhus of the uterus, against which two physicians had ineffectually employed all the resources of the art.

She had been delivered six years previously, but with a very small discharge of the lochia; and the menses, before abundant, since, only moistened the parts with a reddish serosity, which was suppressed in a few hours. The patient was affected with pains in the loins, groins, and insupportable weight upon the rectum. She could walk but a little way; the legs were benumbed, and became the seat of contusive pains, especially in the anterior part of the thighs.

These inconveniences often became insupportable, for eight or ten days, corresponding with the menstrual periods; at that time she was forced to remain in bed; she had frequent attacks of hysteria, and more than once they became alarming from their violence and duration. An extreme emaciation took the place of her usual embonpoint; the eyes sunk; her skin was dry and discoloured. Frequent vomitings; obstinate constipation; urination frequent but in small quantity; wakefulness.

I saw her April 2d, 1823. Having been two months in Paris, she had reposed 15 days without being refreshed from the fatigue of a journey made by short stages; she had since consulted two celebrated physicians, one of which supposed it to be a case of hysteria induced by retention of the menses, and did not examine by the touch. The other pronounced it a case of incurable scirrhus, and susceptible only of palliation. Two opposite courses of treatment were consequently prescribed. Under these circumstance, the patient having understood that I had successfully treated Mad. F., (case 31,) for affections similar to those which she experienced, was induced to call upon me. I found her in the state which I have just described. The husband told me in particular that the physicians of Lyons had declared that all treatment would be useless, the patient being beyond the resources of art.

In feeling the abdomen, which was sensible at its inferior portion, and pressing the parieties towards the pelvic cavity, I came in contact with a spherical

tumour, larger than an adult fist, elevated more than an inch above the pubis, and appearing to present an extent of four to five inches transversely. In touching the os tinæ, I found at the entrance of the vagina a tumour of the size of a fist, at the centre of which there was an opening sunken into it in a manner to represent a circular pad; it was very hard and little sensible to pressure. When she stood erect, the hypogastric tumour presented the same movements which were impressed upon that portion of it in the vagina; but they could not be much extended.

The vagina was so completely filled with this tumour, that it was impossible for me to pass the finger between its parieties and the circumference of the enlargement.

The tongue was papillated and discoloured; the skin was dry and hot; the pulse small, compressed and hard; a wreath of hæmorrhoidal tumours surrounded the anus.

Prescription.—Bleeding from the arm, 12 ounces. Pearl barley water, and oatmeal gruel, with milk, to the amount of three small cupfuls a day, constituted the nourishment. *Gum water, acidulated with dog's grass*; cataplasms upon the hypogastrium, horizontal position in bed, with the pelvis rather elevated by a cushion of oats.

9th.—The cervix uteri had ascended an inch, but the hypogastric tumour rose as much above the pelvis. Repeated bleedings.

14th.—The cervix was not quite so thick. 12

leeches were applied immediately upon it by means of the speculum.

16th.—The cervix has diminished in volume more than one half, and the uterus has almost resumed its ordinary position.

The hypogastric tumour was no longer prominent, but appeared much less voluminous than previously.

22nd.—New application of leeches to the neck of the uterus.

After the 23rd, the uterus did not project above the pubis, and did not appear to be larger than a large hen's egg. The cervix projected into the fundus of the vagina, was soft and double the size of a thumb. (Allowed her two cups of whey.)

26th.—Applied six leeches to the cervix. Coarse wheat meal in chicken broth. From this time, the uterus returned to its natural state.

30th.—There were turgescence, pains in the loins, and soon after, a discharge of about an ounce of pure blood flowed from the vulva, in the course of the day. She shortly after, recovered strength enough to walk about her room.

Two months afterwards, she called me to attend to a goitre of considerable size, which had made its appearance soon after her attack of indisposition, and which she wished should be removed. A leucorrhœa still more profuse than during her sickness, gave rise to a dragging sensation in the stomach. Since my last visit, she had only two hysterical attacks, which were slight, and caused by perplexity.

I incorporated 15 grains of the hydriodate of potass,

in eight ounces of syrup, of which the patient took a spoonful four times a day. She went to spend some time at Belleville, in the environs of Paris, in a very elevated situation. After having taken the third dose of the syrup, the goitre entirely disappeared, and the leucorrhœa ceased.

This lady became pregnant, some months after her restoration to health: it advanced without accident, and her delivery was very happy. She has ever since enjoyed good health.

It is necessary that I should myself have observed the effects of the application of leeches to the uterus, not to doubt the truly astonishing promptitude with which, in most cases, they remove the engorgement.

CASE LXV.

Engorgement of the body and the posterior lip of the cervix uteri; ovaritis; hysteralgia. Want of success from bleeding, and other antiphlogistics. Cure by leeches upon the neck.

A midwife, of strong constitution and regular catamenia, was married at the age of 25. Some months after, her menses were less abundant, and frequently there was scarcely any discharge. Dull and constant pains were felt in the loins and hypogastrium, especially of the right side; besides, uterine pains, of a more violent character, were manifested from time to time;

and particularly when in consequence of her engagements, she passed fatiguing nights. She was then obliged to suspend her occupation for several days.

M. Marjolin being consulted, suspected an engorgement of the uterus, and supposed also that the right ovarium was similarly affected; and did not hesitate to express his opinion as to the consequences that might sooner or later, arise from it.

He prescribed a bleeding, and repose for one month. From this she derived a marked benefit, though of short duration: the symptoms were renewed, with increased intensity. The same means were recurred to; but as soon as she felt a little better, she recommenced her business.

This state of things progressed with increasing intensity for three years, when she being unable to continue in her profession without much pain, made me acquainted with her sufferings. Having examined her with the greatest attention, I found, 1st, an unusual swelling, with sensibility in the right iliac region; 2dly, the neck and body of the uterus very hard, and almost double size. This exploration was followed by a sudden renewal of the pains, with general nervous movements. The pulse was strong and hard; there were palpitation and oppression of respiration. Besides the pains in the uterus, the patient was troubled by an erratic rheumatism, which had no relation to the uterine affection, as, for example, the rheumatism often attacked the right shoulder and arm, without there being any diminution of the uterine pains.

Prescription.—Bleeding from the arm, repose for eight days, flannel on the skin, &c. Some leeches were applied upon the hypogastrium, without much benefit.

The patient having seen the advantage I had derived from the application of leeches to the uterus itself, suggested their use in her own case. The success of the operation surpassed our expectations; for after another bleeding from the arm with leeches to the hypogastrium, I had eight put on the uterus; the engorgement was almost instantly dissipated. The menses reappeared as previously, and she was able to reengage in her business in less than a month. She however took care of herself, made daily use of hip baths,* of two hours continuance, and remained in bed as much as possible. She was many times after that, threatened with relapse, but, at the least indication, she resorted to a free bleeding from the arm, and the use of baths, with repose, and thus prevented the development of the disease. The catamenia became established, and the most attentive examination I could make, removed from me all fear of relapse. The resolution which took place now almost four years since, appears to me to have been complete.

* We are unable to understand the manner in which warm *hip baths* operate to be useful in cases of uterine engorgement. It appears to us that such partial immersion would invite the blood to the vessels of the uterus, already in a state of congestion, or strongly disposed to it. *Complete* emersion, continued sometime in water of an elevated temperature, however, where it can be done without too much fatigue to the patient, promises much greater benefit, by giving a decided determination towards the peripheral vessels.—TRANS.

CASE LXVI.

Chronic engorgement of the body of the uterus—antiphlogistic treatment—cure.

Madame Demouche, of a delicate constitution, and married sixteen and a half years, became successively mother of four children, one every year; after the last one she had an acute metritis, which yielded to the application of leeches and cataplasms to the hypogastrium. An inflammatory engorgement of the breasts obliged her to suspend nursing her child. Her husband, affected with a hereditary phthisis, insisted upon his conjugal privileges before the expiration of six weeks, when the wife was scarcely reestablished. From this indulgence, she suffered deep pains in the hypogastrium and loins, inability to stand erect, nausea and vomiting. These symptoms partly yielded to some days of repose, and the application of emollients upon the hypogastrium; but when the patient rose, or suffered the approaches of her husband, the same phenomena were experienced more intensely. The menses not having reappeared, she was thought to be pregnant.

Three months elapsed, and as the abdomen did not increase in size, as the breasts flattened and she emaciated considerably, (phenomena entirely opposite to those which attended her previous pregnancies,) beside a sense of stunning, and head ache, she had me called. It was almost five months after her accouchment.

The neck of the uterus had more than four times its natural size, and formed a thick pad, with a small central depression, and presenting three nipples separated by depressions which converged towards the central one. The anterior of these nipples appeared to be formed by all the anterior lip of the os tincæ, the posterior lip constituting two unequal tumours, the left one larger than the right. The depression which led into the uterine orifice was moistened by sanguinolent mucosities. The touch was little painful; the uterus could not be felt through the hypogastrium.

I at once advised the patient to live *absque marito*; and under the influence of two bleedings only, with emollient fomentations, baths, mucilaginous injections, and proper regimen, she was restored.

I was subsequently informed that this young lady, having become a widow, was again married two years after, and that she had given birth to another child in consequence of this second marriage.

CASE LXVII.

Chronic engorgement of a scirrhus appearance, with ulceration of the cervix uteri. Immediate application of leeches on the neck of the uterus—cure—relapse—termination in confirmed cancer.

Mad. Levêque, aged 59, of a strong constitution, had a suppression of menses at 46 years, without accident or any remarkable phenomena.

At about 57½ years, there was a spontaneous appearance of a menstrual-like discharge for some days, and from this period there was a sensation of heaviness in the pelvis, some pains in the loins, though in a feeble degree, and so little constant, that the patient appeared not to recall them, only from the questions which I addressed to her on the subject.

At 58½ years, a year later, a slight sero-sanguinolent discharge occurred, with stronger and more frequent pains in the loins; three months after, the discharge was more abundant, sometimes more sanguine, sometimes more serous, occasionally, almost entirely sanguinolent, but constantly under one or other of these characters. Pains in the loins increased, some shootings extended into the pelvis, a sense of stunning, or numbness occurred in the thighs, and she became easily fatigued. But the predominant symptoms were, the loss of appetite, nausea, and vomiting at first of the food, although taken in moderate quantity, and of

an unirritating nature; afterward every thing she swallowed, almost immediately after taking them into stomach. There was habitual constipation, urine scanty and deep coloured, or containing sediment, and complete insomnia. I was consulted for the vomiting, which very much fatigued the patient, and which deprived her of a great part of the embonpoint, which she had heretofore presented. The tongue was in a natural state rather pale than red, without development of the papillæ, or any furry coat on its surface. I could not discover any sensibility in the epigastric region, though closely examined by the hand upon it. I thought that the functional derangements could only be sympathetic, and suspected that the causes of these phenomena resided in the uterus, and that in that organ the principal malady existed.

The touch, changed my suspicions into certainty; the iliac regions, and especially the hypogastrium, were very sensible; slight compression produced several pains, particularly in the latter point; there was also a slight tension in the part, in which was found a resisting body of a spheroidal form, which however did not rise much above the regio pubis. As the patient had just urinated, I could not ascribe this tumour to fulness of the bladder. Examination per vaginam, enabled me to discover a tumour of the size of a hen's egg, hard, tuberculated, very sensible to the touch, filling the vagina even to the meatus urinarius; in its centre there was an opening with anfractuouse, unequal and rugose margin. The finger, in being passed around the tumour, recognised its circumfer-

ence. In elevating the mass with the exploring finger, and applying the left hand upon the hypogastric region, I determined that the engorgement of the cervix, was extended to the body of the uterus, the volume of which was equal to a pregnancy of two and a half months. The finger when withdrawn, was covered by a glairy sanguinolent fluid, and the examination caused a considerable discharge of dark coloured blood. By the use of the speculum, I saw an irregular gaping opening, the sides of which were formed by projections, separated by deep furrows, the surface of which appeared fretted, greyish, studded with red points, of an ulcerous character; the tumour was of a light rose colour, finely injected at the circumference.

March 8th, 1821.—I directed 30 leeches upon the hypogastrium, emollient cataplasms, baths in an elbow chair, of two hours length, mild tisan, a little magnesia, mucilaginous and narcotic injections, precautions in diet.

9th.—The sensibility of the iliac regions had disappeared, and that of the hypogastrium was less. The vomiting had continued, the pains in the loins persisted, as well as the deep lancinations in the pelvis. The condition of the uterus remained the same.

10th.—Same state; had 12 leeches applied upon the neck of the uterus, by means of the speculum; an abundant flow of blood followed. A similar application was made on the 16th.

22d.—I was obliged to use the whole length of the finger in order to find the cervix uteri, which was pre-

viously presented almost at the vulva; it had become remarkably soft, and reduced to a small volume, or rather the tubercles which it had previously presented seemed to be converted into soft and movable vesicles, resembling half engorged hæmorrhoidal tumours. The body of the organ appeared to be engorged, though in a much less degree, and it was with difficulty that I could embrace it between the right explorer finger and the hand applied above the pubis. The vomitings had completely ceased, the patient could drink without rejecting, chicken broth, and barley water and milk; the discharge had also disappeared; the same remedies were continued, except the bleedings.

She found herself so much improved, that it was difficult for me to induce her to continue the baths and regimen. Her husband, in order to avoid her exposure to fatigue, sold out his stock of wines, and retired to the suburbs of the city.

I had lost sight of this patient till the 15th of July, 1827, when she requested me to visit her.

She had been very well for five years, except that she experienced from time to time, lancinations in the pelvis and pains in the loins. During the last two years, these symptoms had been progressively increasing. She was then in an advanced state of cancerous cachexia, easily recognised by the leaden yellow tinge of the skin, the general bloating, loss of strength, and a colliquative diarrhœa. I found the cervix uteri more engorged and hard than at the first time; the uterine orifice had enlarged by an anfractuous ulcer,

bevelled off to a sharp edge. There was a sanious and fetid discharge. The patient succumbed two months after.

CASE LXVIII.

Uterine engorgement of a scirrhus appearance, of more than twelve years standing, completely cured by general and local bleeding, and resolvents.

This case is without contradiction one of the most remarkable which has occurred in my practice. The age of the engorgement, the symptoms which it presented, and which characterized a scirrhus alteration, the time of the patient's life, the profound alteration of all the functions, the failure of all the remedies previously used, every circumstance calculated to induce the fear that the patient would only sink under the resources of art; nevertheless she was cured.

Madame B., aged 57 years, had always been well, without being endowed with a robust constitution. She resided at Vandœuvre, a village of Campania. She had four children, the last at the age of 38 years, in March, 1813. The mother nursed it as she had done the others, during ten months. It had been weaned six weeks when the northern invasion was made on France. The fright which Madame B. felt from this circumstance, occasioned a profuse menorrhagia. The loss of her fortune, the pillage of her house, the dangers to which her husband and her

children were subjected, the ill treatment to which she herself was obliged to submit, contributed to make a great alteration in her health. The menses, from that time appeared very irregularly, sometimes suppressed, sometimes returning two or three times in the same month, sometimes abundant, but more frequently in small quantity, and rather serous than sanguinolent. Soon after this, there were leucorrhœa, pains in the loins and the hypogastrium, with loss of appetite. The patient came to Paris with her family in 1819. Misery, fatigue, and the distress arising from the death of two of her children, had plunged her into a state of despair, which made her regard death as a benefit, and the disease with which she was affected, as the means to effect the desired object.

In 1820, my worthy colleague, M. de Kergaradeck, saw the patient. Besides the uterine disturbances, she had continual vomiting, frequent head-aches preceded and accompanied by flashes of heat, and vertigo. The whole abdomen was painful, especially the hypogastric and iliac regions.

The hypochondria and the epigastrium were tense: there was oppression with frequent sighing, habitual constipation, and sometimes diarrhœa.

Bleeding from the arms, leeches upon the hypogastrium, several times used, had afforded some comfort, and even the suspension of the symptoms, except those of the uterine affection, which persisted, and of which she obtained a marked, but transient amelioration, by the application of a large Burgundy pitch plaster, sprinkled with tart. antim. to the lumbar region.

The patient had, notwithstanding, attained to her 52nd year; but the increase of the symptoms of the uterine affection becoming more intense, my colleague, M. de Kergaradeck, requested me to see his patient, to examine the nature of the seat of the supposed uterine affection, and employ the means which I thought best adapted. I found her up, April, 1827, but scarcely able to keep herself erect without increasing the pains of the abdomen, and especially the loins and hypogastrium. There was a general discoloration of the mucous membranes, a pale yellow and leaden hue of the skin, with general emaciation, and edematous bloating of the body and limbs. This discoloration could not be attributed to anemia, because the patient was frequently troubled by stunning sensations, during which there was a general red blush over the surface; the pulse was full and resisting. There had been for a long time, insomnolency; or rather, when the patient, overcome with fatigue, became drowsy, the acute pains soon disturbed her momentary repose. There was a sero-mucous, and sometimes a sanguinolent discharge from the vulva.

By the touch, I found the cervix uteri, two inches from the vulva, of the size of the large end of a hen's egg, separated by three furrows into three lobules, of which two were lateral and prominent, the other anterior, and less so. The body, itself, of the uterus, appeared engorged, though it was not till some days after, when the abdominal sensibility had yielded to venesection, and to leeches on the hypogastrium, that I could be assured that this organ was about the size

of a hen's egg. It was very hard, and little sensible to the touch : the anfractuous dilatation of the cervix uteri, permitted the escape of a small quantity of reddish serosity.

We therefore thought, from all these circumstances, there was a scirrhus of the uterus, and gave an unfavourable prognosis, founding it upon the age of the patient, the length of time the disease had existed, and the characteristics which it presented. We could not flatter ourselves with the hope of a cure ; notwithstanding, M. de Kergaradeck desired me to try the treatment from which, he knew that I had obtained happy results in cases analagous to that which this patient presented.

After having removed the irritation which had radiated into the abdomen, by general bleeding, and leeches upon that region, cataplasms, baths, repose, and diet, I directed leeches applied to the neck of the uterus. I had the application repeated five or six times in the space of a year, and preceded the operation twice, by a bleeding from the arm.

Each application produced such relief, that the patient declared she never derived so much benefit during the 13 years she had been sick.

Frictions with calomel ointment, were made upon the thighs ; saponaceous pills were also administered. The uterus returned to its ordinary volume, the cervix diminished in size, became less hard, and gradually regained its natural form and pliancy. From the middle of 1828, the resolution appeared to be complete. All the symptoms disappeared, and the lady

was able to indulge in the ordinary diet, and attend to her domestic affairs; and now, (March, 1832,) as she has attained her 57th year, she feels as well and strong as at any other period of her life. Merely from head-aches, with flushes of heat and sense of stunning, she is occasionally obliged to lose a small quantity of blood.

It is evident that all the credit of this unexpected cure, should be attributed to the leeches, and particularly to those applied to the cervix uteri. The baths, injections, and laxatives, which had been concurrently employed, had been unsuccessfully used a long time previously. Perseverence in the rigour of regimen, has, more than the latter means, contributed to maintain and render certain the advantageous effects of uterine bleedings. The mercurial frictions and saponaceous pills, employed when the engorgement was already passing into resolution, have also contributed to aid it.

GENERAL REMARKS.

Most of the hard engorgements of the uterus, of which twenty cases are reported, have supervened upon parturition, some have been occasioned by the fatigue or violence experienced by the uterus, either by a laborious accouchment, (as in cases 61—63,) or by abortion, (cases 59—62;) but most of them have been induced or kept up by imprudences committed,

or the neglect of therapeutic or hygienic precautions after delivery.

With many women, moral affections have not a little contributed either to develop or aggravate these diseases, or at least to counterbalance very unfavourably, the treatment employed for the cure.

Two instances of these engorgements have occurred in women who had not been mothers. (See cases 56 and 65.)

In one woman, still young, the disorder arose from the sudden suppression of the menses, occasioned by a violent moral emotion. (Case 51.)

Finally, we have seen only a single case of an engorgement, presenting all the characters of a scirrhus alteration, supervening upon the critical period. (Case 67.)

In some patients prolapsus of the uterus, which attracted the sole attention of physicians, has permanently disappeared with the engorgement, which was evidently the cause of it. (Cases 49, 50, 53, 55.)

Two women, for a long time unfruitful in consequence of engorgements of the uterus, became pregnant a very short time after the resolution of the disease ; and from this circumstance we may consider the cure as completed. (Cases 55, 57, 64.)

Considered in relation to their origin, these facts come to the support of the remark which we have already made, and prove that the organic alterations of the uterus, are either more common before, than during or after the *turn of life*, or that most of those

which are unmasked at the critical period, have taken their origin at a period more or less anterior.

Of the twenty examples of engorgements of the uterus, eleven affected the neck exclusively, and nine the whole of the organ. We have not observed that amongst the first cases, the alteration affected the posterior in preference to the anterior lip as some have stated.

If amongst these cases, many evidently belonged to a chronic metritis, there were several of them which more or less evidently offered the characters of scirrhous and even of ulcerated cancer.

I would particularly quote the cases 51, 59, 67 and 68, in which the symptoms were discovered, recognized by physicians as characteristics of this kind of advanced alteration.

Though all these patients were cured, the greatest number of them permanently, some with relapses which have been fatal, yet the experience of the past, will permit us to think that these relapses might either have been escaped or their unhappy termination prevented.

Is it not probable, that if these diseases, cured by rational treatment, had either been neglected, or attacked by treatment merely symptomatic, they would have degenerated into more profound alterations, and entered the class of cancerous affections?

Practitioners ought to be well persuaded, that it is less upon the action of such and such heroic or specific medicine, that they may depend for success in the treatment of the simple engorgements of the uterus, and even confirmed cancerous affections, than upon

the opportune and judicious employment of the most common therapeutic means. An examination of the preceding cases will prove that our therapeutics, so frequently successful, have generally been confined to antiphlogistics or debilitants, with which have been associated, though in a secondary point of view, some particular resolvents, as the tartar emetic administered by cutaneous absorption.

I believe, and I base my conviction upon the observation of a great number of facts, that as long as the matter, whatever it may be, which composes the hard engorgements of the uterus, is in its native state, or such that it has been deposited either by a nutritive action, or by a secretory process in the meshes or interstices of the parenchyma of the organ which is the seat of it, the possibility of resolution may be counted upon, by the well combined employment of the means, to the mode of action of which I have called the attention of physicians.

When they fail, it should be presumed that the matter of the engorgement has arrived at another mode of existence; that it is either altered, or peculiarly organized. It may be said to have taken on an individual or proper existence. The alterations which constitute these engorgements may be considered as parasites, which have relation to the rest of the economy, only because they depend upon it for their life and development.

Further, as long as the induration remains formed by a fibro-albuminous substance, deposited in the meshes of the cellular tissue of the diseased organ,

cure is possible. This substance may be absorbed; but, when like the pseudo membranes which are formed in the serous cavities, from which it differs only in the circumstance, that the matter is here in more or less extensive laminae, whilst it is infiltrated in the induration. When I say, this matter passes to a cartilaginous and osseous state, all resolution becomes thence impossible.

The matter of scirrhus also terminates by being organized, and passing through transformations which though entirely opposed to those which undergo induration, are not less fatal. Thus, scirrhus creates for itself, a circulatory system from the capillary system, which pervades, softens, alters and decomposes it. These transformations are rendered more active by the presence of encephaloid matter, &c. In all these cases the resolution, which might be obtained when the scirrhus was in a state of crudity, is now impossible.

The transition of hard engorgements from a curable to an incurable state, is not easy to be laid hold of or appreciated. It is chiefly upon the eventual circumstances, that in this respect we can establish the diagnosis. Thus the age of the patient, the length of time the disease has existed, the nature of the causes which have brought on its formation, or which have influenced its development; finally, some particular signs deduced from the comparisons which we have already made between the cases of simple hard engorgements, and others in which the profound alterations mentioned are very evident, &c., are the

only means of arriving at some satisfactory data, in doubtful cases.

This distinction, however, is fortunately of little importance as to the treatment. The means which would be curative in the primitive engorgements, are indicated as palliatives in hopeless cases. They may also retard the progress of the alteration ; sometimes render it stationary, and almost constantly moderate the symptoms, and render the disease supportable.

I ought to remark, that it is not best to despair hastily of the success of treatment, because after a certain time of their employment, little effect shall have been obtained.

It may be seen by some of the cases above related, that it is not only after many months, but sometimes a year or more, that resolution is affected, and that the cure is confirmed.

I am persuaded that we may triumph over these hard engorgements of the uterus, in the majority of cases, by attentively and perseveringly adopting the treatment directed, under the rules and precepts which we have established, and by modifying it according to the particular or eventual circumstances which present themselves.

TUBERCLES OF THE UTERUS.

The uterus is sometimes the seat of tubercles, analagous to those which are found to exist in all other organs. They are, or are not encysted, and are

of a spheroidal shape, from the size of a grain of sand to that of a pea, and may progressively acquire that of a hen's egg. The substance of which they are formed, is of a transparent grey; the consistence semi cartilaginous, containing no vessels, and frequently exhibiting a radiated appearance.

They at length become opaque and yellowish; then soft from the centre to the circumference; and are then transformed into a casiform matter at first, afterwards, like curds and whey, homogenous and puriform, susceptible of being absorbed; but most frequently, bursting the cavities, encysted or otherwise, which envelopes it. This is cicatrized or is changed into an ulcer.

It is only when the tubercles take on this last termination, that their existence can be suspected in the tissue of the uterus; even then, nothing ordinarily indicates their development; their presence does not appear to restrain the menstrual function of the organ, nor consequently, occasion any general disturbance.

The history of this affection, therefore, relates more to ulcerations or cancerous affections, of which they may become the origin, than to engorgements. I shall only cite one case, which may serve as a type of the description of this kind of disease.

CASE LXIX.*

Tubercles disseminated through different organs, especially in those of reproduction, and of which no symptoms of their existence were given during life.

A single lady, aged 40, died suddenly in the morning of the 29th of September, 1830. I had seen her a month previously, for a temporary cerebral congestion; her health had never suffered the slightest derangement, in other respects; her catamenia were always very regular, and had only failed to appear at the last period, 15 days before the fatal event.

In the presence of my friend Dr. Lambert, I made a post mortem examination, with the intention of ascertaining the cause of so sudden a death, and expecting that it would be found in the brain. We were deceived; but found elsewhere profound alterations which had not been manifested during life, such as an incipient hypertrophy of the heart; numerous tubercles in the lungs; ulcerations in the intestines; miliary granulations on the whole surface of the peritonæum; melanic tubercles in the large and small intestines.

The uterus was deformed by the presence of tuber-

* I give here only an extract of this case, which I published in full, in the Transactions Medicales.

cles which lined its parieties; they were in size from a pea to that of a filbert. One of them as large as a walnut, adhered to the external angle of the uterus, only by a narrow pedicle which appeared to be formed by the peritonæal tunic, the sole means of the union of the tubercle to the uterine tissue. Others projected more or less from the surface of that organ; some were completely buried in the thickness of the uterine parieties; there seemed to be a disposition on the part of the uterus to reject from its surface these extraneous bodies; none were found within the cavity of the uterus, which was filled with a gummy matter.

Although these tumours did not appear to be encysted, they could easily be isolated and detached from the tissue of the uterus, which was in other respects perfectly sound, and this explains the regularity of the menstruation.

These tumours appeared to be of a fibro-lardaceous scirrroid, very hard, and slightly transparent white nature; all, from the largest to the least, were in a state of crudity.

The fallopian tubes exhibited a number of small tubercles, some of which were of a melanic character.

The left ovary was small but sound.

The right ovary of the size and form of a large walnut, soft and fluctuating, presented an unique cavity, with simply membranous parieties, containing a puriform liquid.

CEREBREFORM ENGORGEMENT.

Whether the cerebreform matter be infiltrated in the tissue of the uterus, or what more frequently occurs, in the same tissue with scirrhus engorgement, whether it be by encysted masses or not, there are no particular phenomena which enable us to detect this state in the living subject. It is only by the successive alterations by which it is changed from ramollissement to the state of a cancerous ulcer, that this kind of morbid production constitutes a serious pathological condition.

We have already embraced the state of crudity in the theoretical and practical considerations which we took in relation to scirrhus engorgements; while in the state of ramollissement or ulceration, they constitute one of the forms of cancer, to which we shall devote a special article.

MELANIC PRODUCTIONS.

We mention this kind of alteration only for the sake of order. I do not know an example of it in the uterus.

CHAPTER II.

OF ULCERATIONS OF THE UTERUS.

Ulcerations of the uterus are presented under four principal forms :

1st. Primitive ulcerations which are superficial and without especial engorgement of the tissue they invade.

2ndly. Primitive ulcerations having a tendency to extend themselves more deeply, and make indefinite progress, without there always being necessarily profound engorgement of the tissue in which they occur.

3dly. Primitive ulcerations with a hard base, more or less thickened, but in general superficial.

4thly. Secondary ulcerations with a base primitively and profoundly altered ; hence, we have four species of ulcers : 1. Simple ulcers ; 2. Chancrous ulcers ; 3. Carcinomatous ulcers ; 4. Cancerous ulcers.

FIRST SPECIES. SIMPLE ULCER OF THE UTERUS.

SYNONYMES—EROSION; ULCUSCULE; BENIGN ULCER.

I have observed this species of ulcer, upon the neck of the uterus only, and shall describe it as follows.

The ulceration is superficial, and appears only to have destroyed the epithelium, or the mucous layer which covers the neck of the uterus. It may extend superficially to all the surface of the os uteri; sometimes however, it is less extensive and rather deeper; in all cases the part which is the seat of it, does not offer any remarkable engorgement, other than the slight one which the inflammation accompanying the ulceration might produce. The edges are slightly projecting, and of a red colour, which extends like an arcola for a half a line or more, gradually decreasing as it spreads; the surface is equal, covered by a yellowish, finely granulated layer, and more or less lively red; a puriform filamentous, and sometimes sanguinolent fluid exudes from its surface.

This affection, which has little tendency to pass the mucous layer, presents no immediate danger. It is probable that in many cases these ulcerations are developed and cured without their existence being suspected. But it may also occur, that by their continuance and their progress, they become the nuclei of the most troublesome alterations, and under this view they should obtain the attention of physicians.

Whenever a woman experiences a troublesome

pruritis, burning sensation in the fundus of the vagina, and coition becomes painful, although the menses may appear regularly, the existence of an ulceration may be suspected, and should be tested by the touch or speculum.

The superficial ulcer is not easily appreciable to the touch. The sensation of a surface softer and less regular in the midst of the firm and smooth one which is proper to the neck of the uterus in health, the pains which are felt by the friction of the finger on the altered point, lead to a suspicion of this morbid state, but do not suffice to render the diagnosis certain. The use of the speculum removes all doubts.

The ulceration ascertained, it is extremely easy to cure it. If it is found upon an inflamed surface, and the subject is young and strong, we begin by a bleeding, and we introduce by the aid of an injection pipe, mild injections, composed of emollient decoctions, which are afterward rendered deterative and resolvent, by the addition of a few drops of the superacetate of lead, the quantity of which we gradually increase; the sulphates of zinc or copper may be used instead of the saturmine solution; repose, baths, a mild regimen and cessation of the conjugal approaches, are very necessary precautions, especially the last, in order promptly to effect cicatrization.

CASE LXX.

Simple ulceration of the neck of the uterus.

A woman, 32 years old, had had two children, the last of which was 4 years old. She had menstruated regularly, but she was averse to conjugal embraces, because they occasioned pain in the deep seated parts. The leucorrhœa with which she was slightly affected, mostly became tinged with blood after copulation. The husband consulted me, but I gave no judgment till I had seen the patient.

She reluctantly submitted to the means of exploration, but fear of the fatal consequences of her disease, finally determined her to permit the examination. The anterior lip of the os uteri appeared to me more tumefied, without hardness however, than the posterior. The centre of this tumefaction appeared rougher than the rest, to an extent equal to that of the pulp of the finger; its circumference was marked by a kind of sharp and slightly projecting edge. The touch caused a strong pain, which was continued in the part affected, and the finger brought away a little sanguinolent mucosity. I suspected (without being very certain of it) an ulceration; by the speculum, I saw in the middle of the anterior lip, which was red and a little tumefied, a regularly circular depression, the centre of which was bloody, as if a thin layer had been removed from the organ.

In the evening, the menses appeared, and super-

ceded the bleeding which I had advised, for the next day. The discharge continued four days, as usual.

At the examination of these parts, two days after, I found them in the same state, with a little more tumefaction.

I prescribed bleeding, prolonged tepid baths, frequent injections of the mucilage of marsh mallow roots, with poppy-heads, enemata, and very mild diet, with repose.

Eight days after, the tumefaction was found removed, the ulceration was reduced to about a line in diameter, and resembled one of the apthæ, which are seen in the mouth. The pains had completely disappeared. The patient continued the same means several days longer, and then abandoned them.

Two years after, she had a third child, and I have not learned that her health has been deranged in any manner since.

CASE LXXI.

Simple ulceration kept up by coition. Cured by bathing and repose, in the course of two months.

I was witness to a second case, only to prove the existence of an ulceration at the left commissure of the os tincæ, and its complete cure.

It was the wife of a carver, whom I had attended in a laborious parturition, three years previously.

She came again to me, to consult me on account

of pains in the lower part of the back, which without being acute, were augmented by conjugal approaches, or much exercise on foot.

I found by the touch, that the neck of the uterus was rather thicker at the left than the right side; the commissure of the same side was enlarged; appeared to have a spot resembling a chancre, and this isolated excavation seemed to be from three to four lines in diameter. The exploration was very painful; baths and injections were used, but the essential thing was neglected, viz. abstinence from copulation. The perseverance of the symptoms, and especially the distress felt at the name of *ulceration*, which I had pronounced it to be, and which the patient considered as synonymous to cancer, induced her to enter the Hôpital la Pitié, having understood, that in that establishment, they cured the dreadful malady with which she was afflicted, by an operation. She remained there two months, having taken only a few baths, and then returned home. Being engaged about a month after, in attending a child in her neighbourhood, I ascertained that she was cured. Without doubt, repose, and the suspension of sexual intercourse, contributed to favour this effect.

It sometimes happens, that the surface of the cervix uteri, affected by hard engorgement and scirrhus, presents superficial ulcerations, which have no relation to these profound alterations, being only a coincidence.

It would be improper that we should infer a serious prognosis from them. Case 59, goes to prove, that

this coincidence, without much change in the treatment, did not hinder the complete success.

SECOND SPECIES.—CHANCROUS, PHAGEDENIC ULCER.

SYNONYMES—CHANCRES; VENERIAL ULCERS; MALIGN
ULCERS.

We make a particular species of those ulcers, which have a tendency to extend themselves as much in depth as in surface, the sides of which are “dug out,” characters which distinguish them from the simple ulcers of the first species. They differ from those of the third species, the *carcinomatous* ulcers, as the base, which supports them, and of which the more or less swelled and hardened tissue is simply affected by a fluxion which is easily resolved, whilst in the *carcinomatous* ulcer, the engorgement, continually harder, has a deeper alteration of tissue. The bottom of these ulcerations is covered by a greyish lamina, which is constantly alternately detached and renewed. They are attended by piercing, burning, and lancinating pains, which the patients cannot avoid by any change of position. There is a constant discharge from the vulva, of a sero-mucous fluid, either red or green, irritating the parts with which it comes in contact, giving rise to an erythema and troublesome itching. Sexual indulgences are excessively painful, and excite a more abundant discharge of a sanguinolent character.

It is easy to prove the existence of this species of ulceration affecting the neck of the uterus, by the touch and speculum.

It is of much consequence, in establishing the indications and determining the treatment of this *gnawing* ulcer of the uterus, to know whence it obtains its origin.

Do we not here recognise the cause to be venereal?

The antisyphilitic treatment is the only one which agrees, aided nevertheless, by the local means, which have been previously alluded to. Uterine ulcers, however, rarely possess this character, according to the reports of Cullerier, a very imposing authority on this subject. Of many hundred ulcerous affections of the uterus, which he had treated in the hospital, he has found only one equivocally, and only one very evidently, venereal. In his extensive practice in town, he has had only one example of venereal ulcer of the uterus, which yielded to sudorifics and the deutochloride of mercury.

We borrow the next interesting case from M. Lagneau.

CASE LXXII.

Made. —, had cohabited several years with M—, whose ill health was announced by frequent returns of an old venereal disease. At each appearance, the disease was palliated by a slight treatment, insufficient to destroy the constitutional disease radi-

cally. Nearly from the commencement of this intercourse, the woman perceived at the neck of the uterus, a sensibility not common to her, but she ascribed it to other than the real cause. This sensibility passed successively, to the most quick lancinating pain, and was speedily accompanied by a sanious discharge, which was acrid and abundant. Three years after, this woman, unable to bear these sufferings any longer, consulted Cullerier. This practitioner recognised a considerable scirrhus engorgement at the neck of the uterus, which was also the seat of several ulcers, with hard and perpendicular edges, from which flowed the sanies we have spoken of. As this grievous malady was commonly exasperated by mercury, he at first hesitated to propose the administration of it. Finally, well persuaded of the origin of the disease, he determined to proceed to the treatment.

He used very concentrated sudorific decoctions, combined with very small doses of the deuto-chloride of mercury. In less than two months, the neck of the uterus was restored to its natural state; the ulcers were cicatrised, and all the symptoms of this distressing disease disappeared.

CASE LXXIII.

Syphilitic ulcer of the neck of the uterus, resembling cancer, cured by aqueous frictions of the deuto-chloride of mercury: By M. Meirieu, (Nouvelle Bibliothèque Médicale, 1823. Tome, III. page, 69.)

“ A large, well formed woman, of a *uterine tempera-*
“ *ment*, and about 25 years old, became pregnant for
“ the first time, in June, 1820. Shortly afterward,
“ her husband communicated to her a gonorrhœa,
“ which at first, neglected entirely, became very
“ intense; the external parts of generation enflaming,
“ and small ulcers forming upon them. From this
“ circumstance alone, she was advised to have recourse
“ to remedies. Mucilaginous tisans, and *the liquor of*
“ *Vanswieten* were used; however, in consequence of
“ the pain which the last caused, it was tempora-
“ rily discontinued, though occasionally resumed and
“ suspended afterwards. Under the influence of this
“ ill-directed treatment, she improved a little. At the
“ period of parturition, all treatment was laid aside;
“ her delivery was easy, and the small ulcers about
“ the external parts of generation, disappeared. The
“ gonorrhœa became thicker, glairy, and more pro-
“ fuse after than before her delivery.

“ July 1st, 1821.—She was much emaciated, though
“ she retained her colour; she complained of pains in
“ the hypogastrium, the loins and the internal part of

“the thighs, principally in the left; at night she felt
“insupportable pain in the limbs; her stomach was
“sick from the time she began the treatment in ques-
“tion; it often rejected food, and was sometimes
“affected by intolerable pains. The menses were so
“irregular as to be considered as menorrhagia. I
“found the vagina was very hot to the touch, the
“neck of the uterus in its natural situation, soft, large,
“very sensible, and ulcerated on the left side; the
“bottom of the ulcer was granulous; the pains caused
“by my finger extended to the internal part of the left
“thigh. I afterwards used the speculum; the neck
“had a natural colour in its healthy part; at the
“left side there was an ulcer of the size of a franc
“piece; the bottom of it was yellow, and unequal;
“the granulations which were to be observed on it
“appeared to be covered by a smooth membrane; the
“edges of the ulcer were a little elevated and red; a
“circle of less lively red was spread out upon the
“sound part. The aspect of this ulcer, the pains in
“the loins, thighs, &c., led me to suspect, as many
“others had done, who saw her previously to her
“consulting me, that it was a cancer of the cervix
“uteri. But the pains in the bones, and the circum-
“stances which I stated in the commencement, pre-
“sented the idea of syphilis more strongly to my
“mind. The irritation of the stomach not allowing
“me to administer the liquor of Vanswieten, I pro-
“posed frictions with mercurial ointment, but the
“patient refused, saying she would never consent to
“use mercury, her disease being incurable. I did not

“insist, but resolved upon introducing the corrosive
“sublimate into the system through the skin, by using
“it in aqueous solution. As frictions were not dis-
“gusting, I easily persuaded the patient to use them
“upon her legs, with a view to allay her pains. She
“consented, and used one grain of the sublimate every
“day, dissolved in three drachms of distilled water.
“Fifteen days after, the pains in the bones were
“calmed; I increased the amount of the salt from
“time to time, and finally gave two grains per day.

“After pursuing this treatment a month, the left
“thigh and leg swelled considerably at night. I
“directed a suspension of the frictions for fifteen
“days, and then resumed it, although an exacerbation
“of the swelling of the left limb occurred every even-
“ing. After a perseverance in this treatment for
“three and a half months, the swelling and pains of
“every kind completely disappeared; the discharge
“from the vulva and the ulceration of the uterus were
“much diminished. Six months after, (April, 1822,)
“I examined the patient, and discovered the uterus
“almost entirely cicatrized, although the continence
“which I had prescribed had not been observed.
“Two years after the commencement of the treat-
“ment, this woman was perfectly cured of a disease
“which some physicians have considered irreme-
“diable.”

It is of much importance to be positively assured of the cause of this disease, in profiting by all the circumstances which have preceded the development of it, as experience has proved, that the antisyphilitic

treatment, applicable only to the very small number of cases where the affection is venereal, considerably aggravates the ulcerations which do not depend upon that cause and hasten their cancerous degeneration. It is therefore probable that the treatment, essentially excitant, notwithstanding its specific properties, would increase or develope inflammation, which, as we have already avowed, is the ordinary mode of progression and transition of the cancerous affections.

The simple gnawing ulcers of the uterus have a character of gravity which is found modified, 1st, by the extent of the ulceration; 2d, by the age of the patient. Those which are developed at the critical period, have more tendency to disorganize the uterus, and transform it into confirmed cancer, than those which attack young women.

The treatment is the same as that for simple ulcers, but should be more rigorously prosecuted. It is particularly in those ulcers, that after having destroyed or allayed the inflammatory phenomena that accompany them, advantageous effects are obtained from the chlorides of soda and lime, administered in injections. A good method is to introduce into the vagina a dossil of charpie, saturated with the solution of either of the above preparations, and thus maintain it in contact with the ulcerated part.

If this ulceration resists the employment of these means, there is another resource, viz: cauterization, which is easy, seeing that the tissue of the organ is profoundly altered and effaced, because these ulcers not being ordinarily dependant upon an internal (or

constitutional,) cause, or that having been previously destroyed, the organ has a disposition to return to its ordinary state, after becoming relieved of this abnormal ulcerous inflammation.

THIRD SPECIES.—CARCINOMATOUS ULCERS.

THIS SPECIES INCLUDES A CERTAIN NUMBER OF CONFIRMED CANCER; CANCEROUS ULCERATIONS; SCIRRHOUS ULCERS, OR THE ULCERATED SCIRRHOUS OF AUTHORS.

Different from ulcerated cancer, carcinomatous ulcer commences by ulceration; it is only consecutively that its base takes the carcinomatous or scirrhou character; it frequently succeeds to simple ulcerations, or chancrous or phagedenic ulcers, neglected or badly treated. Commonly, the engorged bed upon which the ulcer is supported, does not extend very deeply, a favourable circumstance when the disease occupies the neck of the uterus since it permits, in the event of non-restoration by medical treatment, the application of caustic or the cutting instrument with the hope of removing the whole of the disease.

However, it appears to me, that in this species of cancer, after having obtained the destruction of the affection by any means whatever, relapses ought to be less feared than in the ulcers which succeed to scirrhou and cerebreform engorgements, and which result from the progress of ramolissement and a kind of *abcedation* of the ulcerations; and in fact, the engorgement which serves as the base to carcinomatous

ulcers, appears in this case to be only accidental, consecutive, and depending on the existence even of the ulceration; this base is elsewhere rather of an indurated than of a really scirrhus nature. The result is, that if we can modify the ulcerated surface in such manner as to arrest its disposition to extend itself, and place it in a condition favourable to cicatrization, the engorgement is seen to disappear at the same time, and this too from the circumstance that the ulcer has changed its nature. Is it not thus that local medicines have acted, (the efficacy of which has been attested by numerous facts,) in the cases considered by their authors as confirmed cancer, but which we conscientiously regard only as simply carcinomatous ulcers?

The *Journal des Progrès de la Médecine*, gives a case of ulcerated cancer of the uterus, cured by a dilute solution of hydrocyanic acid, by Dr. Brimi. The promptitude with which the cure was performed, does not permit a doubt that this supposed cancer was only that species of ulcer, to which we now allude; an ulcer with a carcinomatous or scirrhus base, consecutive and shallow. We might mention other pretended cancers which were said to be easily and completely cured, by means of injections of solutions of chloride of soda or lime, or with simply emollient substances, which were soothing or sedative.

Thus then it seems to me evident, that practitioners and writers have confounded carcinomatous ulcers with ulcerated cancers, and that they should have referred to the first class only, the cases in which

they have obtained so prompt and easy a cure, by the sole employment of local medicines, without the destruction of the diseased parts.

They have only recognised the prompt resolution of an engorgement by induration, by the destruction or modification of the local cause which has excited the development of it. They did not conceive the rapid disappearance of a scirrhus or cerebiform ulceration, whatever may be the virtues of the substances presented to the surface of the ulcer which has produced it.

These two morbid states may very easily be confounded, since in each there is ulceration with a hard base, but in general the carcinomatous ulcers are more extensive than deep, and in every case the inconsiderable thickness of their base, is not in relation with their extent. It is therefore necessary to consider, in establishing the diagnosis, first, the origin and mode of development of the ulcer, and the depth or thickness of the engorgement upon which it reposes.

The engorgement of the carcinomatous ulcer, is most commonly of an inflammatory nature with induration. The local antiphlogistic treatment, would be found of happy application in this case; and it is also in this kind of affection that we might hope for success from the application of leeches upon the sides or even the surface of the ulcer, at the same time that we should use other means which we have indicated, either for the treatment of simple engorgements, or for those ulcers without engorgement.

It is only after we have tried these means without

complete success, that sequestration of the diseased part with the cutting instrument, or better, by the caustic, should be decided upon.

FOURTH SPECIES.—ULCERATED CANCERS.

In this species the ulcers occur consecutively only to the scirrhus or cerebiform engorgement, or to the third degree of the sanguine engorgement of the uterus; they also present that variety of origin only occasionally: most commonly, they are the result of ramollissement and a sort of termination of the engorgement by abscess, so that they are developed from the interior to the exterior, whilst at other times, the alteration, invading the exterior layers of the neck of the uterus, thins, wears, and excoriates them, thus becoming the commencement of ulceration, which progresses in a more or less rapid manner from the first, from the exterior towards the parts more profoundly engorged.

The diagnosis of these different ulcers is very easy; we shall come presently to the following chapter, which we shall devote to the history of cancerous affections of the uterus, considered in a general manner.

CHAPTER III.

CONFIRMED CANCER OF THE UTERUS.

The word *cancer* has been applied to alterations, not only very various as to form and aspect, but which even consist in pathological states of different natures.

We give this name, relating to the organic alterations of the uterus, to all those which offer in common the following characteristics: 1st, tending to make indefinite progress; 2ndly, tending to terminate in a fatal manner; and 3rdly, to be in general beyond the resources of all medical treatment.

Cancerous diseases of the uterus proceeding for the most part from simple organic alterations, which form the subject of a preceding chapter, but arrived at a more advanced degree, or having undergone by the progress of the modifications, subsequent alterations and transformations, are presented like them, under the three states or forms of exuberance, or hypersarcosis, of engorgements, and of ulcerations.

In some cases, cancer of the uterus presents one of the three forms exclusively; but most commonly and

especially when the disease is advanced, several or all of them may exist simultaneously. Thus, a scirrhus engorgement becomes ulcerated, and from the surface of the ulcerations excrescences of greater or less size arise; but in all these cases it is proper in order to characterize the affection, to ascend to the primitive and fundamental alteration. This precaution is particularly indispensable in order to establish surgical therapeutic indications. Thus, cauterization, applicable to primitive cancerous ulceration, because the limits of the alterations are small, is contra-indicated when this ulcer proceeds from scirrhous or is associated with it. The same means, curative in essential excrescences, would be only palliative when they are engrafted upon a scirrhus ulcer, &c.

CANCEROUS HYPERSARCOSIS.

The most simple hypersarcosis, presents the three common characters which we have ascribed to cancers, and thus simulate those diseases.

By hypersarcosis, we particularly mean those excrescences which acquire a certain development, and extend more or less into the vagina, and even make their appearance beyond the vulva.

We do not now allude to polypi, nor those fibrous bodies of which they are sometimes constituted, and for the accurate description of which, we are indebted to the learned professor Roux.

Hypersarcosis is either essential or secondary.

The first, often have a distinct form, a particular aspect—circumstances which some practitioners have recognized under the characteristic names of mushroom, or mural cancer.

Secondary or sympathetic hypersarcosis, is distinguished according to its special nature, into carcinomatus and hæmatodic hypersarcosis, or fungous hæmatodes.

MURAL CANCER.

SYNONYME—FUNGUS, OR FUNGUS EXCRESCENCE OF THE UTERUS.

This disease occurs under the form of a tumour, budding out into a mushroom appearance, at the surface of the neck of the uterus, which furnishes it with a pedicle of greater or less thickness. Its surface is commonly granulated; its consistence is sometimes soft, though occasionally it is firm. From it constantly exudes a reddish or puriform serosity, containing spots of dark blood. The hæmorrhage may be constant, as in engorgement by sanguine congestion, but it rarely flows so freely as in the latter case. What otherwise distinguishes it, is the seat of the tumour, which never extends beyond the neck of the uterus, in the case of hypersarcosis, but which in the congestive engorgement, commonly extends to the body of the uterus, especially when this affection has arrived at its third stage.

The treatment being entirely chirurgical, we shall have occasion to recur to it hereafter.

CARCINOMATOUS EXCRESCENCES.

These excrescences, to speak properly, form only a complication of ulcerated cancer, of which they are the result. However, certain ulcers with superficial base, have a marked tendency to throw out these excrescences which thus form the major part of the disease. They present themselves under the form of tumours, resembling rasberries in shape and colour, or looking like a pad of more or less thickness. They bleed easily upon being touched, and are subject to a sero-sanguinolent oozing. These engorgements sometimes ulcerate or become sphacelated, and are then replaced by others. It is very essential to know whether these vegetations repose on a deep scirrhus base or not. In the latter case, we may hope to destroy them by cauterization, without much preamble.

When these vegetations spring from a deep scirrhus cancer, the therapeutic means should be directed against the latter.

The case, for which M. Sauter, of Constance, has practiced extirpation of the uterus, gives a sufficiently prominent example of this kind of alteration, to deserve to be quoted here.

CASE LXXIV.*

“Geneviève Waldrat, aged 50, of a robust constitution, accustomed to the roughest labour, has had six favourable accouchments, the last in 1811; there was suspension of the menses in 1817. In the summer of 1821, uterine hæmorrhage took place, accompanied by piercing pains in the groins, back and pubis. In October of the same year, M. Sauter found the neck of the uterus, especially the posterior part, studded with large hard excrescences, rough, very painful, and bleeding at the slightest touch.”

(We are not informed to what regimen he subjected his patient.)

“The hæmorrhage was followed by a moderate serous discharge, the indurations of the neck and the orifice of the uterus seemed to be diminished, become softer and lose their painful sensibility; towards the middle of November, the hæmorrhage returned, the serous discharge took on a fetid sanious character, the pains from day to day become more acute, and were moreover fixed in the region of the sacrum and the coccyx; the rough excrescences of the orifice increased in size, till they filled the vagina,

* Translation of M. Peschier of Geneva. *Melanges de Chirurgia étrangère*. Geneva, 1824.

“compressed the rectum, and suppressed the alvine
“excretions ; there was insomnia. It was not possi-
“ble to detect the transition from scirrhus to a state
“of true cancer of the uterus. All the symptoms
“became aggravated, the pains were terrible ; a
“diarrhœa also increased the faintness of the patient.

“Nevertheless, in order to afford her a little
“strength, and give her benefit, the patient invoked
“an operation as a last resource. The exterior con-
“tour of the carcinoma was extended to the whole of
“the neck of the uterus, even to the cul-de-sac of the
“vagina. A very small space separated the uterus
“from the rectum. The finger could penetrate deeply
“into the uterine cavity through the ulcers and the
“fungosities.

“The whole uterus was removed, January 28,
“1822 ; the vaginal wound healed, but the patient
“perished 1st of June, less however in consequence
“of the operation than the exhaustion she experienc-
“ed before it was performed, and according to all
“appearances, of indigestion. The irritating treat-
“ment to which she was subjected, has without doubt
“also contributed much to this fatal termination.”

FUNGUS HÆMATODES.

The fungus hæmatodes springs from the surface of
uterine ulcers, and appears under the form of masses
of red or violet black, very soft, leaking out a great
quantity of dark blood, either spontaneously or when

touched. These excrescences readily pass into a spha-celated state, and are replaced by others which multiply from their roots.

CANCEROUS ENGORGEMENTS.

Hard or soft engorgements without essential alteration, formed at the expense of the uterine parenchyma in its totality or one of its parts, and which by their advanced state, their incurable character, ought to be considered as appertaining to the cancerous affections; these engorgements, I repeat, may be formed by various alterations, all of which proceed from primitive alterations, which constitute the simple and curable engorgements previously described.

Thus, one consists in the cartilaginous or osseous transformations of chronic metritis or induration. The other in a scirrhus alteration, plainly designated, with or without complication of melanic or cerebiform alteration. Finally, it is that which results from the progress and the successive alterations of sanguine engorgement. Hence, there are three species, or three varieties of cancerous engorgements of the uterus; the cartilaginous or osseous engorgement; the scirrhus cancer, and the soft or sanguine cancer.

I.—CANCERIFORM ENGORGEMENT, BY CARTILAGINOUS OR OSSEOUS ALTERATION.

When by their progress, successive transformations or the particular organization of a chronic or latent metritis, from induration, and perhaps even from scirrhus alteration, the uterus has become either wholly or in part, cartilaginous or osseous, the tumour which results from it, does not commonly produce any other phenomena or accidents, than those occasioned by its weight and size; hence arise heaviness, impediment to the excretion, both urinary and sterco-ral, frequently prolapsus, and even complete descent of the uterus.

When the cartilaginous or cancerous alteration affects the whole of the uterus, this organ sometimes preserves its form, and is only increased in volume, very hard, heavy, indolent, and insensible, without either sanguine or humoral excretions, except those which may come from the irritated vagina, or from one or many erosions of the vaginal surface of the engorgement.

No medicine can produce the resolution of these pathological states; fortunately, we have only to contend with the local inconveniences, caused by the presence of the tumour, which is not of a nature to endanger the constitution. Women have attained to a very advanced age, with a uterus gradually engorged and ossified, without any thing to lead them to sus-

pect the existence of these alterations, which post mortem examinations alone have revealed.

When the cartilaginous or ossified uterus, is precipitated without the vulva, this organ may sometimes detach itself, and at other times, may successfully imitate this process of nature.

These considerations are applicable to calculous concretions, and to the petrefactions of the uterus, some curious examples of which we find in the memoir which Louis has published on this subject.*

II.—SCIRRHOUS CANCER OF THE UTERUS.

In the early period of the development of scirrhus in the uterus, the engorgement of the tumour which results from it, does not often differ from the same morbid forms produced by chronic inflammation, or induration, as we have shown in treating of hard engorgements. When, however, the scirrhus is primitive, and not the consequence of the progress of successive derangements of the benign alterations, its particular diagnosis is clear.

Again, whilst the chronic metritis, the induration or consecutive scirrhus forms from the first, more or less voluminous engorgements, by invading at once, a more or less considerable portion of the uterus, as one of the lips of the organ, the whole neck, a half or

* *Memoires l'Academie de chirurgie*, tome, II. p. 91.

the whole of the body, the primitive scirrhus begins by a very limited point, forming a kind of hard pea, and is immediately the seat of characteristic lancinating pains—its size increases rapidly, loses its globular form, and presents an unequal surface.

But when arrived at this point, we can only with difficulty distinguish it from the other hard engorgements which we have seen susceptible of having analagous symptoms ; it is necessary in order to determine the diagnosis precisely, either to have followed the development of the engorgement from its origin, or to regard the commemorative signs ; in other respects, the error would not be prejudicial since the treatment should in every case, rest upon the same basis. Sometimes, also, the scirrhus, properly so called, or primitive scirrhus of the uterus, gives signs of its existence, only when it has attained a certain degree of development, where, if it remains in a state of native hardness, or of crudity, it can be divulged only by post mortem autopsy ; but commonly, the existence of scirrhus cancer is no longer doubtful, when the affection is advanced, whether the scirrhus be primitive or consecutive.

The addition which is commonly made of the cerebiform matter in mass or by infiltration, the various transformations which these alterations pass through, give another aspect to the engorgement, and impress particular characters upon it.

LOCAL CHARACTERS.

Engorgement, generally hard and unequal, with deformity of the part which is the seat of it, presenting tuberosities, some of which are hard and some soft, lancinating pains, variable discharge from the vagina, sometimes like leucorrhœa, or of the character of hæmorrhage; the latter phenomena, occurring only when the alteration affects a part of the uterus. Moreover, almost all the symptoms or accidents depend upon heaviness and volume of the tumour, as in the simple hard engorgements.

In some cases, either in consequence of a concomitant sanguine congestion, or by the infiltration of the blood, resulting from the alteration and the detritus of the blood vessels, which permeate the scirrhus, the ramollissement is marked by the brownish colour of the tumour, and the exudation of a black blood from the surface, as in cancer, which is the result of primitive sanguine engorgement. This analogy explains how the different species of cancerous engorgement are confounded—a mistake which, however, is of no importance.

The depth of the alteration of the tissues, equally impresses on the different states, a character of incurability, by medical treatment, and do not allow of hope of benefit from surgical remedies.

The march of scirrhus cancer, in general slow, whilst the alteration remains in a state of crudity, is more rapid when the ramollissement is established. Inflammation is excited, and rendered more active

by these complications. Inflammation ordinarily develops the most violent sensations, as pains, &c.; and it is by means of this, that the tuberculous pouches of the general mass, involve the neighbouring tissues, or even invade the organs which are contiguous, after having established adhesions between the sound parts and those already altered. The lymphatic glands, which are found upon the tract of the vessel of the same kind, coming from the diseased organ, take part also in the alteration at first inflammatory, afterwards scirrhus. Perhaps it is this mode of propagation, in some cases the cause of the tuberculous engorgements, which spreading successively, in different points of the economy, constitute what has been called the cancerous diathesis.

However this may be, the advanced scirrhus cancer causes great disturbances in the economy, such as emaciation and œdema; the skin assumes a characteristic pale yellow colour, and the patients at last, die worn out with pains.

Cancer from cerebiform alterations, happens so rarely alone, and so very seldom forms the base of cancerous engorgements of the uterus, that I do not think it should be considered a distinct species. When it is in a crude state, no precise sign will divulge its existence.

Further, the presence of this matter, whether infiltrated or joined in the mass of scirrhus engorgements, accelerates the ramollissement, abscedation, and exulceration of the cancerous tumour, and causes it to pass more rapidly from the state of engorge-

ment, simple in appearance, to the state of confirmed cancer.

I have nothing to add in relation to the treatment of the scirrhus cancer of the uterus, to what I have already said in relation to hard engorgement of the uterus; the treatment is based upon these three indications—

1st. To divert from the affected organ the materials which concur in maintaining or developing its alteration, by general and local bleedings; diet, carried to extreme abstinence, also act favourably for this purpose.

2ndly. To moderate or abate by relaxing medicines, the super-vital activity which influences the alteration; emollients, anodynes, or sedatives, &c. contribute to this indication.

3rdly. To favour the absorption of the organic materials or elements, either by destroying their cohesion, or by acting upon their chemical composition.

It is amongst the agents that are believed capable of producing these actions, that remedies given as specifics in scirrhi are found; we have already referred to their mode of action, and the rules which should be observed in their administration.

As we can hope for nothing more than palliation, from any treatment in uterine engorgement arrived to this degree, it would be useless to exhaust and fatigue the patient by too rigorous an application of it. As to the surgical treatment, we shall notice it hereafter.

III.—SANGUINE CANCER.

SYNONYMES; SOFT CANCER; FUNGUS CANCER OF SOME AU-
THORS; FUNGUS OF THE NECK OF THE UTERUS.

This succeeds the third degree of engorgement by sanguine congestion, and forms the last and fatal period when it has not been known, and its development and progress timely arrested. In treating of the sanguine engorgements of the uterus, (page 138,) I presented a complete view of the manner in which this species of affection is developed, (case 34;) nothing more remains for me than to recapitulate the principal features of it here.

Cancer is recognised by swelling without deformity of the uterus, and especially of the neck, in which it mostly has its seat; by the remarkable softness of its tissue: by the decided sensation of crepitation which is experienced in compressing the tumour: by the constant discharge of dark and grumous blood, mixed with clots of larger or smaller size, with a distillation of an analogous fluid from the vaginal surface of the tumour. At a very advanced period of the alteration, blood is mixed with putrified shreds and fetid matters, resulting from the detritus and decomposition of the altered tissue; a decomposition passing ordinarily from the centre to the circumference, like ramollissement, that is to say, commencing at the orifice and extending thence to the neck and

body of the uterus. From this, an ulcerous excavation results, and the disease then assumes the form of ulcerated cancer.

There is an analogy between the soft scirrhus cancer and the fungus excrescence properly so called.

1st. The soft scirrhus cancer formed by inflammation or infiltration of the blood, which the altered vessels permit to escape, often exhibits the same aspect as the cancer by the simple sanguine engorgement. But the pathognomonic symptoms of scirrhus cancer, indicating that the hæmorrhage is only developed in small degree, that it does not exist, or is inconstant in the first periods of the disease; moreover, the ordinarily unequal irregular embossed form of the engorgement, the hardness of the circumferences of the projections; these signs, I say, enable us to distinguish the brown softened scirrhus from sanguine cancer, properly so called.

2d. There is less distinct difference between the sanguine cancer and fungus proper; when the latter has acquired a certain development, it forms an equal tumour, which simulates the form of the os uteri, in an engorged state, but originating from the surface of that part, the fungus seems to be detached from it, or at most, to be attached to it by a large pedicle, occupying the whole vaginal surface of the neck, yet, giving the tumour the form of a mushroom. It also extends into the vagina, and takes on a development, very rare in the cases of soft cancer.

The most advantageous mode of examination of the character of this tumour, is generally that of the touch

through the rectum; as in this manner, we can ascertain whether the alteration extends beyond the neck of the uterus—for it must be remembered, that this fungus alteration has a strong tendency to involve the body of the organ, while the sanguine congestive engorgement is more frequently restricted to its neck. In a *medical* point of view, a distinction between these two alterations, is of little importance; but a correct diagnosis is essential in regard to its *surgical* treatment.

If the fungus have sprung from healthy tissues, which are not yet implicated in the alteration, there is hope of success from an operation, for its removal; but in cases of soft cancer, operations would be injurious, on account of the seat which it occupies, and the probable extension of the alteration to a greater or less depth, into the substance of the uterus. In confirmation of this remark, I will present the following case, which has been communicated to me by Dr. Hervey, of Chegoin.

CASE LXXV.

A woman was affected with copious hæmorrhage, which was discovered to be furnished by an alteration in the neck of the uterus, which formed a mushroom growth into the vagina, of half the size of a fist. Amputation was considered the only possible means of cure. “I arrived,” (in cutting off this morbid growth,) “even at the neck of the uterus. It was

difficult to know whether all the disease had been removed. The hæmorrhage, however, ceased, though for a short time only. It reappeared with the return of the fungus. Death occurred at the end of two and a half months."

It happens, that arrived at the advanced degree, or in consequence of a particular coincidence, the parts which support the sanguine engorgement, become affected with chronic inflammation, or a scirrhus state; the neck of the uterus is then found swelled, spongy, bloody, crepitant, and easy torn, surmounted by a hard engorgement, and extending more or less deeply, into the parieties of the uterus, or including the whole organ. It is there alone, that the alteration which engages our attention, indolent in itself, becomes the seat of those lancinating pains, peculiar to scirrhus.

The palliative indications which the soft cancer presents, are very limited or difficult to be filled.

They are principally to moderate, if we cannot prevent the abundant sanguine discharge, which rapidly reduces the strength of the patient, and hastens the termination of her existence.

If the woman be yet young, and have not lost her strength—if the fluxionary movement towards the uterus, still appears to be very active, some derivative bleedings, employed with great care, may be useful before resorting to astringent medicines. These latter may be used internally or locally, by means of injections or immediate application. Dossils of lint, covered with some styptic powder, or saturated with

an astringent liquid, may be applied directly to the part.

It seems to me, that cauterization would be preferable to the cutting instrument, in destroying this kind of cancerous tumour; and ought in every case, to be had recourse to, in completing the operation. The more active and extensive inflammation which the cauterization induces, changes the condition of the altered parts, which escape the instrument. It would be much more easy to overcome the consequences of the accidents which may result from this inflammation, than those resulting from the remaining cancerous alteration, which cannot fail to produce most unhappy results. We would call the attention of surgeons to this remark.

Every species of alteration, cartilaginous, osseous, scirrhus, sanguine, cerebiform, &c., may be found existing in the same uterus, and constituting a complicated cancerous affection, which is commonly met with at the advanced period of this terrible disease.

ULCERATED CANCER OF THE UTERUS.

SYNONYME.—CANCER, PROPERLY SO CALLED, OF THE ANCIENTS, AND OF MANY MODERNS.

Considered in relation to its origin, the ulcerated cancer includes several species or varieties, each having peculiar characters, which reveal the cause producing them.

PRIMITIVE CANCER OF THE UTERUS.

The ulcerated cancer is rarely primitive. It has this character only when it commences by the coincident development of a superficial ulceration, upon a scirrhus engorgement. The hardened parts are quickly destroyed by erosion. The hardness extends by degrees, and the ulceration advances in proportion as the hardness is extended.

This precursory engorgement, and extensor of the disease, should be speedily contended with, and the affected parts destroyed, before the alteration shall have advanced beyond the reach of surgical means.

The ulcerated cancer mostly proceeds from other simple organic alterations, and may for a long time, present different features in *relation* to its origin.

SCIRRHOUS CANCER.

This sometimes succeeds to scirrhus and cerebiform cancer, and results from ramollissement, and a species of abscess of one or more protuberances.

Thus, at the centre of a scirrhus mass, representing the uterus or its engorged neck, excavations commonly more profound than extensive, may be seen; the opening of which, especially at the commencement, is often narrower than the bottom. There may exist several of these cavernous ulcers, which, isolated

at first, unite and form only one, with irregular edges, leaving a species of scirrhus promontory which divides the cavity into several unequal apartments. The bottom of these ulcers has a colour, varying between the grey, black and green; it constantly furnishes a serous or sanious matter, rendered dark by blood mixed with the scirrhus and cerebiform detritus, and by small clots of corrupted blood; this ichorous matter, of a peculiarly infectious odour, irritates and excoriates the parietes of the vagina, causing them to be affected by an inflammation which contributes not a little, to predispose the part to the invasion of the disease.

The march of this species of ulcerated cancer, is much less rapid than that of the gnawing ulcer.

The disease may remain stationary, during a longer or shorter time, or it may even retrograde, which circumstance rarely happens to the gnawing ulcer.

The rapid progress and extension of this disease, is owing to the inflammation which accompanies it.

Some women have had ulcerated cancers for years, without suffering from pain, or experiencing any manifest alteration of their health, from the fact that these affections did not become the seat or focus, or cause of either internal or external inflammation.

SANGUINE CANCEROUS ULCER.

Ulcerated cancer sometimes proceeds from a sanguine engorgement and results from the maceration of the tissue infiltrated with blood. It also comes on in women who have been for a long time subject to habitual menorrhagia.

The signs proper to elucidate the diagnosis of this species of cancerous ulcer, result from the complication of those which appertain to the sanguine cancer, previously described, and those proper to the cancerous ulceration actually existing. Thus, after repeated or continual hæmorrhage, an excavation is found at the uterine orifice, reposing upon a soft fungous bleeding base, from which are detached rags or shreds, of a dark, fetid fibrous character.

We here introduce Bayle's description of the cancerous ulcer, one of the three varieties of ulcer of the uterus. "In the first, the bottom layer is fungous and fuliginous or black, and the parts which it covers are dense and of a livid red, often traversed in the same manner as the surrounding parts by vessels more or less engorged by dark blood."*

* Journal de Med. Chirug. et Pharmacie, par M. M. Corvisart Leroux et Boyer. (Frimaire an. II.)

RONGEANT, OR GNAWING CANCER.

Finally, another form of these ulcerated cancers, is the rongeant ulcer, to which we should exclusively apply the denomination of gnawing cancer, or gnawing ulcer properly called.

It has the following distinctive characters: Primitive ulceration, tending to extend itself more superficially than deeply, having a carcinomatous engorgement for its base, of a greater or less thickness. In its progress, which is much more rapid than the other varieties of ulcerated cancer, it destroys the neck of the uterus, extending even to the parieties of the body of this organ, and erodes at the same time the vessels and other tissues which compose the parenchyma of the uterus, and thus gives rise to dreadful hæmorrhagies, both because they happen unexpectedly, and because it is very difficult to oppose any effectual and permanent remedy to them.

This species of cancerous ulcer may be referred to the second and third varieties admitted by Bayle.*

“In the second variety, the fungous layer is grey or brown, the parts situated beneath are dense, totally deprived of blood-vessels, and of a tarnished or dirty white colour, and not unlike lard.”

“In the third variety the fungous is whitish or

*See Journal previously quoted.

“ash-coloured, the parts which it covers are of medium density, very white, entirely bloodless, and completely resembling lard; but in pressing into the cavities as well as the lesions of the tissue of the uterus, a white and thick purulent matter may be seen extending from a great number of points.”

This last variety represents, according to our view, our scirrhus cancer. What the author regards as a purulent matter, “*very white and thick*,” was certainly infiltrated cerebiform matter.

The rongeant, or gnawing ulcer, has an essentially acute progress, destroying the parts extensively and becoming fatal in a few months. It however yields more readily than all the other ulcerated cancers to the action of medicines, or may be destroyed by cauterization, without leaving traces, or without our being obliged to destroy the parts to a great depth, inasmuch as the altered bottom which forms the basis of the affection, is commonly only a few lines in thickness. But in order to arrive at these happy therapeutic results, it is necessary not to wait till the ulceration may have, by a rapid progress, destroyed too great an extent of parts.

These differences of form which occur in the ulcerated cancers of the uterus, discover their origin and nature, and are conspicuous only when the alteration is yet in its commencement. When the disease has arrived at a certain period, it is not so easy to distinguish to which species or variety it belongs. This difficulty in diagnosis is then of little importance; the affection having become incurable, requires the

same therapeutic, palliative, or symptomatic means, or demands the same surgical treatment.

The different cancerous affections are confounded in a community of phenomena of a local and general character, the hideous catalogue of which we come now to present.

The confirmed cancer of the uterus, whatever may be the form which it assumes, rarely shows itself before the "turn of life," the epoch at which is developed, the vital or organic modification which predisposes to the production of scirrhus and cerebiform states, a fundamental change or alteration most common for cancers.

The scirrhus cancer, simple or ulcerated, may affect all the uterus, though mostly it is limited to the neck, and in most cases it begins in this part before it extends to the body of the uterus, for the reason as we have already said, that the neck is more frequently exposed to the action of causes which develop inflammatory engorgements or simple ulcers, either of which are the ordinary origin of these profound alterations.

The cancerous ulcer always commences in the neck, to which it is limited in the greatest number of cases.

The soft cancer may have its seat in the body as often as in the neck of the uterus ; finally, the *mural* cancer affects the body exclusively.

Cancerous affections, besides the character we have assigned to them which serve to distinguish their different forms, the one from the other, present

also some symptoms in common, both local and general.

COMMON LOCAL SYMPTOMS.

1st. Whatever may be the origin of the ulcer, there is in the ulcerated cancer a discharge by the vulva, of serous, sanguinolent, brown, dark, or green matters, accompanied by clots of black blood, half putrified, and of greater or less size, with sometimes shreds of fungous and decomposed flesh. This matter has a penetrating odour, which is merely disagreeable in the commencement, but which subsequently becomes insupportably fetid, and of a nature so peculiar as to discover the source from whence it flows.

2ndly. There are hæmorrhagies, the profuseness of which exhausts the patient and occasions her death prematurely. These hæmorrhages are much more fatal, as they can neither be prevented nor arrested at the time; they arise either from erosion of the vessels by the progress of the ulceration, or from the fluxion which the alteration, limited to a part, excites in those which are not yet affected. In the fungus hæmatodes, the sanguine cancer, and the mural cancer, the hæmorrhages come from the alterations themselves.

3rdly. There are pains, violent, tearing, burning and especially lancinating, in the hypogastrium, loins and pelvis, and which the patients refer chiefly to the coccyx, radiating thence to the stomach, breast, groins, thighs and pubis. These pains are sometimes

so terrible that they render life insupportable, and induce the patients to desire death, and even attempt to destroy themselves.

It is not surprising that women, in the hope of being temporarily relieved from these pains, or in the fear of experiencing them a single day, by the progress of the disease, as yet feeble, but threatening in its consequences, submit to the frightful operation which they solicit even as a favour, in spite of the almost certain dangers which they know to be attached to it.

The general symptoms which become associated with the local ones enumerated, are principally, emaciation even to marasmus, œdema, dropsy, discoloration of the tissues, a pale yellow tinge in the skin, (a characteristic colour of the cancerous affections,) collicquative diarrhœa, and sweat. Indeed, from the disturbance they suffer, all the functions present various phenomena, the whole group of which, constitute the cancerous cachexia.

The progress of cancer of the uterus, is sometimes slow and insensible, especially the scirrhus cancer, without ulceration. It may remain stationary for years, as has been seen in the examples we have given, and extend even into the most advanced age, without making notable progress.

At other times, the disease is rapid, particularly that of the ulcerated cancer, or the cancerous ulcer. When this happens, the ulcer extends in surface and depth, not merely eroding the uterus, but quickly extending to the neighbouring parts, penetrating the

bladder and the rectum, encroaching upon the external parts of generation, and forming a kind of hideous opening, surmounted exteriorly by the engorgement of the inguinal glands. This extension of the ulceration is made by the intervention of a carcinomatus inflammation which is developed at the circumference of the ulcer, rendering its edges elevated and callous. We have often seen the entrance of the vagina so encumbered with these transitory callosities, that the finger could scarcely penetrate it in order to arrive at an excavation, the extent of which could not always be reached.

CURATIVE TREATMENT OF CANCER OF THE UTERUS.

The prognosis of confirmed cancer is always extremely serious. There is very little hope that an isolated inflammatory areola, will spontaneously occur here, as takes place in exterior cancers, demarkating the limits, the sound parts, and those affected by cancer, which becoming sphacelated, leave a simple ulcer, susceptible of rapid cicatrization.

I do not know that this happy termination occurred, except in cases where the altered uterus has been precipitated beyond the vulva. The physician has therefore tried to substitute it, by producing artificial sphacelus of the cancerous portion, by means of caustics, or by isolating it from the sound parts, by the ligature, or by the cutting instrument.

Is the confirmed cancer susceptible of spontaneous cure? Is it possible that the scirrhus and the cerebiform engorgement, which constitute its basis, may be resolved as the ulceration cicatrizes? * If this cure is possible, by what mechanism does nature effect it?

The solution of these questions would be necessary to establish precise indications, and to put into requisition the means most proper to fill them. Therefore, all treatment whatever, becomes uncertain, hazardous, and empirical, without much advantage to science or humanity.

Some facts seem to put the spontaneous cure of confirmed cancer, beyond doubt, without destruction of the part in which it is seated, and also indicate the mechanism by which these resolutions were effected. We have reported a case of engorgement of the uterus, which appeared to offer the decided characters of a scirrhus affection, the resolution of which was in great part effected under the influence of a general marasmus, in consequence of a chronic gastro-enteritis. (See case 32.)

We have quoted two examples of cancerous mamæ, equally reduced during the progress and development, of diseases affecting other organs, (cases 12 and 13.) Another still more remarkable case, is

* I believe that any disease whatever, which is not in any case susceptible of being cured by the sole efforts of nature, is incurable, otherwise than by the spontaneous or artificial destruction of the altered part.

related of an enormous ulcerated cancer of the breast, disappearing in a few days, from a paralysis which had affected the side corresponding with that of the diseased gland. (Case 47.)

From all these facts, it may be rigorously concluded—

1stly.—That the diminution of the general nutrition may extend even to the products or tissues of a new formation, which constitute the cancerous affections, or form the essential basis of them: whence we may consider the indication, and the utility of the *cura famis*, very rationally established.

2ndly.—That the suspension of the nervous influence, or of innervation, not only arrests the development of the alteration, but seems to place the tissues in which it is seated, in the conditions which are most proper to recall the absorbing faculty. Hence results the no less rational indication of sedative, anodyne, and narcotic agents, which have been considered powerful resolvents, and specific remedies in cancerous affections. Does not compression, recently applied to the treatment of scirrhus affections, act in two ways at a time?

1st.—By suppressing the abnormal nutrition, paralyzing the innervation, and

2dly.—By reducing the tissue of the alteration to the degree of vitality which recalls and actuates the absorbent faculty. Moreover, by effecting upon the concrete matter of the engorgement, a kind of disaggregation, it places it by this division, in a condition which renders absorption more easy.

The well known nature of cancerous affections, permits us to have little hope of ever discovering a specific remedy for them, since they are not the product of a particular humour, of a special virus, but are rather the result of a more or less complex modification of the organization, as regards cancers with a scirrhus, cerebiform, and melanotic base, and of other different alterations of the elementary tissues which compose the uterine parenchyma, as regards the other kinds of cancer, as the soft or the sanguine cancer—the fungus hæmatodes.

The basis of the treatment of confirmed cancer is therefore the same as for primitive engorgements, or the ulcerations which are most commonly the origin of them. It is not therefore without intention, that we are diffuse upon the action, and the divers modes of administration of the different hygienic and therapeutic means, which compose the treatment of these engorgements, and of the primitive ulcerations.

Perhaps I may deceive myself, but it seems to me, that in founding the therapeutic indications upon these theoretic and practical considerations which I have presented, and by directing with attention and perseverance, the employment of means proper to fill these indications, by combining them properly, we may obtain, (I do not say in all, but in some cases,) a success, which up to this time, has not been looked for.

I rely upon clinical experience, on this subject, the results of which, I am anxious to make known.

Heretofore, diseases have so often resisted therapeutic means, which some success had rendered

appropriate to them, that it is doubted whether the instances in which they have succeeded, were really confirmed cancer. Authors have taken so little care to describe these cases well, that one is at liberty to suppose that they were deceived by appearances, as to the true character of the disease cured.

With respect to the hope which we have conceived, of arriving at more positive results, in the treatment of confirmed cancers, whatever may be their seat, and especially of those which affect the uterus, it can never be extended to all cases. There necessarily occurs a period, when the alteration has become such, that it is impossible to restore the tissues which are affected, to their natural state; or rather, it has by its progress, invaded and destroyed too great an extent of parts, or has thrown all the economy into such a state of disorder and decay, that no human means can now arrest the disease, or its fatal results.

PROPHYLACTIC TREATMENT.

When we recollect that the confirmed cancers are beyond the resources of medicine, that surgery is not capable of effecting a cure—or has afforded us, in the greater number of instances, the most uncertain success—we cannot avoid feelings of the most painful kind.

But if these confirmed diseases are incurable, would it not be possible to prevent them, or to hinder the development of them? If it was so, medicine

would still find a happy indemnification for its impotence in destroying the disease once arrived at the point in which all means are inefficient.

I think that we may promise ourselves this consoling result, more frequently than we do at present, because if it is true as facts appear to prove, that the greatest number of cancers of the uterus which hazard the existence of women at the critical period, derive their origin from simple engorgements or benign ulcerations, developed at a longer or shorter period before this time; if it is true that these engorgements be susceptible of resolution, though at that time announced as being of a scirrhus nature, (cases 38—68,) and as these ulcerations offer no less tendency to cicatrize, even when reposing on a carcinomatous or apparently scirrhus base, they present for the most part the characters of confirmed cancer, (cases 59—67,) it is evident that in curing, by a treatment timely and appropriately made, these simple or primitive affections, we shall prevent the development of the incurable cancer of which these simple affections are most frequently the origin or the first degree.

Should it be objected, that, since the scirrhus and cerebiform alterations constituting the principal cancerous affections, are owing to a special modification, which age introduces into the organization or the vitality of the tissues, this modification can readily provoke the development of these alterations, without being preceded by any other morbid state. I do not deny that it may be thus: the scirrhus and cerebiform tissues are very certainly developed in the uterus

as in all other organs, without other previous affections; but I am convinced from the group of a great number of cases, that these cases are more rare than the cancers which succeed resolvable engorgements and ulcerations susceptible of cicatrization. It is credible, therefore, that these primitive diseases have an unhappy faculty of developing or putting into play, in the circumstances spoken of, the organic modification which influences the formation of the alterations, which constitute the cancerous affections, and that these latter would not have taken place, at least in a number of cases, without this previous condition.

It is also known that the scirrhus and cerebiform alterations are not by their nature susceptible of producing dreadful consequences. The latter in general result from the softening of the new substance, or from the transitory inflammation which these alterations excite in the organs which are the seat of them, or, further, from the inflammations capable of being developed in their proper substance.

Now, as these inflammations which hasten the progress and excite the transformation and extension of these alterations, are not beyond the resources of art; the result is, that we should endeavour to prevent or retard the transition of the scirrhus and cerebiform alterations to the state of confirmed cancer.

I submit these views, upon the prophylactic treatment of cancerous diseases, to the consideration of practitioners.

SYMPTOMATIC AND PALLIATIVE TREATMENT.

Cancer, whatever may be its origin and form, being confirmed and incurable, the administration of medicine may still be a great relief to the unhappy victims of these painful diseases. I do not allude to the consolations which are derived from affectionate care, delicate attentions, encouraging prospects, the rekindling of hope, by having from time to time, recourse to new means, or in varying the forms of those which have already been in use; beside these, it is possible, really to retard the progress of the pain; calm, or arrest the symptoms, or the inconveniences which are more particularly of a character to affect the patient; and amongst which I would speak of inflammation, pain, and the infectious odour of the ichor which incessantly flows from the ulcerated surfaces.

It is known that the extension of the cancerous ulcer to the neighbouring parts, is made by an inflammation of their edges. The application of leeches to these edges by the speculum, arrests it, and limits the development of it, and consequently checks the disease. (Case 80.) We may also be assured that the renewal of the pains often arises from inflammatory movements which invade some one of the central points of the alteration, or the surface of the ulcer; in these cases, also, leeches applied immediately upon the disease, by moderating and arresting the inflam-

mation, instantly suspend the pains or render them more supportable. (See same case.)

The pains which do not depend upon this circumstance, and against which all the soporific medicines have been ineffectually administered internally, sometimes yield to the immediate application of the same substances upon the affected parts: they may be conveyed to them in an injection of starch, or the like, and maintained in contact by plugging up the vagina, or compressing the vulva.

I have also obtained relief of the pains which have resisted every other means, by the application of morphia, from one to three and four grains, upon a small blistered surface, made for the purpose, upon the thighs, hips, or hypogastrium.

The infectious odour, which is exhaled from the parts affected with ulcerated cancer, may be destroyed by the use of injections of the chlorides of lime or soda; by their use also the pains may be diminished, and even the progress of the disease retarded. (Cases 58—59.)

The pains in the abdomen, caused by the inflammation which is extended to the peritonæum, or to the viscera, in its cavity, may be allayed by leeches to the surface of the abdomen, as also by cataplasms and emollient fomentations.

The same means agree equally in the cases where large hæmorrhoids surround the margin of the anus, and thus cause severe pains. The pains caused by the tumefaction, or engorgement of the inguinal glands, &c. &c., are also relieved by this mode.

We may thus, by the combined and successive employment of these various means, render the condition of the patient more tolerable, by retarding the progress of the disease, and rendering the preludes to death, less terrible.

CASE LXXVI.

Ulcerated cancer of the uterus. Palliative treatment by anodyne injections.

Mad. Théaux, heretofore strongly constituted, but now meagre, and presenting all the appearances of old age, though still not far advanced, has had six children; and laterly, an abortion at four months of pregnancy, when thirty-six and a half years old. The abortion was brought on by a fall in a stairway. Since that time, she has constantly suffered in the loins and pelvis, and her catamenia have been suppressed. At 42 years, there was a serous discharge, afterwards assuming a red colour, and finally emitting a fetid odour. To the dull pains, succeeded lancinations; burning and gnawing pains appeared, at first at long intervals, becoming shorter and shorter, till for three months, there was scarcely any mitigation of them. Sometimes dark liquid, or clotted and half putrified blood, escaped from the vulva. There were diarrhœa, and ardor urinæ. Physicians, charlatans, &c., had by turns, tried their various remedies. Narcotics had been largely administered under all forms.

The patient desired death, as a relief to her sufferings.

I was called upon to give a prescription to this unhappy woman. I requested to see her.

I found in the place of the vagina, an opening with irregular, swelled and hard edges, scarcely permitting the introduction of the finger; and beyond this, was an excavation apparently without bottom, filled with blood and putrid matters. The uterus formed a tumour, which was developed above the os pubis.

I directed four leeches upon the edges of the carcinomatous opening of the vagina, injections into the cavity, of a strong decoction of the root of marsh-mallow and poppy-heads, thickened with the potatoe starch, cataplasms wet with laudanum, upon the hypogastrium—enemata of decoction of poppy-heads and starch, and ten drops of the tinct. opii.

For the first time in three months, the patient enjoyed some hours of repose and sleep; she felt a little appetite, and hope was rekindled. Fifteen days afterward, the pains returned; I directed her to repeat the four leeches; to add to the injections some drops of tincture of opium, the quantity of which was to be gradually increased; the injections were retained in the cavity for an hour, by the use of the tampon. Finally, in two months after, the patient died, (but without pain,) from marasmus and hectic fever.

CASE LXXVII.

Ulcerated cancer of the uterus. Inefficacy of opiates applied in the usual modes. Instant success by the endermic use of them.

Mad. Detry, aged 53, had enjoyed good health, and been married 25 years : mother of five children, which she bore by laborious accouchments, (for the last of which forceps had to be used, and her infant was still born ;) at 51 years, she was affected with tetter on her right fore-arm ; the sulphurous baths into which she was placed for a long time, determined an irritation upon the interior of the uterus, and caused an abundant hæmorrhage. The disease grew worse ; she felt a burning and itching at the mouth of the uterus ; she obtained no benefit from treatment at Neckar's. The uterus (examined by the aid of the speculum in July, 1824,) presented at its neck a hard scirrhus unequal engorgement, which bled very easily from pressure, and yielded a discharge of an offensive odour. The urine was voided with pain ; the skin was of a dirty yellow ; the muscles were pale and bloated. In November, the disease made rapid progress, the pains became very severe ; the patient writhed on the bed and invoked death ; all the opiates, the most powerful antispasmodics, the syrup of morphia, in large doses, produced no effect. The sufferings could be allayed, and the pleasures of sleep could be obtained

only by placing two grains of the acetate of morphia upon a cauterized surface; these means calmed her so well, that her existence was prolonged to the 20th of December, 1824, without her evincing any pain. This case proves that in instances in which we cannot hope for a cure, we may obtain great advantages from external applications.

CASE LXXVIII.

Favourable influence of iodine on a cancer of the uterus arrived at the last degree. (Nouv. Bibl. Med. 1824, 2d Vol. p. 210.) (Extracted from Journal de Med. Prat. of Hufeland.)

“ A woman of 36, had a cancerous affection of the
 “ uterus in the last degree; all the vaginal portion of
 “ the uterus was scirrhus, and the orifice of this
 “ organ was considerably eroded; frequent hæmor-
 “ rhages had occurred; the severe pains which the
 “ patient experienced could be calmed only by strong
 “ doses of opium, and her constitutional state corres-
 “ ponded with the gravity of the local affection. Many
 “ means had been already employed, when M. Hen-
 “ neman thought of the iodine, which he said having
 “ evidently the property of resolving the mammary
 “ glands, would probably exert an analogous action
 “ on the uterus.

“ He consequently prepared a tincture of six grains
 “ of iodine to a drachm of alcohol, of which he gave

“her ten drops evening and morning, in a little cinnamon water, sweetened with syrup of oranges ;
“every other drug except opium was laid aside. This
“medicine occasioned no inconvenience, and a sensible
“amelioration was soon remarked ; the pains which
“the patient experienced in the interior of the bones,
“disappeared ; the alvine evacuations were readily
“effected, and no longer caused a hæmorrhage every
“time. Finally, the size of the uterus became scarcely
“perceptible exteriorly above the pubis ; the vagina
“became larger ; the fleshy excrescences considerably diminished and yielded no blood. The strength,
“and the assimilation of nutritive substances did not
“correspond to this advantageous change, and it was
“necessary to suspend the treatment at the end of
“29 days, to recur to tonics ; but the patient died.
“She had taken in all an ounce of the tincture of
“iodine.”

It was evident, from the post mortem opening, that the cancerous affection of the uterus was ameliorated by the effect of the medicine, and that the death was in a great measure owing to the existence of an ulcer which had established a communication between the vagina and the abdominal cavity. M. Henneman considers this case as proper to engage practitioners to make some experiments in regard to the employment of iodine in the cancerous affections of the uterus ; we are particularly desirous of it, especially as up to the present time, medicine possesses no means against this cruel disease arrived at this stage. In the meantime, ought we not to fear that the tincture of

iodine would excite the inflammatory movement in those cases in which it acts? To avoid this bad effect as much as possible, we prefer the hydriodate of potash to the iodine.

CASE LXXIX.

Cancerous ulcer of the last degree. Relief by leeches.

A woman aged 48, was affected with a vast ulcer, which had destroyed all the posterior, and a part of the anterior lip of the os uteri; it was also extending deeply into the uterus; those parts which had not been destroyed, were hard and swelled; the remaining part of the anterior lip formed a tumour the size of a walnut, and what was left of the posterior part of the neck, exhibited carcinomatous pads, which descended almost to the middle of the vagina. The body of the uterus was hard, engorged, and larger behind the pubis. The pains were extreme, the discharge abundant and sanious, and had a repulsive odour: in a word, this woman was in a very advanced state of cancerous cachexy. I attended to this poor patient myself, and after having deterged the parts with a great quantity of water, I applied four leeches to them. The comfort was prompt; the pains were so far allayed, that the next night this woman slept some hours, which she had not been able to do for a long time previously, though she had used narcotics

freely. I had directed her to take a pill of four grains of cynogloss* after the application, which I think had no agency in causing this delightful sleep. Four or five days after, the pains reappeared, but the extreme feebleness of the patient made me afraid to re-apply the leeches; she died soon after. This woman had had twelve children, and since the last, with which she was confined at 38 years, her menses had been deranged, and both less frequent and less abundant. The lancinating pains and the putrid discharge had been preceded by simple leucorrhœa and dull pains in the loins.

CASE LXXX.

Large and deep cancerous ulcer. Exhaustion and hectic fever, threatening speedy death, in consequence of an abundant and fetid discharge, and severe pain. Injections, with chloride of soda. Unexpected comfort, and prolongation of life during five months.

Mad. R——, residing in the precincts of Paris, had had five children; the last at the age of 36 years. Her catamenia had always been regular till the age of 43, when it was suddenly suppressed by a tragical

* The cynogloss or hound's tongue, is considered by some practitioners as possessing very feeble powers as a narcotic: in the opinion of others it is a very active article.—TRANS.

event which happened to her husband, whom this lady recognised after some days absence, among the dead bodies of persons exposed at the *Morgue*. She was seized with suffocations, the hands became considerably swelled, and dull pains were established in the loins. Five or six months afterwards, she was attacked with menorrhagia, which recurred after short intervals, during which there was a leucorrhœal discharge becoming sanious, mixed with particles of putrid flesh, and yielding an offensive odour. During the first two years of that state, the patient, otherwise of a very ardent temperament, experienced some indomitable propensities. They were occasioned by an almost continual sense of voluptuous pruritis, which she felt in the interior of the vagina.

At 46 years, an alteration of the uterus was recognised, and an antisyphilitic treatment was instituted, founded upon the circumstance that the patient had had at her 30th year, a venereal affection, which, however, appeared to have been completely cured, because neither the patient nor her children, had been in any manner affected by it since. The symptoms increased, and various modes of treatment, rational and empirical, were employed successively; finally, the patient resigned herself to death, in despair of recovery. She approached her 48th year, when I was introduced to her, by one of her parents.

I found her in a state of extreme emaciation, with bloating of her person, œdema of the feet and hands, lead coloured features, dry and hard skin. Though her chamber was well aired, I was struck as I entered

it, with a characteristic and offensive odour. The tampon of old linen which the patient used, was wet with reddish liquid of a serous quality, and mixed with a black and partially dissolved blood. I could feel the uterus a little elevated behind the pubis, but largely tumefied. A sharp ridge, or hard margin, separated the fundus of the vagina from an anfractuous excavation—an ulcer which appeared to have almost entirely destroyed the neck of the uterus, and to be advanced even to the body of that organ. The patient invoked death to put a period to her sufferings.

I prescribed some pills of cynogloss—and injections of a decoction of barley, to a pint of which I added at first two, and afterwards four spoonsful of solution of chloride of soda. In a few days, the discharge considerably diminished, the pains abated, and the odour was completely destroyed. I saw this patient in the early part of September, 1829. She did not die, till the 29th of the next January.

CASE LXXXI.

Cancerous ulcer of the uterus. Destruction of the recto-vaginal partition, and also of the corresponding parieties of the bladder. Happy effects of the chloride injection. (Case communicated by Dr. Jolly.)

Mademoiselle Honorine N——, was born of a mother who died of a cancerous affection of the uterus. Two of her aunts on her mother's side, were in the same situation.

Endowed with a strong constitution, she had attained to the age of 47 years, in a state of perfect health, and without ever having experienced any disorder in menstruation. But at this period, she suddenly felt neuralgia in each sciatic region, which resisted the application of leeches, narcotic liniments, tepid baths, vesicatories to the painful part, and many other means, all of which were equally ineffectual. Until now, the menses had regularly appeared; nevertheless, directing my attention to the uterus, I thought that it would be found the point of departure of this disease. In fact, I easily recognised that the body and part of the neck of the organ were sensibly tumefied, indurated in some parts, and softened in others. All the hypogastric region was painful to pressure. Hence, I no longer doubted that the sufferings of the patient were only the consequence of the organic alteration of the uterus.

A repetition of the leeches, emollient and narcotic injections: hip baths renewed every day, &c., were used without success.

Shortly after, there was hæmorrhage, followed by an abundant puriform discharge. Ulceration made such rapid progress, that in less than three months, it had invaded the neck, a part of the body of the uterus, all the superior part of the vagina, and the corresponding parieties of the rectum, as well as the bladder, in such a manner, that the cavity of the pelvis had become a cloaca, in which were mingled blood, pus, and urine. The chloride injections then became the sole means of treatment: and they were so success-

ful, that the patient who seemed at first devoted to a speedy death, still remained stationary for several months.

This case serves to confirm the hereditary nature of the cancerous affection: the rapid march of the disease in certain cases, and the efficacy of the chloride preparations, as the most powerful palliative means that we possess, when the disease has arrived at the point of suppuration.*

* We have recently had under our care, a case strongly analagous to that above related, in which, notwithstanding the ulceration involved the adjacent parts in such manner, as to form a communication with the bladder and rectum, repeated injections of a solution of chloride of soda, and infusion of camomile flowers, were decidedly beneficial, not only in correcting the intolerable fetor, but in calming the severe pain which had before been a constant attendant. We believe life was protracted, by their use, for some months.—TRANS.

CHAPTER IV.

SURGICAL TREATMENT OF THE ENGORGEMENTS AND ULCERATIONS OF THE UTERUS.

WHEN the organic diseases of the uterus will not yield to therapeutic and hygienic resources, surgery still offers some chances of health; the means employed under this head are, compression, cauterization, ligature and ablation by the cutting instrument.

Compression being difficult and uncertain of application in these diseases, we could only repeat here what we have said respecting it in the course of this memoir.

Cauterization is especially indicated in order to destroy the excrescences or vegetations of the os tincæ. It is also adapted to the simple chancres which have resisted ordinary treatment; it is also applicable to the carcinomatous or cancerous ulcer, the base of which is not thick; as a general rule, the caustics should only be employed when they can extend to the limits of the disease, otherwise, they

remarkably favour the extension of the alteration to parts which it had not previously invaded, increase the progress of the cancerous affections, and hasten their fatal termination.

The *potential* is to be preferred to the *actual* cauteries, and from amongst the variety are to be selected the nitrate of silver, the caustic-potash, the butter of antimony, the sulphuric and nitric acids. The nitrate of mercury is preferable, as it is the most active and most easy to be employed of all the caustics, and it is the one to which recourse is most frequently had.

After being well assured both by the touch and the sight of the positive nature of the alteration of its seat, and particularly of its extent, the patient should be placed across the bed, so that the pelvis being at the edge, the diseased parts may be brought into view; the speculum is applied in such manner that its internal opening very exactly embraces the diseased parts, and protects those which are not affected from the contact or the extension of the caustic. If a divided speculum is inserted, we should have the precaution to place the instrument in such manner that one of the branches occupies the most declining part, that it may receive the excess of the caustic and serve as a gutter for it.

In all these cases, a small roll of charpie is to be introduced at the bottom of the speculum, and applied immediately upon the part which is to be cauterized, to absorb the excess of the caustic.

If we use the potash or nitrate of silver, we make these substances into the form of a cone, about an

inch* at the base and of greater length; this is to be mounted upon a porte-crayon, and applied either by the point or the base, according to the extent or the form of the part to be cauterized, and kept it to the affected part for a greater or less length of time, according to the degree of thickness of the diseased parts. Liquid caustics are applied by means of a pencil or brush of charpie mounted upon a wooden or crystal stock; when the vegetations are very much developed, or when the engorgement upon which the ulcer lays, presents a considerable thickness, the application should be held against the part affected, with lint saturated with caustic.

When it is judged that the cauterization has been sufficient, the eschar which has been produced is to be sponged with little balls of lint, to absorb the excess of the caustic, and prevent it from affecting the vagina upon withdrawing the speculum. We may also with the same intention, throw into the vagina injections of water: the latter means being the most certain, is preferable.

The caustic produces an eschar, (of a gray or yellow colour, according to the kind used,) which becomes detached after five or six days.

* We cannot readily agree with Dr. D. in this recommendation; we believe that a piece of caustic an inch thick at the base would be very inconvenient in so small a space as the speculum affords; we are in the habit of using the *lunar* caustic, about the one-eighth of an inch thick at the base, and tapered off to a small point; this can be applied either to a very small spot, or swept over a large surface at pleasure.—TRANS.

If one cauterization does not suffice, it may be renewed as many times as is necessary completely to destroy the altered portion, even to encroach more or less upon the sound parts, otherwise relapses are inevitable, prompt and more unfavourable than the primitive alteration was, as it affects the organ more profoundly, and extends to points thenceforth inaccessible to therapeutic means.

We know that the cauterization has been sufficient, when the eschar upon falling off, leaves a surface which is covered with cellulo-vascular pimples, analogous to those which are developed upon the surface of simple ulcers, cicatrization is then affected in a short time.

We know, on the contrary, that the diseased parts still remain when some points of the surface are of a greyish white, and when the touch enables us to recognise a remarkable and distinct hardness in the midst of circumscribing soft parts.

Consecutive inflammation is the only accident liable to occur after cauterization ; this may be prevented by the use of injections, baths, and emollient fomentations, or it may be combatted, or moderated by means of general and local bleedings, &c. &c.

CASE LXXXII.*

“ L. H——, washer-woman, aged 54 years, (had a
“ sister who died at 60, of cancer of the breast,) men-
“ struating at 13, and becoming a mother at 27; she
“ began at 39, to feel pain in the loins, the groins, and
“ hypogastric region. Without touching, I could
“ recognise nothing particular, either in the uterus or
“ its dependencies: baths, a mild regimen, and some-
“ times leeches to the loins and hypogastrium, were
“ the only means employed, until towards 43 years,
“ when she was cautioned not to expose her hands to
“ cold water whilst menstruating. At 42, to the
“ ordinary sufferings were added a leucorrhœal dis-
“ charge, which became habitual, and considerably
“ abundant; always, however, without sensible organic
“ lesion of the neck of the uterus. At the age of
“ 46, I directed her to take internally, the cicuta, at
“ first in substance, and afterward in extract, conjoined
“ with the occasional use of the sulphur bath, and
“ cataplasms upon the abdomen.

“ In 1819—the leucorrhœal discharge having in-
“ creased, I recognised with the speculum, that the
“ extremities of the lips of the os uteri were excori-
“ ated, and that from thence projected fungosities, from
“ eight to ten lines in length, that the base of the neck

* Recamier—Recherches sur le Traitement du cancer, etc. tome 1, page 332.

“ of the uterus was healthy, but that its inferior part,
“ although without tumefaction, was more dense than
“ natural.

“ After having explained to the patient, that the
“ ablation of her disease appeared to me the sole
“ means of cure, I obtained her consent to examine
“ it with M. Dupuytren, who being of the same
“ opinion with myself, performed the operation, No-
“ vember 13th, 1819. The patient being placed as
“ for the operation of lithotomy, the neck of the uterus
“ was seized by the forceps of Muceux, brought down
“ even with the vulva, and cut off with the curved
“ scissors, above all that appeared diseased. This
“ operation was followed by the greatest hæmorrhage
“ which I have observed in similar circumstances.
“ Dossils of lint did not serve to arrest it, and I had
“ recourse to a small wine glass, which served as a
“ cup and ball pessary. After having filled it with
“ charpie, I introduced it into the vagina, where it
“ served to make the tampon effectual, which had
“ till then, been used without success. I afterwards
“ applied behind and before, upon the foot of the wine
“ glass, which passed beyond the labia externa, the
“ descending branch of the T bandage, and the
“ hæmorrhage was arrested.

“ Pains and inflammatory symptoms being mani-
“ fested during the following night, I loosened the T
“ bandage, and had a bleeding done at the arm, and
“ leeches applied to the hypogastrium. The advan-
“ tages obtained by these means, were sustained by
“ emollient drinks, cataplasms upon the abdomen, and

“tepid baths. The third day after the operation, I
“renewed the most exterior portions of the tampon ;
“and on the fourth, in consequence of the bad odour,
“I took the whole of it away, without any recurrence
“of the hæmorrhage.

“November 30th.—In concert with M. Dupuytren,
“I cauterized the part with a portion of caustic
“potash, applied upon the wound, brought into view
“by the speculum. This cauterization was followed
“the next day by a considerable hæmorrhage.

“December 4th.—I cauterized again, but I used
“the nitrate of mercury, applied to the interior of the
“neck of the uterus, with small parcels of charpie,
“and upon the wound, with lint, held to it by long and
“curved forceps. This cauterization was deeper than
“the first, because I penetrated far into the neck,
“without other inconvenience than severe pains, both
“local and sympathetic, which were dissipated in a
“few days, by baths, cataplasms, emollient drinks,
“and injections, which however were continued to
“the end of the month. She was cured at the end of
“January, 1820, and I established as issue in her arm.
“I have subsequently, frequently examined this pa-
“tient, and have never found any tendency to relapse.
“Since the operation, the menses have reappeared
“only twice, and at intervals of three months. I
“knew nothing of her situation for three or four
“years past, because she resides in the country, but
“having come to Paris, I find that her cure is per-
“manent.

“October 6th, 1827.—Eight years after the opera-

“tion and cauterization of the uterine neck, the
“uterus has its ordinary mobility and weight, the
“bottom of the vagina is perfectly pliable, there is no
“leucorrhœal discharge, the general state is also as
“good as could be desired in a person of 54 years,
“rheumatic, and a prey to violent chagrins.”

AMPUTATION OF THE NECK OF THE UTERUS.

This operation was singularly used, (I had almost said abused,) some years since. There are few sessions of a learned society, in which there have not been cited a great number of cases of amputation of the neck of the uterus. The operation is new, and appears to offer difficulties that one is desirous of surmounting with address—it is little painful to the patient, and may be performed without any danger. What a fine field for a harvest of celebrity!

But is the operation useful, necessary, and indispensable? This question has not been sufficiently considered.

To judge from the mass of cases which the desire of publicity has furnished me an opportunity of examining, I am persuaded that amputation of the neck of the uterus has been practised in a great number of cases, where it was at least useless. Amongst the numerous pieces of pathological anatomy, triumphantly spoken of, in all the medical academies, by the most intrepid leveler of the necks of the uterus,

we have discovered, (and may have seen, like ourselves,) necks or portions of uterine necks, that have been removed as being affected with scirrhus engorgements, which were far from offering even an appearance of that state. The pliancy and softness of the tissues of the removed part, which was only engorged, and in which the parenchyma of the organ could still be very distinctly recognised, indicating sufficiently, that there had been either chronic inflammation, simple engorgement, or merely hypertrophy. The deceitful hardness of the engorgement having been produced by the circulating or infiltrated fluids, the escape of which, after the abortion of the parts, had restored it almost to a natural condition. I cannot here omit to report in full, a case of amputation of the neck of the uterus, inserted in all the periodical journals of the day—and which proves upon what slight occasion, this kind of operation is resorted to. I transcribe literally, from one of the numerous journals, in which this curious case is found.

CASE LXXXIII.

Amputation of the neck of the uterus, for an engorgement of that organ, of a scirrhus appearance.— (Jour. general de medicine, tome cix. page 214. 1829.)

“ Madame —, aged 32, of a nervous temperament, became a mother at 18 years, of an only child. She believed, that she heard said, that the uterus was torn during her labour, which was very painful. Since that time, she has had much chagrin and moral distress. Eleven years passed without feeling any pain in the genital organs; her menses were regular and abundant, but within two years, they became deranged, and were accompanied by pains and colic—the pain was increased by conjugal indulgences.

“ On the 29th of last March, I saw the patient for the first time. The tint of her skin was yellowish, her eyes encircled by a brownish ring, her person appeared fatigued; within five or six months, she had experienced great heat in the bottom of the vagina, weight upon the rectum, pains in the loins, the middle of the sacrum, and the left groin, with swelling in the iliac region of that side. The left thigh was also occasionally, the seat of pain; walking fatigued it more than the right, and it was more sensible to

“ cold. The pains in the left groin and thigh were,
“ I was told by the patient, of very long standing.
“ She referred them to a rheumatism, contracted 12
“ or 15 years previously, after having been confined
“ to her back on a bed, with this side next to a damp
“ wall.

“ Within two months, she had experienced lancina-
“ tions in the bottom of the vagina, a general uneasi-
“ ness, and a deficient appetite. Food hardly re-
“ mained upon the stomach, and digestion was badly
“ executed. She always experienced a sense of weight
“ in the epigastric region, and an obstinate constipa-
“ tion could be overcome only by means of emollient
“ enemata, or small doses of castor oil, frequently
“ repeated.

“ By examination, I discovered at the bottom of the
“ vagina, a hard renitent bilobed swelling, which
“ occupied the anterior and posterior parts of the
“ extremity of the neck of the uterus. A depression
“ appeared between the two tumours, to indicate the
“ opening of the uterine portion of the vaginal canal.
“ I examined the tumour with the cleft speculum ; it
“ appeared to me of the size of a pullet's egg, of a
“ red colour, covered with violet spots, of a brownish
“ character, with two small superficial ulcers. The
“ uterus was lower down than ordinary, as in slight
“ prolapsus. Examined again with Drs. Peronneaux,
“ Besson, and Bertrand, this tumour *appeared to us,*
“ *one of the scirrhus productions*, which, left to them-
“ selves, terminate by passing into the state of ulcer-
“ ated cancer, and undergo a carcinomatous degene-

“ration, and afterwards invade the entire body of the
“uterus, and often, the neighbouring organs.

“In order to prevent these accidents, we judged
“that the ablation of the tumour was the surest means,
“seeing that the general health was still good, that
“the disease was limited, and did not extend beyond
“the neck, that baths, emollient injections, leeches in
“the vagina had been used until now without any
“amendment. The operation was resolved upon and
“practiced the 8th of August, in the presence of the
“consulting physicians.

“I seized the tumour with the forceps of Muceux,
“and brought down the neck of the uterus; it could
“not be drawn entirely without, but sufficiently so in
“order to enable me to remove a portion by means of
“two lateral incisions and one antero-posterior to
“terminate the section. *Soon after, the extracted por-
“tion became pale, having already less volume than when
“in its place, and when it was washed, it contracted
“upon itself and shrunk to at least 1-4th of its size, but
“still remained large enough to let us see the apparent
“white engorgement in the two portions of the tumour.*
“The posterior portion appeared to be developed in
“the thickness of the mucous membrane, whilst the
“anterior had taken its origin on the vaginal ex-
“tremity of the neck. The hæmorrhage was very
“moderate at the moment of the operation, there
“being scarcely two porringers full of blood discharg-
“ed. During three days there was only a flow of a
“sanguine character analagous to moderate men-

“struation: it afterwards became on the eighth day
“white, thick, and resembling good pus.

“During the operation, the patient felt only a drag-
“ging sensation in the loins, similar to that experienc-
“ed in parturition, subsequently, the traumatic fever
“was so moderate, that it was not necessary to bleed
“either locally or generally. She slept two hours the
“first night, five hours the second and third nights. A
“rigorous regimen was observed during five days;
“the sixth she was allowed light aliment; there was
“only retention and not any suppression of urine dur-
“ing two days; the bladder was emptied by means of
“a catheter, but the third day it yielded to general
“baths and emollient cataplasms introduced into the
“vagina. From the time of the operation even to
“her entire cure, the patient used only emollient
“tisans.

“The wound resulting from the removal of the
“tumour, extended two inches from the front to the
“back part, and one and a half inches transversely
“after the operation. On the eighth day, we exam-
“ined it for the first time, when it presented very
“little more than an inch of surface. The fleshy
“pimples were of a lively red, good aspect, and the
“pus accumulated at the bottom of the vagina was
“thick, and of a yellowish white colour. On the 25th
“day the wound was only from four to five lines an-
“tero-posteriorly, and three lines transvesely, with the
“granulations in a healthy condition, but projecting,
“and as it were bound by a white cicatrice which
“surrounded them: I repressed them three different

“times, at intervals of four or five days, with the
“nitrate of mercury. The cicatrice extended and
“covered the whole ulcer about the 50th day. Dur-
“ing the 15 or 20 last days, three injections were
“used every 24 hours, of the chloride of soda, (an
“ounce dissolved in a pint of water.)

“The wound was not entirely cicatrised, when the
“menses returned with more abundance than before
“the operation.

“Her health has become well re-established ; her
“countenance has resumed its natural colour and
“freshness ; the lacerations, the heaviness, the heat
“of the uterus, have disappeared ; the appetite has
“returned, digestion has become strong, the bowels
“perform their office daily without recourse to ene-
“mata ; the prolapsus of the uterus has disappeared.”

I shall refer only to the few words upon the nature
of the engorgement. “*Immediately after, the extracted*
“*portion became pale, had already less of volume than*
“*before removed, and when it was washed, it contracted*
“*upon itself, and lost at least 3-4ths of its size, but still*
“*retained sufficient of it to enable us to see the white*
“*engorgement apparent in the two portions of the*
“*tumour ! ! ! !*” Has this case any need of commen-
tary ?

Founded upon the possibility of obtaining by an
appropriate medical treatment, the resolution of most
of the engorgements of the neck of the uterus, even
with still more decided scirrhus appearances than in
the cases where it has been believed necessary to am-
putate, I do not hesitate to say, that this operation,

so far as regards engorgements without ulceration, should be reserved for those against which the means which compose a well directed medical treatment would have failed, and which in spite of it, exhibits a disposition to progress. Even if the engorgement appears ever so little to remain stationary, it is better before taking it away to wait until age has destroyed the organic disposition which might occasion the extension of the engorgement, hasten its cancerous degeneracy, or favour relapses after amputation, even though we should amputate beyond the limits of the disease.

I believe that it would not be less prudent, before deciding upon the operation, to try whether by appropriate means the disease is not susceptible of cure, or at least of being checked in cases of cancerous ulcers, ulcerated cancers, &c. The reflections which we have already presented upon the most opportune period to act upon cancers in general, are applicable here. It might also be recollected, that in the cases in which there is a well characterised cancerous affection, though limited as it appears to the neck of the uterus; it may extend its ravages to various depths in an inappreciable manner. In these cases, the least inconvenient of the various operations, would be useless, perhaps very unfavourable, by exciting the progress of the co-existent alterations.

Finally, the circumstance of the hereditary character of the cancerous alteration, should be an explicit counter-indication to every operation which would have any other object, than to procure momen-

tary comfort, because in this case, relapse is almost inevitable, or at least, very imminent.

The patient disposed to submit to amputation of the neck of the uterus, should be subjected, for some days previously, to the means which tend to facilitate the operation, and prevent the disposition to inflammatory accidents, which it may occasion. One or two preparatory bleedings should be performed: diet, general and hip baths, enemata, and laxative drinks, should be put in requisition. The speculum should be applied at several times, with two or with four branches, in order to accustom the vulva, and the vagina, to admit of dilatation insensibly, that the operator may manœuvre with the greatest possible facility. The period for amputation having arrived, we should place the patient as for the operation of lithotomy, and apply a cleft speculum, to which a convenient degree of opening can be made to discover the diseased part, and leave a space for the instrument, and the operator's fingers.

Amputation may be made without changing the position of the parts, or with very little alteration in this respect, though by this process the limits of the disease cannot be as well appreciated, nor the operation be done with as much facility. This mode is generally reserved for the cases in which the uterus cannot be brought down, as also for those in which the disease is of such a nature as not to permit the attachment of tractive instruments; as for example, in soft cancer, or its hypersarcosis; in the fungus cancer, &c. For this kind of cases, professor Dupuytren

has imagined a sort of cutting spoon, an instrument very easy to manage, and with which the most or least deeply altered layers of the internal surface of even the body of the uterus may be removed.

In other cases, and when the disease is limited to the neck, the curved scissors, such as those employed by Osiander, or better still, the blunt bistoury, curved laterally, are sufficient. We owe to the inventive genius of a surgeon of the Hôtel Dieu, another instrument, which consists in a ring of steel, with a circular edge in its concavity, and mounted upon a handle fixed perpendicularly; the neck is previously engaged in the cutting edge, which then incises by rotatory movements of the instrument.

Reason, and still more, experience, have demonstrated the inconvenience of these instruments. Can we in fact, compare the operation, altogether mechanical, which is made by means of these instruments, with those directed by the senses of the operator? This reflection is also necessarily applicable to the instruments, which M. M. Hatin and Columbat, have introduced into the arsenal of surgery, and which are intended to divide the neck of the uterus in situ.

The instrument of Hatin is composed of two parts; one which is introduced into the neck, then to open and fix the parts; the other is formed by two layers of cutting edges separated, yet articulated like forceps, and which divide the neck of the uterus from the circumference to the centre, upon the handle of the fixing portion.

In the instrument of Columbat, the diseased part is

siezed by a sort of forceps with double hooks analogous to the forceps of Muceux, whilst by the play of a transverse cutting edge, passing the first instrument, the neck is cut circularly beyond the crotchets.

In ordinary cases, the button-ended bistoury is the instrument which should be preferred.

The surgeon, placed between the thighs of the patient, directs his instruments through the speculum, or introduces the index finger of the right hand, which serves as a guide, especially when the engorgement is too voluminous to be embraced by the speculum.

The double hook, or the forceps of Muceux, is set to fix the neck which is to be amputated, and bring the organ the nearest possible to the vulva: the tractions must be made slightly and gradually, and in the direction of the axis of the pelvis; the descent may be favoured by pressing upon the fundus of the uterus through the hypogastric region. This part of the operation is the most tedious and painful for the patient.

An assistant holds the neck of the uterus, as well as brings it near the vulva, and renders it more prominent; he first elevates it in order to permit the surgeon to commence the division of the inferior part, (the posterior of the neck,) otherwise the blood escaping from the incision, would prevent his clearly seeing the direction given to the division. The assistant, also successively inclines the neck to the side opposite to that upon which the bistoury is applied, to favour the section from the circumference of the tumour, at the proper height. The section should be made slowly,

and always preceded by the explorator finger, which performs the triple function of separating the vaginal parts from the cutting instrument, indicating the limits of the disease, and directing the bistoury.

I shall speak, merely to mention it, of the process of Osiander, which draws towards the vulva, and fixes the engorged neck by means of two handles of wire which he previously passes through the tumour.

I may also mention, that some operators, and amongst them, Joseph Giorgi, uses for the same object, the forceps of Smellie.

Whatever process may be used for removing all or a part of the neck of the uterus, not the least vestige of the diseased parts should be left; those which may escape the first section, should be removed afterwards either by the same means, with scissors curved upon the side, or destroyed by caustic.

The division of the neck of the uterus being in general effected without intense pain, there are only two accidents to be feared from the operation, hæmorrhage and inflammation.

The hæmorrhage is never distressing, and it would be easy to arrest it by the tampon, if cold injections were insufficient, or by cauterizing the parts which furnish the blood with the button extremity of a stilet heated white and directed by the aid of the speculum.

Inflammation is prevented or combatted by the means which are indicated for the same object in speaking of cauterization. It is not, however, always to be prevented nor subdued, or its fatal results ward-
ed off.

CASE LXXXIV.

(Communicated by M. Hervey of Chégoin.)

“A woman of 39 years, was affected with an engorgement of the neck of the uterus, resembling an enormous mushroom; M. Hervey of Chégoin, carefully amputated it. The sixth day after the operation, the patient died of metro-peritonitis, which was treated by the best directed rational means.”

The favourable results of amputation of the neck of the uterus are: the sudden cessation of the pains to which the patient had been a prey; the suspension of fetid discharges; the return of all the functions of the uterus to their normal state; the re-establishment of the menses. Women may, after having submitted to this operation, become pregnant and be happily delivered, as Lisfranc has proved by several cases.

The unhappy results, depend *immediately* upon the inflammation which is propagated from the uterus to the peritonæum, *mediately* on a relapse of the disease, either because that some parts of the disease may have escaped the operation, or that the limits of the alteration could not be attained by the instrument, (see case 65, reported by M. Hervey of Chégoin,) or finally, that the organic predisposition which influenced the development of the primary affection, might create a relapse in parts of the uterus left by the in-

strument, although they were uninvolved at the moment of the operation. It may also happen that the disease is not limited to the uterus, but that it exists at the same time either in the appendages of the organ or in the parts more or less remote. It is always in these cases that the co-existent alterations seem to march more rapidly after the operation, and hasten death, which, without the amputation would take place much later. Lisfranc cites, amongst his unsuccessful cases, one in which cancerous tubercles, existed in the ovaries and the whole length of the vertebral column, at the same time with an engorgement of the os uteri of the same nature, occasioning the death of the patient operated upon in a short period. These profound and unknown alterations, acquire, after the amputation of the neck, a more rapid march than before the operation.

A learned and conscientious colleague, to whose friendship I owe several of the important cases introduced into this work, declares that his want of success in this operation which he has had occasion to perform a number of times, makes him now hesitate to recur to it.

How important would it be for the instruction of practitioners, as well as for the interest of humanity, to publish circumstantial histories of patients who have been operated upon up to this period; to insist upon the pathological signs, and the accidents which may render the operations necessary; to describe exactly, the anatomical characters which the amputated parts presented; and finally, to give a conscien-

tious report of all the cases, some months after the operation! How much would this reduce the proportion of successful cases?

Till then, there should be an extreme reserve in the employment of surgical means.

In taking into consideration, on one part, the unhappy cases which we have reported; and on the other, the cases which we have collected, of the success obtained by the resources of medicine solely, in the treatment of the different alterations of the neck of the uterus, we can deduce some general rules upon the necessity, the contra-indication, or the inutility of amputation of the neck of the uterus.

1st.—Amputation of the neck of the uterus should be rejected, in the case of simple engorgement, without deep ulceration of the uterine neck—at least it should be had recourse to only after the ordinary medical means have been tried without success.

2ndly.—It should be equally rejected or delayed, whenever the alteration, whatever its nature may be, appears to remain stationary, or when we have any hope of preventing its ulterior development by any other means.

3rdly.—It should be definitely rejected, when it is supposed that the disease is not limited to the neck, or that it extends beyond the reach of the instrument, or affects other organs simultaneously.

4thly.—We should still bear in mind, the circumstances which induce us to suppose the disease hereditary, a case in which relapse is almost inevitable, as we have previously stated.

5thly.—Perhaps also it would be necessary to postpone the operation, till age has destroyed the organic or vital predisposition, which, if the operation had been done previously to this happy effect of age, would render relapse equally inevitable.

From these considerations, amputation of the neck of the uterus is found indicated in the very small number of cases in which the disease is—

1st.—Limited to the neck of the uterus.

2ndly.—Is very certainly of such a nature, as not to yield to the ordinary therapeutic means, (such as the soft cancer, the cancer with fungus hæmatodes, or carcinomatous excrescences, and the ulcerated cancer.)

3rdly.—When the progress of the affection is so rapid, and the accidents such that the life of the patient is threatened soon to be destroyed. Except in these cases, it is prudent to temporize, and to attempt the cure by the most rational therapeutic methods, or at least to seek to render the disease stationary; or finally, to confine ourselves to a palliative treatment.

EXTIRPATION OF THE UTERUS.

If amputation of the neck of the uterus fails of success in a number of cases; if its success is contestible in a great number of others, it has nothing at least very frightful to the surgeon who practices it, nor very painful to the patient who submits to it. We can-

not say as much of the extirpation of the whole uterus.

Apart from the cases in which nature has done more than half of the duties of the operation, by precipitating this organ out of the vulva; by isolating it from the important parts with which it is in relation in the ordinary state; by having also prepared the way by long habitude, for the void which the absence of the uterus occasions in the pelvic cavity—apart from these cases I say, in which the ablation is easy and little painful, and attended with certain success, the extirpation of the uterus constitutes one of the most frightful operations even to the rashest surgeon, and is the most dangerous for the patient.

It is still much more difficult in cases for which the extirpation of the uterus has been proposed, to recognize the boundaries of the disease; it is even impossible to know whether it is limited to the uterus, or whether it extends to its appendages or neighbouring parts; we cannot foresee whether the organ is free, or has contracted adhesions which render the operation incomplete, if we spare the adherent organs, or eminently dangerous if we include them: as has occurred to the most skilful operators of the art.

Professor Roux could not avoid opening the bladder, and before him the same accident happened to Sauter.

The methods of operation for the extirpation of the uterus, varies accordingly—1st. As the diseased organ is found precipitated out of the vulva. 2ndly. As the organ occupying its ordinary place, can be brought

down, and drawn more or less completely out of the vulva. 3rdly. As the uterus is unalterably fixed in its normal position.

EXTIRPATION BY DRAWING OUT.

When the uterus is brought out of the vulva, nothing is more easy than to remove it. I pass hastily over extirpation by extraction, a process employed in ignorance of the nature of the tumour, which has been taken for a prolapsus, the true character of which was recognised only after the operation. Although the patients were cured, like Siebold and Wrisbeg who related these cases, we conceive that such a process ought to be rejected.

EXTIRPATION BY THE CUTTING INSTRUMENT.

The section of the vaginal pedicle by the cutting instrument, exposes to hæmorrhage, to the penetration of the air into the cavity of the peritonæum, by the large opening which the removal of the uterus leaves, and from which a mortal peritonitis will result. It cannot even be avoided by the precaution of closing the wound by a suture, as was done by Wolfe, a skilful surgeon of Hanover, in 1824. The patient, immediately struck with peritonitis and pleuritis, died two days after the operation.

EXTIRPATION BY THE LIGATURE.

The vaginal pedicle is embraced by a circular ligature, or which is still better, it is comprehended in two ligatures, the first of which passes through from before backwards, by means of a needle. By this latter process, due to M. Recamier, fewer parts are comprehended in the ligature, because each embraces only one half of the pedicle, it has also the advantage of preventing the ligatures from slipping and escaping after the ablation of the tumour.

If this process has the inconvenience of being more painful than the section, and of exciting inflammation in the parts grasped by the ligature, it well repays these disadvantages by the obstacles which it it opposes to the hæmorrhage, and the dangerous penetration of air into the peritonæal cavity.

LIGATURE AND SECTION.

The ligature being applied, should we abandon the separation of the organ to itself, as M. M. Baxter, Rheineck, Schan, Johnson, Newham, Gallot, Gooch, and Davis?

The inconveniences which result from the inflammation and putrefaction of the part enclosed, have induced Windsor of England, and Recamier of France,

to extirpate the uterus, by incision, below the ligature.

In all these cases, it is very important to be assured, before applying the ligature, whether some portion of intestine is not found engaged in the cul-de-sac, formed by inverting the vagina, and which might be included either in the section, (an example of which is reported by Van Heer,) or in the ligature, a circumstance which occurred in a woman, whose history is cited by Dr. Rheineck.

When the uterus is not displaced, but the laxity of the parts permit it to be drawn without, the proper means for effecting this object, are the same as those alluded to under the head of amputation of the neck.

When we have succeeded in completely precipitating the uterus, nothing more remains than to employ the means advised in the natural descent, viz. the ligature and the incision below it, as practiced by Recamier.*

EXTIRPATION OF THE UTERUS IN SITU.

When the uterus is fixed in its normal place by the tension and the rigidity of its ligaments, we may still bring the organ more or less near to the vagina; does this displacement, render the operation more easy and less dangerous?

* *Recherches sur le traitement du cancer*, Vol. i. p. 338.

This opinion, maintained by M. M. Recamier and Dupuytren, has been combatted by M. Gendrin.*

In the particular process which this physician proposes, he advises on the contrary, to push the uterus high up, by means of a wooden support. His object is, by separating from the neck of the uterus, the portion of the vagina which reflects upon and embraces it, to remove from it at the same time, the arteries of the uterus, and place them at once, in a position to receive the ligatures. This plan has been tried upon the dead body only.

Practitioners differ as to the point at which we may begin the incision of the vagina. Some first separate the bladder from the uterus, (Recamier and Roux); others commence at the posterior part, (Blundell); M. Gendrin at first attacks the lateral parts, in order to attain the ligaments, and become master of the hæmorrhage. Langenback would have the peritonæum dissected without opening it; the greatest number of operators, incise this membrane, in order to sieze the ligaments, to apply the ligatures around them, and divide them.

The uterus being separated at one point, it should be carried down either from behind, forward, (as done by Sauter, Roux, and Recamier,) or from before, backward, (Blundell), to complete its total separation most perfectly. Or would it be best to make the incision in its place, and bring the uterus down

* Jour. general de médecine, October, 1829.

directly, when it would be entirely isolated, as Gendrin would do it?

A brief analysis of the principal known cases of extirpation of the uterus, would better enable us to conceive the rules to be followed and the divers processes which have been recommended for the operation. It would give a more precise idea of the difficulties which may be encountered; in the mean time we shall only report those cases in which the operations have been crowned with complete success.

Gulbertat had proposed to incise the linea alba above the pubis, to seize the uterus through this opening, to cut with the scissors all that held the organ, and bring it away through this abdominal wound.

This plan, which involves many inevitable dangers, has been practiced once only, and the patient succumbed in twenty-four hours.

CASE LXXXV.

Extirpation of the uterus practiced by M. Sauter, Physician of Constance, 1822. (Melanges de Chirurgie étrangère, 1824. Geneva, page 246.)

Genevieve Woldrof has had six happy confinements, the last in 1811; cessation of menses in 1817. Toward the middle of the year 1821, abundant menorrhagia, accompanied by poignant pains in the groins, pubis, and back; in October, 1821, M. Sauter found the neck and orifice of the uterus studded, especially

at the posterior portion, with large, hard, uneven excrescences, very painful, and bleeding at the least touch.* She was in a state of general exhaustion. By the use of the savine the hæmorrhage was arrested; the pains disappeared; the appetite returned, and her strength recruited. The indurations at the neck of the uterus seemed to diminish, soften and lose their painful sensibility. In November, there was a return of the same symptoms, with a fetid and sanious discharge. It was no longer possible to mistake the transition from scirrhus to that of true cancer; the savine, hydrocyanic acid, and cicuta, were used without benefit; the excrescences increased, filled the vagina, and prevented the dejections by compressing the rectum. January 16, 1822, diarrhœa, with extreme debility and horrid pains came on. The operation was determined upon. The patient was then 50 years old.

The exterior contour of the carcinoma included the whole of the neck of the uterus, even to the cul-de-sac of the vagina, exclusive: a small space separated the uterus from the rectum; the finger could almost pass into the uterine cavity, through the ulcers and fungosities.

2 P. M. 28th January, 1822. She was placed horizontally across the bed, the lower extremities separated, the bladder and the rectum emptied. "I tried," said M. Sauter, "to draw the uterus downward, with

* It was probably a granulated metritis, (see page 78.)

“ my finger acting as a crotchet, but the excrescences
“ separated and bled, without allowing me to bring
“ down the uterus, and I was obliged to relinquish it.
“ I then introduced the index and middle finger of the
“ left hand, under the pubis to the cul-de-sac of the
“ vagina. I slipped between these two fingers a con-
“ vex knife, rounded at the extremity, with a long and
“ fixed handle, with which I cut the vagina upon the
“ uterus, and immediately passed my finger through the
“ opening, which I completed around the vagina, with-
“ out interruption or accident. In order to destroy the
“ lateral attachments, I introduced a finger into the
“ uterus and drew it downwards, whilst with the handle
“ of the knife or the right index finger, I attempted to
“ tear up the cellular tissue ; but the adhesion was so
“ strong, that I could not succeed. A mass of fungus
“ was partly detached, and projected at the vulva. I
“ then employed forceps, with which I siezed the ante-
“ rior parieties of the neck, and drew it, whilst with
“ the handle of the knife and a spatula of whalebone, I
“ tried to detach the uterus from the bladder ; but
“ several painful attempts were vain ; the forceps slip-
“ ped off, bringing with them a portion of the tumour.

“ The operation had lasted half an hour. I relin-
“ quished all hope of bringing down and separating
“ the uterus, and I determined to cut clear above its
“ fundus. For this purpose, I introduced two fingers
“ of the left hand into the vagina, between the uterus
“ and the bladder. I conducted the scalpel between
“ them ; with the index finger curved, I siezed a
“ portion of the cellular tissue, which I cut near the

“ uterus, until my fingers penetrated into the abdo-
“ men ; afterwards, by degrees, I cut away the perito-
“ nœum, in front, above and even to the most elevated
“ lateral attachments. I then introduced all the left
“ hand into the vagina, and thus penetrated into the
“ opening in the peritonœum, where I destroyed the
“ lateral attachments on each side, detaching the
“ ovaries, ligaments, &c. I afterwards laid hold of
“ the uterus above the fundus, and tried to bring it
“ down. During this attempt, the patient irritated by
“ my hand and by the pains, forced downwards very
“ strongly. I then felt the intestines press upon my
“ hand, and pass into the vagina, and was obliged to
“ push them back into the abdomen. I re-siezed the
“ uterus, when the same accident occurred. They
“ were afterwards supported by an assistant, by com-
“ pressing the abdomen above the pubis. I then
“ succeeded in bringing the uterus and its fundus
“ down to the os externum. The intestines followed
“ and filled the pelvis ; and an assistant retained them
“ by means of three fingers in the pelvic cavity.
“ During this time, I detached the posterior parieties,
“ and the lateral attachments by the knife, readily and
“ certainly.

“ I replaced the intestines in their natural situation,
“ and maintained them there with a pad of dry lint,
“ with a view to protect them from the air, and the
“ styptic applications. The patient was placed in a
“ horizontal posture, and kept so. She lost only about
“ a pound and a half of blood.”

After the operation, there were cold sweat, and

pains in the stomach—for this we gave her wine, ether, and tinct. opium. She experienced a burning sensation in the vagina.

29th.—Debility, small pulse, discharge of a serous liquid by the vulva, vomited three times, sleep, ardent thirst, perspiration, and heat.

30th.—Vagina, from contact with alum, dry and rough to the touch—vomiting, abdomen painful and tympanitic, urinary discharges involuntary. Administered potion, composed of laudanum, Hoffman's anodyne liquor, spirits of ammonia, mint water, and mucilage of gum arabic.

31st.—Nourishment, decoction of bark with acetic ether; injection of a decoction of willow and tincture of galbanum.

March 6th.—The patient sits up in her bed, without complaining of the least sensation; the peritonæum appears to be consolidated into the form of a funnel; urination voluntary.

10th.—The patient sits up; the skin and lips are coloured.

13th.—Œdema, which spreads from the feet over all the body; eschars are detached from the different parts of the vagina.

16th.—The wound is perfectly healed.

21st.—The œdema has disappeared in a profuse perspiration.

March 22nd.—Vomiting, diarrhœa, treated by bark, ether and opium.

May 26th.—Violent indigestion occasioned by sour kraut. Died first June.

This case is remarkable, for—

1st.—The origin of the alteration, which appears to me to have consisted in a granulated inflammation of the neck of the uterus, susceptible of resolution. This happy termination was partly obtained; and should we not hope to have obtained it more completely, if the therapeutic means had been used, which were better adapted than those which were resorted to?

2ndly.—The length, and the difficulties of the operation.

3rdly.—The absence of considerable hæmorrhage, without the application of any ligature.

4thly.—The complete cure; death having been the result of an accident, independent of the operation. Ought not all fear of relapse to be removed by reference to the nature of this alteration, which belongs more to inflammations with ramolissements and vegetations, than to true cancer?

CASE LXXXVI.

Extirpation of the uterus by Dr. Blundell, accoucheur of Guy's Hospital, England.

Dr. Blundell has performed this operation four times: it has been fatal in three cases. We shall only report the one which has been successful.

A woman of 50 years, disposed to obesity, was affected by an acrid discharge, and so abundant a

menorrhagia, that she lost two pints of blood a day. She had œdema, pallor, feebleness and frequent faintings.

Although the woman appeared cachectic, and presented every appearance of women who succumb to the progress of ulcer of the uterus, she was not considered in a state beyond the resources of surgery.

By examination, Dr. Blundell discovered that the uterus was mobile, and about the size of a goose egg. The neck was open and swelled, and as hard as cartilage; upon this mass was found an ulcer of the diameter of a shilling. The surrounding tissues appeared sound, as well as the bladder and rectum. Dr. B. judged that it was an ulcerated cancer of the uterus, and that extirpation of the organ was the only resource that art could offer.

The operation was performed on the 19th of January, eight or nine months after the supposed commencement of the disease.

The patient being placed upon her side, at the edge of the bed, with the body flexed, Dr. B. introduced the index and middle fingers of the left hand into the vagina, which served to conduct a kind of dissecting scalpel with a cutting blade, and mounted upon a large handle at a lateral angle of 15 to 20 degrees: he first incised the vaginal cul-de-sac posteriorly, so as to penetrate into the peritonæal cavity, between the uterus and the rectum; this division was made slowly and with frequent interruptions, to let the fingers indicate the relative position of the rectum, in order to avoid it. The opening admitting the first phalanx

of the index finger, it served as a guide to the instrument in enlarging the opening in the direction of the insertion of the great left lateral ligament. With an instrument resembling that just used, except that it was mounted to cut in the other direction, the incision was prolonged in the same manner on the right side. Dr. B. then felt the intestines, but he avoided them by the precaution of holding the point of the instrument against the point of the index finger.

He then introduced the left hand into the vagina, and two fingers of this hand through the posterior division even to the fundus of the uterus. They served to conduct and fix a double crotchet upon it, mounted upon a stock 11 inches long. This part of the operation was slightly painful. By means of this, the uterus could be drawn down to the bottom of the pelvis, and the whole organ placed in the palm of the hand in the vagina. This manœuvre was very painful. Dr. B. then cut the large lateral ligaments near the uterus, and separated the organ from the bladder, taking the precaution not to wound its neck nor the uterus, and thus the uterus was entirely isolated. The operator left some indurated points in the vagina; the Doctor proposing to remove them subsequently if there was any indication of necessity for it. The operation lasted an hour. When this case was published, five months after the operation, the patient was perfectly restored.

CASE LXXXVII.

*Ablation of a cancerous uterus. By Recamier.**

Mad. B——, aged 50 years, of an eminently nervous temperament, menstruated from twelve and a half years; became a mother at 21, 28, and 39 years; at 45, had a jaundice of six months duration, and dysmenorrhœa for four months. At 49 years, a diminution and irregularity of the menses, with dull pains in the anus, a sense of lassitude in the lumbar regions, and a discharge, successively serious, sanious, and fetid. Eight months after the invasion of these symptoms, M. Recamier found the anterior lip of the os uteri, eaten on its posterior surface, by a foul and fungus ulcer, which had destroyed the posterior lip, and extended upon the recto-vaginal parieties. The touch distinguished two tumours, which were separated by a furrow, and appeared to be formed by the uterus, surmounted by an embossment, or by the tumefied neck and the body of the organ.

July 26th, 1829.—The operation was performed in the following manner:—

The patient was placed in the usual position for the operation for stone. The anterior lip of the os uteri,

* Recherches sur le traitement du cancer, tome i. page 519.

was fixed by a strong forceps placed antero-posteriorly. The uterus was drawn down, and to secure its displacement, another forceps was placed transversely. Transverse incisions of the vagina only, and those from right to left, upon the anterior inferior part of the tumour, by means of a convex probe-pointed bistoury, directed by the index finger of the left hand. Dissection of the cellular tissue which united the vagina and the bladder, to the anterior face of the uterus. Opening of the fold of the peritonæum, the nearest possible to the surface of the tumour. Introduction of the index finger into the peritonæal opening, and the enlargement of this opening from right to left, with a hernial probe-pointed bistoury, straight and not very sharp.

The same bistoury served to cut from top to bottom, the two superior folds of the left great ligament, and shave the corresponding edge of the uterus, even towards the furrow which separates the neck ; immediately after, similar dissection of the right ligament.

The index finger of the left hand was also carried behind the rest of the great right ligament, and the thumb at the same time, placed in front and outside of it. These fingers fixed the ligament, and served to conduct a curved needle mounted upon a handle, pierced at the point, and armed with a strong thread, destined to embrace what remained of the large ligament, in which the uterine artery is situated. This thread was tightened by means of a knot-tyer. The ligature of the left side, was tied in the same manner ; the section of the ligaments was afterwards accom-

plished by the hernia bistoury, and the vagina was also divided. The uterus then came out of the vagina, and it was necessary only to divide the peritonæal fold between the uterus and the rectum—finally, the vagina was cut posteriorly. This operation occupied 20 minutes. The most painful part of it, was the depression of the uterus. There were not 30 ounces of blood lost by the division of the tissues. The epiploon presented, and was reduced. The extremities of the ligatures were laid over on the groins. The patient was placed horizontally, and there was no other dressing.

2nd day of the operation.—Pulse 90; abdomen a little enlarged without pain; catheterism repeated. Bled six oz.; cataplasms; tisan of flax seed; sleep.

3rd day.—Pulse frequent; abdomen more swelled and tympanitic; painful in the right iliac region; constipation. Bleed in the morning; give three grains of calomel in three doses; apply 40 leeches upon the right side of the abdomen.

5th day.—Fever moderated; abdomen bloated; constipation. Leeches; pills of calomel, and extract of belladonna, each a grain, every two hours. Increase of bloating of the abdomen, with agitation. Bath for half an hour. For the first time, the patient discharged flatus from the bowels.

6th day.—Slight sensibility in the iliac regions. Leeches; bath. The patient had one alvine evacuation.

7th day.—The posterior part of the bladder adhered to the rectum; it was separated by the finger, and

there was discharged an ounce of brown fetid fluid. Enemata; 20 leeches upon the side; broths; injections of tepid water into the vagina, to wash away a sort of fetid exhalation, which escaped from it by compression.

10th day.—The ligatures were withdrawn.

14th day.—She continued to improve, and on the

27th day—It was found that the bottom of the vagina, formed a pliant ring which would scarcely admit the finger—it communicating with the cul-de-sac, of the depth of two-thirds the first phalanx of the index finger, formed by the re-union of the bladder and rectum.

Professor Roux has practiced the extirpation of the uterus twice, and in both cases the patients died: one nine days, the other 24 hours after the operation. In the first, he could not avoid cutting the posterior face of the bladder, which adhered to an enormous tumour, and might be taken for the body of the organ itself. The division of the bladder could no better be avoided by Dr. Blundell, in one of the four cases which he operated upon. The patient died a few hours after the extirpation, as did also two others operated upon.

M. Langenbeck lost in 24 hours, the patient which he had operated upon after the manner of Gubertat. He operated upon two others by Sauter's process: one perished the 2d day, and the other the 14th. Paletta and Mateggia, extirpated a uterus which they took for polypus; the patient died in less than two days. Finally, two patients operated upon by M. M. Siebold and Holocher, perished in less than nine hours, which

makes of fourteen cases of extirpation, two of complete and one of incomplete success. The one operated on by Sauter having died accidentally, in consequence of indigestion four months after the operation.

Hæmorrhage is the least accident to be dreaded, in consequence of extirpation of the uterus. Drs. Blundell and Sauter, neglected to apply ligatures, yet the loss of blood was very moderate. The plan of Recamier, removes all fear on that score.

But the shock communicated to the nervous system by the manœuvres and the length of the operation, which to be well performed, has often taken half an hour and sometimes an hour; the inflammation almost inevitably resulting from the incisions, tractions, bruising, the penetration of the air into the cavity of the peritonæum, an inflammation which it is not always possible to conquer, renders the consequences of this operation promptly fatal.

I here speak of those cases only in which the organs in the vicinity of the uterus, have not been involved during the operation.

If to those serious inconveniences, are added those which result from the danger of relapse, excited either because some altered point of the appendages of the uterus may have escaped the investigation of the operator, or because some organic or vital modification which has presided over the first development of the original cancer, recalls it in the cicatrix, or the parts more or less remote, one would be authorised to inquire, whether it would not be most advantageous to humanity and to science itself, to abandon a rash

operation, which, for the very small amount of success, presents so many perilous chances?

What is proposed in the majority of these operations? Is it to save the life of the patients, and prolong their existence? Three cases operated on for the extirpation of the uterus, have obtained an indifferent cure, and consequently a prolongation of their existence. In the eleven others, operated on, death has occurred much more promptly, than if it had been the result of the disease abandoned to itself.

Besides, is art impotent to calm and render tolerable those symptoms which make cancer of the uterus, so cruel an affection?

If in some extreme cases, the palliative treatment is without marked advantage, in the greater number, much benefit is derived from it. By it the existence of the patients is prolonged, and the rest of their lives rendered supportable.

Every thing depends upon hygienic and medical means being well chosen, combined and directed according to circumstances. I hope I have sufficiently indicated the path which the practitioner is to follow in this respect, in speaking of the treatment proper to each species of confirmed cancer.

“It must be very evident, that extirpation of the
“uterus is one of the most painful and most severe
“operations in surgery, because it is most frequently
“mortal. It should be undertaken only with great
“caution; and it should never be, unless it is very
“probable that the disease has not passed the limits
“of the uterus, but that this organ preserves all its

“mobility, with regard to the neighbouring parts.
“The signs of this limitation of the disease, and of
“this mobility, are acquired by all the means for the
“exploration of the uterus; and unhappily, these
“means are very treacherous. Two very skilful
“men,* have misapprehended the extension of the
“disease to the tubes and ovaries, which are so
“frequently involved, when the body of the uterus is
“affected. It must be concluded from this, that it
“would mostly be very wise, to abstain altogether
“from the operation.”†

GENERAL CONCLUSIONS.

1st.—Most of the confirmed cancer of the uterus, succeed to engorgements and ulcerations, susceptible of cure. We may then, to a certain extent, prevent the development of these diseases, by treating properly from time to time, the primitive pathological states of which they are most frequently only the fatal consequence.

2ndly.—Once developed, confirmed cancers are even now, beyond all the resources of medicine; surgical treatment itself, which offers some favourable chances when the disease is limited to the neck of the uterus, becomes inefficacious when it affects all or a part of the body of this organ.

* Sauter and Roux.

† Gendrin.

3rdly.—In all these cases a palliative and well-directed symptomatic treatment may retard the progress of the disease, render it in some degree stationary, remove or destroy the most painful symptoms, and the most serious inconveniences, or at least mollify them so as to render the approaches of inevitable death less painful.

4thly.—All the cases of the extirpation of the uterus, published, have been reported at a period too shortly after their execution, (four, five, and six months at most,) to enable us to judge of the results of such an operation. It is very probable that if they are longer deferred, the confirmation of definite success would have been still more rare.

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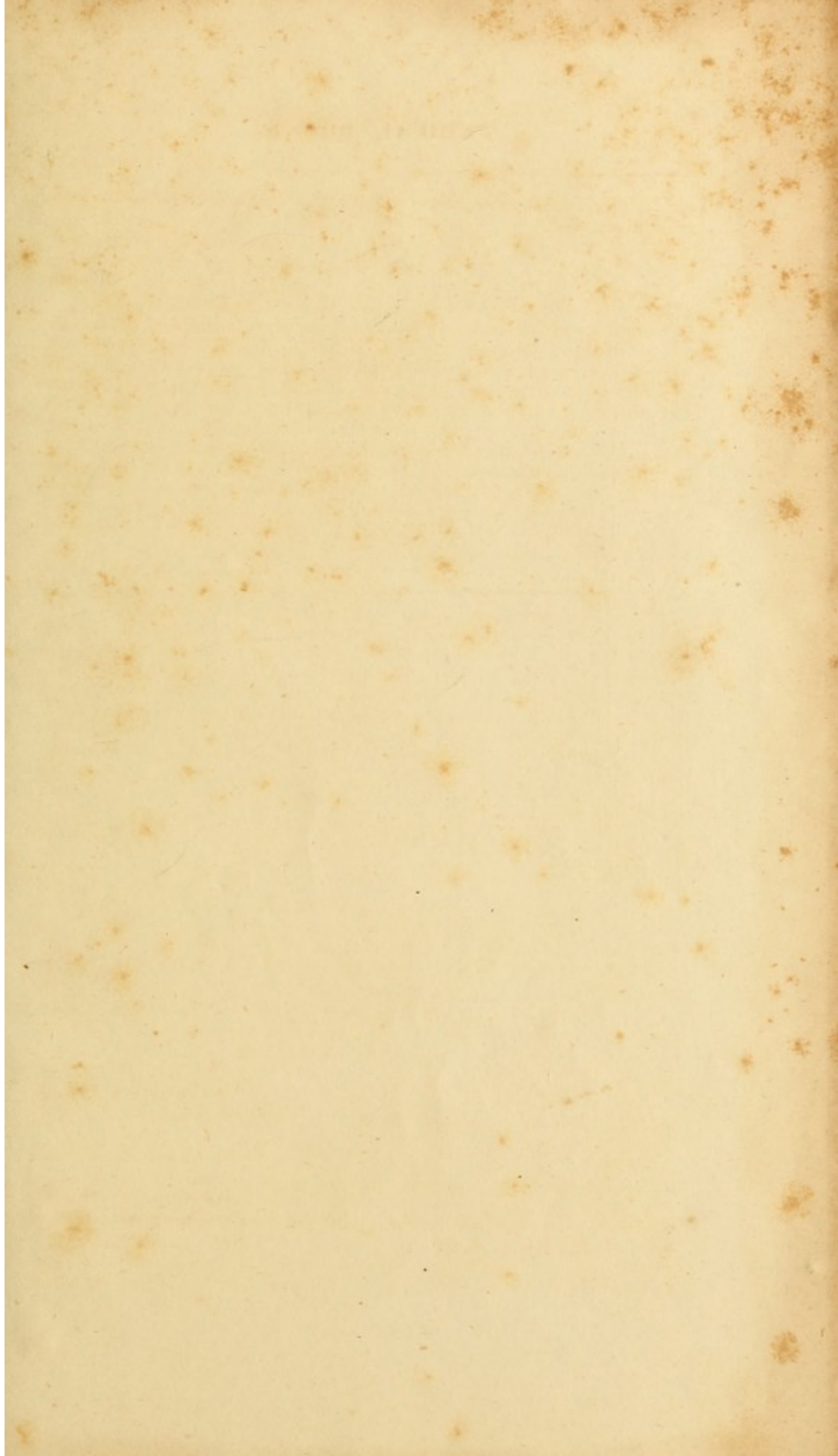
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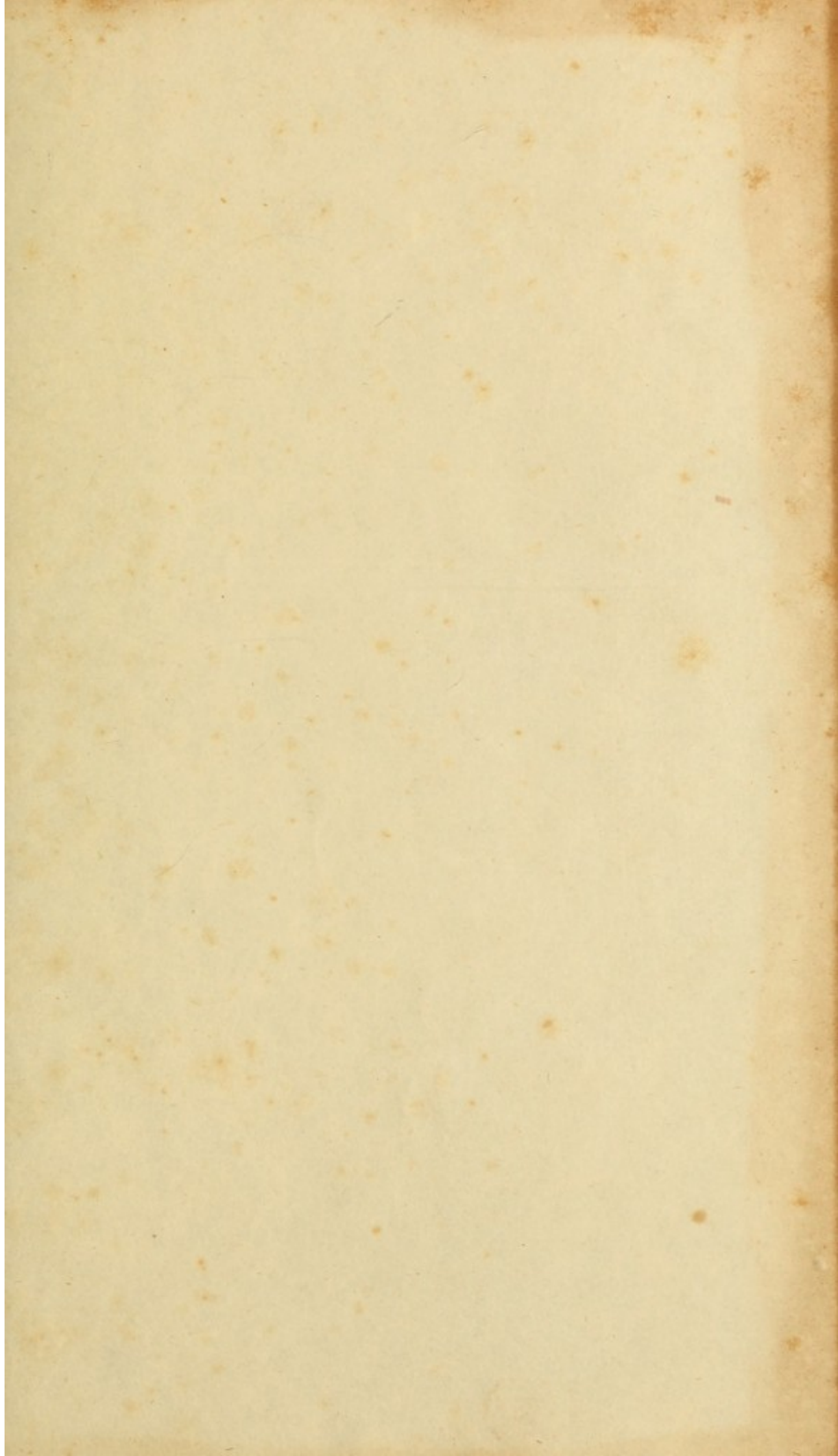
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