

A treatise on the organic diseases of the womb.

Contributors

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ON THE
ORGANIC DISEASES
OF THE
W O M B.

ON THE
ORGANIC DISSEMINATION

LONDON:
PRINTED BY JAMES MOVES, CASTLE STREET,
LEICESTER SQUARE.

W. O. M. R.

TREATISE

ON THE

ORGANIC DISEASES

OF THE

W O M B.

BY JOHN BALBIRNIE, A.M., M.D.

Τότε δὲ σφέας ἢ τε ἀνάγκη καὶ ὁ χρόνος διδάσκει τὸ αἷτιον τῶν νοῦσων καὶ ἔστιν ὅτε τῇσι μὴ γινωσκούσῃσιν ὑφ' ὅτεν νοσεῦσι φθάνει τὰ νοσήματα ἀνίητα γινόμενα πρὶν ἂν διδαχθῇται τὸν ἰητρὸν ὀρθῶς ὑπὸ τῆς νοσεύσεως ὑφ' ὅτου νοσέει, καὶ γὰρ αἰδεύονται φράζειν κῆν εἰδώσι καὶ σφιν δοκοῦσι αἰσχροὺς εἶναι ὑπο ἀπειρίας καὶ ἀνεπιστημοσύνης, ἀμα δὲ καὶ οἱ ἰητροὶ ἀμαρτάνουσιν οὐκ ἀτρεκέως πυθανόμενοι τὴν πρόφασιν τῆς νόσου, ἀλλ' ὥς τὰ ἀνδρικά νοσήματα ἰωμενοι, καὶ πολλὰς εἶδον διεφθαρμένας ἤδη ὑπὸ τῶν τοιούτων παθημάτων· ἀλλὰ χρή ἀνερωτᾶν ἀντίκα ἀτρεκέως τὸ αἷτιον. διαφέρει γὰρ ἡ ἵησις πολλὸν τῶν γυναικείων νόσημάτων καὶ τῶν ἀνδρῶν.—ΙΠΠΟΚ. Περὶ Γυναικῶν.

"C'est une chose remarquable, que, tandis qu'on pouvait reprocher aux accoucheurs de laisser leur art presque stationnaire (mais peut-être a-t-il atteint ses dernières limites), les divers états contre nature de l'utérus, autres que ceux qui dependent plus ou moins immédiatement de la gestation, ont excité à un haut degré le zèle des observateurs, et le génie de praticiens. Tout n'est pas fait, assurément : mais une heureuse impulsion a été, communiquée, et déjà nous en recueillons les fruits."

M. ROUX, *Compte-rendu des Trav. de l'Acad. Roy. de Méd.* t. iii. p. 83. 1833.

"The diseases of the sexual organs in females, although so various, so distressing to those who labour under them, and not unfrequently so fatal in their consequences, are, perhaps, less generally known and understood by practitioners, than any other complaints to which the human body is subject."—SIR CHARLES MANSFIELD CLARKE, M.D.

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BALLIERE, PARIS.

TREATISE

OF

ORGANIC DISEASES

OF

W O M E N.

BY JOHN HARRINGTON, A.M., M.D.

THE TREATISE OF ORGANIC DISEASES OF WOMEN, BY JOHN HARRINGTON, A.M., M.D. LONDON: PUBLISHED BY J. JOHNSON, ST. PAUL'S CHURCH-YARD, 1773.

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TO
THE VERY REVEREND, THE PRINCIPAL,
AND
PROFESSORS
OF THE
UNIVERSITY OF GLASGOW.

GENTLEMEN,

DISTINGUISHED BY YOUR UNANIMOUS VOICES
WITH THE HIGHEST HONOUR* YOU COULD CONFER UPON ME,
PERMIT ME TO DEDICATE TO YOU THE FIRST-FRUITS OF MY
STUDIES, AND TO PLACE UNDER YOUR AUSPICES, THIS ATTEMPT
TO SUPPLY AN IMPORTANT WANT THAT IS FELT TO EXIST IN
BRITISH MEDICAL LITERATURE.

JOHN BALBIRNIE.

THE BRISBANE MEDICAL BURSARY OF £200.



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PREFACE.

It is to be regretted that, notwithstanding all the zeal for science among British practitioners, and with a host of standard professional works on every other department, the diseases of the womb have not obtained the place in medical research which their immense importance demands. For, if there be any class of affections more important than another, and more deserving the devoted study of the physician who is at the same time philanthropist, we claim the pre-eminence for those of the generative function in the female: both because woman is of all objects the best deserving

of our most zealous study and attentions; and because of the important functions of the uterus itself, which, from its peculiar constitution, and vital endowments is more exposed than any other to the different forms of disease. These diseases demand, perhaps more than any others, a special practice, and special experience, as their means of diagnostic, and their therapeutic, are special.

To excite and recall the attention of the profession to this important, but, in Britain, hitherto much neglected part of the pathology of females; to give an exact history of the diseases of the womb; to investigate their causes; to describe their symptoms; to point out the organic alterations on which they depend; to indicate their diagnostic characters; and to discuss the modes of treatment,—are the objects I have proposed to myself in the present work.

The immense accessions made, within the last few years, in France, to our knowledge of uterine diseases, rendered it a duty,—called for on the part of one who had been in this field of investigation, from which many of his professional brethren at home are necessarily shut out,—to reap its fruits, and to reproduce to them, in this embodied form, a faithful representation of the existing state of science, as regards this interesting, and almost novel, branch of medicine. The diseased conditions discussed, comprise an epitome of all female pathology: they are those that present themselves almost every day in ordinary practice, the diagnostic of which is the most important, as it is the most difficult; and in which, generally, a rational treatment, founded on the pathological condition of the organ, is crowned with the most triumphant success — diseases, moreover, that were formerly the opprobrium of medicine.

I would therefore hope, that the work will prove an acceptable text-book to students, and a useful practical guide to practitioners; as it will be found a full complement, I trust, to all the regular systems of pathology, which, totally meagre here, are so excellent and so replete on every other part.

To these diseases I have devoted a special attention, during a great part of nearly two years' study in the hospitals of Paris. I have not scrupled to apply to every source for information, and I have perused almost all that antecedent authors had written on the subject, from the Oracle of Cos downwards. By the kindness of MM. Ricord, Lisfranc, and Emery, I have had, in the extensive hospitals to which they are attached, weekly, almost daily, opportunities of seeing and examining for myself an immense number of cases. I have profited from the clinical lectures and con-

versations of these gentlemen; and I here take occasion to offer them this public acknowledgment of my gratitude. From notes of these lectures, and observations at the bedside of the patient—from readings of the few recent monographs on several of the points discussed—and from articles scattered throughout the journals of learned societies, and the periodical literature of the day — from these sources, not accessible generally to British practitioners, I have collected the materials of my work. Amid the pressure of other avocations, I had hardly left myself sufficient time, during this, my last season of study, to arrange the “disjecti membra” of my portfolio. Sent to the press almost the day it was written off, it must necessarily want the perfection it would have received, had the nature of the subject permitted to put in practice the sage advice of Horace to authors—

————— “Nonumque prematur in annum.”

De Arte Poet. 388.

Such as it is, however, entering on the career of an honourable profession, I may be permitted to offer it as a kind of first-fruits on its altar ;—as, at least, a sacrifice of propitiation to my brethren on being received into the number of their learned ranks. At a future day, I trust to be able to present to them a more perfect and extended work on this comparatively new department of the healing art in England, which is to me a field of investigation, replete with the intensest interest.

To conclude, in the words of a distinguished modern pathologist, as conveying precisely my own sentiments :—“ The author wishes his work to be regarded merely as a book of facts, carefully collected and examined : he lays no claim to be considered more wise, learned, or original than any other professional man in the enjoyment of similar advantages, and who has pursued the same patient method of investigating disease.

He has been very sparing in the introduction of hypothetical discussions; and when he has attempted to explain or establish any point by reasoning, he trusts it will be found, for the most part, to be strictly inductive."

*24 Artillery Place, Finsbury Square,
London, July 18, 1836.*

The first step in the investigation
of physical phenomena; and when the
data are collected, the next step is
to select a system of units or standards,
which will enable the student to
compare his results with those of
other investigators.

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OF THE ALPHABET IN GENERAL.

CHAPTER IX. OF THE HISTORY OF THE
ART OF WRITING IN PARTICULAR, AND
OF THE ALPHABET IN GENERAL.

Preparing for Publication, by the same Author.

ON THE
USE AND NECESSITY
OF THE
COPIOUS AND FREQUENT
BLOOD-LETTINGS
IN THE COMMENCEMENT OF
ACUTE DISEASES;

THE RESULTS OF THE PRACTICE AT THE HÔPITAL DE LA
CHARITÉ, PARIS, (PROF. BOUILLAUD'S CLINIQUE), COMPARED
WITH THAT OF THE OTHER HOSPITALS AND SERVICES.

THE prejudices against blood-letting in the diseases in question, by which the vast body of vigorous youth are mowed down—the timid use of the lancet, and the Brownian system of stimulants for a factitious weakness—the result of the *engorgement* of the organs essential to life—have immolated more victims, in the same space of time, than all the wars of Cæsar and Napoleon.—PREFACE.

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INTRODUCTORY ADDRESS,
ON
THE NECESSITY OF EXPLORATION BY MEANS
OF
THE SPECULUM.

“*Rebus semper pudor absit in arctis.*”—VAL. FLACC.

ENDOWED with a peculiar vitality, and structure, and functions—destined, during a great part of female life, to a periodical congestion and excitement—capable of great enlargement and relative changes during pregnancy, and exposed to violent mechanical injury during labour—a central point at all times of ever-recurring stimulation—and maintaining, with all the other functions, the nicest and most potent sympathies—it will hardly be wondered at, that the womb should be the seat and source of a numerous class of diseases. These diseases early arrested the attention of men devoted to the healing art; and their discussion has found a place in almost all the medical authorities, from the father of medicine downwards.

But, from the want of accurate research, from the insufficiency of the means of investigation, and from the slow progress of the sciences generally, it was to be supposed that their history should have long remained obscure and inexact. Indeed, even down to a very recent epoch, the most important points of the pathology of the diseases of the womb have entirely escaped the observation of all the authors who have written on the subject.

It is only of comparatively late years, and in France chiefly, if not exclusively, since the re-introduction of the speculum into practice by M. Récamier, that the interesting domain of uterine affections has been fully opened up to us—that their diagnostic characters have been accurately appreciated, and their treatment rendered rational and efficacious, because founded on the only solid basis—rigorous pathological observation.

Within a very recent period especially, the more general application of this instrument to the diagnostic treatment of the diseases of the womb has been fraught with results alike gratifying to the physician and to his art. By the immense progress made in this respect, an entire new face has been given to the science: a new era has been created in its history; a new field of pathology altogether has been exposed to our view; lesions have been discovered that were formerly unsuspected; and efficacious modes of treatment had recourse to, formerly impracticable. These

diseases have been in consequence all better analysed ; their causes — their characters — their symptoms — their progress and termination — the indications to be fulfilled in their treatment — the action of medicines on the economy — and their effects relatively to these organic lesions — have all been better studied, and better appreciated.

It will be permitted us here, for an instant, to anticipate the body of the work, and to take a very brief and cursory review of the results of the speculum applied to the diagnostic and treatment of some of the most ordinary affections of the female generative functions.

1st. Let us examine what have been the results of the speculum with regard to the diagnostic and treatment of venereal diseases in the female. Here an immense step has been made in science, and an immense benefit conferred upon society. The zealous researches of M. Ricord have done every thing on this point. The true seat, and nature, and causes of obstinate gonorrheas, for example, were never exactly ascertained till the speculum first brought them to light ; and the treatment was the opprobrium of medicine. Indeed, there was no positive treatment. Copaiba, which has so salutary an effect on the *urethritis* of man, and also on that of woman, exerts no influence when the disease is confined to the neck of the uterus and the vagina. Here the simple cauterisation of the mucous follicles of the cavity of the neck which, in the

majority of instances, furnish the discharge; or slight astringent injections into the interior of the womb effect a rapid cure; or, if the gonorrhea be kept up by chancres, or other ulcerations in the os tinæ, the cauterisation and treatment of these speedily arrests, and puts an end to this symptom, hitherto interminable and rebellious to every mode of treatment. If the *vaginitis* be intense, the gonorrhea new, and in a very acute stage, with the whole mucous follicles of the canal largely developed like granulations, a rapid cauterisation with the solid nitrate of silver has proved itself the best of antiphlogistics, and speedily terminated the disease.

Again: chancres in the vagina, and on the neck of the uterus, were never dreamt of till the speculum first demonstrated their existence. And we have seen on these parts many splendid examples of the *true Hunterian chancre* at the Hôpital des Vénériens during the course of our studies there. It becomes, then, of immense importance to recognise, and to treat in time, these venereal ulcerations, both on account of the organic devastation they may produce—the destruction of the entire neck of the womb, of which a fine case was met with in the wards of M. Ricord; but, also, because chancres, so situated, may be a fertile source of infection, the more to be dreaded as it is concealed, and escapes the ordinary examination of the exterior parts,

which would declare the woman perfectly sound. The examination, by means of the speculum, is the only security against an error that is fraught with such mischievous consequences. But, to occupy a higher ground still, we maintain, that here, besides a mere question of medicine, it becomes a part, or should become a part, of even the legislation of the land, in regard to the public health, that this instrument be introduced into general use for the diagnostic and treatment of venereal affections in the female. Without this, all exterior examination is an illusive guarantee; and public women, though apparently sound, are walking pest-houses.

2nd. There is a disease the most common—the scourge of society—most felt in its consequences by the men than by the women, who actually carry it. No disease has been, hitherto, more rebellious to treatment. On none have specifics been more vaunted: scarcely any has formed so fertile a field for quackery. It is leucorrhea—the uterine catarrh, or *flueurs blanches* of the French. What is the pathological anatomy of this disease? The local morbid lesions which the speculum has discovered, as keeping up the obstinate and annoying mucous discharges, disguised under the above names, are *erosions*, and *ulcerations*, and *engorgement* of the neck of the uterus, in an infinite majority of cases. When these lesions are wanting, it is an inflammatory catarrhal

state of the mucous membrane of the interior of the womb, and notably of the follicles situated in the neck. These organic alterations are frequently the starting point of a host of symptoms, as immediately harassing to the patient as they are often ultimately fatal in their consequences. The mere sympathetic affections are too often all that engage the attention of the physician, and all that are the object of treatment; while the local lesions which produce them, and keep them up—the *fons et origo mali*—are totally neglected in the generality of instances. This general treatment, besides being inefficacious, is often positively hurtful, and only leaves the original disease time to proceed; while all that is necessary is to attack by local means the seat of lesion, to put an end at once to all the symptoms.

Prolapsus uteri is one of the most frequent results of this pathological condition of the neck of the womb now indicated. By the continuance of the catarrhal discharge and the inflammatory state of the tissus, this organ becomes engorged and enlarged in bulk, and descends in virtue of the mere law of gravity. *Pessaries*, so generally recommended in these cases by accoucheurs, are positively injurious, and only aggravate the disease by augmenting the irritation which keeps it up.

3d. Again, in *menorrhagia*—profuse discharges of blood from the womb, that are not menstrual,

and not the result of childbirth — of how much importance is it to examine the pathological condition of the organ whence the discharge proceeds, and not blindly have recourse to mere routine practice, which is rarely directed against the seat of lesion! M. Lisfranc, and others, of extensive practice in these diseases, affirm *engorgement* (when uterine polypi do not exist), to be the most frequent cause, or at least an almost universal concomitant of this state. And by attacking the engorgement by proper means, we get rid of the symptom.

In like manner, the pathological states styled *amenorrhea* and *dysmenorrhea*, most frequently recognise for cause this engorgement, with chronic inflammation of the neck of the womb.

These latter states, indeed, do not always demand the speculum; they may be discovered by the touch alone. But from the little regard paid to the organic lesions of the womb, in a great number of instances, even *that* is too frequently neglected.

Lastly; we have to signalise the results of the use of the speculum, as regards a very important and very interesting topic — the cause and cure of sterility in women. This, indeed, may depend, when there is no congenital defect, or mal-formation of the organ, either on an obliteration of the fallopian tubes, the result of metritis, or otherwise; or, as is very frequently the case, on anteversion or retroversion, or the lateral directions of the neck.

But by far the most common cause, perhaps, is the catarrhal state of the interior lining of the uterus, and especially of the mucous follicles of its neck. Ulcerations are not so frequently present, but the mucous membrane is thickened, and in a state of chronic inflammation; the neck is hypertrophied; and the uterine orifice is greatly diminished in calibre, or totally obstructed by the thick mucosities which exude from it. Is it possible, we ask, that in this state conception can take place? In healing the diseased state of the neck of the uterus, we restore to the woman the power to become pregnant.

It remained for the speculum alone to elucidate this cause of sterility, and to open up a rational and enlightened mode of cure. And this is one, not the least, of the benefits it is yet destined to confer upon society. The injections into the uterine cavity in this state have achieved a triumph in medicine: and the instances are common in France, in which the removal of this morbid condition by the means indicated, has been promptly followed by pregnancy in women who had totally despaired of the happy privilege of becoming mothers.

If no man, then, can dispute the valuable aid afforded us by the speculum in the diagnostic and treatment of the diseases of the womb — if it can be proved, that without this instrument we cannot obtain an exact idea of the pathological condition

of the neck of the uterus, as well as of the mucous membrane of the vagina; its use, we contend, becomes of indispensable necessity, every time that there are symptoms to indicate disease of these organs. Without that, we expose ourselves to the most fatal errors. A disease, simple in its origin, and easily curable by the resources of our art, exists, unknown and undiscovered, because unexplored: by neglect and continuance, it may end in profound disorganisation, and compromise the life of the patient.*

We cannot, then, attach too much importance to an exact knowledge of these diseases, by the general observation of practitioners so extremely common—diseases which often menace the exist-

* "Il n'est point d'affection," remarks M. Melier, in reference to this exploration, "dans laquelle elle donne des résultats plus positifs, et constitue véritablement une grande partie de l'art. Le praticien qui s'en occupe ne saurait trop se pénétrer de cette vérité, dont l'expérience de chaque jour vient attester la haute importance. Rien ne peut tenir lieu de l'exploration: ni l'observation la plus minutieuse des symptômes généraux ou communs, ni l'étude la plus approfondue des circonstances commemoratives. Il faut de toute nécessité *voir et toucher*: sans cela on s'expose aux erreurs les plus funestes. Tout dérangement un peu prolongé des organes génitaux de la femme ou de leurs fonctions, toute incommodité qui persiste, toute souffrance même légère qui se répète, doivent éveiller l'attention du médecin, et méritent examen. En se livrant, à des recherches convenables dans des cas, où, au premier abord, elles auraient semblé inutiles ou superflues, on est souvent tout étonné des résultats auxquelles on arrive, et des découvertes que l'on fait. —*Mém. de l'Acad. Roy. de Méd.* t. iii. p. 330.

ence of woman, and which, in addition to her actual sufferings, frequently introduce a bitter source of domestic grief and chagrin. And we insist on an examination, *per speculum*, as soon as the slightest indisposition and derangement of the uterine functions manifest themselves. For who does not know, who has had any thing to do with these diseases, that the most frightful ravages have been already committed, and the evil has become incurable, or almost so, before the pain and other symptoms have been sufficiently great to reveal its existence! Of this fact numerous examples will be found in the body of the work. And a circumstance that occurs to increase the gravity of these diseases, is the repugnance felt by the patients to speak of them, and make them known in their commencement. Women will suffer much, and long, before revealing the diseases of the sexual organs. They hope to see the evils they secretly endure pass away of themselves; and it is only when their complaints have become no longer tolerable, that they will submit at last to consult a physician, happy if their condition is not then beyond the resources of his art. For how often have we to deplore the powerlessness of these resources to procure relief to sufferings that an earlier recourse to them might have triumphed over! Nor are practitioners wholly devoid of fault. It is to their neglect, that is frequently owing the melancholy consequences, alas! every day be-

coming too common, of these neglected morbid states of the womb. "From this general disinclination to make an examination," as Sir Charles Clarke has observed, "arises, in part, the want of success in the treatment of these diseases: and from this omission," he remarks, "proceeds the dislike which many patients have to an examination being made by a second practitioner, when it had not been proposed by the first. In considering the complaints of these organs," he adds, "it does not appear that they are more easily discovered than those in any other situation. They require as much and as attentive investigation; they are not less numerous or more simple than those of other parts; and by conjecture truth is not likely to be elicited."*

Many of these affections are, on the other hand, without sufficient examination, too lightly and too generally pronounced incurable: an appropriate treatment is not had recourse to, or all therapeutical agents are too soon despaired of; and the patient, thus abandoned, often becomes the prey of quacks. Others have committed an opposite error, and too promptly decided on an operation, before having tried how far the resources of art will go.

In the introduction to practice of the doctrines

* Observations on those Diseases of Females attended by Mucous Discharges, vol. i. p. 42.

and principles elicited by the recent progress of pathology and therapeutics in this class of diseases, we are prepared to encounter a host of opposition, both from members of the profession themselves, perhaps, as well as from the natural obstacles on the part of the fair objects whom it most concerns. We have maturely considered the embarrassment that awaits us from this last cause. These obstacles, we know from experience, are not insurmountable. And, if no difficulty arises regarding the employment of the speculum, but from that quarter, we shall brave it, and triumph over it.

But, we set out upon the broad and irrefragable grounds,—

1st. *That it is the imperative duty of the medical practitioner — a duty, which the best interests of humanity, as well as the obligations of his professional vow, imposes upon him — to arm himself with every means that can afford him more precise knowledge of the seat and nature of disease; and, consequently, render more rational and more certain his mode of treatment.* There is a path of duty plainly and palpably set before him, which he cannot flinch from. And he must set himself boldly, but delicately, to oppose the very hurtful, though very pardonable, prejudices, that interfere with the discharge of this duty, and that tend to perpetuate the evils that are the lot of the fairest portion of humanity.

2d. *That the practitioner is not competent to give*

advice on the diseases of the womb particularly, nor to undertake their treatment, till, by a speculum-examination, he has fully satisfied himself of the pathological condition of the organ he has to do with. This will appeal to the good sense of every man, as the only method that will produce results, important both for science and for humanity.

We know well the tenacity in the minds of men of long-cherished prejudices, and old-received opinions. We shall be called by many, doubtless, an *innovator*. But we have the consolation to think, that all the best contributions presented by science to modern medicine, have met with opposition; ay, and virulent opposition sometimes; and their advocates have been styled *innovators*. What opposition did not Harvey's discovery of the circulation of the blood create! He, also, was an *innovator*. How was the introduction of the vaccine inoculation first received? Jenner, also, was an *innovator*. The science of auscultation, also, was once opposed in Great Britain; and is, perhaps, still opposed by the physicians of the "ancien régime." But all these have long achieved their triumph, and each created a new era in the history of medicine. Doubtless, a similar opposition awaits the speculum; but we hope for it ultimately a similar triumph, and that it will create for itself a similar era. We go forth its advocate. We proclaim ourselves, "*the apostle of the speculum.*"

With that instrument we link our fate; and by that we will stand or fall.

The speculum is, we maintain, for the diseases of the womb, precisely what the stethoscope is for the diseases of the chest. Without either, there is no accurate diagnostic. Without these important aids to practical medicine, there is no exact appreciation of the pathological condition of the organs in question. Without these indispensable lights, we are often forced to grope entirely and literally in the dark.

But whence has arisen all the difficulty with regard to the introduction of the speculum into British practice? The natural obstacles arising from the very amiable and very laudable delicacy of the British fair, are granted. But it is not *there*, we are convinced, that has lain hitherto the principal hinderance to the employment of this instrument. *It is on the part of the profession themselves, chiefly. It is they who are in fault;* and we must be so ungracious as to say so. For, what, we ask, has been hitherto the state of doctrine and practice in regard to the diseases in question? Indeed, we have to reproach the profession, as inclined to treat these affections too lightly. They are not sufficiently alive to the importance and necessity of exploration by means of the speculum. The lesions it reveals have been too much neglected, from not having paid sufficient and special

attention to uterine diseases. From the same neglect, and from, in them, an ill-suiting delicacy, they yield too implicitly to the very natural prejudices of the patient; and dare not advise to submit to an examination, indispensably necessary. They too often regard, as purely nervous, those symptoms, which are the first announcements of a commencing organic lesion of the womb. The sympathetic affections — the derangements of the digestive tube, for example — are too often taken for the principal disease. Mere palliatives are prescribed; or the patient is exhausted with symptomatic treatment, or general remedies, which act but remotely from the cause. Time is gained, and the original disease is allowed to proceed. We find no fault, indeed, with general means: these are often necessary. But would a surgeon ever think of treating a case of scrofulous ophthalmia, for example, by mere constitutional treatment, without, at the same time, applying the appropriate local medication?

Many practitioners are content to prescribe, in the cases in question, upon the simple statement of the patient herself. But what mere random practice is that! How little precise are such statements, and how little suited to form the basis of an accurate diagnostic! In an organ so nice and complicated — whose sympathies are so extensive, and the accurate diagnostic of whose diseases is often so difficult and embarrassing, even to the most

practised—is it probable that the truth should come out, and the nature of the disease be elucidated, from the mere vague reports of the patient herself, whose modesty hardly dares reveal her sufferings, and who will point attention to every other quarter but the seat of lesion ?

“ A feeling of weight in the pelvis,” remarks M. Lisfranc, “ efforts of expulsion in the womb, with the existence of more or less profuse hæmorrhages, may lead us to suspect the presence of a polypus. But they are mere inductions, and have no value but in so far as they shall be confirmed by a local examination. To act otherwise, is blindly to sport with the existence of the patient. And yet we see, every day, men of art leave thus to march in silence, and get beyond all resource, a disease, simple in its beginning. Confining themselves to the recital which the woman makes of her sufferings, and without ulterior researches, to assure themselves of the nature and of the gravity of the complaint, they are satisfied with prescribing some general attentions, more or less proper to attack the principal symptoms which have struck them. A simple affection, a slight engorgement, a catarrh, without alteration of the tissus, may, doubtless, yield to these means : but let there be a graver alteration ; let there be a foreign body developed in the uterus ; or let ulcerations furrow its inferior extremity ; of what avail, then, are all the mere baths,

the injections, or the blood-lettings, which one can prescribe?

“ These means are excellent, without doubt, but they ought only to be the mere complement of a treatment better appropriated to the affection; and *alone*, in the greatest number of cases, they will only, at best, retard the accidents, and leave the patient in a deceitful security.

“ An error which, each day, counts its victims, and which is, unhappily, too much spread among women—an error which the conduct of many physicians tends to perpetuate—is, to believe, inherent to their sex, the light sufferings, or, rather inconveniences, by which commence diseases the most fatal in the end. Thus, to support myself with an example:—What attention is ordinarily given to a leukorrhœal discharge, so long as by its abundance, or by the disorders which produces it, the life of the patient is not in danger! We stand an idle spectator of this symptom, we look upon it as a state somewhat natural, as if every anormal secretion did not indicate an alteration of the tissu; and, for some persons in whom the efforts of nature may spontaneously triumph over these disorders, we forget the number of those who are the victims of them.”*

It evidently results, then, from all the remarks we have been led into, and from the appropriate

* Leçons de Clinique, de M. Lisfranc, 1836, pp. 86, 87.

citation from the great authority now made, that, so long as practitioners content themselves as to their diagnostic and treatment of the diseases in question, with a mere reference to the general symptoms, without taking the trouble to examine into the state of the organ whence they emanate, their treatment must necessarily be the grossest empiricism, as their diagnostic is exposed to the gravest errors. To dispense with that examination, indeed, where there are symptoms to indicate disease of the uterus, is to expose ourselves to the most fatal mistakes—to compromise, at once, both our own reputation, the honour of our art, and the life of our patient.

But, let us examine, for an instant, the obstacles on the part of the fair themselves.

We may be said to be opening a crusade against all the characteristic and praiseworthy delicacy of the sex. God forbid! No man can more highly appreciate than we do, this most amiable attribute of womankind. But there is a moderation in every thing—a *το πρῶτον* here, as in every thing else.

“Est modus in rebus, sunt certi denique fines

“Quos ultra citraque, nequit consistere rectum.”—HORACE.

There are limits of propriety, we contend, beyond which, even delicacy itself is culpable. And we cannot too strongly protest against this excess of modesty, when it is health which is at stake. It is then ill-placed and ill-becoming, and replete, frequently, with the most fatal consequences. Volun-

tarily to sacrifice health, and life, as is too often done, at the shrine of this false and culpable principle, is, we hold, if not a literal, at least a moral suicide. It is, we had almost said, to be accessory, through a criminal negligence and delicacy, to their own destruction.

But really, after all, is the examination to which we are obliged to have recourse so very formidable and alarming? The speculum is a means of investigation as little painful as it is easy of application. And we have only to express our regrets, as well for science as for humanity, that such prejudices should exist, so detrimental to the best interests of both.

We shall not be considered as decrying or setting lightly upon this very natural sentiment, and very glorious attribute of females. All we say is, that this "*amabile vitium*," ought not to be an obstacle in the presence of the physician to whom they have granted their confidence.

But we are persuaded the difficulties on this score have been magnified by practitioners. If the physician is firm in insisting on the necessity of such examination, and if he knows how to do his duty in this way properly, shewing a corresponding personal delicacy, and sympathy for their situation, the very pardonable scruples of the patient will give way to her good sense, and the natural timidity of the sex will yield to the sentiment of self-preservation. The ladies are not

obdurate. Their character is to be "gentle and easily entreated." They will be reasoned with, and submit to what is reasonable. When it is their own best interests that are at stake, they will see the prudence and propriety of a timely submission to every means necessary for their cure: and the results of the investigation—the satisfaction and assurance of their own mind as to the nature of the disease, and a rational and successful treatment founded on it, will be to them an ample recompense for the painful sacrifice of their delicacy it for the moment exacted.

And we hope, that so far as regards ourselves, all that dignity and that delicacy of feeling which ought to distinguish the medical character, will be for us a solemn duty, and a solemn observance, never to be infringed, never to be compromised. If at any time the medical character should merge into, and invest itself with all the sanctity of the sacerdotal, it is certainly in such circumstances. He is for the time a high-priest—the alone privileged to enter into a *sanctum sanctorum*, whose recesses are not to be exposed to vulgar gaze, as its revelations are to remain buried in the depths of his own heart.

Modesty and discretion are the first moral qualities of the physician, and date from the birth of the art itself. The oath of the physicians of Cos is an admirable monument of it: "In quascumque domos ingressus fuero, ad egrotantium ingre-

diar salutem, alienus ab omni injuria. præsertim rei venereæ" So again, Hippocrates characterises a physician: " Medicus animum habeat modestum etiam reliquam vitam probe compositam bonis ac honestis moribus præditum. Quam talis fuerit, omnibus venerandus."—*Lib. de Med.*

As in such sober and serious comportment is bound up all the reputation of the professional character, the scruples of the fair will be calmed, and they will submit to the proper means of research and treatment on the first appearance of the symptoms of disease: at an ulterior period it may be too late, and relief will then be implored in vain.

" Principiis obsta : sero medicina paratur,
Cum morbus per longas invalere moras."—OVID.

BRIEF HISTORICAL SKETCH OF THE PATHOLOGY OF THE
DISEASES OF THE WOMB, FROM THE FATHER OF
MEDICINE, DOWNWARDS.

THE diseases of the womb have occupied, and deservedly, the attention of physicians, from all time. In the citation in the title-page, the father of medicine has recognised the special pathology of female complaints. And the experience of ages has confirmed his assertion. Whether it be true what Van Helmont has said, “propter uterum mulier est,” the womb, from the age of puberty to that of the cessation of the menses, exercises a powerful and well-remarked influence on the moral and physical constitution of woman. So the ancients*

* Ἐν τῇσι λαγόνσι τῶν γυναικῶν μέσῃσι ἐγκέεται ἡ μήτηρ σπλάγχνον γυναικῆιον ἄγχιστα ζωῶδες. κινείται γὰρ ἐξ ἑαυτῆς ἔνθα καὶ ἔνθα ἐπὶ τὰς λαγόνας· ἀτὰρ καὶ ἐς τὰ ἄνω, κατ’ ἕξιν μὲν ὑπὸ τὸν χόνδρον τοῦ θώρηκος ἐς τὰ πλάγια δὲ ἐπὶ δεξιὰ ἢ ἐς ἀριστερά, ἢ ἐς ἥπαρ, ἢ σπλάγχνα, γίνεταί δὲ καὶ προπετιστέρα ἐς τὰ κάτω καὶ ξυλλήβδην ἐπωμεν παντὶ ἐστὶ πλανώδης· καὶ εὐώδισι ὁσμήσεσι τέρεται, καὶ ἐπ’ αὐτὰ ἵεται· ἄχθετα δὲ τοῖσι κακόδμοισι, καὶ αὐτὰ φεύγει· καὶ τὸ ξύμπαν ἐν τῇ ἄνω ἐστὶ ἡ ὑστέρα, ὁκοῖόν τι ζῶον ἐν ζῳῇ.—*ARETÆUS de Signis et Causis Morborum*, lib. ii. cap. 11.

imagined that this organ was endowed with an independent will; that it was an animal, in fact, enjoying spontaneous movements. Besides, the periodical flux, to say nothing of pregnancy, to which it is subject from the age of puberty, and the influence which the variations of this flux exercises on the health of woman, were, without doubt, among the number of the first phenomena that struck the attention of men devoted to the alleviation of human suffering.

“On the other hand,” as Sir Charles Clarke has remarked, “there are no diseases which excite in the mind of the patient a greater degree of anxiety and distress than those affecting the sexual organs, both male and female so connected is the happiness of mankind with the well-being of these parts, and so diffused the influence of these parts on the functions of others essential to health, that it excites no surprise that the anxiety about them should be so great.”*

So we find, in the writings of Hippocrates, and other early physicians, many interesting details on these diseases. They have, indeed, described their symptoms and their progress: they have even recognised, in many instances, the organic lesions on which they depend; and, among the objects of their therapeutic, we find some of those that are had recourse to at the present day.

* Observations on those Diseases of Females attended with Discharges, p. 44.

In the books attributed to Hippocrates, where the author treats of the nature of woman, and of her diseases, we find described almost all the known affections of the womb, but without any methodical arrangement. In the following description, we can group out the characters of something, at least, pretty much analogous to chronic *metro-peritonitis*.

“ Ἡν αἱ μήτραι φλεγμῆνωσι τὰ ἐμμήνια οὐ γίνεται παντάπασιν, ἢ πονηρὰ καὶ ὀλίγα, καὶ ὀκόταν νῆστις ἢ, ἔμετος αὐτὴν λαμβάνει. ὀκοτὰν δὲ τι φάγη, ἐμέει τὰ σιτία, καὶ ὀδύνη ἔχει τὴν νειαιραν γαστέρα καὶ τὰς ἰξύας, καὶ λειποψυχὴ ἴσχει, ἢ δὲ γαστῆρς ὅτε μὲν σκληρὴ, ὅτε δὲ μαλθακὴ ἐστι, καὶ φυσαῖται καὶ μεγάλη γίνεται, καὶ δοκέει ἐν γαστρὶ ἔχειν καὶ ἢν ἐσαφάσσης τὸν δάκτυλον ἐυρήσεις τὸ στόμα ἰσχνὸν καὶ ὅπου ἐφάνη τὰ ἐπιμήνια ὀλίγα καὶ πονηρὰ, καὶ τὰς κληίδας καὶ τὸν τράχηλον λεπτύνεται, καὶ οἱ πόδες οἰδέουσιν.” — *Ιπποκρ. περὶ φύσεως γυναικ.**

“ If the womb is inflamed, the menses are suppressed; or if they appear, it is only in small quantity, and they have a morbid character: the patient vomits, fasting: her stomach rejects food as soon as taken: the hypogastrium and the loins are painful, and the mind is depressed. The abdomen, sometimes hard, at other times soft, or distended by air, acquires a considerable volume, and the patient believes herself pregnant. If the touch is practised, the neck is found diminished; when the menses appear, they are scanty and

* Ed. Kühn, 1825, tom. ii. pp. 539—541.

difficult; the clavicular and cervical regions are extenuated; and the feet swell."

The description of the following state attributed to inflammation, recalls that of an advanced cancerous ulcer: "Πρός πυρρὸς ῥέει οἶον ἐξ ὠοῦ εἰδεχέθεις πουλὺ τε καὶ δύσοδμου, καὶ φλεγμαίνουσιν αἱ ὑστέραι, καὶ ὀδύνη ἐκ τῆς ὀσφύος καὶ τῶν βουβώνων, καὶ τὰ ἐπερχόμενα πολλὰ καὶ ἥν μὴ ἀπαλλάσσεται ταχὺ ῥέοντα. ἀλλ' εἰ καὶ χρόνος ἐγγένηται, τὰ λείποντα σήπει ὡς οἶον τε μάλιστα. ῥιγέει γὰρ καὶ οἶον ἀπὸ κρεῶν ὀπτῶν χυμὸς ἐπιρρέει. ἅμα δὲ τουτέοισι πυρετοὶ ἰσχυροὶ καὶ ῥίγεια, ἐκ δὲ τῶν τοιούτων ῥόων αἱ μὲν πολλαὶ ἀπολυνταὶ ὀλίγαι δὲ διαφύγουσι."—Περὶ γυναικ., p. 770.

"There exists a red discharge, abundant and fetid, like that from a corrupted egg; the womb is affected with inflammation; there is pain of the loins and groins; the discharge becomes very abundant if relief is not afforded; and, if this state continues, the rest of the organ putrifies completely. The patient experiences rigors, and there is a discharge from the parts resembling the juice of roast meat: the shiverings and the febrile movement increase in intensity. Many die of this discharge: few escape."

What he says of induration is sufficiently exact, but we can conclude nothing from it as to the cause of this state: "Ἦν σκιρρωθῶσιν αἱ μήτραι τό τε στόμα τρηχὺ γίνεται καὶ τὰ ἐμμήνια κρυπτεται. ὁκόταν δὲ προφανῇ ὥσπερ ψάμμος, καὶ ἡ γονὴ οὐ γίνεται τουτέου τοῦ χρόνου.—P. 573. καὶ πυρετὸς αὐτὴν λαμβάνει καὶ βρυγμοὺς,

καὶ ὀδύνη ἔχη τὴν νεύειραν γαστέρα, καὶ τὸν κενεῶνα, καὶ τὰς ἰξύας.—P. 574. . . . γυναικὶ ὅταν υστέραι σκληραὶ γίνωνται καὶ εἰς τὰ αἰδοῖα ἐξίσχωσι, καὶ οἱ βουβῶνες σκληροὶ γίνωνται, καὶ καῦμα ἐν τοῖσιν αἰδοίοις ἐνῇ, καρκινοῦσθαι ἄρχεται.”—P. 551.

“ If the uterus is indurated, its neck becomes rough to the touch. The menses are suppressed; or, if they appear, they contain a sandy kind of matter; conception is impossible. There are shiverings, fever, pains in the hypogastrium and loins. When the indurated uterus presents itself at the exterior orifice of the vagina, the inguinal glands become indurated, and a feeling of burning is manifested in the genital parts: then the commencement of a cancer is to be feared.

What follows might lead us, with reason, to suppose that Hippocrates admitted inflammation as one of the causes of induration: “ Πάσχει δὲ ταῦτα ἢ ἐν αὐτῇ διαφθερεν σαπῇ τὸ ἐμβρυον. ἔστι δ’ ἡσι καὶ ἐκ τόκου γίνεται. πολλάκις δὲ καὶ ἄλλως.”—P. 574.

“ The induration of the uterus,” says he, “ supervenes to women in the womb of whom a foetus is corrupted; to others in consequence of child-birth; and most frequently recognises other causes.”

In the same books we find the following affections described: *amenorrhea*, *leukorrhœa*, *engorgement*, *dropsy of the womb*, the symptoms of *inflammation of the ovaria*, the *induration of the os uteri*, and *cancerous ulceration*. We find,

equally described, *hysteria*, *prolapsus uteri*, and its *invagination*. He describes well the symptoms of *menorrhagia*, and even points out the soft, engorged state of the uterine tissue which accompanies it. He recognises the oblique position of the neck of the uterus as an obvious cause of sterility, and indicates its replacement.* He even mentions the cause of sterility, which M. Melier was the first clearly to point out, viz. the puffy, swollen state of the mucous membrane of the orifice, and its obstruction by mucosities. He assigns perfectly the respective influence of *anteversion* and *retroversion* on the functions of the rectum and bladder. He attributes, justly, *prolapsus uteri* to getting up too soon after accouchement, to fatiguing efforts, carrying heavy burdens, cutting wood, or being connected τῷ ἀνδρὶ ἐν τῇ λόγχῃ κάθαρσιν.

Aretæus, in an interesting chapter on the diseases of the womb, describes well several chronic affections; but, with his characteristic judgment, wisely confines himself to mere descriptions. These are, according to him, ῥόος διπλόος, *fluor duplex*, *fluor albus*, or *leukorrhœa*; and a sanguineous flux (ἐρυθρὸς); 2. σκληρίη, *indurations*; 3. ἔλκεα, τὰ μὲν ἀσινέα, τὰ καὶ κακοήθεια, *ulcerations*, simple and malignant; 4. πρόπτωσις ὅλης ἢ μέρους, *prolapsus uteri*, complete or incomplete. The details he gives on

* Τὸ στόμα οὐκ ὀρθόν ἐστὶ τῆς μητρὸς, ἀλλ' ἰδνοῦται καὶ οὐ λαζυται τὴν γονήν.—Περὶ γυναικ., i. p. 629.

each of these heads are extremely accurate for the period at which he wrote. The ulcerations of the neck of the womb, which have been so much neglected in modern medicine, were then perfectly recognised; and their symptoms and progress indicated with great exactness. The whole chapter is so interesting, that, to do it justice, it would require to be transcribed entirely. We shall, therefore, refrain from extracts, referring the curious reader to the original.

The writings of Celsus, as well as those of Galen, present nothing interesting on this subject.

About six centuries later, Aetius gives a more detailed and methodical account of the diseases of the uterus; but, according to his own avowal, chiefly borrowed from authors whose names he has transmitted to us. He signalises ulcerations, and erosions of the neck of the womb, as giving place to leukorrhea, and uterine hæmorrhages. His description is very exact: "*Unusquisque horum plerumque sine dolore defluit, nonnunquam tamen, utero exulcerato, etiam cum dolore emanat. Si, ergo, aliqua pars doluerit, et humor delatus, plane cruentus fuerit, membri fractionem aut erosionem indicabit, quod maxime in collo uteri inveniet poteritque facile id genus morbi, immisso digito, etiam tacto percipi. Inferre autem solet fluxus iste imbecillitatem, decolorationem, omnimodum appetendi aversionem, ineffabilem mæstitiam pe-*

dumque tumorem: atque in nonnullis perpetua destillatio perseverat, in nonnullis per quædam intervalla supervenit. Et ætate quidem vigentes rubra fluxio fere comitatur; declinantes, autem, candida. In omni utero defluxu, os uteri aperitur, et veluti relaxatur: quibusdam uterus ipse decidit, et usque ad muliebri pudendam progreditur.”*

The symptoms of inflammation of the womb are not very completely given: the causes he assigns are, wounds, suppression of the menses, abortions, ulcerations, excess of venery, fatigue, suppressed transpirations.†

We cannot but remark the resemblance of his theory to that of modern authors, to account for scirrhus indurations: he says every thing but the word *chronic inflammation*. It is sometimes spontaneous, he says, no symptom having preceded it; but, most frequently, it is the consequence of an inflammation which has neither terminated by resolution, nor by suppuration: “Uterus interdum quidem nullo prius indicante signo repente induratur; plerumque tamen præcedente inflammatione, quæ neque discussa fuerit, neque in abscessum mutata. Sed est quoque scirrhi species, quod scirrhomia appellatur, similem quidem tumorem habens, sed tactui renitentem, et moderato dolore affligentem: plurimumque in uteri cervice

* Lib. xvi. cap. lxvii. De Muliebri Fluxu.—Ex Archigene.

† De Ut. Infl.—Ex Philumene, lib. xvi. cap. lxxxv.

scirrhomata eveniunt, quæ immissis digitis percipi possunt.”*

What he says of cancer is so accurate, that we shall be pardoned for transcribing it: “Cancerosorum tumorum quidem ulcerati, quidam non ulcerati sunt, quemadmodum in loco de mammillis prædiximus: cancri ergo non ulcerati hujusmodi notis indicantur: tumor induratus circa os uteri invenitur, tactui resistens, inæqualis, crepidinosus, colore feculentus, ruber, sublividus, vehementes dolores inferens, usque ad inguina, sumen, pecten, et lumbos progredientes, manuumque attrectatione, et medicamentorum varietate excitatur. Cancrum, vero, ulceratum simili quidem modo, tumor durities et dolores vehementia consequuntur, erosæ autem defossæ, inæqualesque ulceratæ partes, *per speculi artificium* percipiuntur. Ab ulcere autem sanies tenuis, aquosa, nigra, ignea, et fœtida, excernitur.

“Cancerosa vero dispositio sicut Hippocrates asserit, insanabilis est, mitigari tamen, sedarique potest.”†

The diagnostic and treatment of ulcerations of the neck of the uterus was then almost as perfect as at the present day, *because the speculum was used*, as will still further appear from this last extract we shall make: “Ulceratur uterus interdum *locis destillatione erosio*, interdum ob difficultatem pariendi, aut

* De Schirro et Scirrhomata Uteri.—Ex Serano, lib. xvi. cap. lxxxvi.

† De Canceris Ut.—Ex Archigene, cap. xevi.

fœtûs extractionem, aut acrium medicamentorum : patientes utero in affecta parte punctorium dolorem percipiunt, atque ex intervallis fœtidi, saniosique humores ab ulcere sordescente excernuntur. Ulcus, ergo, proclive et expositum *speculi artifice* intuebimur, intimum autem et reconditum excreti humores indicabant : neque, vero, aliter ulcera hujusmodi curant quam insersionibus,* irrigationibus, cataplasmatibus, pessis, supra descriptis," &c.†

Under what he terms *phymosis uteri*, he describes a soft, engorged state of the os tinæ, and obstruction of its orifice ; which pathological condition he signalises as a cause of sterility, as Hippocrates had done before him, and as very recent researches have more clearly proved. He recommends for the affections of the neck of the uterus described, the very same local applications which are used in France at the present day, *tampons* (sponges, he specifies) imbibed in medicines, and left applied to the os tinæ, cap. xcvii.

A century later, Paul of Ægina, in his turn, presents us a pretty accurate picture of the diseases of the womb. But his descriptions contain nothing new : indeed, they seem an entire copy of those of Ætius, on inflammation, abscess, ulcerations, scirrhus, and cancer.

There is an author who has treated of most

* Evidently meaning the *tampon* of the French.

† De Ut. Ulcerato.—Ex Archigene, lib. xvi. cap. xc.

of the affections in question, and whose opinions we should have already mentioned, in following the chronological order, according to some writers. According to others, *Moschion* is a very modern compiler. And we incline to this last opinion, for the following reasons :— 1. Because he attributes the induration of the womb to inflammation, which makes him belong to our era; for in no passage Hippocrates positively attributes it to this cause. 2. What throws strong doubts on his antiquity is, that he, with reason, treats as absurd the means which the ancients recommended against hysteria. The symptoms which constitute this state, were attributed, as every one knows, to the circumstance that the womb, capable of locomotion in the abdomen, was transported sometimes to the right, sometimes to the left, sometimes ascending above, at other times shifting below. Now, it was to the movement of ascension, and we know wherefore, that the severest accidents were attributed. And because disagreeable odours appeared to exercise a special salutary influence on women in this state (any thing, in fact, which produces a lively impression, has the same effect), it was concluded that the womb avoided disagreeable odours, and that, on the contrary, it sought perfumes. Hence the practice, as absurd as indecent, of offering it perfumes, by means of aromatic pessaries, or fumigations, carried into the vagina by

instruments made express. These ideas Moschion* blames; and he is the only author who, until a very recent epoch, has talked with so much good sense on the subject. For Chambon,† indeed, whose work was printed in the year VII. of the French republic, recommends still these means, and repeats with the ancients, that it is a mode of distinguishing the suffocation of the womb from other diseases which have some resemblance to it.

In all the succeeding authors who treat of the diseases of the womb, we scarcely find any new ideas on the subject.

Ambrose Paré, as we shall afterwards shew, employed the speculum for the diagnostic of this disease.

Our own distinguished English practitioners who have touched upon this subject in their works, Sydenham,‡ Mead,§ Heberden,|| Cullen,¶ Denman,** Hamilton,†† all coincide in the old scholastic ideas on the pathology of these diseases, and indicate the same beaten routine of treat-

* MOSCHION, *De Passionibus Mulierum*, Græce et Latine. Ed. F. O. Dewez. Viennæ, 1793.

† CHAMBON, *Maladies des Filles*, tom. ii. p. 156.

‡ Ep. i. de *Morb. Epid.* ab 1675–1680.

§ *Monita et Præcepta*, cap. xix. sec. 3

|| *Commentaries*, cap. 41. ¶ *Practice of Physic*.

** *Introduction to the Practice of Midwifery*, chap. iii. sec. 6.

†† *Treatise on Female Complaints*.

ment. But we fear to have already too much taxed the patience of the reader, by the details our very rapid and summary review has led us into.

We have now come down to our own epoch, and ought to speak of our own cotemporaries : but the task is invidious, and we tread very delicate ground. We may briefly remark, that the English, the Germans, and Italians, have made little or no contribution to the pathology of the diseases in question.

CHAPTER I.

OF THE WOMB, AND ITS EXPLORATION.

" Uterus sexcentarum ærumnarum in mulieribus causa."

DEMOCR. *ad HIPPOCR. de Natura Humana.*

THE womb is the organ where the product of conception is deposited, is developed, and matured, until the time of delivery. It is situated in the cavity of the pelvis, behind the bladder, before the rectum, beneath the circumvolutions of the ilium, and above, and at the extremity of the vagina. Its direction is oblique, so that its bottom is directed above, and inclines backwards, while its summit or neck is below, pointing forwards. It is fixed in this position by two folds of the peritonæum which arise from it laterally, to be attached to each side of the pelvis, called its *broad ligaments*. Other ligaments concur to maintain the organ in this position, which, at the same time, permit its ascension and developement during pregnancy. These are the *round ligaments*, which go from the superior angles of the womb, to be lost in the cellular tissue of the mons Veneris, and great labia, after dividing into several branches. What are styled the *anterior ligaments*, are merely two folds

of the peritonæum, reflected from the posterior part of the bladder, or the anterior surface of the womb. These seem prepared by nature to permit the extension of the organ during gestation.

Independently of the ligaments which keep the womb fixed and suspended in the centre of the pelvic cavity, the organ takes, also, a point of support on the superior extremity of the vagina, which embraces it obliquely from before, backwards, at nearly half an inch from its inferior extremity, anteriorly, and a few lines higher, posteriorly, so that the part of the neck which projects into the vagina (compared accurately by John Hunter to the glans penis), has more extent behind than before. This anatomical disposition is very important to be known, in order to fix exactly the limits of surgical operations on the neck.

Suspended, thus, in the middle of the pelvis, like the tongue of a bell inverted, the womb, therefore enjoys, in the natural state, a certain degree of mobility. Thus, its situation changes in all the great movements impressed upon the viscera of the abdomen. A fall, or even a false step, a violent effort to lift a heavy object, a strong sustained inspiration, tend to precipitate the womb into the vagina. The action of these causes is much more prompt and powerful, if the womb is enlarged by the engorgement of its tissues; and if its suspensory ligaments are supposed to be relaxed, as after delivery.

Thus, has nature taken care to surround this cradle of foetal life with every anatomical contrivance proper to guarantee it against exterior injuries, while it is in a sort an exterior organ, and as much exposed to physical violence. Enclosed in an osseous cavity, safely suspended in its centre, protected superiorly and anteriorly by the mass of the intestines and the bladder, the womb only offers its neck as a vulnerable part to exterior bodies. So that, we should be astonished to see cancerous affections of this organ developed in virgins, if, as some pathologists pretend, cancer recognised most frequently for cause excitations and irritations, the contusions which the abuse of venery, and the process of childbirth, occasion.

The ordinary dimensions of the womb in an adult woman, not pregnant, is about two inches and a half in length, an inch in breadth an inch and a half, or two inches in thickness, towards its bottom, and an inch, more or less, at its neck. Its size experiences all the variations induced by pregnancy, and by disease. After childbirth, and after the resolution of morbid engorgements, of which it has been the seat, it never returns precisely to its primitive volume.

Anatomists divide the womb into two parts: the superior, the larger, which they name the body; the inferior, the smaller, termed the neck, or the *os tincae*, from its resemblance to the mouth of the fish of that name.

The body of the womb is almost oval exteriorly. It corresponds, anteriorly, to the bladder; its posterior part, slightly convex, and inclined below, lies upon the rectum; its upper part, named the fundus of the womb, extending from one Fallopian tube to the other, supports the convolutions of the ilium; inferiorly, it is confounded with the upper part of the neck. The sides of the womb are sheathed in the large ligaments.

The neck of the womb has a cylindrical form: it is a little flattened from before, backwards; its superior part is confounded with the inferior part of the body; its inferior extremity is embraced, obliquely, by the vagina, in which it forms a projection, more considerable behind than before. This extremity is pierced, by an opening, round in women who have not had children, oval in those who have been mothers, and whose long diameter is transversely. In a newly born infant, the length of the orifice of the womb is two lines: in a girl, of twenty years, three lines: in women, who have had children, it is from five to eight lines. This orifice is, always, naturally open; but it is more or less so, according as the women have had children; and, according as they have had one only, or several. It is not, exactly, in the middle of the os tinæ, but a little more behind than before, which makes the anterior lip appear larger than the other; a circumstance, important to be recollected in practising the touch.

The portion of the neck of the uterus, which projects into the vagina, appears to have four or five lines in length, anteriorly, and a little more posteriorly. Its thickness is almost eight or ten lines transversely; and, from six to eight lines from its anterior to its posterior part, being slightly flattened in this direction. In women, who have had several children, the neck of the uterus is, in general, larger and rounder. Its orifice is almost always gaping; and the lips, more or less unequal, present, ordinarily, one or several cicatrices, the result of lacerations of these parts during labour, and which might be mistaken for a pathological state.

Baudeloque* observes, nevertheless, that these furrows of the edge of the orifice of the womb, do not always exist in women who have had children; and that they do not arise exclusively from childbirth in those in whom they occur; so that the *os tinæ* may present a form as regular in women who have had children, as in those who are still virgins, or present in these last the inequalities which are the result of labour.

The neck, sometimes, offers a considerable elongation, descending low in the vagina, which may be mistaken for prolapsus uteri, or for a polypus.

We have seen, that the peritoneal membrane,

* L'Art des Accouchemens, tom. i. p. 98.

enveloped in its folds the body of the uterus, and adhered to it strongly, on its upper part. It is to be remarked, that the fold of the peritonæum, which is reflected between the bladder and the womb, does not cover all the posterior surface of the former. The most inferior part of this organ, touches immediately the anterior and superior parts of the vagina. It is, on this point, that the urinary fistulæ are formed, when any accident determines the perforation.

While the fundus, and the body of the womb, have a serous membrane for envelope, the part of this organ, which projects into the vagina, is covered by the mucous membrane, which lines the vagina, is reflected on the os tinæ, and penetrates even into the uterine cavity. It is this membrane, and the mucous follicles of the interior of the neck, especially, which furnishes the abundant mucous secretions, and gives to the os tinæ the smooth, polished appearance it presents. It is, also, the seat of different pathological alterations, to be described hereafter.

The existence of the mucous membrane, in the interior of the uterus, has been long a subject of anatomical dispute. Most writers call it in doubt. But, for our own part, notwithstanding what has been said, we are clearly convinced of its existence. By dissection, and attentive examination, we come to recognise, that the mucus which covers the vagina, equally lines the uterine cavity. Its aspect

on the os tinæ, in the sound state, is grayish or whitish; but this colour varies, according to the physiological irritations, of which it is the seat. It is injected, and assumes a more or less lively red tint, at the epoch of the menses, or after venereal excitation.

“ This redness,” says M. Gendrin, “ disseminated, sometimes in spots, may impose upon us for membranous inflammation, or for superficial ulcerations.

“ The red colour, which depends upon inflammation, is duller and deeper; in the highest degree of the disease it is livid, almost bluish.

“ Pressure makes the natural redness to disappear; it causes to disappear, also, that which depends upon congestion, and which is never completely uniform; it has no action upon the colour, produced by inflammations. This last, when once past its first degree, and when it is but in the state of arborisation, does not disappear after death, even by a prolonged maceration of the mucus.

“ When the mucus is inflamed, its surface is generally dotted with papillæ, which are nothing else than the enlarged mucous follicles.”*

EXPLORATION OF THE WOMB.

We do not think it called for, in this place, to expose the rules laid down for the appreciation of the pathological condition of the uterus, by the

* Hist. Anat. des Inflammations, t. ii. p. 109.

touch. This latter is, indeed, always to be practised immediately before introducing the speculum,* to recognise the position of the neck. But the mere sense of touch will often afford but very insufficient and very imperfect notions, if the sense of *sight* be not had recourse to, to rectify its errors, and complete the diagnostic. The excoriations; the miliary granulations—the limits of certain ulcerations—the peculiar appearance of these ulcerations, which serves to characterise them—the colour of the matter which covers them—the aspect of the mucous membrane of the neck of the uterus and the vagina—escape entirely the touch, and are only recognisable by the eye.

Hippocrates was well acquainted with the *speculum ani*—an instrument which he styles *κατοπτῆρ*, to dilate the anus, in order to recognise by the view the state of the diseased parts, as is evident from the following passage: “κατακλίνας τὸν ἄνθρωπον, κατοπτῆρι κατιδὼν τὸ διαβεβρωμένον τοῦ ἄρχου, ταύτην τὴν φύσιν γὰρ διέσσει.”† Causing the patient to bend forward, you will see by the *katopter*, or

* For our own part, we have abandoned, except in rare cases, the *toucher méthodique*; because, first, to subject the patient to that, and then to the speculum, is to exact of her a double sacrifice of modesty, either of which is quite enough: and, as we contend, that the former exploration is, in itself, more indecent, and quite as revolting to the woman, we are content with one examination, which obtains, at the same time, the information afforded by the sight and by touch.

† Opera. ed. Kühn de Fistulis. t. iii. p. 331.

speculum ani, the corroded part—the fistula of the rectum; introduce the handle, &c. Further on, speaking of hæmorrhoidal tumours, he says, —
 “Ἡν δὲ ανώτερος ἢ ἡ κονδυλωσις, τῷ κατοπτῇ σκέπτεσθαι καὶ μὴ ἐξαπατᾶσθαι ὑπὸ τοῦ κατοπτῆρος. διηγούμενος γὰρ ὁμαλυνεὶ τὴν κονδυλωσιν. Ξυναγόμενος δὲ πάλιν δείκνυσιν ὀρθῶς.”* If the hæmorrhoidal tumour is situated higher up, it must be examined with the speculum ani, and we must not allow ourselves to be led into error, deceived by this instrument; for, being opened out, it flattens the tumour: the dilatation being diminished, it appears again.

Galen says, the katopter was an instrument which served to dilate the anus, as the *dioptra* served to dilate the vagina, “Κατοπτῇ τῷ καλουμένῳ ἐδρῶδιαστολεῖ, ὥσπερ γὰρ καὶ δίοπτρα ὁ γυναικῶν διαστολέυς.”†

It is unquestionable, that this dioptra was a true *speculum uteri*. The following passage, from Aetius, sets the matter beyond all dispute. It is an abscess that is to be opened in the vagina:—
 “Atque mulier locetur in sellâ supinâ, et crura habeat ad ventrem contracta, et femora inter se disparata. Et cubiti ipsius poplitibus subjiciantur, et idoneis vinculis ad cervicem religentur: et hoc ad claram lucem fiat: assideatque à dextris chirurgus, et per *dioptram* instrumentum, pro ætate

* Opera, ed. Kühn de Hæmorr. t. iii. p. 344.

† Galen. in Hexgesi verb. Hippocratis.

commodum, ad pudendi diductionem speculetur, et per specillum sinus muliebris dimetiatur, ut ne major dioptræ tibia uterum comprimat: et si reperta fuerit tibia ejus sinu major, lanæ labiis sive alis pudendi imponantur, ut in ipsis dioptra firmetur. Oportet autem tibiam immitere, cochlea ad supernam partem vergente, et dioptram quidem à chirurgus teneri, cochleam vero per ministrum circumverti, ut diductus tibiæ plicis sinus distendatur”*

This passage needs no commentary; the whole operation is perfectly described; the position to give to the patient; the precautions necessary in introducing the instrument, according to the age of the patient, and the depth of the part; and the method of manœuvring the instrument. Paul of Ægina, in his turn, recommends its use. Ambrose Paré† gives engravings of two forms of the *speculum matricis*, as he terms it.

George Arnaud, in the second part of his “Mémoires de Chirurgie,” p. 475, has an article on the speculum uteri. He gives a figure of a complicated six-branch speculum, of which he was the inventor. “Speculum uteri,” says he, “propre à faire les recherches nécessaires aux maladies du vagin, et du col de la matrice.”

“*Lumen in obscuris.* On sait qu’il manque à la chirurgie un speculum, ou dilatoire du vagin, propre à écarter les parois de son orifice, de

* Abscessûs Oris Uteri Chirurgia, cap. lxxxvi. p. 828.

† Œuvres, lib. xxiv. chap. 48.

manière à pouvoir y laisser entrer les rayons de lumière capables de faire distinguer la nature des sécrétions contre nature, les endroits où elles se font, les maladies de cette partie, et celles du col de la matrice."

The imperfection of this instrument had been the cause of its abandonment, but the necessity of carrying a "light in darkness," made an imperious call for its resumption. So that science and humanity are much indebted to M. Récamier, for the perfection he bestowed upon it, and its consequent re-introduction to practice.

Since the original metallic tube of this gentleman, an infinite variety of modifications and additions have been given to the speculum. Volumes would not suffice to describe them all. That which we prefer as the most easy of introduction to the patient, and the most suitable for every use, is the speculum with two branches, of M. Ricord—the instrument now in most general use. But each kind has had its partisans. Its manner of introduction is as follows:

The patient is placed upon the side of a bed, a pillow under the shoulders, and under the head, the thighs semi-flexed upon the pelvis, the feet resting on chairs, placed at either side. The practitioner stands between, and has no need of an assistant; a thing very important in private practice. The speculum, slightly warmed, if it is cold weather, is anointed with an oily substance, to permit the instrument to slide more smoothly, and

with less pain; and which does not alter the appearance of the secretions, nor of the tissued, to be observed. The valves of the speculum, held in the right hand, are firmly compressed. Separating, then, the great and the small labia with the ring and index finger of the left hand, the fourchette, and the posterior part of the vaginal ring, are, at the same time, depressed with the middle finger of the same hand. This manœuvre, very important for facilitating, without pain, the entry of the speculum, ought to be made in a gradual manner, but sufficiently strong. Then, the extremity of the speculum is presented to the vagina, its branches turned towards the left thigh; whilst the edge of the extremity of one of the valves is placed strongly against the left middle finger; placed, as we have said, the plain surface of the other branch is applied against the posterior face of the prominence of the meatus urinarius, beneath which it is made to slide by a rapid motion, without excoriating or injuring this part, as happens frequently by the other methods. As soon as the exterior opening is cleared, which is the most difficult and painful part of the process, the instrument is guided in the direction of the known axis of the vagina, its valves being more or less separated, to permit us to explore, successively, the whole length of the vagina, before it goes to embrace the neck of the uterus. The position and height of the os tincæ being ascertained by the previous touch, the extremity of the instrument is directed accordingly,

recommending to the patient, to make no expulsive efforts, which would obstruct the progress of the instrument. In thus gently separating, with the end of the instrument, the upper and posterior walls of the vagina, we soon reach the neck, which is recognised by its smooth polished mucus, and by its tint, differing generally from that of the vagina. In some cases, the glairy mucosities, exuding from its orifice, and descending in the vagina, indicate the route to follow. If, in spite of these indications and precepts, the end of the speculum is engaged in the *cul de sac* of the vagina, instead of continuing to push, a slight movement of retreat, in separating the valves, generally succeeds in seizing the os tinæ.

The speculum, introduced, is kept in place by a slight pressure; and a brush of charpy is carried into the interior, to wipe the surface of the neck, which is usually covered with mucosities, even in the sound state.

All these researches must be made in a clear light, to see, thoroughly, the cavity of the speculum, and the neck of the uterus. The patient is, for this purpose, placed before a window, or a candle is used.

There are several circumstances, which contraindicate the use of the speculum, unless when its introduction is of absolute necessity. The presence of the hymen; and the extreme narrowness of the vagina in virgins; the rigidity which its orifice

acquires in some old women; the excessive sensibility of the parts, in some cases, which may go the length of determining nervous accidents, by the slightest contact; painful and deep ulcerations of the vagina, and of the womb, are so many contra-indications. Obstacles, sometimes, occur in the cavity of the vagina, which is divided by membranous partitions. M. Lisfranc once met, at an inch from the os tinæ, a circular membrane, pierced with a central orifice, which opposed an obstacle at once to the touch, and to the speculum. The same practitioner met with a kind of *stricture* of the vagina, towards its superior third. The vagina may be, also, the seat of tumours, which prevent the speculum from penetrating.

The state of the womb itself interdicts, sometimes, the use of the speculum. Bleeding, and deep ulcerations of the neck; its enormous developement; the fungosities which arise from its surface, prevent, and render even useless this means of exploration. The inflammatory engorgement of the neck in a very acute stage; that of the body of the organ, and the extreme sensibility with which this last state is accompanied; a sensibility which extends to the suspensory ligaments, and which the slightest movement increases,—are contra-indications not less formal, and which we may repent not to have respected. It is also necessary to abstain from the exploration during the menstrual epoch, or during a menorrhagy.

We have nothing to remark, as regards the dignity and delicacy the physician will put in his demeanour, in an examination of the sexual parts of females. The sacrifice of feeling is painful enough upon their part; and, it is to compromise the honour of his art and his own reputation, not to correspond to it by a suitable respect and sympathy for the position of a patient who has thus entrusted herself in his hands.

CHAPTER II.

ON THE CAUSES OF THE ORGANIC DISEASES OF
THE WOMB.

THE womb is rarely the seat of disease in the early years of life, on account of its inactivity and insulation, so to speak, in the economy previous to puberty. But at this epoch a new developement and a new activity are given to the whole organisation. This organ then emerges from the inertia in which it had been long plunged, and becomes, henceforth, a source and central point of sympathies which irradiate throughout the entire system. Hence, with a new physiological condition, new pathological predispositions are imparted; and hence the diseases that are special to, and characterise woman.

It is an established principle in pathology, that derangement of function presupposes an alteration of organ, and that frequent derangement of function so reacts upon the organisation, as to give greater intensity to the primitive alteration. This very

function, then, which constitutes woman, woman—which is, with a few exceptions, one of the essential conditions of her health, as well as the distinguishing mark and token of her fecundity—is a very fertile source of the organic alterations in question. Although the regular periods of the uterine discharge be the sound physiological condition of the organ; nevertheless, the fluxion and excitation, which are determined, are but slightly removed from the pathological state, or, at least, may very easily become so. This periodical evacuation, indeed, constitutes a great obstacle to the healing of the inflammatory diseases of the womb. The sanguineous congestion, which precedes and accompanies it, will destroy, sometimes in a few hours, all the advantage gained by a regular treatment observed during the antecedent month. It is on this principle is founded the efficacy of small revulsive blood-lettings in the treatment of these diseases. But if the normal exercise of menstruation exerts a deleterious influence on its morbid states, how much more powerful a source of aggravation must it be, when this function is interfered with by the thousand accidents of life, and subject to all the consequences of the critical age! When the sanguineous exhalation—which is the natural *crisis* of the menstrual *molimen*,—is arrested by any appropriate cause, as a strong emotion of the mind, or the sudden action of cold during the flux, an infinite source of local disease to the organ, and of after-

derangement to the general health, is often the result, as many interesting cases prove. This local plethora, not relieved by a corresponding evacuation, is indicated by characteristic pains—a feeling of weight and tension in all the pelvic region—uterine colics and tenesmus, so termed,—alternations of heat and shivering,—flushings of the face,—headaches, and sometimes even by hysterical paroxysms. This pathological condition, existing for some time, may be relieved spontaneously by the exhalant mouths of the vessels at last giving way, and a copious evacuation taking place; but if it persists, and is prolonged indefinitely, it may end in true engorgement and hypertrophy, with chronic inflammation of the womb.

At the critical age, again, it is, in many cases, no longer a moderate flux, as in former times: they are, in fact, torrents of blood frequently, which are determined to the organ, and flow from it. Nervous accidents are awakened by the excessive losses, and by the cessation of a function, which, during so many years, had exercised so important an influence on the moral and physical character of woman. In like manner, hysteria results frequently from an analogous morbid condition, and not from the dysmenorrhea with which it frequently coincides; and marriage only exasperates the nervous state. In such cases, antiphlogistics are much more rational and much more efficacious than antispasmodics.

Though it is rare, yet examples of organic alteration of the womb are met with before puberty. M. Lisfranc, in his clinical lectures, mentioned to have seen patients who dated their sufferings anterior to this epoch. He had, under his treatment, the wife of an advocate, whose health had begun to decline before the irruption of the menses. She complained of pains in the loins, and a constant feeling of weight, with pain in the pelvis. She was supposed to have a *gastro-enterite*. M. Lisfranc suspected quite another cause of these symptoms; and the exploration of the womb revealed, indeed, a sub-inflammatory engorgement of this organ. By proper treatment she recovered her health. M. Carron du Villards has met with a polypus, with engorgement of the body of the womb, in a child of seven years old.

It is in the adult age that the organic lesions of the womb are most frequently met with; and, if the principle laid down by Bichat be correct, that diseases are always most frequent when there is most action—that organs and systems are exposed to be attacked, in proportion to their degree of exercise—the frequency of uterine affections at this epoch will hardly be wondered at. For it is then, precisely, that the organ is subject to the greatest degree of stimulation, both from the greater frequency of the sexual intercourse, as well as from the processes of utero-gestation and labour. So we find the alterations of this organ much more

frequent in married women, or those living as such, than in the virgin state. The *abuse* of these organs has been reckoned, by all authors, as the most powerful exciting cause of their diseases.

It is observed in very young women, that the affection usually occupies the body of the womb, while, in those living in sexual communication, it is the neck that is the seat of the disease. Here, there is a direct action—a positive contusion of the neck—the result of venereal excesses, or from the disproportion of the organs. It is common in the newly married.

Conception, and its consequences, are a very fertile source of the organic alterations of the womb. During pregnancy, the vessels and tissues of this organ are immensely enlarged by the increased afflux of fluids, and a new life and a new organisation altogether is given to it. Whatever truth there be in the theory of accoucheurs to account for abortion at a certain stage of pregnancy; viz. a distention of the uterine walls, disproportioned to their expansibility—it is certain that the painful contractions that are called forth, for the expulsion of the immature fœtus, and the physical violence received by the organ, induce a state of chronic inflammation and engorgement, which is the starting point of many after functional disorders and organic lesions. For, we may here, beforehand, emit our profession of faith on the subject of cancer: viz. That all our convictions are acquired for the

opinions of Bayle and Cayol,* that there exists an interior predisposition,—a *diathesis*—which suffices in certain cases to give place to cancer, without which, all exterior causes, whether local or general, can never produce the disease. The predisposition to diseases of the womb, of which abortion is recognised to be a cause, *par excellence*, may be probably owing, also, to an anormal condition of the organ previously existing; or for the reason, that after an abortion it is then less thoroughly disengorged, and less easily returns to its usual state. It is, especially, after these accidents, that the practitioner should redouble his surveillance of the patient. The engorgement of the womb persists for long afterwards, and must be recognised and attended to; and the patient constrained to keep her bed, instead of eight days, rather one month or two months, then expose herself to consecutive accidents, which become so difficult and so long to cure. Numerous cases of cancer of the womb have been dated from abortions, as well as other pathological conditions, clearly indicated by derangements of menstruation, profuse leukorrhœal discharges, and continual pains in the loins.

Childbirth—when the process of labour has been long and painful—is another very frequent source of the affections in question, whether acute or chronic. The causes here act powerfully on the neck of the uterus, and we find this part a very

* Dict. des Sciences Médicales, Art. Cancer, t. iii. p. 670.

frequent seat of lesion—the consequence of delivery. Pressed between the head of the child and the brim of the pelvis—dilated too rapidly by a speedy labour—damaged by the manœuvres of turning, or by the imprudent application of instruments—contusions and lacerations of its edges are a very frequent result. Long-continued and excessive contraction in certain cases—violence used to extract the placenta—mechanical means had recourse to, to excite contraction, and arrest hæmorrhage—are all so many causes of undue excitement of the womb, and its consequent inflammation and engorgement. Even in the cases of the most fortunate childbirth, the womb does not regain its normal state and dimensions immediately: for nine or ten days after, at least, some engorgement continues; and if, while this pathological condition exists, the patient gets up, fatigues herself, and commits imprudences, or if the lochial discharge be suddenly and prematurely suppressed by cold, by mental emotion, or otherwise, there is always an engorgement left, which may be the commencement of graver disorders.

A remark it is important to make, regarding a very frequent cause of chronic leukorrhea in females, here suggests itself: viz. the too long continuance of the lochial discharge; when this continues beyond five or six weeks, it is frequently the starting point of this infirmity, which remains long permanent. When it continues longer than a

month, there is an indication at once to stop the discharge, by a slight cauterisation of the mucous follicles of the orifice of the neck of the uterus; otherwise, there is the risk of a true catarrhal flux being induced.

Another evident cause of uterine affections: Many women at the menstrual epoch experience sufficiently acute pain, colics, and diarrhœa; and are forced even to keep the bed. In these individuals, from the age of fourteen to forty-five, the uterus is subject to an irritation every twenty-four or twenty-eight days; and it belongs to the art of the physician to save women, who suffer at these periods, from the painful and dangerous inconveniences of their menstruation. Thus, in plethoric females, a revulsive bleeding from the arm, practised a few days before the period, and a few general baths, will be greatly advantageous. For here the blood seems to precipitate itself with too much force towards the labouring organ, and the amount of congestion is not balanced by a corresponding exhalation.

The critical age—the epoch of the cessation of the menses—the dangers of which have been so much exaggerated by writers, is to be regarded a critical time, less on account of the number and frequency of the diseases incidental to it, than on account of the greater gravity of character it tends to imprint on the simple lesions anteriorly existing. For while the fluxionary movement towards

the uterus — the *molimen hæmorrhagicum* — is still periodically repeated, the tissues of the womb itself have become more compact, are less permeable to the sanguineous fluid, and the very defect of this exhalation necessarily determines a congestion of the organ. It is chiefly at this time of life, as the result of its altered organisation and action, that the anormal tissues of the womb develop themselves, constituting excrescences of every kind, polypi, vegetations, fungous, fibrous, and encephaloid tumours, whose ulterior alterations form the true confirmed cancer of the womb. The general revolution which the period in question effects in woman — the disorders it often introduces into her nervous system, into the faculties and affections of her mind, into all her organisation — may superinduce, in the womb itself, these profound degenerations characteristic of this epoch, as being the circumstances under the influence of which the cancerous *diathesis* manifests itself.

This age passed without accident, or its disorders properly treated, the constitution of woman seems to approach that of man. The womb, in general, then, as it has lost its peculiar vitality, appears to exert but very little influence on her health, and it sinks once more into the inactivity and insulation in which it was before puberty. It should then be exempt from the morbid influence to which its former functions subjected it. But it has not, even then, in all cases, this immunity; for

cancer is frequently met with in aged women. In such the critical era had been stormy; the organic life of the womb had not ceased with the loss of its generative function; unrecognised alterations may then have existed, and the inert state of the uterus afterwards, accounts for the slow progress, or almost stationary condition of the disease.

Too strong, too frequent, and too early excitation of the genital organs—falls and blows on the epigastrium—the use of emmenagogues, which provoke a degree of uterine congestion, not balanced by a correspondent degree of exhalant power in the womb—have been ranked by writers as predisposing to, or causing, organic diseases of this organ. The influence of the sexual relations, and the contusion of the neck of the uterus, which is its natural result, are very obvious.

The impression of cold at the time of menstruation—the sudden immersion of the hands or feet in cold water, for example—the ingestion of cold liquids—or the cold stage of an intermittent fever—produce a kind of spasmodic constriction of the exhalant mouths of the uterine vessels, and arrest the flux. Strong mental emotions at the approach of the menstrual period prevent the congestion: the determination of blood towards the uterus is revulsed, as it were, by these causes, and consequently no secretion takes place. But when the *molimen hæmorrhagicum* is fully developed, and the discharge flows normally, to the suspen-

sion of the flux by these means there are added local symptoms which announce a pathological condition of the uterus.

Corpulent women with scanty menstruation is so common a circumstance as hardly to constitute a pathological state ; but if the patient is thin and meagre, the reverse of plethoric, and with but a scanty menstruation, we may be almost certain that there is something anormal as regards the state of the uterus.

In reference to the temperament of woman, as a predisposing cause, it has been remarked, that those endowed with nice sensibilities, nervous and irritable — those possessing the characters of the lymphatic constitution, fine skin, soft flaccid flesh, and blue sclerotic, and subject to the irregularities of menstruation we have talked of, are more predisposed than others to these organic alterations of the womb. And if, on the other hand, they also present themselves in those of a sanguine and nervous temperament, it is because, in these last, uterine excitement is more ardently sought for, more intensely felt, and more frequently carried to excess. Women, who, in addition to the anomalies of menstruation, are tormented by incessant venereal desires, and given up to excesses of every kind — who live in the luxury, and tumult, and pleasure of the gay world — whose family connexions have counted the victims of these diseases — who, besides, have ex-

perienced frequent abortions and difficult labours — in such individuals, organic alterations of the womb are more to be dreaded than in those without such conditions. To suppose, however, that the absence of these conditions is a guarantee against the supervention of these diseases, is an obvious contradiction of facts. How often is cancer of the womb, for example, observed in women who have always enjoyed the most flourishing health—who have led the most regular lives—who have been even indifferent to the sexual intercourse, or who have used it with great moderation — whose menstrual functions had never been deranged till the first appearance of the disease. It has even been met with in virgins. We shall explain these anomalies in their proper place. Here we are forced to admit a peculiar modification of the organism : a morbid predisposition we cannot explain.

Painful and melancholy moral affections, as they influence profoundly the nervous system, react powerfully upon the organs, such as the womb, which are especially under its dependence. In great cities, where pleasure hangs out so many baits, and where life is usually passed in a round of agitation and excitement, where the sensibilities are more exalted, and where the passions are more excited and given way to, *moral causes* are very frequently recognised as the *point de départ* of uterine diseases.

Lastly, the heredity of certain uterine affections

—cancer, for example,—is a point indisputable. We do not, indeed, adopt the idea of the hereditary transmission of a morbid principle—a material germ of disease, so to call it—which is a thing far from proved. But a host of incontestable facts sufficiently entitle us to admit, however, a certain predisposition or susceptibility of organs, transmissible from parent to child; an interior disposition of the organism, coeval with existence, necessary to the developement of these diseases, and without which all exterior causes, whether local or general, will never produce the morbid manifestation in question. These hereditary predispositions are, we think, as distinctly proved for cancer as they are for scrofula or phthisis. Bayle* mentions to have seen, in a family composed of five individuals, a cancer of the breast in one, of the face in another, and of the stomach in a third. A woman, who died of an ulcer of the womb, had two sisters, one of whom died of a cancer of the breast; the other, then living, had a cancerous tumour of the neck. In another family the father had a cancer of the tongue, and the son a *noli me tangere* of the face. M. Lisfranc mentions a family composed of seven daughters, the mother of whom fell a victim to cancer of the womb, and in which it has proved fatal to several of the others, and some being attacked with uterine disease in a less or greater degree.

* *Traité des Maladies Cancereuses.*

CHAPTER III.

ON THE SYMPTOMS OF THE ORGANIC DISEASES OF THE WOMB.

It is a remark common in pathology, but more especially applicable to the diseases of the womb, that the prominence and gravity of the symptoms are not always in relation to the extent of the organic mischief. Hence, M. Lisfranc has argued the necessity of an early exploration of the uterus, in every instance where there exist the slightest indications to lead us to suspect disease of the generative function; and he cites cases, where the womb has been found hollowed with caverns, and in the profoundest state of degeneration, while, at the same time, the general health appeared not to have suffered, or but little, and of which the only indication, to the patient herself, was some occasional pains in the genital organs. At other times, the severity of the pains, and the constitutional suffering, little correspond with the slight extent of the morbid alteration.

The numerous organic affections of the womb

have all their symptoms in common. The menstruation is irregular, whether as to the times of its return, the duration of the epochs, or the quantity of the discharge—a leukorrhea of greater or less abundance—a sensation of heat and tension in the pelvis—pungent darting pains, referred to the seat of the womb, and compared to the prickings of a needle, even in cases where cancer does not exist—dragging pains in the loins, and back, and groins—excessive sensibility of the genital organs, and the sexual relations painful—diarrhœa and tenesmus—numerous sympathetical reactions, especially on the digestive functions—salivation—anorexia, or extraordinary appetite—vomiting, and other symptoms of gastritis, and a degree of prolapsus uteri are present in almost every case. A simple engorgement of the womb, without induration, or even a benign ulcer, often determines all the symptoms which are attributed to cancer, and even the fetid discharge, which is given as one of its diagnostic characters.

The commencement of these diseases is often very slight, and takes place in a manner latent, and almost insensibly. There is commonly the mucous flux, which goes under the name of an essential leukorrhea, and is in most instances treated as such, if treated at all. The patient experiences, from time to time, slight losses of blood from the vagina, and especially after the sexual intercourse, which then becomes painful. The breasts often

enlarge slightly, which the patient misinterprets for an indication of health. Walking, and even the standing posture, become painful, from a feeling of tension in the loins and hypogastrium, which forces the patient to sit down. As the disease continues to make progress, a feeling of weakness is complained of at the upper and inner part of the thighs. Heat and pain, and an occasional swelling of the hypogastrium, are present. There is almost always derangement of the menstruation. Sometimes it is more abundant, returns more frequently, continues a longer time, and is accompanied with more uneasiness. At other times, on the contrary, it is diminished or suppressed. In some cases, after having been absent for several periods, the menses appear in the form of a real flooding. A discharge, of variable nature and amount, takes place from the vagina, and creates great irritation in the parts. Sometimes it is whitish and milky; at other times of a greenish yellow: sometimes purely mucous; at other times purulent and sanious. Frequently pure blood flows, either spontaneously, or after mechanical excitation, walking, or a moral emotion. Besides these general symptoms, there are pains which appear to have their seat in the womb itself, and which seem to irradiate from the vagina into all the pelvic region. They consist very commonly in a burning sensation, almost continual, and of pungent darting pains, (*éclairs de douleur*, poetically

styled by Cravelhier and Dupuytren), which increase at the menstrual periods, or after any deep mental impression, or after the slightest exercise. The confinement to bed, in the generality of cases, only aggravates the pains, from the heat it develops in the sacral region.

The most constant of the local symptoms is *prolapsus uteri*, so called. This is a mere result of the increased weight and volume of the womb, which is, in these cases, almost always engorged. Hence, a variety of morbid phenomena, depending on the mere force of gravity (as the prolapsus), or resulting from the tension of its ligaments, and the compression it exercises on the neighbouring organs. A painful sense of dragging is experienced in the loins; obtuse pains in the region of the pelvis, about the hips, and down the thighs, increased by walking or long standing; obstinate constipation; sometimes diarrhea and tenesmus; an almost constant feeling of weight in the fundament; incontinence, or retention of urine, according as the enlarged womb presses on the body or on the neck of the bladder; lastly, the displacements of the womb, anteversion, retroversion, &c. &c.: but these are so commonly met with in the state of health, as hardly to constitute a departure from the physiological condition.

But the attention of practitioners deserves to be called to the subject of *prolapsus*; for a prevailing error has run through all the books of practice as

regards this point. Here the *descent* is all that is looked to; and without taking into consideration the pathological state of the organ which has produced it, the application of a pessary is counselled: and it is not to be wondered at, if, instead of seeing the symptoms disappear, they become only aggravated by the presence of a foreign body, which adds to the intensity of the original cause—the irritation and engorgement of the womb. This descent is attributed by accoucheurs to a primitive weakness and relaxation of the ligaments of the womb. But this is purely hypothetical and gratuitous. We cannot appreciate this primitive weakness and relaxation of the ligaments. We know not what it is, nor have all the books on midwifery demonstrated it. But here is a cause, plain and palpable, that appeals to the reason of every man. The descent is, in fact, a uniform and universal result of the engorgement—augmentation of the bulk of the womb—a mere consequence of the law of gravity, and with which a primitive weakness of the ligaments, which is extremely forced and conjectural, has very little to do. We do not deny, indeed, but that in some cases the ligaments of the womb may be occasionally weakened, as accoucheurs contend, to account for this symptom. But such cases are extremely rare: so much so, that M. Lisfranc and others, who have had the greatest practice in these diseases, affirm

never yet to have seen a case attributable to this cause.

The existence of ulcerations on the neck of the uterus is a very frequent cause of this engorged state; and, by the healing of these, the engorgement generally disappears, and with it the prolapsus: of this we have seen many interesting cases. The symptoms characteristic of this prolapsus in its first degree, are those that indicate chronic inflammation and engorgement of the organ, either of its neck or of its entire body. The pain in the hypogastrium, the sentiment of dragging in the loins, and the pains which irradiate throughout the pelvis, shew the womb to be the principal seat of disease; and the result of the treatment shews its nature, as antiphlogistics invariably triumph over it, while all the symptoms are only aggravated by pessaries. A final remark we have to make on the subject of prolapsus, is to guard against another common and dangerous error in practice; viz. coition, counselled with a view to provoke pregnancy, pretended to be a cure of the descent, is only hurtful, inasmuch as, by the irritation it keeps up, it adds to the intensity of the original cause.

Besides the functional disorders resulting from the increased volume of the uterus, there are others more variable. The belly is alternately tumefied or depressed, the digestive functions are deranged,

and the appetite capricious. A very common sympathetic symptom is vomiting. So long as disease of the womb is chronic, and the local symptoms are not acute, fever is rarely present. Different nervous affections often supervene in their course. Hysteria is frequent: the character of the patient, often from mild, becomes violent, impatient, and irascible: the sensibility to impressions becomes so acute in many cases, that the least commotion excites the whole system, and awakens the pains in the pelvic region.

There is a nervous condition of the womb which has been named *hysteralgia*—a dragging, uneasy sensation in the pelvis—a feeling of something weighty, which descends in the vagina, or mounts towards the umbilicus, attributed to cramps of the stomach. These pains last one, two, or three seconds, disappear, and return two or three minutes after. At the same time there is no other symptom of hysteria. It generally comes on after the sexual intercourse, and determines sometimes intermittent burning pains, with a sensation of pricking and pressure in the hypogastrium. If this state is prolonged, it may induce a slight *metritis*. M. Lisfranc, indeed, affirms that there is no hysteria without metritis. The agitation of the nervous system, at first the *effect* of the irritation, becomes in its turn a *cause* by the reaction of the organism. Indeed, the theory which attributes hysteria to a local irritation of the womb, receives much support

from the fact frequently observed in the wards of M. Ricord, viz. the voluntary determination of all the symptoms of hysteria, by injections of a weak solution of the nitrate acid of mercury into the cavity of the uterus, at one time tried in the treatment of its catarrhal state.

But, to return from these digressions, for which the reader will pardon us, to the more immediate symptoms of the uterine affections in question. These symptoms may long remain local. But most frequently, when the organic alteration reaches a certain degree, and often, indeed, from the very commencement, it gives place to general phenomena, more or less intense. The stomach, from its intimate sympathies with the uterus, is not long time in participating in the suffering; and hence laborious digestions, want of appetite, vomiting, heartburn. The disorders of the circulation are less frequent. When the affection is recent, however, and the patient young and vigorous, there is a suppression or diminution of the menses, palpitations, suffocations, headach, and other symptoms, capable of simulating an affection of the heart. In women of nervous temperament, spasmodic and hysterical symptoms, returning at irregular intervals, frequently present themselves.

But when disease of the womb has made considerable progress, or when, after being long latent, it suddenly reveals itself, and runs an acute course,

febrile symptoms and evening exacerbations frequently occur, constituting at once, in the same person, both an inflammatory and a hectic fever. General debility rapidly supervenes. The strength and plumpness of the patient all at once diminish — the face loses its colour — the features become sharp — and the eyelids, œdematous — the skin is parched, and of the characteristic yellow hue. The slightest effort fatigues the patient, and awakens the pungent, lancinating pains which shoot up from the vagina. The emission of the urine and fæces is attended with great pain, and hence they are retained as long as possible — frequent and obstinate hæmorrhages take place from the vessels of the uterus, as their orifices become, from time to time, involved in the ulceration — a fetid, sanious matter flows from the parts, and excoriates all with which it is in contact. The sunken countenance — the hollow eyes — the profound look of sadness and suffering in the features — and the prostration of all the powers — indicate but too expressively the undermining progress of the horrible malady. The digestive functions become annihilated — all nutrition is at a stand — and the woman dies, exhausted by her sufferings.

In the worst cases, the cancerous degeneration seizes upon the whole body of the uterus and the neighbouring organs. The bladder on one hand, and the rectum on the other, are involved in the ulceration; and what was once the vagina, is now

a hideous and pestilent cloaca — the reservoir of stercoral matter and urine, mingled with the putrid ichor and organic elements of cancer.

But it would be an error to suppose that in all uterine affections this regular and progressively increasing march takes place. Some of them go no further than the first symptoms; the disease then remaining stationary, or disappearing altogether. Nor are the symptoms always so patent and observable; for the disease, in many cases, pursues a silent and insidious course in the midst of every exterior appearance of flourishing health, then breaks out with alarming rapidity. “In seven or eight days,” says M. Lisfranc, “we have seen become yellow and melt, so to speak, those women, but a few days before so fat and ruddy.” And these cases are far from being rare.

The duration of these affections varies greatly. In general, it is relative to the kind of the alteration, and to the vitality of the organ. Beyond the age of the menses, the functions of the uterus are dormant, so to speak; the vitality of the organ is below par, if we might be allowed the expression; and its diseases then have a correspondingly slow march: it is the reverse with the anterior periods of life.

Abandoned to themselves, they have generally a fatal termination. Even a simple ulceration of the neck of the uterus has been known to produce death. Some of these affections may be

dissipated spontaneously. Thus, the return of menstruation, more or less abundant, may restore a recent engorgement of the organ. But these cures are, unfortunately, too rare; and the tendency of the evil is only from "bad to worse," when unchecked by treatment.

We have to mention *sterility* as a very frequent symptom of these diseases. The catarrhal state of the interior lining of the uterus, especially of the mucous follicles of its neck; the engorgement of the os tinæ, and the partial obliteration of the orifice, which is a common consequence of it, is an obvious cause of sterility, and has been especially brought to light by the application of the speculum. And we are in possession of cases in which the cure of this morbid condition by the appropriate means, has been promptly followed by pregnancy in women who had not had children during ten or twenty years, some of them, of married life.

We may also rank among the symptoms of disease of the womb, *hysteria*. Much discussion has been agitated in the medical world regarding the seat and pathological anatomy of this disease. For us, the womb is clearly the seat of lesion; and an *irritation* of this organ, which is not so easily precised, whether of inflammatory or nervous nature, is the *point de départ* of the symptoms: and the fact we have already alluded to, of all the phenomena of hysteria being produced arti-

ficially at will, by irritating injections into the interior of the womb, is quite conclusive, we think, for this view of its pathology. The results of M. Lisfranc's practice have also confirmed him in the same idea; and he has accordingly insisted much on antiphlogistics. The best effects, according to this distinguished practitioner, are obtained by small revulsive bleedings, from the arm: or if, from idiosyncrasy, these augment the nervous accident, which is sometimes the case, baths, narcotic lavements, cold emollient injections, antispasmodics, &c. must be had recourse to. Sedatives modify much more powerfully the sensibility after previous blood-letting.

We say but little on the subject of *chlorosis*, or green sickness—an affection of young females, generally regarded as connected with an anormal state of the uterus and its functions. But, in our opinion, it has nothing to do with the uterus in an infinite majority of cases; and this organ, we contend, is only affected secondarily and sympathetically as the result of the enfeebled energy of all the functions. The essence of the disease consists in *anemia*—a defect of the colouring matter and fibrine of the blood, in which its serous portion entirely preponderates. Hence, the paleness and flabbiness of all the tissues, coinciding with general languor and impaired functions—a true *cachectic* state of all the organisation. The stethoscope, applied to the heart and arteries, reveals precisely

the same phenomena as are produced after copious sanguineous evacuations, when the circulating current is replaced by serosity. The result, also, of the tonic mode of treatment, and especially of ferruginous preparations, which give to the blood the fibrine and colouring particles it wants, are, for us, clearly indicative of its true pathology: so that we must ask pardon for differing from the great authorities, who see in the symptoms of chlorosis nothing else than a reaction on the different functions of the economy produced by an engorgement of the womb. It is very conceivable, indeed, that such an engorgement, from the derangement of health it may create, will end by so deteriorating the functions, as to unfit them to afford to the blood its ordinary reparatory principles: and from causes that so act, we find chlorotic states extremely common to male as well as female.*

* A favourite martial preparation of M. Blaud, in these cases, has been crowned with much success. Take sulphate of iron, and subcarbonate of potash, of each half an ounce; reduce separately these two substances to a fine powder, then mix gradually; add mucilage of gum adragant, q. s. to be pounded strongly, and the mass divided into forty-eight bols. His method of administration is as follows:—The first, second, and third days, a pill fasting in the morning, and one in the evening: the fourth, fifth, and sixth days, an additional pill at mid-day: the seventh, eighth, and ninth days, two pills morning and evening: the tenth, eleventh, and twelfth days, two additional pills at mid-day: the thirteenth, fourteenth, and fifteenth days, three pills morning and evening: the sixteenth and following days, four

M. Blaud recommends, not at once to discontinue the remedy, but to continue it for an equal time to that required to dissipate the symptoms, returning gradually to the primitive doses. The constipation must be combated by clysters.

pills in the morning, the same number at noon and in the evening.

"A peine," says M. Blaud, "le médicament est-il introduit dans l'économie, quelles que soient la durée et l'intensité de la maladie, un mieux sensible se manifeste, il apparait quelquefois le deuxième, le premier jour même du traitement, après des années de souffrance; et, chose remarquable, sans le secours d'aucune auxiliaire. On n'a plus qu'à noter une amélioration progressive, ordinairement rapide, dont rien ne suspend le cours, même chez les individus atteints de cardialgie, de diarrhée, etc. symptômes qui sembleraient contr'indiquer tout médicament tonique. D'abord une légère teinte rosée se répand sur le système cutané, principalement à la face, et les yeux reprennent l'éclat qu'ils avaient perdus. En même temps, ou peu après, les symptômes de réaction nerveuse, cette gastralgie que rien ne peut calmer, cette insomnie, ces bourdonnements, cette céphalalgie qui se montrent rebelles à tous les moyens, diminuent d'une manière sensible, et ne tardent pas à se dissiper. La respiration aussi devient plus libre, le pouls moins fréquent, les palpitations moins intenses et plus rares, l'infiltration des membres se dissipe, les forces musculaires se rétablissent, l'appetit revient, la morosité s'évanouit, un sentiment de bien être général succède à ce malaise rongeur qui rendait si déplorable l'existence des malades, et bientôt toutes les fonctions organiques rentrent, comme par miracle, dans leur état normal."—*Revue Médicale*, 1832, tom. i. p. 387, et seq.

CHAPTER IV.

ON THE DISORDERS OF MENSTRUATION.

WE lay it down as a general principle, founded on rigorous pathological observation, that the disorders of menstruation, so called,—the numerous irregularities both as to the periods and as to the quantity of the discharge to which this function is subject,—constitute rarely idiopathic diseases—essential morbid conditions,—but are, on the contrary, the mere signs and symptoms of an ulterior organic lesion of the womb, the nature and seat of which is to be explored on all occasions, when practicable. These diseased conditions, neglected or mal-treated, are often recognised as the *point de départ* of more profound organic alterations, which may not reach, however, their ultimate development till after a long course of years. Of how much importance, then, becomes it, to discover and treat in time organic alterations, but trivial in their origin, and easily removed by early and judicious means! The risk of future incurable

disease is so much the greater if the present symptoms are protracted in duration, and obstinate to treatment, for then there is reason to fear a primary morbid predisposition of the organ itself; and the prognostic will be so much the more grave, if the women in whom they occur are indifferent to their condition, or ignorant of the danger they incur, and, allured by the bait of pleasure, are content with mere palliative measures.

These derangements of function, which we thus regard as but the *effects* primarily of an organic alteration, become also in turn *causes*, and exercise a reciprocal action in hastening and maturing the developement of more formidable diseases. For example, menorrhagy frequently repeated, leaves the womb each time in a state of over-excitation and engorgement, which opens the way for the hypertrophy and induration of its tissues; and if there exist but the slightest predisposition, it is often the first signal of an ultimate cancerous degeneration. We must acknowledge, however, that sanguineous congestion most frequently produces simple or inflammatory engorgements, rather than cancerous affections; the developement of cancer being principally dependant, as we shall attempt to shew, on a special morbid condition or predisposition existing in the system — an inexplicable organic modification, termed the cancerous *dias-thesis*, but whose intimate nature and essence is entirely unknown, and the mere condition of

inflammation being infinitely more common than this : for that reason, the simple white induration, rather than the scirrhus, is the most frequent result of the morbid condition in question.

Amenorrhea and *dysmenorrhea*, then, so far from being essential diseases, as commonly regarded by practitioners, depend, in the infinite majority of cases, on an engorged state of the uterus ; and we are indebted to the speculum, for shewing us the true pathology and anatomical characters of these affections. How blind and groping, and positively injurious, is the practice inculcated for the treatment of these diseases, and how little guided by the lights of pathological anatomy ! Treating at random the *symptoms* merely, instead of searching in order to attack the *cause*—in the present instance, endeavouring to bring about the establishment of the menstrual flux at all hazards—medical men have too frequently counselled means that were rather calculated to increase the evil, as, for example, the stimulus of marriage, and emenagogues, to an organ already over-stimulated ! The substances, styled emenagogue, having the effect of promoting a congestion of the uterus, are only admissible, and indicated, we contend, in the cases when the amenorrhea evidently depends on an atonic state of the organ—a defect of its vitality, and of that fluxionary movement which determines the fluids to it.

The details of what may be termed the natural

history of menstruation, are but objects of secondary interest in a work of pure pathology like the present. We consider them, therefore, irrelevant, and shall not introduce them here.

The epoch of the first menstruation frequently calls for the attention of the physician, for the disorders which then appear in the economy. The commencement of this sanguineous excitation from the internal surface of the womb, varies, as is well known, according to the climate, the habits of life, and individual peculiarities. The physiological phenomena that characterise this irruption, the epoch of puberty in woman, could not be more expressively portrayed than in the concise description of Harvey:—"Nec minus notum est, quanta virgini alteratio contingat, increscenti primum et tepefacto utero: pubescit nempe, coloratior evadit, mammæ protuberant, pulchrior vultus renidet, splendent oculi, vox canora, incessus, gestus, sermo, omnia decora fiunt."*

In some young women this function is established without pain or difficulty. In others it is only after repeated congestion, that the organ allows to transude the blood which engorges it. At each period the fluxionary movement, which is determined to the pelvis, is announced by a series of symptoms. From their sympathy with the organs of generation, the breasts swell, and become

* Harvey Exercit. de Partu.

hard ; there is a feeling of heat, and tension, and weight, in the hypogastric region, and there is a slight itching of the pudendum : every thing announces a sanguineous congestion of the genital organs. To these prodromes succeed, first, a glairy discharge, which becomes at length tinged with blood ; or these phenomena disappear gradually, without being followed by an evacuation. The ensuing month they are renewed with increased intensity ; and it is only after several periods of this irregular uterine *nisus*, that menstruation is at length normally established. Sometimes, after a first appearance, this evacuation does not recur again till after several periods.

Besides the prodromes mentioned, this state is usually accompanied with pains, more or less lively, in the loins and abdomen, and a feeling of lassitude in the legs. As in all other inflammatory congestive conditions, the face is coloured and animated,—there is a feeling of weight in the head,—cephalalgia, stiffness of the muscles of the neck, pulse frequent, full, and irregular : in short, all the symptoms of dysmenorrhea.

These are the precursory symptoms of the establishment of this function ; and, if the flux takes place in sufficient quantity to disgorge the womb, all accidents pass away, and the health of the young patient is re-established. On the other hand, if no discharge take place, the engorgement of the womb is augmented at each period, and the

foundation is laid for ulterior organic alterations, which will morbidly react on the whole economy.

“ A young girl is on the point of menstruating,” remarks M. Lisfranc, “ some prodromes have announced its approach, what should be the conduct of the physician? Is he to employ, in every case, excitements or drastics, for example, as is often counselled,—an advice founded on no other indication than the absence of the menses? For one case in which such would be useful,” observes the professor, “ in twenty others it would be positively injurious.” The temperament and constitution of the patient must be studied with great care; and the indications must be thence deduced, as M. Lisfranc has done.*

1st. Is the patient strong and healthy, and does every thing announce the happy establishment of this new function? The assistance of art is then uncalled for, and would only interfere with the efforts of nature.

2d. But if the young patient is of feeble health, of soft flabby tissues; if, at the same time, the presumed age of the menses has arrived, and yet the prodromes of it are wanting, inaction may then be replete with danger to the patient. It concerns her future health, that this evacuation be provoked by general corroborant means, destined

* The remainder of this chapter, and the following, are the results of M. Lisfranc's experience, and are the substance of his Clinical Lectures on the subject, published on the eve of my departure from Paris.

to modify her economy entirely, and by local excitation, which may determine the blood towards the organs of the pelvis. Warned by the precursory symptoms, without seeking to anticipate nature, it is proper to submit the young girl, if the digestive canal is sound, to a nourishing regimen, the use of tonics, cold baths, aromatic baths, aided by regular exercise in the open air, and in full sunshine, if possible. In persons presenting the characters of the lymphatic temperament, who are dull, fat, flabby, in whom the muscles have no energy, and the will no vigour, the regimen, especially the baths and exercise, must be insisted upon. In these cases, also, local means are employed with advantage; stimulant foot baths, aromatic fumigations, small lavemens, very hot, warm injections into the vagina, if the hymen permits it: in like manner, local hot baths established in the vagina, by putting the pelvis in an elevated position; emollient hip baths; warm cataplasms around the pelvis and to the pudendum; dry cupping-glasses, or scarifications in the vicinity; blistering, or sinapisms; the application of leeches in small number to the ankles, to the legs, to the internal and upper part of the thighs, rarely to the vulve; small blood-lettings from the foot; partial baths, in which the water is to the height of the knees, experience having proved to M. Lisfranc, that the baths in which the feet are merely dipped, are more injurious than useful.

The means recommended by Dr. Loudon, leeches to the breasts, is well known.

The use of the ergot of rye, in the dose of five or six grains per day, has determined the appearance of the menses in cases of amenorrhea, even when depending upon engorgement.

M. Carron du Villards has used with success the cyanuret of gold, in the dose of three grains to eight ounces of alcoholised water. He begins fifteen days before the presumed menstrual period, by giving a teaspoonful of this liquid morning and evening; then two, three, progressively augmenting the dose.

M. Rostan says, he has applied, with advantage, leeches to the *os tincae*.

3d. If, instead of a feeble state of health, the patient is strong and plethoric; if pains in the loins, heaviness, draggings in the pelvis, reveal a uterine congestion, the previous treatment would be hurtful and incendiary. Here nature is too active; there is the *molimen hæmorrhagicum* strongly developed, without its natural *crisis* to disgorge the labouring organ. Here, hot baths, prolonged two or three hours, must be had recourse to; a spare vegetable regimen; towards the periods of the menses, small revulsive bleedings from the arm of four to eight ounces, according to the strength of the patient.

Absence of Menstruation.—There are women who have never menstruated. Are they capable of having children? “Cases are cited of it,” says

the professor; "but were they authentic, which is dubious, these cases are extremely rare. The menstrual discharge is the condition almost absolute of the fecundity of woman. This function is sometimes totally wanting, without its absence being able to be attributed to a physical obstacle, or a chronic affection of the organ." M. Lisfranc has, within the last ten years, met with fourteen cases of this kind. We will follow him in the therapeutical indications he has drawn from them.

The modifications which result from this defect of menstruation, are far from being the same in every subject. "I have known some," says the professor, "who, at each return of the menstrual epoch, became susceptible, irritable, and of troublesome humour. They experience dizziness, suffocations, a feeling of tension and weight in the pelvis, and all the symptoms, in a word, which precede the return of the menses; then, without the flux appearing, all is quieted, until the next period. In others, on the contrary, the scene changes. They reach a certain age without experiencing these periodical indispositions. But, in general, they are women of feeble health, of remarkable leanness, of soft, flabby, discoloured tissues; their yellow tint announces suffering; sometimes they are fatigued by colics and purging; sometimes by palpitations, breathlessness."

What is to be done in these circumstances?

Among practitioners, some attribute these phe-

nomena to the organisation of the woman, and do nothing: others, seeing naught else to combat than the absence of the menses, seek to recall them by every means in their power. These last do more harm than good. In determining the blood towards the pelvis, they increase the congestion, of which the womb is generally the seat. In women, especially, who suffer periodically, there results an increase of the symptoms, which often persist from one epoch to another, and leave no interval of rest.

In blaming the irrational conduct of the latter, M. Lisfranc does not subscribe to the inaction of the former. In leaving these affections to themselves, we run the risk, in general, if the defect of menstruation is owing to a uterine congestion, of seeing the disease aggravated each day, and inducing sooner or later the degeneration of the womb.

Before every thing else, the state of the uterus must be investigated. It is here that is generally found the cause which prevents the establishment of the menses. Often an engorgement is found, which it is necessary to combat. If there is no uterine engorgement, and if several years have already elapsed since the menses have appeared, in general they are definitely lost. But the women are not to be abandoned to their sufferings. M. Lisfranc, in these cases, supplies nature in imitating her, by establishing artificial sanguineous evacuations at the periods corresponding to the menstrual. The

return of pains, indicating the menstrual epoch, is the time. A revulsive bleeding from the arm, of four to six ounces, is practised; or, better still, four or five leeches are applied to the arm during several days, and the bleeding encouraged. These blood-lettings have the double advantage of procuring an evacuation, and acting as derivatives relatively to the uterus. To these are added warm baths, moderate exercise, mild regimen, appropriated to the constitution. Thus, to delicate women, the digestive organs being sound, nourishing diet and tonics are permitted. To those in whom the nervous system predominates, narcotics are given in lavemens and in frictions, with slightly acidulated drinks.

When the pains, instead of returning periodically each month, are continuous, the indication is the same. The aggravation of the symptoms may indicate to us the time to act, as corresponding to the monthly period. In the contrary case, a time is established, and, at each return, the means indicated are put in use. The treatment in these cases is long, for the constitution is to be modified; but, by perseverance for months or years, the pains are much reduced, or disappear.

With this absolute absence of the menses, is naturally connected their periodical absence during a longer or shorter time. M. Lisfranc has met with women who did not menstruate but every five or six months, or every three, four, or even six years. Sometimes they are habitually suffering,

and then the indication is the same as for those who do not menstruate at all; at other times they apparently enjoy good health. But we must be upon our guard, that this deceitful calm does not seem to disguise some grave affliction, which will be revealed at a later period: a disease of the heart; a latent peritonitis, or some chronic alteration of the pulmonary organs. M. Lisfranc has known three young women who had not had children, and who menstruated but rarely: all the three died, one of them at the age of twenty-one, of disease of the heart; the others at the ages of nineteen and twenty-four, of tubercles in the lungs. The defect of menstruation, was it the cause or the effect of these accidents? He inclined to the former opinion; because, in the first instance these women offered no symptoms of the diseases they died of, and which were only consecutive. Do we not see every day, the establishment of the menses dissipate grave disorders affecting other organs? From these considerations, M. Lisfranc thinks it useful to practise from time to time a small revulsive bleeding from the arm, and to prescribe an appropriate regimen. Frequently, when the amenorrhea has been conjoined with some grave affection of another organ, the appearance of the menses has been seen to revulse powerfully, and to dissipate this last disease, or at least to arrest its progress. The professor has followed the principle laid down, with great advantage, upon many women. Among others, one aged thirty-six years,

who has not menstruated for six years, finds herself well from this precaution. To do nothing in such a circumstance, would be at least a fault.

Stormy Menstruation.—This variety is one of those comprised in the dysmenorrhea of authors. The menstruation is established regularly, but then the periodical return is preceded by intolerable pains, some hours before the time, and continues some hours after, or even one or two days. Sometimes they persist during all the continuance of the discharge. It is conceivable to what alterations a uterus is exposed, that during so many years,—twenty, perhaps,—has been the seat of similar congestions. Pains, even purely nervous, determine, ordinarily, an afflux of fluids to the part; and are we to suppose that each menstrual evacuation so completely disgorges the womb, that at each period there is not left fresh *materiel* for a new congestion? This is, indeed, what M. Lisfranc has had numerous occasions of observing. He has seen that almost always this painful menstruation was hereditary; and if the women who suffer are interrogated, we learn that other members of the same family have equally suffered, or are dead of diseases of the womb. This circumstance demands, then, the special attention of the physician: he is not to see in these phenomena a mere idiosyncrasy of the constitution, and confine himself, as is too frequently the case, to give the dangerous advice, *to leave nature to act*. Although

even this state should not involve troublesome consequences, ought the physician to stand an idle spectator, and condemn those unfortunate women to sufferings without end? In such cases, the first care of the professor is to ascertain, in the interval of the menses, the state of the uterus. It is rare that an engorgement of the neck is not found, and more frequently of the body of this organ, in a state of chronic inflammation. The evil arrived at this degree, it is this engorgement which is the first thing to combat, according to the principles afterwards laid down.

Sometimes the womb is found sound: the pains are then purely nervous. The woman accuses something which seems to lift up the belly: she experiences contractions and violent desires: however, coition, far from being agreeable, only irritates the nerves. If an injection is carried into the vagina, it is rejected immediately: the pulse is small and wiry: there is *subsultus tendinum*, and the whole body quivers on the least emotion.

Two or three days before the menses, we must endeavour to calm this nervous state, by the use of narcotics, especially by laudanum, administered in small lavemens. But this superficial treatment is insufficient to communicate a new modification to the organism. We must act during the interval of the menstrual periods.

If the affection be purely nervous, cold baths, frequently very useful, are sometimes hurtful. The

idiosyncrasy of each patient must be studied. Hot lavemens and narcotics are generally of great utility. To lymphatic women, with soft flesh, bitter tonics are prescribed; cold baths, succulent nourishment, some narcotics, and even, when necessary, in the middle of menstruation, a very small revulsive bleeding.

In very plethoric women, who lose little by the flux generally, preference is given to hot baths of long duration. To this is added a vegetable diet, reduced to two-thirds, or even three-quarters of the usual quantity; moderate exercise; copious diluent drinks, excluding coffee and liquors. Lastly, to contribute to the same end, one or two days after the menses, a revulsive bleeding, from the arm, to the extent of four ounces, is had recourse to, to be repeated in fifteen days, if necessary.

In those cases of difficult menstruation, preceded or accompanied by uterine colics, Professor Masuier, of Strasburgh, has derived great advantage from the use of *acetate of ammonia*. M. J. Cloquet* relates the history of a case, quite conclusive, in its favour. M. Pauly, late *chef de clinique* of M. Lisfranc, and who edits his clinical lectures, has had occasion to administer it twice with success. The first time, the patient had been a prey to the most violent uterine tenesmus for two

* Archives Général de Médecine, tom. xii. p. 651.

hours. Forty drops in a glass of "*eau sucrée*," taken at once, dissipated the pains in twenty minutes; and the menses, only announced before by some drops of blood, flowed then with facility, and without trouble. On the second person the pains had only commenced when the first dose was administered: at the end of an hour, although diminished, they were still lively. They yielded to a second potion, composed only of thirty drops. Upon these two patients there existed still the remains of an engorgement of the neck of the uterus, which, in one of them, two months before, was complicated, with superficial ulcerations of the posterior lip.

It may happen that the menses, after flowing for some hours, are suddenly arrested, though wont to continue longer. We must seek to recall them by appropriate means, if the organ is sound. But it is different when the womb is diseased. "When, in this case, I have solicited their return," says the Professor, "nineteen times in twenty my attempts have only served to increase the pains; so that I have made it here a rule to allow nature to act freely: only, I have the precaution to practise next day a revulsive bleeding from the arm, which I repeat fifteen days after; and to prescribe, according to the temperament, diluent or tonic drinks.

At other times, the affection of the womb does not interrupt suddenly the menses, but causes

them to flow in too small quantity. Are we to seek to favour the discharge? "In several cases," says the Professor, "I have done it with success: in others, I have increased the congestion. There are so many facts for and against, that I have no decided opinion on the subject. If, however, they suddenly stop, there are good reasons for not trying to recall them. On the one hand, very probably, the means employed would be at least useless; and, on the other hand, it is to be feared that they would only hurt, by augmenting the congestion."

Lastly. The menses may flow in excessive abundance. We have said that fat, plethoric women ordinarily lose little. It is the thin, meagre women in whom the discharge is most abundant. In some of them, the menses seem to flow in a true flood. They are forced to keep the bed; and frequently this enormous loss of blood leaves them in a state of great weakness.

When the woman is still strong, repeated baths, moderate exercise, and a spare, vegetable diet, will assist to moderate these excessive evacuations. If the patient is feeble and nervous, we must have recourse to generous nourishment, and to narcotics. In both cases, we must not omit small revulsive bleedings from the arm, practised some days before the menses, and repeated, if necessary, in the interval of the periods.

The cessation of the menses ; or, the critical age.

—The epoch of the cessation of the menses is not less variable than that of their appearance, with which it is generally in relation, in so far as, that the earlier or later they appear, the earlier or later they disappear. Thirty years is the mean term of their duration. In the “sunny climates of the south,” they usually cease at from thirty to forty years of age : in our climates, from forty to fifty ; and some years later in the frozen regions of the north.

But there is nothing precise or definite for their duration. M. Lisfranc has seen, several times, the menses disappear from the age of thirty-five. He cites the case of a woman, forty-two years of age, who, for fourteen years, was exempt from all sanguineous discharge : and, as opposed to this precocious cessation, he cites the history of three of his patients who still menstruate ; one at fifty-four years, another at fifty-six, and the third at sixty-four ; all three of an ordinary temperament, and enjoying flourishing health. Authors cite numerous cases of menstruation in very advanced age.

The cessation of the menstrual flux is not generally sudden, unless it has been determined by fear, a moral emotion, or by an organic disease. In many women this cessation is announced several months, or even years, beforehand, by derangements in the menstruation. The dis-

charge is sometimes more, sometimes less abundant, or only returns at irregular intervals. The womb is modified by little and little, so that at last it no longer gives issue to the blood. But, during some time, the blood is still determined to the organ each month, as usual, and is a powerful cause of congestion. But we are not to allow ourselves to be led away by the opinion long time taught, that affections of the womb are more frequent at this time than at any other. It is from twenty to thirty-five years of age that the sexual organs are most exercised; it is between these two ages that their diseases are, also, most frequent. All our observation in the hospitals is confirmatory of this fact.

Nevertheless, from this epoch many women date inconveniences which depend upon a uterine engorgement. In some women the venereal orgasm is felt then for the first time with violence; and in these cases, nineteen times in twenty, we must accuse an irritation of the womb. Hence wandering pains and heats, nervous affections, cephalalgia, palpitations, leukorrheal discharges, and also uterine hæmorrhage. It is chiefly in cities that these affections declare themselves.

The prodromes of the cessation of the menses coincide with the age when we should presume this change in the economy. We must have a watchful eye over the symptoms which may be developed in the womb, in order to come at

them without delay, in following the precepts laid down. We will not seek to augment a too scanty discharge in determining the blood towards the womb, a sure means of congesting the organ. but, one or two days after the cessation of the discharge, we must supply it by a small revulsive bleeding from the arm. The pains are combated by baths, emollient injections, and small narcotic lavement. If these women are a prey to violent venereal desires, we must recollect that this orgasm, at first produced by irritation, may contribute also to augment it. Complete abstinence must then be avoided as much as exclusive abuse. Lastly ; if the menses assume the character of true hæmorrhage, we must have recourse to the means indicated against this accident.

In employing the means now laid down, and pursuing the changes which nature operates in the economy, in order to modify them on necessity, we shall cease to dread this period of life. But if, as has been too much the case hitherto, all these symptoms enumerated — these pains, and heats, and nervous affections, and palpitations, and cephalalgia — be all attributed to the age of the menstrual cessation, as a kind of physiological consequence, which we must leave to itself, then, indeed, this period of life will merit the name of *critical*. The womb, which is the neglected *fons et origo* of all this change and this disorder, is allowed still to be congested and irritated by

the blood; and it is no wonder if the organisation does at length yield, for how can it stand out against so many causes of destruction? And yet, in general pathology, what fear does not the suppression of an evacuation, in general, inspire? And here have we not to do with an old and habitual evacuation in the economy? In cities this epoch is generally very stormy. Here nothing replaces this sanguineous discharge; and nature has almost always need of assistance to guarantee the patient against danger.

CHAPTER V.

ON UTERINE HÆMORRHAGES; DISCHARGES OF BLOOD
THAT ARE NOT MENSTRUAL, AND NOT THE RESULT
OF CHILDBIRTH.

WE only treat here of the uterine hæmorrhages which have relation to the diseases of the womb, and leave aside those which are the consequence of pregnancy and childbirth, as appertaining to the accoucheur.

Is uterine hæmorrhage an essential disease, as many physicians believe still? For a long time M. Lisfranc has said and taught, that hæmorrhage is to the womb what hæmoptysis is to the lungs. In the same way as this last symptom exists rarely without organic alteration of the pulmonary tissu, in like manner a discharge of blood from the uterus, of some duration, indicates almost constantly an organic alteration of this viscus. "I do not pretend to say," adds he, "that that may not take place in some cases, for there is no absolute rule in medicine; but, upon the immense number of women whom I have had the occasion of examining, I have never found one single exception."

Discharges of blood from the uterus may occur in women still menstruated, or who have ceased to be so. This last case is very common. Thus, five, ten, fifteen years after the critical age, old women are seized with a sudden metrorrhagia, and imagine that their menses have returned. And this error was very natural, as a number of writers have treated as a return of the menses, what was more probably uterine hæmorrhage.

We must not confound discharges of blood from the uterus, with too profuse menstruation. The true hæmorrhage has not this regularity, which distinguishes the menstrual flux. Thus, one will occur which may last sixteen days, more or less; then it will disappear spontaneously, either entirely, or to return again at an indeterminate period. Sometimes, however, these discharges are connected with the appearance of the menses, but very often have a character which prevents their being confounded. Sometimes the menses appear first, and cease at the end of one or two days; and the next day commences the hæmorrhage, which will last ten days, more or less, and cease in its turn twenty-four hours, to begin again. Sometimes the hæmorrhage precedes the menses, ceases a short time before, and allows the latter to follow their accustomed course.

When the sanguineous discharges are abundant, and have lasted several years, they are in a manner become constitutional, and it would be

imprudent to seek to suppress them all at once. We should fear to see graver accidents manifested in other organs, and principally upon the lungs, whose sympathies with the general functions are very intimate. It is to this point the attention of the physician must be awakened after the case of a metrorrhagia of long standing. On the appearance of the first accidents, we must hasten to evacuate the sanguineous system, and to apply an issue to the internal part of the thigh, or even one to each side, if the symptoms are very intense, to replace the point of irritation which existed in the pelvis; and better still, to re-produce it.

One of M. Lisfranc's patients, aged twenty-eight, having never had a child, was subject, during twelve years, to discharges from the uterus, appearing regularly before the menses. The first time that he wished to suppress the hæmorrhage, she was attacked with peritonitis, as the consequence: on the second attempt, notwithstanding preparatory bleedings, peripneumony declared itself: the third time, it was an inflammation of the meningeal membrane. All these accidents yielded, as if by enchantment, to the application of leeches to the pudendum.

Another of his patients suffered, during eight years, a similar discharge, kept up by an engorgement of the womb. A revulsive bleeding from the arm arrested the hæmorrhage, but there supervened cephalalgia, or some other affection,

which was only dissipated on the return of the flux.

Another young patient of his, having tubercles in her lungs, experienced abundant sanguineous discharges. "I was here upon my guard," says the Professor, "not to suppress them entirely; I only endeavoured to moderate them; and, as an aggravation of the disease of the breast threatened, I took care to recal the blood towards the womb. By this simple, but rational conduct, I had prolonged the existence of this young patient for three years, during which the phthisis seemed to be rendered stationary. She went into the country: the new physician, who had the charge of her, had no other anxiety but to suppress this uterine hæmorrhage, to which he attributed the feeble health of his patient: in a few months she was conducted to the tomb."*

The causes of these discharges of blood vary. Sometimes they depend on the presence of a polypus; at other times, on an inflammation and engorgement of the body or neck of the womb, or slight erosions of this part, recognised by means of the speculum; they are sometimes the result of vaginitis; or, finally, of any other cause of irritation seated in the pelvis, and determining the blood towards the viscera of this cavity. We can easily command, for the moment, a uterine hæmor-

* Leçons de Clinique.

rhage in attacking this symptom alone; but to dissipate it without return, it is the cause which keeps it up that is to be the object of treatment. It is *that* which we must recognise and destroy.

According to what has been said, then, there presents to the practitioner three distinct cases, which modify the treatment of uterine hæmorrhages. First, either the principal affection is curable, and the discharge may be suppressed without danger; or, secondly, the hæmorrhage is connected with a grave affection of some other organ, which its suppression would inevitably aggravate; or, lastly, it depends on an incurable uterine affection. Let us consider each of these three points of view.

1st. Even when the woman presents no grave alteration of the viscera, we have seen the sudden suppression of a metrorrhagia to be fraught with serious inconveniences. We must then, above all, prepare the economy, even when the discharge is comparatively recent. Thus, we ought to commence by drawing four or eight ounces of blood from the arm. Bosquillon never failed to do this, even when the patient, with pale lips and feeble pulse, would have appeared bloodless. Under its influence, it is not rare to see the strength increase, instead of diminishing. The woman, at the same time, will maintain repose, and will be submitted to a regimen in proportion

to her strength. M. Lisfranc recommends a drink of the decoction of the *consolida major*, edulcorated with the syrup of the same root.

The ensuing day, if the patient be somewhat strong, a new bleeding, always revulsive, and rarely spoliative, unless there be evident symptoms of plethora. After these two bleedings, we may pass to local means, such as refrigerant and astringent applications: the pelvis is to be kept in an elevated position: and, lastly, if the discharge be considerable, we must have recourse to the plugging—the most certain means of repression. The hæmorrhage once arrested, the disease which had given it birth is treated: the cure of the latter is the only certain preventive of the former.

The principles are the same when the hæmorrhage is of ancient date, and has become, as it were, an element of the constitution. But then the preparatory precautions are to be taken long previously, in order to dispose the organism by degrees to do without this issue. It is necessary, in order to modify the constitution of the patient, for months beforehand to put in requisition every hygienic resource:—exercise; a regimen, at one time tonic and substantial, at another time spare and vegetable, according to the state of the patient; drinks, sometimes diluent, sometimes astringent; and especially, from time to time, small revulsive bleedings. By these general

means the constitution is insensibly modified; by degrees the discharges diminish, in intensity at first, and then in frequency; and we will arrive, without danger, at the possibility of suppressing them entirely.

2. If, at the same time with the hæmorrhage, there exists a visceral affection, a disease of the lungs, for example, as in the young patient of M. Lisfranc, cited, the path of the physician's duty is clearly traced: to moderate the abundance of the discharge by the general means indicated; but to abstain scrupulously from local means, which would suppress it entirely. In these cases, in the hands of an enlightened physician, this hæmorrhage is often the most powerful means of prolonging the existence of his patient.

3. The case in which the hæmorrhage is connected with an incurable disease. In arresting the hæmorrhage, we should often do great injury, and only see the symptoms instantaneously aggravated. In these cases, the discharges, provided they are not excessive, are a benefit to the patient. It is a means which nature seems to use to diminish the engorgement of the organ affected, and the adjacent parts; and very frequently women whose pains were intense before these hæmorrhages, scarcely suffer more, the moment they appear. When they are arrested spontaneously, or by injudicious means, the disorders are aggravated; and the disorganisation, slow till

then, advances with a frightful rapidity. The pains return more lively, to be dissipated anew, if the discharge appears. Evidently, in these cases, we must respect it.

More rarely, the hæmorrhage increases the pains, and determines all the accidents which we have said result from its suppression. It is then the sign of a new engorgement, which must be combated by general means, and principally by revulsive bleedings.

Hitherto we have only spoken of hæmorrhages, whose abundance, though considerable, does not go the length of threatening the life of the patient. If the discharge comes in a true flood, every consideration ought to yield before the urgency of averting the immediate danger. Besides the revulsive bleeding, we ought to have recourse to the most prompt local means—cold astringent injections, or the plugging. The plug must not go further than an inch in depth, in order not to irritate by the apparatus the neck of the uterus, which, in the cases of altered tissue, is extremely sensible. The clot which is formed between will serve as a plug less irritating. In the space of an hour or two, the whole must be removed, when the case requires that the discharge be moderated, but not suddenly and entirely suppressed.

CHAPTER VI.

ON THE MUCOUS DISCHARGES FROM THE VAGINA, DENOMINATED, WHEN SIMPLE, LEUCORRHEA; WHEN SPECIFIC, GONORRHEA.

“Fædus morbus est, tetra ista colluvies, quæ colore albo ex feminarum naturalibus interdum profluit.”—MEAD, *Monita et Præcepta*, cap. xviii. sec. 3.

THE immense number of women afflicted with this disease, and all the consequences, as troublesome as dangerous, to which it frequently gives rise, has rendered it a fertile field of speculation to quacks, as well as an interesting object of research to the physician. It has been, hitherto, indeed, a very scourge of society, as it has been an opprobrium of medicine. Few are exempt from it: and its consequences are more severely felt by the men than by the women who actually carry it. On no disease has the practice been so empirical and so gross — *groping in the dark*, to speak literally. The pathological condition of the organ which furnishes the morbid secretion has very seldom been interrogated, to afford the only certain guide to our therapeutical indications; and the consequence has been, that hitherto, notwith-

standing all the vaunted specifics, no disease has proved so rebellious to treatment; and no wonder that it should have been so. The mere fact of the discharge is all that engages the attention of many practitioners, who never think of going to the source whence it is produced, and who exhaust the patient, in too many cases, with mere symptomatic treatment, which, always inefficacious, and often positively hurtful, only leaves the original malady time to proceed.

But the general application of the speculum in France, within the last few years, to the diagnostic and treatment of the diseases of the womb, has thrown an entirely new light on the pathology of this very common and very inconvenient infirmity in woman, as well as given an almost infallible certainty to its therapeutic. Blatin, indeed, in his erudite thesis “on uterine catarrh, or *fleurs blanches*,” was the first to indicate the true nature of this disease, and shewed a sub-inflammatory, or catarrhal state of the mucus of the uterine cavity, and of the vagina, to be the causes, ordinarily, which keep it up. But the speculum was lying still in *abeyance* then; and a great many of the lesions which are now known to be its most common causes, were then entirely unknown and unrecognised.

To study and comprehend well the nature and extent of a disease, we must not content ourselves with a mere reference to the general symptoms it may have lighted up in the

economy; but we must, on all occasions when it is practicable, subject its suspected *seat* to the examination of our senses. What immense certitude, for example, has not auscultation and percussion introduced into the diagnostic of the diseases of the chest! And, in the case of the diseases of the womb, how much less unerring, and how much more definite and precise, is the information afforded by the eye-sight, than that afforded by mere palpation! And, as to difficulty and decency, the latter, we contend, is more difficult, and as indecent. And, an error as grievous as the want of proper treatment in this disease, is the light manner in which it is often regarded by practitioners, which inspires into the patient a dangerous security. And, moreover, how often has the vulgar prejudice been inculcated, that the preservation of the patient's health depends upon a disease which may end by undermining it! Owing to the vague and imperfect knowledge of this subject, every thing in the shape of a discharge from these organs, is too often, without much inquiry into the seat and causes, put down to the account of an idiopathic leucorrhea, and treated pell-mell accordingly. But the accurate diagnostic and the rational treatment of this disease, by means of the speculum, is, we contend, one of the greatest services conferred on society by the progress of modern science.

We have talked, indeed, in conformity to

common language, of leucorrhea as a disease, but, properly speaking, it is but a symptom. But we lay down the same general principle for these anormal discharges from the vagina, as for the disorders of menstruation, amenorrhea, dysmenorrhea, menorrhagia, &c., that they rarely or never constitute idiopathic diseases — essential morbid conditions, — but are the mere indications, effects, and symptoms of some organic alteration, more or less profound, of the parts whence they take their rise. And this is very easily proved with regard to leucorrhea. What is the pathological condition of the organ which furnishes this discharge, as demonstrated by the speculum? *Chronic inflammation, engorgement, ulcerations and erosions of the mucous membrane of the neck of the womb, and of its orifice*, in the infinite majority of cases. The great seat and source of the discharge, we have already mentioned to be *in the mucous follicles of the interior of the neck; and rationally and effectually to cure the disease, our remedial applications must be made to bear directly upon that point; which cannot be done without the speculum*. When the thick mucosities which frequently cover the os tincæ, and obstruct its orifice, are cleared away, there is, in the simplest cases, an erythematous blush, of greater or less extent, around the orifice, and sometimes invading the whole neck. Upon the greatest number exist superficial ulcerations of one or both lips, and very frequently running into the orifice

of the neck. The deep red tint of the affected parts forms a lively contrast with the white greyish colour of the surrounding sound portion. Sometimes the whole surface appears as if covered with granulations, which are nothing else than the enlarged mucous follicles of the membrane. In the acute *vaginitis* this granular appearance is very remarkable. Sometimes there is a true irruption of *herpes phlyctenoides* on the os tinæ. When the disease is of considerable duration, the ulceration extends profoundly into the neck and cavity of the uterus. The parts which are the seat of these lesions, offer, in the greatest number of cases, an augmentation of volume. Sometimes the anterior lip is hypertrophied; sometimes the posterior, or the whole neck: it is sometimes enormously enlarged; and we have seen ulcers on it of two inches to two and a half inches in extent, covered often with a glutinous secretion, of a greyish yellow colour, and resembling a wound attacked with hospital gangrene. The displacement and descent of the womb almost universally accompany this state; as also anteversion, retroversion, and the lateral inclinations. The morbid secretion is variable in appearance and consistence. It may be serous or purulent; inodorous, or the reverse. The discharge is usually most copious in the middle of the interval of each menstrual period. At first it is an almost transparent serosity, coloured frequently with a few

drops of blood, forced out by the contractions of the womb; and even then causing considerable inconvenience, from its abundance. The secretion, at first white, and but in small quantity, successively changes to a yellow and a greenish hue. The odour becomes strong; but there is never the painful sensation that the ichor of cancer occasions. At length the discharge becomes so abundant, that the patient is forced to take the usual precautions of the menstrual period.

It is only after being long fatigued by the symptoms which accompany this disease, that the patient will submit to consult a physician. On examination, the uterus is found voluminous and heavy; the lips of the os tinæ hot, and slightly tumefied; the *toucher*, and the movements impressed on the organ, are painful. Sometimes no pain is complained of. Sometimes all the symptoms of metritis are present—sensibility, and heat of the os tinæ—pain on pressing the hypogastrium—a feeling of weight in the fundament, and of tension in the loins, and derangement of menstruation. But, although the discharge be in the active state, and very abundant, frequently none of these symptoms are present.

But, when the disease continues long, and goes on to increase, pains in the loins, which are but trivial in the beginning, keep pace in intensity with the disease, and become permanent. Pains are developed in the groins, and are propagated to

the anterior surface of both thighs ; a pain is often felt to mount from the pubis to the navel. Walking becomes difficult—the sexual intercourse is painful—and there is a constantly uneasy sensation in the seat, which is augmented by any thing that causes a commotion of the body.

The general health, which had suffered but little, or not at all, at first, begins to decline. Symptoms of *gastro-enterite* declare themselves—the digestion is slow and laborious—the appetite is deficient and capricious—the tongue becomes furred, and red at its point—there is *gastrodynia*—and obstinate constipation succeeds, from time to time, to occasional diarrhea. The mind becomes ill at ease, and the night-rest is unquiet and disturbed. To these symptoms often succeed fever, and a considerable wasting of flesh. When the disease attains a great height, there have sometimes been remarked hallucinations, and even a desire to commit suicide. The woman is so profoundly affected with her state, that she gives herself up for lost.

This morbid state we have been describing, which many would call an acute leucorrhea, for *that* is with them the *point de départ*, as it is the most common and characteristic symptom, is frequently mistaken by practitioners for *cancer* ; and, consequently, the patient is given up to her unhappy fate, as it is considered incurable. In detailing these symptoms, which appertain to a

state of chronic inflammation and engorgement of the womb, with ulcerations, and the mucous flux, we have, perhaps, encroached upon the subject of a succeeding chapter; but, as the vaginal discharge is the prominent symptom, and, in the absence of the speculum, considered by practitioners as the principal part of the disease, we thought it appropriately included in the present chapter.

We have to remark, in regard to leucorrhea, that though, in the great majority of cases, a mere *symptom*, it may also, in turn, become the *determining cause* of more profound organic alterations.

In a very great number of cases this disease has dated from a laborious and difficult childbirth. *The lochial discharge, allowed to continue too long, is an extremely frequent source of it.* The irritation of the neck of the uterus by excess of venery is another very common cause. There are other spontaneous causes of a leucorrheal discharge, which we cannot so well appreciate.

The distinction of *leucorrhea*, from *gonorrhea* so called, is extremely difficult in many cases. The seat of the affection is the same in both—the aspect of the discharge is the same—the alteration of the tissus, and the symptoms they give rise to, are the same;—the only difference is in the cause: the one is specific, *the result of an impure intercourse*; but the menstrual flux—a simple uterine catarrh, or inflammation of the mucous membrane of the

vagina—venereal excess, though pure otherwise—all these will give a gonorrheal discharge to a man. The diagnostic is at first not difficult, for gonorrhea follows its period of acuity, and then passes into the chronic state; but, if it is chronic from the beginning, the diagnostic is extremely difficult. The coincidence of urethritis is a valuable, indeed certain, diagnostic sign of its *specificity*. But this subject will come in for a full discussion in a forthcoming edition of the treatise of John Hunter.*

Treatment.—Here the *local* treatment is the primary indication, and that by which alone we obtain a durable success. If it be ulcerations of the neck of the womb which have produced and keep up the disease, the cicatrisation of these ulcers is almost always followed by a notable

* Of eighteen hundred works written on *syphilis*, and its cognate diseases, the immortal "Treatise" of John Hunter stands out as a vast monument of genius, amid the waste of authors, whose productions lie as rubbish at its pedestal. But this work is in arrears, too, in many points. It contains many erroneous principles that will not bear the test of truth. Science, besides, since his day, has made great progress. His conceptions, also, though excellent, are often conveyed in a style confused, muddy, and unprecise. A new edition of this work, with extensive notes and additions, bringing it down to the actual state of science, and viewed by the light of the recent researches at the *Hôpital des Vénériens*, is a desideratum in science. To that interesting, but ill-understood class of diseases—hitherto the least scientifically treated of any other, and the almost exclusive domain of a blind empiricism, we have given an especial study during nearly twelve months, in that, the finest and vastest field of observation of the kind in the world.

diminution of the engorged tissus, and of the flux. *Cauterisation* is the remedy, *par excellence*, for these. This is performed generally once a week, with the nitrate of silver, or a solution of the nitrate acid of mercury. For the details we refer to the last chapter. When the disease is very acute, the treatment is entirely antiphlogistic: bleedings from the arm, general baths, cold emollient injections, lavemens, and strict regimen. In other cases, the cauterisations *alone* generally suffice; and, often after a few repetitions of it, the pains of the loins, which were habitual, begin already to disappear—the discharge diminishes—the sleep, which had been troubled, becomes better—the appetite returns, and the disease points already to a favourable termination.

When the source of the muco-purulent discharge is evidently from the mucous follicles of the neck of the uterus, which is the case in the greatest number of instances, the cauterisation of the cavity of the neck, we have witnessed, in innumerable instances, to dry up in a few weeks, discharges which had continued for an indefinite period of time, and had resisted every other treatment. Where the discharge has its origin in an inflammation of the mucous membrane of the vagina, the solid cauterisation performed rapidly with the nitrate of silver, or astringent injections, with a pledget of charpie, imbibed in a concentrated solution of acetate of lead, renewed

once or twice a day, and left applied to the neck of the womb, as practised by M. Ricord, is followed by invariable success.

When the discharge comes from the interior of the uterus, it is always glairy and transparent, like the white of egg; injections into the cavity of a solution of the acetate of lead, or of a very weak solution of the nitrate of silver, repeated every day, dries up in a short time the source of this very annoying infirmity.

M. Melier* was the first to direct attention to this catarrhal state of the mucous lining of the interior of the uterus, and to indicate a rational, and, as it has proved, successful, mode of cure, which the speculum enables us to accomplish.

“This affection,” he observes, in the paper alluded to, “has not been studied with all the care which it demands. The influence which it exerts on the developement of other diseases has not been remarked. To discover this morbid state, the touch does not suffice: we must, of necessity, have recourse to the speculum.”

The orifice of the neck is perceived to be of a more or less deep red: the mucous membrane, which is prolonged into its cavity, appears swollen and puffy: a thick viscid mucus, white or greyish, and sometimes tinged with blood, flows from it, or rather adheres to it, obstructs the

* Mémoires de l'Acad. Roy. de Méd. tom. iii. p. 360, 1833,

orifice of the neck, and is with difficulty removed from it. Wiped away with a brush of charpie, this albuminous-like fluid is drawn out in thick ropy filaments. The orifice is so extremely narrowed and obstructed by the mucosities, as to be almost impermeable. The whole is sometimes swollen, and harder than in the natural state: at other times it retains the normal form, and volume, and consistence. It is more or less painful to the touch.

The patients complain habitually of a dull and deep-seated pain, or only of mere uneasiness: sometimes, also, of lively pains, of great heat, and an uneasy itching in the pelvis, behind the pubis, which they indicate as the seat of their disease. These pains sometimes change in character, and become like the expulsive pains of childbirth. They are very frequently accompanied with a manifest tension of the belly. The length of their duration varies, and their sudden cessation is announced by a very copious discharge. The patients feel themselves quite moistened at the end of this kind of access. The menses are glairy, according to the report of the patient.

At the end of a greater or less period of time, the disease persisting, or becoming worse, a new pain is complained of in the region of the ovaria, as if the disease was extended to these organs. The pain becoming more acute, and more prolonged, a tumour is developed in one or both

sides. The ovaria are evidently comprised. It is thus, M. Melier has remarked, in several cases, the succession of symptoms, in the developement of inflammation of the ovaria.

“ It is my firm conviction,” he observes, “ that if leucorrhea is not often but a symptom of different affections, very often also it becomes, in turn, the *cause* of the most grave diseases. This discharge, or, to speak more exactly, the catarrhal or inflammatory state of the mucous membrane, which produces it, opens the way in a great number of diseases of the womb, precedes them, and very certainly engenders them by its continuance. Interrogate the patients attacked with grave affections of the neck or body of the womb : many will tell you, that before any other inconvenience they were annoyed with leucorrhea. Communicating itself by a progressive extension to the subjacent tissus, this leucorrheal inflammation induces consecutively the engorgement and inflammation of the neck of the womb. Tubercles are thus developed, and, finally, the degeneration of the organ.

“ The women in whom I have observed this affection,” he adds, “ have never had any symptom of pregnancy. They are sterile. It is to be conceived, indeed, that, obliterated by the swelling of the mucous membrane which lines it, and especially by the thick mucosities there collected in a mass, the neck of the uterus should be impermeable to the spermatic fluid. This cause of

sterility, which has never yet been clearly indicated, appears as evident as it is easy to be conceived."

For this disease, he was the first to propose injections into the uterine cavity, both to subdue the inflammatory state of its lining membrane, as well as to remove the mucosities which obstruct it. By these means he has succeeded in restoring to the woman the faculty of reproduction, the uterine orifice becoming permeable to the fecundating fluid. Both this gentleman and M. Tealier, as well as M. Ricord, have told me cases of the success of this treatment in their hands. The author of the paper cited concludes by asking the question, if, in the case of similar obstructions, "it would be rash to place momentarily a small canula, properly disposed in the neck of the womb, in order to give entrance to the semen."*

It is always a precaution, after the cure of these chronic discharges, to order to the patient the habitual use of injections of cold water, once or twice a day, commencing eight days after the cessation of the menses, and discontinuing them eight days before their arrival. By these means the permanent success of the cure is guaranteed.

The fears expressed by authors, and often still inculcated by practitioners to their patients, regarding the suppression of this disgusting infirmity, are, in the great majority of cases, totally unfounded,

* *Op. et loc. cit.*

and are the mere remnant of ancient prejudice, which regarded it as a salutary emunctory, essential to the health of woman. "Que de fois," observes M. Lisfranc, "cette crainte de suppression a servi de rempart à l'ignorance, que de victimes n'a-t-elle pas immolées! Ne peut-on pas concevoir la credulité de certains praticiens peu versés dans ce genre de maladie, à la vue des accidens, où, chaque jour des charlatans cupides precipitent de malheureuses femmes, dont ils ont surpris la confiance. Nulle autre affection n'a offert un champ plus vaste aux charlatans, et aux médicastres, toujours prêts à exploiter l'humanité.

"Mais sans descendre à ce bas degré de l'échelle médicale, nous dirons qu'en général on n'a opposé à l'affection qui nous occupe, qu'une thérapeutique sans principes. Préoccupé du symptôme principal, l'écoulement, c'est lui seule qu'on a souvent attaqué, sans rechercher ce qui pouvait l'entretenir. Ce n'est qu'à une conduite pareille que les anciens ont dû leurs insuccès, même souvent les accidens qu'ils ont causés. Nous pouvions en dire autant de bien de praticiens modernes. Dans un ouvrage recent, à la suite de quelques généralités sur la leucorrhée chronique, ne voit-on pas poser comme base de traitement, sans aucune indication, l'emploi exclusive et de prime abord des astringens et des toniques? Que de principes aussi peu rationnels voient chaque jour de nouveaux insuccès, de nouveaux malheurs

même, il n'y a rien de surprenant: on en sentira le vice en faisant la thérapeutique selon notre méthode.

*“Attaquer sans crainte une infirmité dégoûtante, à charge à la personne, et qui, abandonnée à elle-même, finit souvent par entraîner des alterations graves, et compromet la reproduction de l'espèce; voilà le principe à suivre. Mais ici on a garde d'agir en aveugle. L'état général des organes est d'abord examiné avec soin: puis chaque indication du traitement est fournie par l'état de l'affection aigue ou chronique, l'alteration pathologique des tissus, la constitution de la malade. On surveille avec soin l'action des moyens employés, toujours prêt à les suspendre, ou les modifier, suivant l'occurrence. Il faut chercher une guérison lente et graduée pour ramener insensiblement l'économie à son état normal; et si, malgré cette conduite toute rationnelle, toute médicale, qui a compté tant de succès entre nos mains; si, dis-je, malgré cela, des accidens se déclaraient sur d'autres points de l'économie, on est toujours en mesure de les combattre, et d'en arrêter la marche dans la pluralité des cas.”**

CASES ILLUSTRATIVE.

CASE I. — *Hôpital St. Louis, service of M. Emery.* A cook, thirty-eight years of age, unmarried, is received into the ward *Napoleon* on the 8th of December, 1834, complaining

* *Leçons de Clinique*, pp. 270, 271.

of violent darting pains in the lower belly, and in the loins; pains of the stomach. The menses at first become more abundant, but irregular, were in the end suppressed, and have appeared only once since the month of July: lastly, a *leucorrhœal discharge, which has continued for a year*: it was considered venereal, and resisted several treatments which the patient successively underwent at La Charité, at St. Antoine, at St. Louis (salle St. Marthe), and at the Maison de Santé. In this last house, her health, so far from being ameliorated, had grown much worse, and her sufferings were become almost intolerable.

Examined by the speculum the 10th.—She presented a large ulceration, occupying the centre of the neck of the womb, and extending to both the lips,—a considerable tumefaction, and some vegetations of very small volume. *Cauterisation with the nitrate acid of mercury. Narcotic injections.*

17th.—The patient has had her menses; they flowed with their usual abundance during five days. The leucorrhœa has much diminished.

December 24th and 30th. *Cauterisations.* The patient has resumed her *embonpoint* and colour; the *discharge* has almost ceased; the pains of the stomach have disappeared, and the appetite is sharp.

January 13th.—The patient only experiences some occasional pains in the lower belly; the menses have appeared exactly; the inflammation of the neck is confined to a single point, situated on the posterior lip, towards the centre.

20th.—The neck offers still some red points; otherwise it seems entirely normal.

31st.—Neck completely sound; yet the patient complains still of experiencing some pains in the loins and lower belly: but, reluctant to leave the hospital, they are supposed to be a mere pretence to remain. The menses have been regular; *the leucorrhœa is entirely gone*; the pains of the stomach have disappeared; the *embonpoint* and colour are satisfactory. She quits the hospital.

CASE II. *Salle Napoleon. November 30th, 1834.*—Lainée,

aged twenty-three years, semstress, has experienced, for three months, darting pains in the lower belly—violent pains in the loins, and in the right side—pains in the head, and at the heart—frequent accesses of fever. These symptoms are accompanied with derangement in the menstruation, and a *profuse leucorrhœa*. The face is pale, and bears the mark of suffering.

December 11th.—The neck of the uterus presents on its posterior lip a well characterised ulceration, of a quarter of an inch in extent. *Cauterisation, eau de seltz—narcotic injections—baths.*

17th, 24th, and 30th.—*New cauterisations.* The patient experiences a sensible amelioration—the air of suffering in the face is replaced by a remarkable *embonpoint*, and colour—the menses have appeared regularly—the pains are less violent—those of the stomach less frequent—those of the head, alone, have not yielded.

January 2d, 1836.—The *discharge* almost entirely gone. The patient wishes to leave the hospital. The neck of the uterus presents a state almost normal, except a very slight degree of erythematous blush.

13th.—The patient present at the visit. The amelioration continues—there is a small spot of inflammation still existing.

24th.—The inflammation has completely disappeared—the neck is normal. The patient has gathered so much *embonpoint* and colour, that it is difficult to recognise her for the woman who, two months before, presented herself, lean, pale, exhausted, and of excessive weakness, accompanied and augmented incessantly by frequent accesses of fever.

CASE III. *December 7th, 1834. Salle Napoleon.*—
— Gillon, semstress, complains of hypogastric and lumbar pains; violent pain in the stomach; and itching of the pudendum, almost carried to nymphomania, and which had resisted different treatments. The menstruation is irregular; and since a childbirth, that took place a year ago, a *considerable leucorrhœal discharge* has appeared.

11th.—Examined by the speculum. She presents an ulceration of three lines extent on the anterior lip of the neck of the uterus. *Cauterisation—narcotic injections—baths.*

17th, 24th, and 30th.—*New cauterisations*—the lumbar pains are much diminished—those of the stomach less frequent—the itching has yielded equally.

January 2d.—There is lively inflammation occupying almost the entire neck; on the left side of the posterior lip there is an excrescence, which seems to run into the interior of the womb: the itching is again violent. *Cauterisation.*

4th.—The patient wishes to quit the hospital, but promises to present herself at the visit.

20th.—The patient has only returned to-day to be examined. She is much better; the pains of the stomach are very unfrequent; *the leucorrhea has almost ceased*; the os tincæ offers only some scattered red points: the exterior itching is in like manner diminished.

The patient returned no more.

CASE IV. December 21st, 1834. *Salle Napoleon.*—Rosalie Amot, servant, aged twenty-three, enters to be treated for a chronic *eczema* of two years' standing, situated behind the ears.

Some days afterwards she complained, that since a childbirth, which occurred three years ago, *she had had a profuse leucorrhea*. She stated also, that, since the same period, her menstruation had become deranged; that it occurred every three weeks, and in very small quantity, but occasioning lively pains. Besides some pains, and sickness of stomach, which the patient complains of, she offers no other symptom: she is robust, fat, of a ruddy hue, and presents, in short, all the appearance of perfect health.

23d.—On examination, a lively inflammation was found to occupy the entire neck of the womb; the centre is depressed, bleeding, and covered with small granulations. *Cauterisation of the neck—narcotic injections—baths.*

26th.—The menses have appeared, after considerably violent pains; but they were scanty, and only lasted a day. The pains of the stomach continue; the leucorrhea is a little diminished.

January 13th.—The discharge has much diminished; some pains of the stomach continue to be felt; the inflammation is

still lively, occupying the left side of both the lips of the os tincæ.

20th.—The inflammation is still very lively; but it begins to be circumscribed. *Cauterisation.*

February 10th.—There is a sensible amelioration in the state of the patient.

17th.—The neck is almost returned to its normal state; only some scattered red points are remarked here and there. Nevertheless, the pains of the stomach still continue, and the leucorrhea is rather increased than otherwise. *Cauterisation of the interior of the neck.*

March 8th.—The menses have returned regularly, but in small quantity, and without pain; the sufferings of the stomach have disappeared; *the leucorrheal discharge is almost entirely gone.* The neck of the uterus is entirely cured, and presents even no trace of disease. The patient leaves the hospital.

CASE V. March 31st, 1835. *Hôpital des Vénériens.* Service of M. Ricord. *Salle des Femmes, No. 1.* Eleonore Bachelier, aged twenty, menstruated at fifteen; before this epoch, was subject to a leucorrheal discharge—is ascertained to have a gonorrhea, with urethritis,* which, she says, is of two months' standing. There is a catarrhal state of the uterine mucus, accompanied with redness and ulcerations on the upper lip of the os tincæ; mucous membrane of the vagina perfectly sound.

April 4th.—*Cauterisation with the nitrate of silver (solid).* Some pains were complained of for three hours after, which were dissipated by a prolonged warm bath.

7th.—Ulcerated surface healed—mere erythema of the neck of the uterus—a *very slight cauterisation.*

16th.—The redness has disappeared from the os tincæ, which is almost in the normal state—*the secretion has ceased.*

June 5th.—Some degree of discharge has returned, and

* The coincidence of urethritis with a discharge from the vagina, is a certain symptom of the *specificity* of the latter: indeed, is the only *certain* pathognomonic symptom of gonorrhea from simple leucorrhea: yet a *specific* vaginal discharge may exist without urethritis.

mucosities are seen to obstruct the uterine orifice. *Cauterisation of the cavity of the neck.*

9th.—*Another cauterisation of the orifice of the neck, a slightly catarrhal state being still evident.*

23d.—*The morbid secretion has entirely ceased.*

30th.—The patient dismissed from the hospital perfectly cured.

CASE VI. *May 12th, 1835. First Ward, No. 6.*—Virginie Charson, aged twenty-eight, gonorrhea—granulations of the neck of the uterus—purulent uterine catarrh—suppression of the menses for six months.

June 2d.—*Cauterisation of the neck, and of the orifice of the womb.*

16th.—*Cauterisation.*

23d.—*Cauterisation.*

29th.—*The discharge has ceased, and the menses have appeared.* The patient leaves the hospital cured.

CASE VII. *May 19th, 1835. First Ward, No. 32.*—Alexandrine Ballard, aged nineteen, has had a gonorrhea for four months past—*habitual leucorrhea.*

29th.—*Cauterisation with the nitrate of silver of the orifice of the uterus.*

June 6th.—*Cauterisation.*

23d.—*Cauterisation.*

July 11.—The discharge is entirely gone; and the patient is dismissed cured.

CASE VIII. *June 9th. Salle de l'Infirmierie, No. 9.*—Clementine Boucancous, aged twenty, gonorrhea of two years' standing—chancre of the labia, of a month's duration—inflammation of the vagina and neck of the womb.

13th.—*Cauterisation of the neck of the womb, its cavity, and the whole vagina.*

July 1st.—*Cauterisation.*

16th.—Leaves the hospital perfectly cured of the discharge—the chancre healed, &c.

CASE IX.—*May 19th, 1835. Infirmerie. No. 21.*—Marguerite Gentilhomme, aged nineteen, affected for several months past with a leucorrhea; and during the last four weeks, with a gonorrhea, and chancre, and bubo. (Treatment of the chancre and bubo apart.) Inflammatory redness of the external parts—superficial erosions on the neck of the uterus.

The treatment of the chancre contra-indicated the use of the speculum, and lasted till the 7th of July. Chancre and bubo then cured—the leucorrhea still continued.

July 7th.—*Cauterisation of the neck and cavity of the womb.*

14th.—The discharge has entirely ceased; and the patient leaves the hospital perfectly cured.

CASE X. *May 26th.*—Durandean, aged eighteen, affected with leucorrhea since fourteen years of age—gonorrhea of eight days' standing.

June 2d.—*Cauterisation of the orifice of the uterus.*

9th, 16th, 23d.—*Cauterisations repeated.*

July 13th.—All discharge has perfectly ceased; patient dismissed cured.

CASE XI. *June 3d, 1835.*—Henriette Deveau, aged twenty-one, complains of a leucorrhea of so long standing that the patient could not recollect the date of its commencement: at present it is much more intense than usual, caused by excess of venery.

5th.—Examined by the speculum—she presented a bleeding ulceration of the neck of the uterus.

Four cauterisations, at eight days of interval between each, sufficed to cure perfectly the ulceration in question; and *two cauterisations of the orifice of the neck*, to cure perfectly the leucorrhea.

July 10th.—Leaves the hospital cured.

CASE XII. *June 16th, 1835. First Ward, No. 27.*—Rose Sayer, aged twenty-three, complains of habitual leucorrhea. In the month of February caught a gonorrhea; and, four days before entry, a chancre. The day of her entry she had a confluent

chancre of the labia pudendi — gonorrhea affecting the urethra, and the cavity of the uterus and the vagina — redness and erosions of the neck of the womb, and redness and granulations of the vagina.

23d.—*Cauterisation with the nitrate of silver, of the vagina and os tinæ.*

July 7th.—*Cauterisation of the cavity of the neck.*

17th.—A perfect cure of the discharge and of the chancre is accomplished, and she leaves the hospital.

CASE XIII.—*June 30th.* Marie Moussierat, aged twenty-five; *leucorrheal discharge of a year's standing* — intense redness of the mucous membrane of the vagina, and of the posterior part of the neck of the womb. This secretion increases greatly after the sexual relations.

July 1st.—*Cauterisation with the nitrate of silver of the cavity of the neck and interior of the womb, and of the vagina.*

28th.—One single cauterisation sufficed in this case; and the patient left the hospital perfectly cured.

CASE XIV. *August 1st, 1835. First Ward, No. 11.*— Louise Rumlet, aged seventeen, had been treated unsuccessfully for a gonorrhea in the service of M. Culerier (same hospital.)

4th.—*Inflammatory redness of the vagina, and of the neck of the uterus: no ulcerations.*

Two general cauterisations of the vulvo-uterine cavity performed a radical cure.

26th.—The patient leaves the hospital.

CASE XV. *March 24th, 1835. Salle des Femmes, No. 4.*— Louise Mauris, aged eighteen, chancre on the labia pudendi — intense inflammatory redness of the mucous membrane of the vagina — neck of the uterus sound — glairy mucosities from the interior of the womb.

April 7th.—*Rapid cauterisation of the mucus of the vagina, with the solid nitrate of silver.*

11th, & 29th.—*Cauterisation of the interior of the neck, and of the cavity of the womb.*

August 8th.—Radical cure of the leucorrhea and vaginitis. The treatment of the chancre was a thing apart.

These cases, from the Hôpital des Veneriens, might be multiplied *ad infinitum*.

CASE XVI.*—Considerable tumefaction, without induration of the neck of the womb — dilatation of its orifice — profuse leucorrhea — *injections into the cavity of the womb* — cure.

Madame R—, aged thirty years, having had two children, of which the youngest is four years old, lively and irritable, experienced since a year that she had quitted Geneva, her native country, to live in Paris, all the symptoms of uterine catarrh: dull pain in the hypogastrium, in the loins, and in the groins, where she experienced disagreeable draggings when she stood for some time; a weight on the perinæum, which rendered long walks painful, and sometimes impossible — a continual and abundant discharge from the vagina of a thick, yellowish brown mucus, or of a glairy matter, like the white of egg, on which were remarked sometimes spots of blood. Painful and habitual constipation — loss of flesh — febrile pulse; the menses having experienced no derangement. To the touch the neck appeared soft and voluminous; and the uterine orifice, much dilated, admitted easily the point of the index finger; all the surface of the os tinæ was covered with a thick mucus, which, when wiped away, presented a grayish white colour, contrasting with the red tint of the uterine orifice; slight liniary excoriations were observed in the direction of the cavity. On pressure being exercised with the speculum on the body of the womb, a considerable quantity of thick mucosities issued from its orifice—pressure with the finger and the speculum was painful — the neck was an inch above the perinæum.

Bleeding from the arm, to the extent of eight ounces, was practised; and, during eight days, injections of the decoction of the mallow-root, and poppy-heads, baths, a mild regimen, and rest, were prescribed. When the pains of the womb were

* The following appropriate cases are extracted from the work of M. Tealier, on Cancer of the Womb.

calmed, these emollients were replaced by a decoction of a handful of soot in a pint of water, with which, each morning, three or four injections were made into the uterine cavity, by means of a gum elastic catheter, introduced by one of its ends into the orifice. These injections were performed with facility, and without occasioning pain. After having withdrawn the catheter, a pledget of charpie, imbibed in the same decoction, was left upon the neck until next day.

This treatment was continued during fifteen days, after which they were then stopped, in order to ascertain the state of the discharge: it had almost entirely ceased. Injections, nevertheless, were continued every two days during a month. The patient then no longer experienced any of the symptoms mentioned, and all treatment was suspended. The health of Madame R—— has not been deranged anew for a year succeeding to this treatment. She experiences some leucorrhea from time to time, to which she has been subject from her infancy, and which does not constitute in her a diseased state.

CASE XVII.* — Soft engorgement of the neck of the womb, bleeding on the slightest pressure — habitual leucorrhœa — orifice of the neck largely opened — superficial erosion on the posterior lip. Infecundity, the consequence of this morbid state, removed by its cure.

Madame L——, aged thirty, of good constitution, and having had only one child, ten years ago, was tormented with an habitual leucorrhœa, with a feeling of weight at the womb, and some occasional darting pains, which seemed to pierce it. Eighteen months ago, eight days after the cessation of the menses, there commenced an oozing of blood by the vagina, which was very inconvenient to the patient. The discharge had continued several months, when medical aid was had recourse to, in the month of August, 1834.

This lady had been for some time the prey of sadness, from certain painful circumstances, and under the influence of which her indisposition had made sensible progress. On examin-

* Tealier, op. cit. p. 285.

ation, the belly was found voluminous, and painful, on pressure. The pain was especially felt behind the pubis, in the groins and loins; it was dull and deep; at times it had the lancinating character: the uterus was enlarged, sensible beyond the vaginal insertion, and descended to within two inches of the os externum; the neck to the touch was soft and spongy. Seen by the speculum, and compressed by the instrument, it allowed to exude from all its surface a great number of drops of blood; the edges of its orifice were tumefied, and of a lively red; on the posterior lip there existed a small ulceration, somewhat deep. A yellowish white discharge, proceeding from the uterine cavity, impregnated all these parts, and contributed to keep up the soft flaccid state of the tissues that was present.

The patient being removed from the menstrual period, and presenting all the appearances of a strong constitution, blood was immediately drawn from the arm to the extent of twelve ounces. This bleeding, renewed three days after, stopped the discharge of blood; but the leucorrhœal flux continued in great abundance. Injections with soot water were carried, as in the last case, into the uterine cavity; they were continued during three weeks, at the end of which time the leucorrhœal discharge had almost entirely ceased: the womb was returned to its normal state. During these three weeks there had not appeared a single drop of blood. The menses flowed then regularly; and after their cessation, the os tincæ was found firm, and permitting no more the exhalation of blood; its orifice was sensibly contracted, and the leucorrhœal discharge almost gone.

M. Tealier has informed us that this lady, who had been barren from this cause for nearly ten years, immediately afterwards became pregnant.

CASE XVIII.—Leucorrhœa and infecundity depending on chronic engorgement of the neck of the womb — amendment by the antiphlogistic treatment followed rigorously — sojourn in the country — prompt resolution of the remainder of an engorgement by the immediate application of leeches to the neck of the uterus — perfect cure — pregnancy.

The wife of a military officer experienced violent pains in the sexual intercourse. Married for several years, she despaired

of having children. The menses, copious when she was a maiden, hardly appeared after marriage; sometimes, however, they appeared under the form of hæmorrhage, more or less abundant: she had, besides, a profuse leucorrhœal discharge, to which were attributed her pains, her loss of flesh, and her infecundity.

The neck of the uterus was engorged and hard. The posterior lip projected the size of a pigeon's egg: this part was found at about two inches and a half from the pudendum; nothing was felt at the hypogastrium. The following was the prescription:—

To go to pass six weeks in the country (the motive is conceived).

To be bled twice in the arm in the interval of the menses.

To maintain constantly the horizontal position.

To live on a vegetable diet.

Eight months afterwards, this lady came to Mr. T., and he could hardly recognise her, so much had she acquired of freshness and *embonpoint*. In Paris, for a fortnight, she did not wish to see her husband until she had consulted her physician. For, notwithstanding the improved state in which she was, she was still disquieted by some dull pains in the loins; and the menses, though more abundant, were not altogether so much so as before. The cause of these accidents was attributable to a remainder of engorgement of the posterior lip of the os tinæ. It was an inch in size, and very hard. *Eight leeches were applied to the spot.* Two days afterwards, the engorgement was diminished more than one half, and the part rendered more supple. After two days, six leeches were renewed. The disengorgement was complete. The patient was recommended for some months still, to have bed apart.

This lady became pregnant some time afterwards; but, as she set off with her husband for the south, the sequel is not known.

CASE XIX.—Chronic engorgement of the neck of the uterus of seven years' standing—*leucorrhœa*—descent of the womb—acute hysteria—leeches to the neck of the uterus—frictions with tartras stibiæ—cure in less than three months—pregnancy shortly after.

Madame Humblot, aged 27, keeper of a restaurant and furnished hôtel, has been troubled with abundant leucorrhœa for seven years past. At that period she lost her first and only infant, three months old. She attributed her leucorrhœa, the derangement of her menses, and the pains which she experienced in the pelvis, to the grief which this loss occasioned her. To the continual pains of the loins, hypogastrium, and thighs, were added violent fits of hysteria, caused by the lancinating pains, which interrupted sleep, and surprised the patient in the midst of her occupations, or which were brought on by even slight opposition, by the extreme irritability of the patient from her long sufferings. These fits took place more frequently at the menstrual periods; and then, also, all the other symptoms were more intense.

Of five or six practitioners who had been called successively to give her advice, one had been content with prescribing means pretended anti-leucorrhœic; another had given emmenagogues; a third pretended that all the accidents were solely owing to the *descent of the womb*, which, indeed, existed, and he had placed and replaced, several times, *pessaries* of various forms, sizes, and materials. The patient could not support any of them. Tired, at length, of employing means to no avail, she had renounced all treatment, except for the desire of becoming a second time a mother, in which participated the hope that pregnancy would at the same time be her cure. But her sufferings became at length insupportable: she lost her *embonpoint*, which she had partly preserved till the end of the fifth year; she could not remain up more than two hours a-day, and experienced a general feeling of weakness, to which she opposed substantial aliment, although she took it with repugnance. Nausea, indigestion, and frequent diarrhea, were the result of it. Madame H. was conducted to M. T., August 23, 1828. The enumeration of what she experienced caused suspicion of an affection of the womb. Examination changed these suspicions into certitude. The neck projected between the nymphæ, having the volume and size of a six-ounce phial; it was hard and white, with a slight tint of rose-colour. The deep red hue of the cheeks contrasted with the pale yellow of the rest of the

skin; the former, the patient said, had been always thus coloured. The tongue was red and pointed; sensibility of the hypogastric region. The features were elongated, the eyes hollow, and encircled with a dark areola; the extremities constantly cold, and difficult to warm. The patient was sent home, with advice to keep the horizontal posture—the pelvis more elevated than the rest of the trunk. The next day, 24th of August, *blood-letting to the extent of eighteen ounces; cataplasms, mild drinks, severe regimen, a bath of two hours every two days, gum-water, demi-lavement with a decoction of the mallow-root and poppy-heads.*

27th.—The uterus has resumed its place, but the engorgement is the same. *Twelve leeches to the os tincæ*—bath of two hours.

28th.—The anterior lip appears a little softened, without being notably diminished in size—the tongue is now red only at the point—the epigastrium is hardly sensible—the diarrhea is arrested.

30th.—*New application of leeches to the os tincæ*—the anterior lip diminished a third—the posterior lip less hard.

September 1st.—Pains in the loins—feeling of tension—access of hysteria. The patient announces that she has arrived at the period of her menses: they appear, indeed, during the day, and continue the following night.

2d.—The catamenia have ceased. The neck is engorged as at the first examination, but its consistence appears less.

11th and 12th.—*Leeches to the neck*, which produce the discharge of a great quantity of blood.

12th.—The anterior lip is reduced two-thirds, and softened. The weakness of the patient is such that she cannot place herself on her seat without fainting away. The baths are suspended. Milk pure, instead of diluted, which she had been taking previously—chicken soup. Frictions on the limbs with tartar emetic ointment, so as to be absorbed, and not to produce pustules. From the 26th of September, the resolution of the engorgement goes on rapidly. Two light soups, then three, per day.

October 2d.—Catamenia abundant, without the ordinary pathological preludes.

17th.—The neck is elongated, the size of an inch, soft and very supple. There has been used in the emetic frictions eight ounces of the ointment, making eight drachms of the emetic. A few small pustules appear on the groin, and on the elbow. The frictions are suspended. Fresh eggs, vegetables.

November 6th.—The patient gets up. Leucorrhœa almost gone.

28th.—Was found going about her affairs as if she had never been ill. Two months and a half after, in the course of January 1829, she was visibly pregnant. In the month of July of the same year, Madame H. contracted a peripneumony, with hepatisation of the right lung, which resisted an energetic antiphlogistic treatment, and passed to the chronic state. M. M. Marjolin, Pillon, and Vallerand de Lafosse, called in consultation, were agreed as to the gravity of the prognostic. The patient approached the term of her pregnancy. All was prepared to perform the Cæsarean operation in case of death before delivery. But on the 5th of Sept. the patient gave birth to a stout boy, without great effort, and by the contractions of the womb alone. The lochial blood did not flow. It was 10 o'clock in the morning: the patient expired at mid-day.

CHAPTER VII.

ON THE ULCERATIONS OF THE NECK OF THE WOMB.

Χρὴ δὲ τὴν μὲν μιλιτεῖν ἀτρεκίως ποιεῖσθαι ἐλκίων τῶν ἐν τῇσι μητέρεσιν. ἅτι γὰρ
ἐν ἀπαλῷ ἴοντα καὶ ἐνεπαισθήτω καὶ νευρώδει τῇ κοιλίῃ πολλα δὲ τὰ κοινωνιόντα.

Ιπποκρ. περὶ Γυναικ.

Ulceribus autem in uteris subortis, exacta et diligens cura adhibenda est, quippe cum in molli parte et bene sensili existant, et in nervosa cavitate, multæ cum ea partes consensionem habeant.

Of all the affections of which the neck of the uterus is the seat, *ulcerations* are the most common. For the bringing to light the existence of these diseases, and the accurate appreciation of their nature and extent, we are entirely indebted to the speculum, and the investigations of the last few years in France. Formerly, this class of organic lesions were hardly suspected, could be with difficulty diagnosticated, and, therefore, but very inefficiently treated. These are the causes, in the great majority of instances, as we have shewn in the last chapter, that we may be pardoned for styling "the head and front of the offending" in the intractable leucorrhæas that have been hitherto the opprobrium of medicine. But we

trust the profession will now be aroused from their apathy on the subject ; and on the least warning of a vaginal discharge which is at all obstinate, they will have recourse to an exploration of the source and seat of the disease ; for here, as elsewhere in medicine, that aphorism of Hippocrates holds good, “ to be able to explore, is a great part of the art.”

The ulcerations in question differ greatly as regards their extent, their form, and their depth. Sometimes they are so superficial as to be a mere erosion of the mucous membrane ; they are often deep-eating ulcers, with hard and elevated edges ; or masses of granulations collected in groups, and resembling a blistered surface. At other times, the ulceration is in the form of a long fissure, more or less deep, seated on one or both of the lips of the os tincæ, and frequently running into the orifice of the uterus. The posterior lip of the os tincæ is the most frequent seat, and the orifice of the womb is almost always implicated in the ulcerations which are a little extensive. In the cases where they keep up the profuse and obstinate leucorrhœal discharges, they are seated, nineteen cases out of twenty, at the orifice of the os tincæ, according to the extensive experience of M. Ricord.

These ulcerations of the neck of the uterus, though simple in their nature, and never of themselves degenerating into cancer, may end, however, in the destruction of the organ. They are the

result, generally, in their simplest form, of a congestion of the mucous membrane, preceded usually by a leucorrhœal discharge, which has existed during a considerable time. For, although leucorrhœa is but a mere *symptom* in the generality of cases, it may, also, in turn, become, by neglect, a *cause* of more profound lesions.

These ulcerations are very frequently true venereal *chancres*, situated on the neck of the uterus, the same as on the exterior parts. Scrofulous tubercles on the os tinæ, softened and evacuated, sometimes give rise to them.

The most common causes are contusions and lacerations of the os tinæ in difficult child-birth; the use of instruments to aid delivery; abortions; the wearing of pessaries; excess of venery; and the disproportionate size of the organs;—causes, in short, that tend to keep up a chronic irritation and inflammation of the neck of the womb.

More remote and less definite causes are supposed to predispose to these ulcerations,—as the nervous and lymphatic temperaments; every thing that tends to impair the energy of the constitution; the habitation of moist, unhealthy situations; the residence in great cities, as contrasted with the purer air and more regular life and habits of the country; the want of cleanliness; the abuse of spirituous liquors; excesses of every kind; grief and harassing passions; irregular menstruation.

With a very slight modification, M. Lisfranc's

division of these ulcerations may be adopted as the best.

1. The mere erythematous state of the os tincae, with or without a phlectenular eruption.

2. Simple benign ulcerations.

3. Venereal ulcerations; *the true Hunterian chancre* seated on the neck of the womb.

4. Scrofulous ulcerations.

Lastly. Cancerous ulcerations.

We shall treat separately of the diagnostic characters of each of these kinds.

I. *The simple Erythema of the Neck of the Uterus, accompanied or not with Phlectenulæ.*

This may be regarded as the commencement, or first stage, of ulceration. It is a usual concomitant of even the simplest leucorrhœa, and is most probably the mere result of the continual irritation of the morbid secretion, or it is a true catarrhal sub-inflammatory state of the mucous membrane. M. Lisfranc has compared this state to the slight excoriation produced upon the upper lip by the morbid secretion from the Schneiderian membrane during a common cold. But the resemblance is, perhaps, not precisely exact, inasmuch as the tissues over which the secretion passes are endowed with a very different structure and vitality.

The redness is more or less extensive in surface, occupying either the whole of the os tincae, or only circumscribed spots here and there; and

it is generally accompanied with some engorgement and vascularity of the tissus. The mucous membrane is often thick and velvety to the feel, and sometimes bleeds with great facility.

There is frequently observed a multitude of small granulations, or minute miliary vesicles, distinct or confluent, which afterwards break, and become superficial ulcerations.

This state of the os tincae is not always revealed by pain or uneasiness. When it is the result of acute gonorrhea, there is always a feeling of heat and smarting in the parts, accompanied with pains in the loins. The redness, which is the consequence of inflammation, may continue for a long time on the os tincae. The cicatrice, also, resulting from a cured ulcer, long maintains this redness. It depends on an hypertrophy and dilatation of the capillary vessels, and may deceive us, being mistaken for a true ulceration. M. Lisfranc's test is to pass a fine brush of charpy over the part; if it is an ulceration, it will bring away with it a small tinge of blood, which never happens in the simple erythematous blush.

II.—*The simple benign Ulcerations of the Neck of the Uterus.*

These, in their most primitive state, are mere excoriations: they succeed, generally, to the redness and erosion we have talked of in the last head, and may often be confounded with them.

They may occupy both lips of the os tincae indifferently; most frequently, however, the posterior; or they may be seated on the edges of the orifice, and extend even into the cavity of the uterus, which is most commonly the case. If the mucous membrane be slightly swollen, inflamed, and œdematous, the ulceration appears deeper than it really is. Its surface is generally even; sometimes granular, and of a deep red colour, and frequently bleeding on the slightest touch; which is always an unfavourable circumstance, as it indicates a sanguineous congestion of the organ, and a varicose state of its tissus. Sometimes the ulceration is covered with thick mucosities, yellow and purulent; at other times the granulations on the surface present a fungous appearance, and may be mistaken for carcinomatous. The few cases of *post mortem* examination that have occurred at this stage of the lesion, have proved the tissus subjacent to the ulceration to be perfectly sound.

III.—*Venereal Ulcerations—Chancres on the Neck of the Womb.*

Many beautiful examples of real Hunterian chancre existing on the os tincae, have been seen by us at the Hôpital des Vénériens, in the service of M. Ricord, during the last twelve months. Indeed, it is the opinion of this distinguished surgeon, as well as that of Professor Delmas, of Montpellier, from the observation of the *filles*

publiques under his charge, that the greater part of obstinate gonorrheas are kept up by such venereal ulcerations. It tends to extend in depth as well as in breadth; its base is supported by an engorgement, which renders it more projecting (*ulcus elevatum*) — the edges are hard, high, swollen, and ragged — and the surface covered with a grayish sanious layer.

IV.—*Scrofulous Ulcerations.*

According to M. Lisfranc, the scrofulous ulcer is the consequence of the softening and opening of tubercles, and are preceded by a fluctuating tumour. Its opening is at first straight and fistulous—then it enlarges insensibly: the bottom of the kyste is of a pale, wan, grayish tint, with ragged and thin edges, giving issue to a matter of a disagreeable smell, but different from that of cancer. Frequently there co-exists an engorgement of the neck and body of the uterus. M. Lisfranc has met with about a dozen of these cases, in which the constitution of the patient, and the issue of the characteristic curdy matter (analogous to that of a suppurated cervical ganglion) left little doubt as to the diagnostic. The knotty feeling of the tumour renders its distinction from the schirrous state often difficult. But the characteristic lancinating pains are wanting. The issue of the contents, and the facility and promptitude of the cicatrisation, evince sufficiently its true nature.

The womb, however, is found to be but rarely the seat of tubercles. Laennec, in his work on Auscultation, mentions having seen one case only. Bayle, in his "*Recherches sur la Phthisie*," does not mention them. Andral is equally silent on the subject in his "*Clinique Médicale*." In his "*Traité d'Anatomie Pathologique*," he merely mentions the possibility of it. Louis has seen only one example of it, *Obs.* xxxii.

In the "*Archives Générales de Médecine*," tom. v. (1834), there is related the case of a consumptive patient, in whom the surface of the womb presented a number of crude tubercles. In Vol. XXVII. of the same Archives, in a paper by M. Blache, there are several examples recorded: also in Tom. XXVI. there are two detailed cases by M. Reynaud, of tubercles having been found in the womb of two women of the ages of thirty-five and forty-five, who died of tubercles of the lungs.

V.—*The Cancerous Ulcerations.*

These shall be fully discussed in the chapter on cancer.

CASES ILLUSTRATIVE.*

CASE XX.—Mary Lamoth, semstress, aged thirty-two, entered the 2d November, 1835, into the *Ward Napoleon, Hôpital St. Louis*, complaining of a violent and constant pain in the loins,

* In the chapter on Leucorrhœa we detailed so many cases of ulcerations of the neck of the womb, that it is the less necessary in this place to adduce a great many.

frequent colics, a considerable sanguineous and some degree of mucous discharge from the vagina, loss of appetite, and pains in the stomach. This patient had already entered the hospital in the month of January previous, presenting the same symptoms, but much more intense in degree, and accompanied with a great degree of wasting. Examined by the speculum, she, at that time, presented *numerous ulcerations on the neck of the uterus*, and *a considerable excrescence*, which occupied the centre of it. Several cauterisations, and a regimen adapted to a gonorrhea, which she had at the same time, produced a sensible alleviation of the symptoms, and the cicatrice was almost complete, when the patient left the hospital, the 12th of May. To-day, to the view of the speculum, there presents a lively inflammation, extending to all the neck of the uterus; and a depression, which occupies the centre of it, as if an actual wound.

4th.—Cauterisation, with the nitrate acid of mercury. Extract of hemlock, two grains, increased a grain every day—narcotic injections.

12th.—New cauterisation. A sensible amelioration begins already to take place. The inflammation of the neck has almost entirely disappeared: the cicatrization of the ulcer advances rapidly: the lumbar pains are no more felt: those of the hypogastrium have diminished: the appetite begins to increase: the face again assumes the appearance of health, and the leanness is less marked. Extract of hemlock, gr. ix.

25th.—The patient having had her menses, has not been examined till to-day. The neck of the womb offers a perfectly normal state, so that the cauterisation seems no longer indicated: the patient is restored to her ordinary appetite and *embonpoint*: the face is even coloured: only some occasional pains, at long intervals, are felt in the lower belly. It was necessary to have followed this case, and the treatment, to believe that twenty-three days would have sufficed to produce a change so considerable in the physical state of the patient. Extract of hemlock, gr. xx.

December 4th.—The neck of the womb is entirely returned to its normal state. Extract of hemlock, gr. xxvii.

6th.—The patient enjoys perfect health, and leaves the hospital.

CASE XXI. Oct. 26th, 1835. *Salle Napoleon*.—A *filie publique*, aged twenty, complains of an almost constant discharge of blood from the vagina for five months past; a fixed pain in the hypogastrium; a gonorrhea, of which she could not recollect the origin; loss of appetite, accompanied with pains of the stomach since three weeks. She had been treated with success at St. Lazar, at one period, for this gonorrhea, during two months. Chancres appeared afterwards, the result of fresh exposure.

To-day the physical condition of the patient is satisfactory; the appearance of the face is good, and there is no sensible leanness.

29th.—Examined by the speculum, the neck of the uterus presented a very lively inflammation, and considerable vegetations, probably of long standing, which covered all its surface. *Cauterisation*—*tisane d'orge mielé*—*two of Plummer's pills per day*—*narcotic injections*.

November 4th.—The discharge of blood is arrested; the pains are less; the appetite returns; the pains of the stomach disappear;—*cauterisation*.

12th.—*Cauterisation*. The inflammation of the neck is much less; the vegetations have diminished in volume; the menses have presented regularly at their period: the improved state of the general health continues: $\bar{3}$ ii. of the syrup of sarsaparilla is added to the treatment.

19th.—*Cauterisation*. The vegetations have entirely changed nature, and tend evidently to disappear: there is no more inflammation: in short, a complete cure is almost certain; but, the patient having been disorderly in the ward, she was dismissed.

This case is remarkable for the presence of vegetations on the neck of the womb.

CASE XXII. Dec. 27th, 1835. *Salle Napoleon*.—Henriette Saubat, aged thirty-six, complains since a childbirth, ten months

ago, of leucorrhœa ; of palpitations ; violent pains of the stomach, chiefly in the morning, fasting ; a feeling of sinking and fatigue ; frequent pains in the head, and at the heart ; and of a craving for food without a true appetite. There is no pain in the lower belly and loins, except at the menstrual epoch, which is otherwise sufficiently regular. She offers, exteriorly, a considerable leanness ; the eyes are surrounded with a dark areola ; and the skin is pale, or rather yellow.

30th.—The speculum discovers an intense inflammation of the whole neck of the womb, which is bloody, and excoriated. *Cauterisation*—narcotic injections—cataplasms—baths.

January 8th, 1836.—The patient wishes to quit the hospital, on condition of returning to the speculum-visit. The uterine inflammation has been but little modified ; the symptoms, however, have yielded considerably ; the pains of the stomach, of the heart, and the palpitations, have almost disappeared ; the face has recovered plumpness and colour.

13th.—The patient presents herself at the visit : the features are discomposed ; the pains of the belly are violent ; the leucorrhœa has reappeared more abundantly than before. This relapse is to be attributed to the fatigue the patient experiences out of the hospital, and to her imprudent conduct otherwise : the inflammation is intense, of a deep red, and excoriated, chiefly towards its opening, from which issue abundant mucosities.

20th.—The state of the patient is not ameliorated : the face is altered ; the pains of the heart violent, and the discharge profuse ; the neck is covered with a purulent secretion, and is tumefied, excoriated, and bloody, in all its extent.

February 3d.—Same state. The little progress of the disease towards a cure, is to be attributed to the patient's not being subjected to the surveillance and regimen of the hospital, counteracting the treatment by too much exercise, and by living with her husband.

March 4th.—For three weeks the patient has not come to the visit. To-day the neck is still inflamed in all its extent. The exterior aspect is better.

The patient has returned no more.

CASE XXIII. *Jan. 11th, 1836. Salle Napoleon.*—Bernard, semstress, aged twenty-four, married a year ago, and brought to bed three months ago. The patient says she had the cholera, after which appeared a profuse leucorrhea, accompanied with violent pains in the stomach, chiefly at night and in the morning, headaches, pains in the loins, the thighs, and the lower belly. The menstruation had remained regular; six months ago a severe smarting of the pudendum was added to these symptoms. The patient becomes very lean, pale, weak; and it was in this state of prostration that she entered the hospital.

14th.—The labia and os externum are very much inflamed and ulcerated in several places. This exterior affection is combated by the cauterisation with the nitrate of silver, and the introduction of meshes into the vagina. This treatment was prolonged till the 17th of February, when the state of the parts at length permitted the introduction of the speculum.

February 17th.—The neck is very much inflamed in its whole extent, of a lively red, and covered with thick projecting tubercles: it appeared atrophied. *Cauterisation — narcotic injections — baths, &c.*

March 4th.—The neck is still much diseased, especially the posterior lip, which is ulcerated. The exterior state of the patient is much better.

CASE XXIV. *Feb. 16th. Salle Napoleon.*—A sick-nurse, forty-three years of age, mother of eight children, and having had two abortions, complained of experiencing for three years past violent colics, pains in the lower belly and in the loins, pains of the stomach, of the head, and at the heart. Nevertheless, the menstruation had remained perfectly regular, and was accompanied with but a very moderate leucorrhea. Three months ago only, these different symptoms assumed a great intensity: the leucorrhea became very considerable, and an almost constant uterine hæmorrhage has been added to it.

The patient examined next day, a cancer already far advanced is manifest; the neck of the womb is entirely destroyed; the body presents with an opening three inches in diameter, the edges of which are adherent to the walls of the vagina; the uterus is of a livid aspect, and gives out an infected

odour *sui generis*. The pains are constant, but their intensity are not in relation to the rapidity of the progress of the disorganisation.

21st.—This patient was transferred to the Salpêtrière.

CASE XXV.—Bleeding, fungous ulcerations of the neck — cauterisation — cure.

March 9th, 1835. *From M. Pauly.**—Madame Paroz, aged twenty-seven. The commencement of her disease dates four years back; but for a month past inability to walk. Her mother died, at the age of sixty, of a uterine affection. The neck of the womb was found double its normal size; sensible to the touch, and hot; of a soft consistence in the internal half of its thickness: outwardly its texture appeared more dense. The anterior lip was largely developed, and projecting half an inch before the posterior; all the surface of this lip next the orifice, as well as the analogous parts of the inferior lip, were covered with soft fungous ulcerations, which extended into the interior of the neck, and bled on the slightest contact. The alteration was grave enough to induce the persons who had preceded to agitate the question of amputation. The signs of inflammation were well marked.

Treatment.—Slight cauterisation of all the ulcerated surface. Frequent cooling and emollient lotions during the day. Not the slightest accident supervened. Fifth day, the cauterisation was recommenced. In a very short time this affection had become altogether chronic. To-day (March 1836), excepting some pains complained of in the right hypochondriac region, Madame Paroz enjoys good health; and, for two months past, the neck of the uterus is sound.

CASE XXVI.†—Madame C., aged forty-eight, but with all the bloom of youth still in her appearance, had hitherto enjoyed the most vigorous health, unaltered by nine childbirths, till a few months ago she fell backwards upon a stair, and wounded the sacrum. From this moment, all the symptoms of a uterine affection were manifested: the menstruation was difficult and less

* Leçons de Clinique de Lisfranc, p. 341.

† Ibid. p. 358.

abundant. She had been three months under another physician, whose *general* treatment failed to produce any effect. No more of the exterior injury from the fall was felt, and the whole disease seemed concentrated upon the uterus. The neck was the principal seat of lesion. It was larger than usual, but there was no induration. It was sensibly inflamed and excoriated on the posterior lip, and at its orifice. Independently of the lumbar pains, and of the draggings in the groins, Madame C. complained of a feeling of burning in the pelvis, with darting pains, which she referred especially to the coccyx. The *emollients* employed hitherto having failed to improve her state, the persistence of the inflammatory phenomena, and of the darting pains, were attributed to the presence of the excoriations. The cauterisation was had recourse to; and, after it, emollient injections, and a bath of two hours. The symptoms yielded in a most astonishing manner. At the second cauterisation, practised four days afterwards, the red injected tint of the parts previously observed, had already disappeared. *Five cauterisations sufficed to obtain the cicatrization*; two blood-lettings, of eight ounces each, emollients, baths, and rest, completed the treatment. The patient was strong, and extremely nervous; the prolonged baths were much insisted on, and were greatly beneficial. At the end of three months, Madame C. had recovered her original health, which has been permanent for a year, only it was disturbed at the time of the Fieschi affair. She was at the time at an adjoining window to that whence issued the infernal musquetry. Her menses had been flowing for twelve hours previously, but the fright at once arrested them. Next day she presented the symptoms of engorgement of the womb, with other symptoms superadded. She strongly objected to bleeding; and her *embon-point* rendered it besides difficult: Prescription—a bath; ergot of rye, gr. xxx.; opium, gr. i. for six pills: to take one each night. Next day the patient is better: some red spots, which had the day before appeared upon the breast, were effaced, and the loins were less painful. Third day—a new bath—continuation of the pills. From this time, no more of light indisposition was felt, and the following month the menses resumed their ordinary course.

In this last slight affection have the phenomena yielded of

themselves? or has the recent uterine congestion been dissipated by the ergot of rye?

CASE XXVII.—Scrofulous ulceration—tubercles of the womb.*

Madame O., aged thirty-two, having had only one child, had been affected for about two years with derangement of the menstruation, delays, accompanied with dull pains in the loins. This state gradually becomes more serious: lively pains in the uterus were followed by a copious and thick discharge. A physician in the country, whither she repaired, found the neck of the womb voluminous, and a degree of prolapsus. Imagining that the accidents proceeded from a relaxation of the organ, which it sufficed to *tonify*, he prescribed vinous injections, which, so far from amending, only aggravated the state of the patient. She returned to Paris, and came under the care of M. Lisfranc.

The neck was found enlarged, and the seat of isolated knots or projections, of which some were softened, and others on the point of suppuration. A tuberculous affection was diagnosed. The acute state being sufficiently marked, the patient was put upon antiphlogistics. *Small revulsive bleedings — regimen — general baths — injections — absolute rest.* Under the influence of this treatment, the general symptoms were mitigated. The tubercles suppurated, and were replaced by slight ulcerations, which rapidly cicatrised by cauterisation. Since that time, now five years ago, Madame O. has been perfectly well.

CASE illustrating the beneficial influence of the ergot of rye in a case of chronic ulceration and engorgement of the womb, from M. Pauly.†

A patient, who had been long unsuccessfully treated in the wards of La Pitié, and who left the hospital immediately on her convalescence from a severe inflammation in the pelvis, came three weeks afterwards to consult M. P. She was yellow, lean, extremely weak; she complained of anorexia, draggings

* Leçons de Clinique, p. 363.

† Ibid, p. 379.

of the stomach, lumbar pains, a feeling of weight, and occasional dartings in the pelvis. The neck had contracted adherences with the vagina, in consequence of an accident. The os tinæ was furrowed with soft bleeding ulcerations. The whole was intensely red and hot, but without much sensibility.

Cauterisation—*ergot of rye*, gr. xxx.—*extr. opii*, gr. i. *for seven pills: to take one each night.* Injections—lavemens. Seven days afterwards, increase of strength and of appetite—no feeling of weight in the loins. However, some occasional darting pain is felt in the pelvis—leucorrheal discharge almost gone.

Cauterisation—continuation of the pills. At the third visit (third week of treatment), ulcerations healed, and their place marked by a red circular spot. *A very slight cauterisation—suspension of the pills, the menses being on the point of arriving.* Already her complexion began to assume a healthy hue—her plumpness and strength were in a great measure restored. She went to visit her former companions in misfortune, and the sister at the hospital; and so great was the alteration, that she was hardly recognised;—a change the more astonishing, as she had been given up for lost. Six days after the menses, which passed without pain, the pills were resumed. The cauterisation was no longer needed. It was the 31st of August 1835.

7th September.—No discharge—a feeling of tension and turgescence in the pelvis. Revulsive bleeding of five ounces; seven pills, *de novo*. From this moment the amelioration in her state was permanent. The patient was not seen again till the 7th November. For three days before, she experienced some pains in the pelvis, accompanied with a marked feeling of weight: symptoms that occurred in consequence of a bath. It is to be remarked, that, since the use of ergot of rye, baths had always produced the same effect, and were accordingly forbidden. *A bleeding of four ounces. Six pills, of five grains each.*

4th January, 1836.—The neck perfectly sound, without engorgement.

CHAPTER VIII.

ON THE SIMPLE HYPERTROPHY, CHRONIC INFLAMMATION,
AND ENGORGEMENT OF THE WOMB ; AND THE SIMPLE
AND SCIRRHOUS INDURATION.

WE have here to discuss a very important, but very difficult, part of the pathology of uterine diseases : for all these morbid states, now indicated, are frequently confounded, from the want of accurate diagnostic marks on the living subject.

The simple hypertrophy of this organ is rarely included in the domain of pathology. It is, as its name implies, a mere augmented nutrition of the part, and is developed without pain, without heat, without ulceration, and without any appreciable sign of inflammation ; and offers but little or no obstruction to the functions of the organ. To the touch, and judging from the size of the womb, we might suspect a pregnancy of six weeks' duration, The os tincæ is smooth and uniform, and offers a remarkable renitence or elasticity. This state generally remains stationary, and is with difficulty resolved, and never degenerates into cancer. In

advanced years, it diminishes insensibly from the inactivity in the economy into which the womb again sinks. M. Tealier mentions his having met with an instance of it in a woman of sixty years of age. It occupied the whole of the neck, which was the size of a hen's egg ; renitent, but without pain or pressure, it occasioned no other inconvenience, than a sensation of weight in the fundament, although there was no prolapsus of the organ. Another practitioner, under whose care the patient had formerly been, and who saw her again at the period alluded to, affirmed that twenty years previously he had discovered this hypertrophy, which now presented no other difference than a slight diminution of volume.

Hypertrophy may also depend on the existence of tubercles in the womb. This is observed chiefly in scrofulous women : the cases are rare, however. Hard spots are felt here and there, which are the sure indications of tubercles. They open and suppurate, and produce large ulcerations, which, notwithstanding, heal well, if attended to. The diagnostic of these tubercles is of great importance as regards the treatment : for the neck of the uterus is not regarded as cancerous, and its amputation is not called for ; precisely in the same way as the testicles are saved from extirpation when tubercles are recognised.

If we reflect on the number and calibre of the vessels which convey the blood to the womb—if

we consider the vascular structure of the organ itself—the periodical flux and congestion of which it is the seat—and the mechanical irritation to which it is so often subject—we shall not be surprised at the frequency of its sub-inflammatory and engorged states.

At each menstrual epoch the afflux of blood towards the uterus determines a state of evident engorgement and augmentation of its bulk. The colour of the os tinæ becomes of a deep red or purple; but it is, nevertheless, the sound physiological condition of the organ. A similar engorgement exists after childbirth; and, in both cases, it ceases in a few days, by the flowing of the menstrual or lochial discharge, which is its natural *crisis*. But it becomes a pathological condition whenever it occurs in the intervals of these periods, when the afflux of blood towards the uterus is beyond the normal degree, or when the appropriate discharge, which relieves the *molimen hæmorrhagicum*, is diminished or suppressed by accidents.

The most frequent causes which produce this suppression, are the action of cold suddenly applied to certain parts of the body, as the hands or feet immersed in cold water during the time of menstruation—cold fluids received into the stomach—sudden emotions of the mind—the unseasonable use of astringents, &c. &c.

The symptoms are analogous to those of *me-*

tritis, but in a much slighter degree. There is a feeling of swelling and weight, and tension, in the pelvis—pains in the loins and sacrum, and upper part of the thighs. Pains referred to the seat of the uterus and returning in paroxysms, more or less frequent and prolonged, and obliging the patient, sometimes, to maintain the bent posture. The neck of the womb is considerably increased in volume; sometimes double or triple its normal size: there is more than the usual degree of heat in the parts, though the sensibility is but moderate. The *os tincæ* is smooth, glistening, and slightly compressible; and presents to the view an even surface of a rosy tint, or with merely dappled red points upon a whitish ground, and deeper in colour as the congestion is of the longer date.

When this engorged state is the result of mechanical violence received by the neck of the uterus, as after abortions, and laborious child-births, which are extremely frequent causes of it; or produced by venereal excesses, and the consequent erosions and ulcerations which often supervene—the symptoms of a sub-acute inflammation are more marked. Indeed the transition from the simply congestive and engorged state to *chronic metritis* is but a step; and most writers have, in their descriptions, confounded these two states. In the latter, the neck of the uterus is generally less voluminous; but it presents a deeper tint of red, with greater heat and sensibility of the

parts. The pains in the pelvic region and hypogastrium are increased on the least movement or pressure: and the general symptoms are more marked than in the preceding case.

The study of this sub-inflammatory and engorged state of the womb, is extremely deserving the attention of practitioners, for the light it throws on the pathology of uterine hæmorrhage, menorrhagia, or anormal and excessive menstruation.

Here, as in amenorrhea and dysmenorrhea, the functional disorder is all that is looked to by many practitioners; while the morbid alteration of the womb, of which it is but a symptom and effect, is totally unregarded. This pathological condition unattended to, because unknown and unrecognised, very frequently leads the way in the insidious march of more profound organic alterations.

This state is distinguished from the mere hypertrophy, or simple engorgement, by the greater softness of the tissus it presents, by the fluctuating feeling given out to the touch, and by the sanguineous discharge which attends it.

These uterine hæmorrhages, occurring at the critical age, are frequently the first signal and symptom of the cancerous affections that characterise that epoch. A more advanced stage of this alteration — which may supervene after some months, or even years, of the duration of the former — constitutes what authors have described

as the *occult cancer*. The tumour of the neck of the uterus is prolonged more into the vagina—the colour is of a deep brown tint—clots of blood generally attach to the os tincæ, which appears knotty and uneven—and a distinct feeling of fluctuation is given out from the disorganised and infiltrated tissus—and a black fluid exudes from the surface of the tumour. The ulceration that occurs towards the end, and the general symptoms which are lighted up, shew the case to be a true cancer.

The hæmorrhagic state of the womb, of which we have now described the *ultimatum*, besides the engorgement, of which it is a pathognomonic symptom, seems, in many instances, to depend on a laxity of the uterine tissus: at least it is most frequently found in women presenting the soft flabby characters of the lymphatic temperament—those in whom the menses have been remarkable for their excessive abundance or duration—or those in whom the womb has been fatigued by frequent, and long, and laborious childbirths.

At the critical age, as we have remarked, there is the greatest disposition to this affection, as well by the continuance still of the sanguineous determination towards the uterus) the *menstrual molimen* being unrelieved by a corresponding evacuation as anteriorly), as by an atonic condition of the uterine tissus, which permits their easy infiltration by the blood.

There are some patients in whom the uterine tissus appear entirely relaxed, and the womb seems as an outlet to all the fluids in the body, which are precipitated towards this organ. The small derivative bleedings from the arm, which is our sheet-anchor of practice in all these states now described, are here of no avail.

The use of astringents in these hæmorrhages, is a point of practice that demands much circumspection. Their action seems to be exclusively upon the exhalant mouths of the vessels. They have no power to arrest or turn away the fluxionary movement by which the blood is carried towards the uterus; and the engorgement persists, and is even aggravated by their use, for the former outlet to the communication is now obstructed. Hence, in place of the hæmorrhage, there is often superinduced an inflammatory state, more immediately dangerous than the original disease. Sometimes acute metritis follows the intempestive use of these means. Astringents are only indicated, then, after small revulsive bleedings have been already had recourse to, and when, from the duration of the disease, and the abundance of the discharge, it seems to depend on an atony or relaxation of the uterine tissus. Under this restriction, cold and styptic fomentations and aspersions, or even injections, may be used, with the internal use of rhatania root (as frequently employed in France), nut-gall, alum, the mineral acids, ferruginous pre-

parations, &c. In such cases, we should judge, *à priori*, the ergot of rye, from its evident contractile action on the uterine tissue, to be a medicine of great efficacy. We shall give some interesting cases, confirmatory of this hypothetical reasoning, in the sequel of this chapter.

The commencement of the scirrhus induration is very difficult to be appreciated: for it is so benign in its early stage, and the patient herself so perfectly unconscious and unsuspecting of her state, that the disease has already made great progress before she consults. The characteristic lancinating pains—the *éclairs de douleur*—are the first revelation of the real nature of her malady. The uterine derangements we have talked of may, or may not, precede these.

To the touch, the neck of the uterus is often apparently sound and normal; but an attentive examination discovers the existence of a small hard point, not larger than a pea, but not yet the seat of pain. At a later period, this indurated point has increased in volume, and a distinct nipple-like projection is formed on the neck of the uterus. Sometimes several tumours of this kind exist. At other times the induration occupies the whole of the neck, which is uniformly tumefied, without inequalities, as in the inflammatory engorgement, but harder. In this state, the colour of the mucous membrane is of a dull white, which

M. Lisfranc affirms he has never observed in the simple engorgements.

The disease may remain in this state of crudity, now described, for many months, or even years. Its progress is marked by the supervention of the lancinating pains, and by the lighting up of sympathetic symptoms, or simply by the mere *ramollissement* alone of the tumour, without any other symptoms. The whole of the neck of the uterus may be destroyed by this softening process, before ulceration takes place.

The distinguishing characteristic of the scirrhus state, is its spontaneous developement, without any appreciable cause: while, on the contrary, the mere inflammatory indurations acknowledge generally a traumatic origin, or a functional lesion, as an abortion, a laborious childbirth, a suppression of the menses, a leucorrheal discharge. The scirrhus state is concocted in obscurity, if we may be allowed the expression, and its developement is never announced either to the patient or to the physician, till it has made already incurable progress. Its remarkable feature is, never to retrograde, never to resolve itself, like the simple or inflammatory indurations. It always hastens on, by an insidious march, to the same fatal termination, the ulceration and disorganisation of the tissus, and often till that stage without having lighted up any morbid symptom in the

economy. When inflammation has given activity to the disorganising process, and the adjacent tissues are extensively compromised, then the *ramollissement* is accompanied with inflammatory symptoms; then the constitutional reaction which is called forth, as well as the ravages of the local disease, rapidly hasten on the last days of the patient.

The diagnostic of the simple from the cancerous affections of the womb, whose signs are so unequivocal at an advanced stage, is extremely difficult in the early periods of the disease. The anatomical characters, which are so decisive on dissection, are inappreciable on the living subject. Hence, all authors are agreed as to not only the difficulty, but the impossibility even of distinguishing the scirrhus state of the uterus from the simple engorgement and induration of the organ. In both cases the neck is increased in volume and density: its surface is smooth and polished. The indurated prominences, considered by some as characteristic of the scirrhus state, are also acknowledged to appertain to the simple induration, the result of chronic inflammation, and hypertrophy of the tissues. In like manner, the absence of pain, or a very slight degree of it only, is as commonly found in the scirrhus state as in the simple white indurations.

In both cases, says M. Lisfranc,* the touch

* Leçons de Clinique.

recognises the womb increased in volume, whether it be the neck alone or the entire body; its bulk may be increased enormously. The pains may be wanting in both cases, or they may be alike lancing: so that, according to him, their deferential characters are limited to the following:—

“ 1. The simple engorgement is less hard, and offers to the touch a uniform surface, whilst the scirrhus state offers little knotty projections and inequalities.” But in the scirrhus state, as Tealier has remarked, the surface is also frequently found to be uniform; and as to the hard prominent points, they are far from being diagnostic characters, as they may also depend on a partial hypertrophy, resulting from the inflammation of the tissus.

“ 2. In the scirrhus state, the mucus of the neck is of a dull white, which M. Lisfranc has never observed in the simple engorgements.

“ 3. The scirrhus induration is developed more or less slowly; so that when the engorgement dates back only one or two months, especially if it succeed to an abortion, to an ordinary labour, or to a sudden suppression of the menses, ‘we judge,’ says the Professor, ‘that it is not of a scirrhus nature.’ This judgment, in such a case, ought to be very uncertain: for M. Tealier affirms to have seen several times simple engorgement of the womb persist for entire years together, without having, or without acquiring, by reason of

duration, a scirrhus character. The precise date of the commencement of the disease is, besides, difficult to be determined. It frequently precedes the causes which seem to give it birth; and its origin goes back to a very remote period. It clearly follows, then, that it is no proof of its non-scirrhus nature, that we believe it recent, and of fortuitous origin.

“ Lastly. The simple engorgement demands a treatment of a month or six weeks only; whilst, by the most appropriate medication, the scirrhus induration requires a much longer time to cure.”

To send us to the result of the treatment, (which treatment is precisely the same for both states,) for the determination of the nature of the disease, is a plain recognition of the absolute want of characteristic marks to enable us to declare positively and satisfactorily as to their nature; besides, waiting the result of the treatment will satisfy neither patient nor physician.

For the *treatment* of these states, we refer to the ample details of the last chapter but one. Its basis is, *absolute rest in the recumbent posture, small revulsive bleedings from the arm, prolonged warm baths, cold lavemens*, to clear the intestinal canal, and *cold emollient injections, and the application of leeches to the os tincæ*, according to circumstances. If the patient be plethoric, and there be some degree of febrile action, we begin by a *spoliative* bleeding of ten or twelve ounces. The

absolute rest of the organs is a *sine quâ non*. The regimen is to be light, and composed of milk, vegetables, light poultry, and fish; the drinks simple and diluent.

“Ce traitement est simple,” observes M. Lisfranc, “mais il doit être observé avec scrupule et tenacité. Les affections de la matrice sont plus longues à guérir que celles de tout autre organ : d’abord on ne saurait agir durant les sept ou huit jours qui précèdent les règles, ou pendant cet écoulement : et de plus, cette congestion qui revient tous les mois périodiquement, quoique physiologique, ne laisse pas que d’influer d’une manière facheuse sur la congestion morbid permanente. Il faut, donc, que la malade et le médecin s’arment de patience. Le temps nécessaire pour la guérison varie d’un à trois mois. Nous rappellerons qu’il ne faut pas juger des progrès de la cure par la marche des douleurs : souvent nous avons observé qu’elles augmentaient à mesure de la diminution de l’engorgement.”*

CASES ILLUSTRATIVE.

The Cases illustrating the pathological states of the womb now described, which constitute the chief value of the work of M. Duparque.†

CASE XXIX.—Mademoiselle L., at the age of fifteen, has the exterior developement which characterises the entry into

* Lisfranc, op. cit. p. 305.

† Des Alterations Organiques de la Matrice. Ouvrage qui a remporté le prix proposé par la Société de Bordeaux, Paris, 1832, which is now otherwise

puberty. The symptoms which usually precede the appearance of the menses, manifest themselves, during several months, at irregular intervals, but without discharge of blood. At each period, pains in the loins and lower belly, a moderate leucorrhœa, oppression, and general uneasiness, retain her in bed two or three days. Afterwards, these phenomena became regularly periodical, were more and more intense, and of longer duration. At the ninth period the engorgement assumed the character of acute metritis; hypogastric and sacro-lumbar pains very violent, tension of the abdomen, spontaneous vomitings, delirium, fever, &c. These symptoms yield to a prompt and active antiphlogistic treatment.

The following menstrual epochs returned, with the same train of symptoms; sometimes more, sometimes less violent. To these were joined nervous phenomena, under the form of suffocations, palpitations, convulsions, and occasionally catalepsy.

Rational and empirical modes of treatment were successively, alternately, and simultaneously put in use, without any success. Blood-letting, practised at the beginning of the symptoms, have always been, of all the means employed, the most efficacious.

It was supposed, at last, that marriage might be advantageous. It took place at the age of twenty. So far from being diminished, the pathological phenomena only raged with the greater violence.

This patient was twenty-three years old, when M. Duparque was called in to relieve the symptoms to which she was then a prey (July 1829): she sat up, but could not keep herself straight, on account of the pains which she felt in the lower belly, in the loins, the groins, the hips, and anterior part of the thighs. She complained of fits of breathlessness, cephalalgia: pulse 110, hard and concentrated. The colour rather fresh, and the face animated. The neck of the uterus was short, thick, enlarged, and confounded with the body of the organ. It appeared of the size it presents at two months of pregnancy. Its orifice, partially patent, and filled with a viscous matter. The *fundus* of

obsolete, are too important and too appropriate to be lost to science: as there exists, therefore, no translation of them, and as we are not aware of any at all analogous Cases in the whole range of British medical literature, we think we shall do a service to the Profession in re-producing them here.

the organ could be seized on applying the hand above the pubis, and making pressure towards the pelvis. It was regularly spherical, and almost the size of a goose's egg. This examination was not made without pain: a fit of hysteria was the consequence of it. *A bleeding of eight ounces, repeated in the evening, cataplasms, baths.* M. D. wished to try the effect of a rigorous and prolonged antiphlogistic and resolute treatment. But the patient refused to submit. The insuccess of all that she had been able to do, having persuaded her that her state could only be palliated, not cured. The patient had been admitted into the Hôtel Dieu, then at La Charité; and it was ascertained, by the introduction of a stilet, which penetrated entirely into the uterine cavity, that the amenorrhea and the consecutive accidents were not occasioned by an imperforation. The same results were furnished to Duparque.

This case presents a very remarkable perseverance in the menstrual *molimen*, although the organ was not disposed to the usual disgorgement: congestions were the result, which ultimately induced a permanent increase of the size of the organ with a chronic inflammatory state.

CASE XXX.—Adelaide B. aged 18, of a robust constitution, and well menstruated, fell on a stair in carrying a bucket of cold water. It was the first day of her menses, which usually flowed in great abundance during four or five days. The fright and commotion produced by the fall, the impression of the cold water with which she was inundated, suddenly suppressed the flux. She experienced, almost on the instant, dull pains in the lower belly, shiverings, and obstructed respiration. The patient, nevertheless, continued her usual occupations as a servant: but, during the day, she was frequently obliged to sit down, the pains of the hypogastrium and loins becoming more violent. The breasts enlarged; loathings and capricious appetite supervened, as in pregnant women. At the three following menstrual epochs, A. B. was forced by the pains, then very violent, to keep her bed. From that time the breasts became flaccid, the body wasted away, and the appetite was gone completely. The patient experienced, in the lower

belly and pelvis, an insupportable feeling of tension and weight, principally when she was erect for a few seconds, or made a few steps.

The fourth menstrual epoch approached: a bleeding of sixteen ounces was practised, and a warm bath prescribed. The next day there was a discharge of black blood, which appeared as if *expressed* from the *womb*, and only flowing after fits of uterine tenesmus. This incomplete menstruation lasted four days. The pains had become so intense that the patient could not keep herself on her seat, or turn herself, without uttering piercing cries. Cephalalgia—fever—extreme sensibility of the hypogastrium—constipation. Twenty-five leeches were ordered, but not applied: only the belly was kept covered with emollient fomentations. Being much better during the night, and the belly being much more supple and less painful, nothing else was done than ordering fomentations and rest. Three baths were taken afterwards, and every thing resumed its usual order. At the following period the menses flowed of themselves and abundantly, and since then have offered no anomaly.*

CASE XXXI.—A young and beautiful Israelite, aged 15, had menstruated for a few months: each time violent pains in the lower belly were the prelude to the sanguineous discharge, and disappeared when it was established. The flux lasted five or six days with sufficient abundance. The same phenomena existed the 12th April, 1824, when Sarah W. was struck with fright, on hearing a violent noise, which broke from a neighbouring chamber to that where she was at the moment, all alone. An icy coldness seized her body, and was soon followed by a violent trembling. The pains in the lower belly became more intense, then abated gradually without the catamenia appearing. The pains redoubled in violence at the following period, from the 8th to 12th May, then abated again; but less completely than the first time. The suppression continues. The young Jewess, of excessive timidity and modesty, dissembles her sufferings. But the evident decline of her health, the alteration of her features, the loss of appetite, the impossibility of keeping herself erect without strongly bending forward, and

* Op. cit. p. 27.

spontaneous vomitings, induced the father to call in a Dr. G. The patient refused that he should approach her bed; and it was with much difficulty he obtained a declaration of the antecedent circumstances. He learned that there had been no stool for fifteen days, which, according to the patient, was not astonishing, seeing the little nourishment she took, and that she returned it by vomiting. She hardly would allow her pulse to be felt: and was so alarmed, that no further examination could be made. Ten leeches were ordered to the thighs, and laxative lavemens, which the patient refused to take, were replaced by laxative potions and purgative pills. The stomach rejected these medicines. The state of the patient becoming alarming, her physician, who could not even obtain permission to explore the abdomen, imparted his embarrassment to M. Duparque, and requested him to visit her. It was the 31st of August. Warned of the delicate susceptibility of the young lady, he profited of the trouble into which his unexpected presence threw her, to explore the abdomen, which appeared very evidently the seat of the disease. Behind the pubis, and in the hypogastric region, he felt a tumour a little inclined to the right ilium; presenting by its position, its form and size, a uterus developed almost as at three months and a half of pregnancy. This tumour was very hard, and its compression, even very slightly, seemed to be painful. In the left iliac region existed another tumour, oblong, as if knotted, and plunging into the pelvis. The impression was, that the young girl was pregnant: and the opposition she had manifested to an examination, was quite of a nature to confirm this opinion. To know the value of his suspicions and the nature of these abdominal tumours, he wished to proceed at once to the *toucher*, without leaving the patient, in case that, recovered from her emotion, she should refuse. The organic obstacle he met with at the vagina, was satisfactory as to that quarter. He then directed the finger towards the anus: there, a new obstacle prevented penetrating beyond the sphincter. It was arrested by a spherical hard mass, covered with mucosities formed by an agglomeration of stercoral matter. Pulse frequent and hard—cheeks high coloured—skin dry and burning—mouth parched—and tongue of a uniformly deep red. Bleed-

ing from the arm, sixteen ounces. Extraction of the stercoral matter with the handle of a spoon.

The patient, whom they threatened with an approaching death if she did not submit to the means necessary to her cure, was thenceforth very docile.

The cleaning out of the rectum lasted a part of the day : in the evening an ounce of castor oil was administered, which produced, in the space of two hours, colics and the evacuation of a great quantity of stercoral matter, at first solid like that which had been extracted, then diluted and liquid.

September 1st.—Abdomen supple. The left iliac tumour exists no longer; the hypogastric tumour has preserved the same size, and appears more exactly placed on the median line, and plunged into the pelvis. The patient had made urine abundantly some minutes before their arrival. On practising, simultaneously, the touch with the index finger of the right hand introduced into the rectum, then free, and with the left hand applied upon the hypogastrium, it was evident that the tumour was formed by the enlarged uterus. Was there pregnancy? The relation of the size of the womb with the time since which the suppression of the menses had taken place, might make it suspected; but the suspicion was destroyed by the state in which the exterior parts were found, and by the positive assurance of the father of the young person. As the catamenia had already taken place, a retention of blood by the obstruction of the os tincæ could not be supposed. It was concluded then, that the augmentation of the bulk of the uterus was occasioned by the engorgement of its tissues; and consisted, probably, in an inflammation, which, from being chronic, had become acute. The pains which the patient experienced, and the sensibility of this organ to pressure, fortified the diagnostic. In consequence, a new bleeding of twelve ounces was practised. Next day, twenty leeches to the hypogastrium, which is to be kept constantly covered with emollient cataplasms.—*Aperient drinks—baths.*

Miss Sarah was not seen till the 5th September. The hypogastric tumour less voluminous, hardly surpassed the pubis. There was no more fever nor nausea. The pains of the sacrum

and hypogastrium had much diminished.—*Re-application of twelve leeches — continuation of the other means — milk diluted — light soups.*

15th.—The tumour can hardly be recognised. In the evening some pains in the loins are complained of; and in the night a little blood moistens the vulve. At the end of the month her strength returned: she got up, and all uneasy feeling in the lower belly disappeared. The 10th October following, the menses returned with their former abundance: and since, the health, completely re-established, has never altered.

CASE XXXII.—Sophy S. (temperament nervous), contraried in her first inclinations, and often, on that account, exposed to disagreeable scenes with her family; experiences, after one of these quarrels, a sudden suppression of the menses: these appeared hardly at the following periods, and were accompanied with pains in the lower belly, sometimes provoking hysterical paroxysms. At a later period the accesses supervene on the slightest occasions. M. D. was called during one of these fits, much more violent than the preceding. It was the period of the menses: and the young lady had had her will severely thwarted. She was then aged seventeen and a half, menstruated at the age of fifteen, and had experienced her first catamenial discharge seven or eight months ago. On the arrival of the physician, she was found insensible, with immobility of the limbs, as if paralysed, interrupted by frequent general convulsive motions. The lips were coloured—the eyelids closed and trembling—the pupils contracted—the conjunctives injected.—*Twelve leeches to the pudendum: mustard cataplasms to the feet.* The access ceased in proportion as the blood flowed. New fits return at various intervals—the dysmenorrhea continues—a leucorrhea establishes itself, at first periodical, like the catamenia, and corresponding to the same periods, then without interruption.

According to medical advice, this young person was married in 1818 to a young man of her choice. The first night, she experienced pains, which made her dread new approaches. Second night, violent hysterical access. The menses fail at the

period when they were expected; and as the young wife experienced nausea, want of appetite, and vomitings, she was suspected to be pregnant.

M. D. had acquired all the confidence of this lady, having treated her several times before, and because his opinion had been of great weight in engaging her family to marry her according to her taste. He was called, then, to direct her in her pretended pregnancy. She believed herself *enceinte* four months. However, she had grown considerably leaner, which threw out into greater relief her meteorised belly. The breasts were become flaccid. Exploring the hypogastrium, a spherical tumour was felt, hard and painful on compression. It was the womb enlarged, as at two or three months of pregnancy: its neck was half an inch long, of the size of a large nut, and very hard. Some time was demanded before pronouncing, and a bleeding, to the extent of sixteen ounces, was practised. Sixteen days after, things being *in statu quo*, metritis was suspected. The bleeding was repeated; a light regimen, baths, and complete abstinence from her husband, were enjoined. The vomitings ceased; the hypogastric and sacral pains were, in a great measure, removed; a little blood appeared at the vulve; and at the following periods the menses flowed, as before marriage. The appetite and strength returned, and the patient resumed her *embonpoint*. The winter passed very well. In the spring, the husband was obliged to absent himself to arrange some family affairs. During this interval, the young lady retired to the country with an aunt, and put herself entirely on a vegetable and milk diet. The fits of hysteria were suspended, the catamenia became more abundant; and, a short time after the re-union of the young couple, which took place in August, a true pregnancy was declared. But, at five months and a half, abortion; ten months afterwards, new pregnancy; and new abortion before the expiration of six months. At last, in the month of March 1823, a new abortion again, at three months of pregnancy. The womb remained swollen, hard, and painful; but the patient, entirely devoted to the care of her husband, who was dying of consumption, neglected herself.

Become widow, and continuing to suffer, she submitted for

four months to the following treatment:—*A blood-letting every month — repose — light regimen — frictions on the inner part of the thighs, with an ointment containing calomel.* The menses flow easily and abundantly — the health is established; and, in the dread of seeing these accidents return, Madame refuses a new alliance.

CASE XXXIII.—Mademoiselle C., of nervous temperament, thwarted in her early affections, experienced all the symptoms of engorgement, by congestion, of the womb. Marriage came, only to aggravate this diseased state. The conjugal approaches were a source of intolerable pain; and symptoms of hysteralgia were the apparent result. After a superficial examination, all the symptoms were attributed to the descent of the womb, which presented itself at the os externum. The introduction of sponges was insupportable.—*Rest, bleedings, regimen,* caused the engorgement and the descent to disappear; but the hysteralgic phenomena remained, kept up, as they were, by the nervous susceptibility of the patient, and by the circumstances proper to irritate it, in the midst of which she was placed.

CASE XXXIV.—Engorgement of the womb, with profuse sanguineous discharges passing to the inflammatory state by the unseasonable use of astringents — more rational treatment — cure.

The head-cook of a restaurant, aged twenty-eight, a thick, stout, little woman (*trapue*), had always been well menstruated, but had had no children. She was obliged, by her profession, to stand exposed, a great part of the day, to the burning heat of her furnaces. At the end of seven or eight months, her menses became abundant and prolonged, with a feeling of weight in the pelvis. A few days of rest sufficed to dissipate these accidents, and the patient resumed her labours. To date from this moment, the catamenia were always profuse, and returned in the interval of the periods. During the last six months, the blood appeared continually, but in small quantity, except at the menstrual epochs (from the 24th to the 27th of each month), when it was a profuse and prolonged hæmorrhage. Her strength

declined from day to day — the skin became discoloured — the body, nevertheless, appeared to preserve its former *embonpoint*. But the flesh soft, and as if transparent, indicated that it was a puffy œdematous state, which deceived for fat. A true *flooding* took place the 25th June 1826, (fifteen months after the first menstrual derangement).^{*} The eyes were hollow — the features profoundly altered — the colour pale, except the lips, and round the nose, which was of a dirty yellow. Discoloration of the *curanculæ lachrymales*, of the lips, the tongue, and the teeth. The pulse frequent and hard — the skin dry and hot — œdema of the feet, and of the eye-lids — nausea — vomiting. The *touch* renews the hæmorrhage. The neck of the uterus is swollen, soft, spongy-like — its orifice gaping, is filled with clots of blood. The uterus, also engorged, appears heavy; its fundus is felt behind the pubis.

Prescription — Potion, with half a drachm of rhatany root, “*riz gomme*,” a drachm of “*eau de rabel*.” Application of linen, imbibed in astringent solutions.

June 26th.—The hæmorrhage has diminished — a red serosity is all that flows from the vulve. The hypogastrium is painful to pressure — the touch is also painful. The neck of the uterus is engorged, as the day preceding, but more hard — pains in the loins — cephalalgia — pulse very hard and frequent. The pains of the lower belly become insupportable. The potion and astringent drink are replaced by a warm infusion of some aromatic plants; and the cold applications, by cataplasms to the belly. Nevertheless, the pains persist, the fever increases, and delirium manifests itself. The evening, M. Duparque ventures on a bleeding of ten ounces from the arm — syncope, followed by copious perspiration.—*Continuation of the cataplasms, &c.*

27th.—The belly is no longer sensible; but the compression of the uterus awakens the pains, which the patient refers to the loins — serous discharge from the vagina — no stool for eight days; and the projection of the sigmoid flexure of the colon announced an accumulation of stercoral matter. One ounce of castor oil, in two doses, cleared the intestine.

28th and 29th.—Same state.

30th.—Dull pains in the loins—the neck of the womb more engorged, and softened inferiorly—discharge of about two spoonfuls of blood—pulse high and hard.—*A blood-letting of eight ounces.*

July 1st.—A discharge of serosity scarcely coloured—neck of the womb reduced to a quarter of its former bulk.

6th.—The neck has diminished more than a half. The body of the uterus is hardly felt behind the pubis.

12th.—The womb appears returned to its natural state—no discharge.

25th.—The patient had been up a part of the preceding day, and had walked about her room. To-day, complains of general uneasiness—of pains in the loins—the neck of the uterus is become larger. The touch occasions the discharge of a clear and black blood. This slight hæmorrhage continues.

26th, 27th, and 28th.—The patient gets up, comes down four stairs, and although fatigued, recommences her work next day.

August 1st.—Hæmorrhage the preceding evening—pulse hard, frequent—the uterus more engorged.—*Bleeding of four ounces—rest in bed—light diet.*

4th.—General prostration—pulse small and feeble—uterus engorged, as if pulpy, and giving escape to a black liquid blood, on the least pressure on its neck. The potion, with the extract of rhatania resumed, and the syrup of quinquina; soup thickened with arrow root, for food.

6th.—All discharge has ceased—the neck of the womb is elongated and firm.

To reckon from the 15th September, the uterus appeared to have returned to its natural state—the patient resumed her strength, and was soon able to dispense with medical attendance.

In 1828, the menses diminished—Mademoiselle——felt some pains in the loins. The neck of the uterus was found a little tumefied. By M. D.'s advice, she quitted her profession, made herself be bled, kept her chamber some weeks; and at length found herself re-established.

This person, in recovering her former *embonpoint*, has

not recovered her colour—she is extremely pale, and as if *etiolated*.

CASE XXXV.—Engorgement by sanguineous congestion—hæmorrhages—cure.

Madame I., aged thirty-two, of sanguine temperament, experienced an unusual delay of her courses in the month of November 1827. The following month, abundant menorrhagia. Since then, blood, more or less serous, flows constantly in small quantity.

Moral emotions, fatigue, and especially the sexual relations, provoke hæmorrhages, lumbar pains, and a feeling of constriction and weight in the pelvis. This diseased state is neglected at first; then it is announced to be the prelude to cancer of the womb, and that there is no hope of cure. M. D. sees the patient at this conjuncture, nine months after the beginning of the menstrual derangement; and, with difficulty, obtains permission to explore the affected organ, because his predecessor, it was said, *had no need of such examination to recognise the disease, and indicate the treatment!!!* He found the neck of the uterus enlarged, but not much projecting into the vagina. The finger, in describing its circumference, felt the body of the womb swollen, as at the third month of pregnancy; the left hand, at the same time, applied to the hypogastric region, recognised the organ double its volume in height. The exploration was painful, and produced a discharge of pure blood from the orifice.

In spite of the continual losses of blood, Madame I., naturally of a florid complexion, had preserved upon the cheeks a circumscribed spot of red; but the lips and nose were of a yellow colour—pulse frequent and strong.—*Bleeding, of sixteen ounces—absolute rest—diet—lemonade.* Repetition of the bleeding the fifth day.

The ninth day, the lady presented herself to M. D. pale, fatigued, and exhausted, saying, that the hæmorrhages were arrested, but that she suffered more; but that she hoped, by taking care, she might do without his services. The neck of the uterus was found more projecting, more enlarged, more

painful, but the body had not entirely resumed its ordinary volume. The touch produced even a slight discharge of blood. But he could not persuade the patient to give herself up to entire rest. At a later period, the aggravation of the symptoms obliged her to resume the bed, where she was kept during six weeks. Three bleedings were practised during this interval. Since then, the menses have resumed their course with the usual moderation.

CASE XXXVI.—Uterine engorgement, with hæmorrhage — happy effect of the ergot of rye.

The subject of this observation is a seller of fruit, aged twenty-nine. Eight months ago she was delivered of her second child, and since that time, has been constantly moistened by a clear blood, and tormented by dull pains in the loins, draggings in the region of the stomach, factitious cravings for food, and painful digestions. Every ten or twelve days the blood came in greater abundance. This woman, notwithstanding her progressive weakness, induced by the losses of blood, was occupied continually with her little commerce: a hæmorrhage, more abundant and more prolonged, declared itself, and obliged her to keep the bed. She had been confined to it for four days when M. D. first saw her. The discharge began to abate — there was general discoloration and leanness — the pulse frequent, moderately hard, and wiry. Urine and stools natural. The neck of the uterus tumefied, occupied the bottom of the vagina — it was soft, spongy, and the contact of the finger sufficed to excite a great discharge of blood — it was but little painful. The uterus, felt through the abdominal walls, presented the size of a goose egg, but appeared little painful. — *Repose — light soups — rice-water.*

The hæmorrhage ceased; but the discharge of clear blood continued. The eighth day, state of the uterus little changed. A dram of ergot of rye, finely powdered, was suspended in four ounces of syrup, of which the patient took a spoonful every two hours. The next day the discharge had ceased. The uterus was not examined till three days after, for fear

of recalling the hæmorrhage: the neck was then firmer, and reduced more than a half. Two potions of ergot of rye had been used; a third was administered in spoonfuls every four hours —. *Light soups.* The neck of the womb became elongated and thin. The fundus of the organ could no longer be recognised above the pubis. As the febrile movement continued under an intermittent form, and as the stomach refused all food, the ergot of rye was replaced (eighth day) by ten grains of sulphate of quinine in the potion, and the tisane of rice was reddened with a little wine. The fever was arrested. The strength was resumed. The menses did not appear till two months after, and in the usual manner.

CASE XXXVII. 1816.—A stout maid-servant, twenty-two years of age, complained of pains in the loins and lower belly, and of something weighty, which seemed as if to escape from the parts. The neck of the uterus, enormously engorged, presented itself exteriorly, and from its orifice flowed a sanguinolent serosity — belly supple and indolent — constipation — difficulty in making water.

This woman had been delivered at Versailles four months before. The fifth day she returned on foot to Paris, and entered, in her quality of domestic, a house where she was exposed to much fatigue. In spite of the pains, the weight, the draggings of the loins, the numbness of the thighs, she continued her work. The menses had not appeared since delivery. Forced by her sufferings to reveal her state to her sister, she then submitted to medical treatment. The appetite was preserved all along. *Prescription: bleeding from the arm, sixteen ounces — barley water diet — rest.*

The next day the patient was found going about her room in a stooping position, and holding the lower belly, as she said the bed increased the pains of the loins.—*Twenty leeches to the pudendum.*

The third day, M. D., on calling, found the leeches had just been applied—they were spread upon the labia, and some had attached to the os tincæ, which projected from the parts. This novel circumstance disquieted him a little, and gave him

some anxiety as to the result, lest the bites should give place to a dangerous hæmorrhage. He returned two hours later — the blood flowed moderately. The patient found herself relieved: she could at last assume and preserve the horizontal position. The uterus had ascended more than an inch, and its neck appeared much less hard. Two days, and six days afterwards, *renewal of the leeches*. After a month of rest and *severe regimen*, the womb had entirely ascended — the neck was soft, and more voluminous than in the natural state, but all pain had ceased.

CASE XXXVIII.—Chronic engorgement of the neck of the womb, with prolapsus.

Madame R., aged twenty-four, of a strong constitution, but deteriorated by an unhappy marriage, had a laborious delivery in June 1820. Since then, constant pains in the lower belly — a feeling of weight in the pelvis, and of dragging in the loins — the thighs are also the seat of insupportable beating pains: these symptoms augment by walking, laborious watchings, and domestic griefs. The menses rare and scanty — fatiguing leucorrhea — painful digestions — flushings — irregular fever — wasting, and general paleness. The sexual relations extremely painful. Nothing was done to relieve these symptoms till 2d October 1821, sixteen months after the childbirth, when M. D. was first consulted. The patient was pale, lean, exhausted, and in a complete dejection of spirits. The fever had become continual, or almost so, with thirst, nausea, sleeplessness, oppression, and frequent cough, which inspired fears of consumption — there was a continual desire to make water, and the hypogastrium painful, but no tumour felt. The womb had descended almost to the os externum — its body nearly filled the pelvic cavity. This organ was exquisitely sensible, and very hard. A chronic metritis was very evident in this case. The weight of the organ explained its descent in the vagina; and both sufficiently accounted for the frequent desires to make urine, the draggings in the loins, &c.

The application of leeches, four times repeated, as well

upon the hypogastrium as to the vulva — cataplasms — emollient injections — mild regimen — diluent drinks — the horizontal position — and absolute rest, brought about a marked relief. The strength, however, did not return; and the uterus still preserved some degree of sensibility and engorgement. As soon as the patient got up, the organ was displaced anew, and most of the symptoms returned, with their former intensity.

October 27th.—In this state of things, M. D. resolved to apply six leeches to the neck of the uterus, by means of the speculum of M. Récamier. The bites were hardly felt. The leeches filled themselves; and the subsequent flow of blood might be reckoned at about eight ounces.

From the 28th, the uterus had much diminished in volume; the neck was more supple, soft, and much less sensible. General state the same.

29th.—*New application of leeches to the uterine neck.* Since then, the womb was reduced almost to its ordinary volume — the strength returned; and the patient was able to walk about, and even give herself up to fatiguing exercises without being incommoded.

CASE XXXIX. from Guilbert.*—A young lady whom M. G. had treated, before marriage, for various affections (neuralgia and erysipelas), was, during her first pregnancy, annoyed by circumscribed peritonitis of the lower belly; cured by bleedings from the arm, leeches, baths, &c. At the term of accouchement new peritonitis, combatted with success by the same means. But the young lady was soon exposed to cold, in travelling sixteen miles into the country in a carriage to see her infant, which was at nursing. On her return, the peritonitis was renewed more intensely than before, accompanied with evident metritis. M. Gardien, the accoucheur, recognised these lesions; and a prompt and active treatment succeeded in subduing the peritonitis. The metritis, also, was much diminished: but the engorgement of the body of the womb con-

* *Considérations Pratiques sur Certaines Affections de l'Uterus, et sur une Nouvelle Méthode de Traitement, &c.* Paris, 1828.

tinued. New derivative bleedings—baths—cataplasms around the pelvis—blisters—injections, &c.—every means were without effect. M. Récamier was called in consultation. The result of examination shewed a sufficiently large engorgement of the posterior lip of the os tincæ: *a tumour projected, facing the rectum, half the size of a nut—sensitivity of the os tincæ, formerly acute, now diminished.* Every other means failing, it occurred to M. Guilbert *to apply leeches immediately to the seat of the engorgement itself, and to the base of the tumour.* It is this mode of treatment his small work was written to recommend to the profession.

M. Récamier relished highly the proposal of the local application of leeches. *Four leeches were begun with: and six were renewed a few days afterwards.* The second application dissipated the pains which remained after the first, and even diminished entirely the engorgement, and the tumour. The exploration shewed every thing had resumed its normal order. The patient, who could not before bear the jolt of a carriage, supported it without pain.

Thus, remarks M. Guilbert, did we obtain, in a few hours, so to speak, a considerable and salutary change; which the ordinary means, accumulated and disposed with method, had not been able to procure. However, at the next menstrual epoch, new pains, but more slight, manifested themselves, and the same means were again successful.

CASE XL.—Chronic engorgement of the neck of the uterus, with descent of the organ—cure by the ordinary antiphlogistic treatment.*

Mad. D—— became a mother at twenty-seven years of age: some months afterwards, had an abortion caused by fright, in the 8th week of pregnancy. Next day she engaged in her domestic affairs. In the evening hæmorrhage. Rest was enjoined during three days. The blood continued to flow, but in small quantity. Dull pains in the pelvis—alternate swelling and sinking of the abdomen—loss of appetite and *embonpoint*.

Some months passed away, and the menses did not appear. The application of leeches to the pudendum, irritating footbaths, and some emmenagogues, were advised. The symptoms augment. Mad. D. feels like a foreign body in the vagina. In the crouching posture, something seems as if to escape from the parts. She is tormented by uterine tenesmus, and constipation. Sometimes the urine flows almost involuntarily, but drop by drop; sometimes she remains several hours, or a whole day, without its being evacuated: but, after a few seconds in the horizontal position, it flows in abundance. After the advice of her midwife, approved by her physician, the leeches to the parts are renewed. Rest in bed for a few days, and *the use of a pessary*, are prescribed. The presence of this instrument, though extremely painful and annoying, is, however, supported, through the patient's anxiety to get quit of her infirmity. Afterwards, the menses return, but scantily; and at each period, the pain in the loins and lower belly increase in intensity. It was at this conjuncture that M. D. first saw the patient. He removed the pessary, and found the os tincæ of the size of a hen's egg, very hard, hot, and painful. In compressing the organ, the patient complained of great pain in the loins. Considering the displacement as the mere result of the engorgement, he ordered, in consequence, *small blood-lettings, injections, baths, absolute repose during five or six weeks, and a light regimen*. These means, employed regularly, caused the complete disappearance of the engorgement. Four bleedings were practised—the menses were established as usual; and since then, there has been no sign either of the prolapsus or of the engorgement of the womb.

CASE XLI.—Descent of the womb, by chronic engorgement of its neck—cure by bleedings, rest, and diet.*

Madame H., cabinet-maker, aged thirty-three, of short stature, and strongly muscular, had a prolapsus uteri for three years and a half, the time of her second childbirth: attributes her accident to having carried a piece of furniture

* Duparquet, op. cit. p. 311.

a considerable distance twelve days after delivery. Since then, she complains of dragging pains in the pelvic region — a feeling of weight upon the fundament, and the sexual relations extremely painful. The menses had almost entirely ceased. Her midwife *advised a pessary*, which she could not retain, on account of the violent pains it caused. Notwithstanding, after the advice of M. Dupuytren, she wished to replace it, but was soon obliged to withdraw it. Several attempts having been unfruitful, she patiently bore her disorder. But the state of suffering and annoyance it caused her, the impossibility she found to raise the slightest weight, which even prevented her making her bed as usual, engaged her to return to M. Dupuytren, who advised her to apply a pessary, and to become again pregnant! The efforts which she made for this last purpose having greatly aggravated her symptoms, M. D. was asked, the 11th July, 1818, to place a pessary; but the state in which the neck of the uterus was found took away all desire of acceding to the request of the patient. This part was much tumefied, hard, and insensible to the touch. Believing that the symptoms which the patient experienced, and the descent itself, to depend on this engorgement, she was immediately ordered to be put to bed, and to keep it during a month, at least. A bleeding of the arm was practised, and renewed every eight days, to the extent of only eight ounces each time. The patient was submitted to a mild and moderate regimen. At the end of only four days, the womb had resumed its natural situation.

Prescription.—Emollient injections and general baths during two days. Every four or five days the patient took a spoonful of castor oil, which sufficed to provoke two or three stools, and to combat the constipation, which fatigued her. At the commencement of this treatment, the menses approached; the discharge, indeed, took place next day, but as scantily as usual. At the following period, menstruation much more abundant, but which lasted only a day. The neck of the uterus had diminished more than a third, and was more supple. At the third period, the neck of the womb, which had resumed almost its ordinary volume and form, swelled; however, the flux con-

tinued all the day (7th September), with sufficient abundance. The next day, blood-letting, to the extent of eight ounces.

The patient, who had a good appetite, and who felt her strength return, got up, in spite of injunctions to the contrary. However, no accident took place. At the following period, the menses flowed two entire days, as had been the case formerly. At the sixth period there was nothing. Madame H. came herself to find M. D., fearing a relapse: but the touch shewed the os tincæ quite sound. He suspected a commencement of pregnancy, which, in fact, existed. The delivery took place at full term; and as easily as in the one preceding. But, by precaution, the patient was kept in bed fifteen days, and was not permitted to go out, or resume her domestic employments, till after six weeks. Since then, nothing particular has happened, so far as the womb is concerned.

CASE XLII. — Engorgement of the neck of the uterus, in appearance scirrhus — resolution almost complete, under the influence of repeated bleedings, &c. — premature fatigues, &c. — tendency to a relapse — cure.

Madame C., aged forty, has had six children. After the last childbirth but one, she suffered a long time in the hypogastrium, and had a feeling of weight on the seat.

Since her last child, now five years old, the same pains have relapsed — the menses have diminished in quantity — frequent lancinating pains are felt in the sacral region — a breaking or splitting sensation (*sentiment de brisement*) constant in the thighs — general uneasiness produced by standing, or a short walk — the alteration of the colour, and of the features, has made insensible progress. Fatigue, and the anxiety occasioned by the illness of her eldest child, have aggravated these symptoms. The accoucheur, several times consulted, advised a pessary, which was not, however, used, and other insignificant means advised, were neglected.

March 5th, 1830.—M. D. found a very hard engorgement of the neck of the uterus, with prolapsus.

The patient could not be prevailed upon to keep the bed con-

stantly. Accustomed to the charge of her little family, she could not intrust it with others. The husband, on his side, fearing that the regimen, the baths, and especially the frequent bleedings which were advised, would produce too great weakness, desired a consultation. M. Marjolin was chosen. He recognised the engorgement, and pronounced a prognostic much more grave than the first, but confined the treatment to the limits already traced. The patient, more frightened, became more docile; and soon the engorgement left hardly any traces in the posterior lip.

A bleeding was practised some days before, and another some days after the period of the menses. This flux, at the third epoch, was easy, without increase of the symptoms, and more abundant than it had been for a long time. The patient took at first *hip-baths*,* but the heat and lumbar pains were not diminished. The entire bath produced better effects.

Madame C., feeling herself better, began to walk, and resumed her old manner of living. She neglected the mild regimen which had been prescribed to her; and at the beginning of winter the symptoms re-appeared. They again yielded to rest, and returned in March 1831. The patient, tormented, then, by affairs of interest, and irritated, besides, on the slightest motives, had a *remittent* brain fever, which, combated by bleedings, yields only to the sulphate of quinine: since then, the neck of the uterus has returned to its natural state, except a small painful tubercular engorgement existing on the posterior lip. It is to be feared that this point may become a source of relapse, and more profound alterations, if the patient persevere in her indocility.

Although this case be incomplete, it proves the success obtained by prolonged antiphlogistic treatment, regimen, and absolute rest. The case would, doubtless, have been more decisive, if the patient had been more submissive to the means prescribed, and been placed in more fortunate outward

* These, as the reader will see in the chapter on treatment, are totally at variance with all sound pathology and therapeutics, and are as injurious as they are irrational in the cases in question.

circumstances, whose noxious influence upon the womb is always to be dreaded.

Postscript.—Placed in more advantageous circumstances, the subject of this observation submitted herself to absolute repose, strict regimen, and to the practice of injections before prescribed to her; and, after several months of perseverance, she regained her natural state. To-day, 30th January, 1832, there is no more trace of engorgement.

CASE XLIII.—The following case is an instance of the efficacy of issues to the loins in the resolution of chronic engorgement of the womb.*

A lady, aged twenty-seven, experienced, for three years past — the period of her second childbirth — the symptoms of a disease of the womb, against which she had exhausted, during these three years, all the means which medical advice had suggested, as well as all the nostrums of quackery.

Consulted by this lady in 1826, M. Tealier found the womb within an inch from the vulve, the neck half open, and as large as a small hen's egg, without inequality or knot, but sensible to pressure. This lady acknowledged, that the sexual relations were so painful, that for a long time they had become entirely insupportable. She had a constant leucorrheal discharge. The menses returned at their epochs, but with unheard-of pains in the belly, the loins, the groins, and along the thighs. They obliged the patient to keep the bed during eight days each month.

Rest, and the antiphlogistic treatment, had been counselled and observed with sufficient exactitude, during a very long time, without much advantage. Nevertheless, he advised perseverance in it; and, at the same time, applied upon the sides of the inferior part of the vertebral column, *two large issues*, the suppuration of which was to be kept up a long time. At the end of six months, the womb had ascended three inches — the engorgement had almost entirely disappeared. The lady had resumed her usual domestic occupations. She preserved the

* Tealier du Cancer de la Matrice, p. 224.

issues during fifteen months, and she has not been confined to bed anew since this period.*

CASE XLIV.† — Ulcerated engorgement of the neck of the womb — bleedings — leeches to the os tinæ — residence in the country — *tartar emetic* frictions — cure.

M. D. — was called in consultation with M. Lisfranc, the 17th Sept., 1830, to Madame L. —, whom her physician, a man of reputation, had pronounced to be affected with *cancer of the womb*, and who had counselled the husband to put himself to no more expense, as the affection would inevitably end fatally, sooner or later; that her life, at least, could not extend beyond two years.

This lady was thirty years of age, blonde, and of a fine carnation: had had a child at twenty-four years. A year and a half ago, for the first time, she had a considerable leucorrhea, which disappeared in proportion as a pregnancy advanced. Abortion took place at six months. The lochia flowed sparingly, and the pains of the loins, which had preceded the accident, continued. The menses were replaced by a sero-sanguinolent discharge, and their epoch marked by an aggravation of the symptoms; darting pains, with a feeling of heat in the loins, of erosion and burning at the lower part of the sacrum, and uneasiness in the lower extremities, were complained of. The cause of all the symptoms was found in a very hard, but regular engorgement of the neck of the womb. *Prescription.* — *Repeated revulsive bleedings from the arm; emollient and narcotic injections — absolute rest — strict regimen.* The patient's mind was assured, in indicating to her *the merely inflammatory nature of the disease, and the certainty of a complete cure.*

The prescription was irregularly and incompletely followed; so the symptoms, at first calmed, re-appeared with new intensity. Madame L. — went to consult M. Dupuytren, who announced

* M. Sanson, of the Hôtel Dieu, has communicated to the Society of Medicine of Paris, a number of Cases, which prove, like this one, the utility of issues to the loins, for the resolution of uterine engorgements.

† From Duparque.

the existence of cancer, with ulceration of the neck of the womb. "There is but one means," was his opinion, "of preventing the troublesome consequences; that is, to remove the diseased part. It will not cure, perhaps, completely; but it will alleviate. I advise to take a prompt decision: all temporising will be fatal."

In greater despair than ever, Madame L. came to M. D., without saying at first whom she had consulted. She imparted to him her disquietude, and asked, if he thought, as at the first time, when with M. Lisfranc, that the disease was curable? He examined anew, and found the engorgement more considerable, offering a knob in the middle of the posterior lip; and, in addition, an erosion of the internal face of this lip. The patient complained of constant, dull, and burning pains, often acute, which from the uterus extended to all the left thigh. No trace of discharge existed, except a sero-sanguinolent oozing from the surface of the erosion, whose grayish and granular bottom contrasted with the pinkish white colour of the tumour. The case was grave: however, taking into account the comparatively recent date of the disease (thirteen or fourteen months), and its origin; and having seen cured longer standing and more advanced alterations; and obliged, besides, to calm the fright into which the patient had been thrown, Madame L. was assured, that her disease, in augmenting in intensity, had not changed its nature, and that it was still susceptible of cure.

Leeches, regimen, rest, frequent baths, injections, produced soon the effect anticipated from the persevering use of these means. The relief was especially marked after *three applications of leeches to the neck of the womb*, made the 25th February, 11th and 18th March, 1831. After each application the patient felt herself relieved of the pains, and believed herself cured; but the resolution was not complete. The symptoms were renewed by domestic troubles, and the excitement of gigantic commercial enterprises, which prevented the repose so necessary to her condition. To withdraw herself from these obstacles to her cure, and to give herself up exclusively to his treatment, she retired to the country, near Paris. During a month that she had been there, blood from the arm had been drawn, and leeches had been

applied to the os tinæ. To day (30th April) the neck is elongated, supple, and preserving its little point of engorgement, of the size of a cherry-stone, in the thickness of the posterior lip. All the pains have ceased; the menstruation has been very abundant, and without renewing the symptoms, as was the case before. Finally, her physicians have the intimate conviction that a complete cure would be promptly obtained.

Postscript.—The hopes entertained were not deceptive: but it was not till after several menaces of relapse that the cure was finally obtained. Indeed, the month following (May), renewal of the pains; neck engorged and hard. The erosion, which had cicatrised, is renewed: the menses have been less abundant. —*Bleeding from the arm — severe regimen — baths — injections.*

May 20th.—Things are in the same state: eight leeches to the os tinæ — ointment in frictions — inspissated tartar emetic injections retained all night in the vagina.

24th.—Complete disappearance of the pains. The neck a little puffy, but supple, and soft in all its parts.

In September, the patient undertook a journey of near two months' duration, during which she was frequently shaken in public vehicles. She had continued her debilitating regimen. On return, she desired to have the state of the uterus ascertained.

Examined by the speculum: the neck is found swollen, of the size of a large nut, and of a pinkish white. This engorgement gave some inquietude; but it was soon dissipated by the touch. The suppleness and softness of this part testified that the primitive engorgement had disappeared. This puffiness was attributed to a kind of œdema, analogous to that which seizes the uvula when it has been inflamed. The leucorrhœa was more abundant than before. A less debilitating regimen, and the use of ferruginous waters, was, in consequence, prescribed. Since this time, the cure appears completely confirmed. Every symptom, as regards the uterus, has ceased. The neck of this organ has returned entirely to its natural state. There is no more leucorrhœa; and the *embonpoint*, with the freshness of the complexion, attest the return of the most satisfactory state of health.

CASE XLV. — Madame D., aged thirty, mother of two children, had an abortion in the second or third month. She immediately resumed her household occupations: the lochial discharge was soon arrested. Pains in the pelvic region — weight on the fundament — draggings in the loins and groins — wasting of flesh, and languor of all the functions, supervene. The disease goes on increasing. Six weeks after the accident, preludes of menstruation, without the flux, appearing. From that time, aggravation of the symptoms — fever, anorexia, pains in the hypogastrium at short intervals, irradiating into all the abdomen; excretion of urine difficult; alvine dejections rare; sleeplessness.

Fifteen days pass away thus; but the gravity of the symptoms engage the midwife, till then alone consulted, to come herself to ask advice. It was the 2d of May, 1827. Two applications of leeches to the hypogastric region were made without any other advantage than diminishing the general pains of the abdomen. Hip-baths, cataplasms, &c., were ordered.

May 9th.—The neck of the uterus is engorged, as well as the body. The sinking of the walls of the abdomen permits to feel the fundus of the womb behind the pubis. It is of the size of a goose's egg, hard, and sensible to pressure.—*Twelve leeches are applied to the neck of the uterus — very profuse and disquieting hæmorrhage*—plugging.

10th.—The *tampon* is removed. The uterus is reduced a half—supple—its neck more prominent. From this moment the resolution is rapidly accomplished. The patient remained a long time feeble and discoloured, in consequence of the enormous loss of blood. Towards the end of 1829 she again became pregnant, and was safely delivered, without consecutive accidents, during the memorable events of July, 1830.

CASE XLVI.—Chronic metritis, the consequence of childbirth — bleedings — *leeches to the neck of the womb*—residence in the country — complete cure — seven years after, phthisis — death.

Mademoiselle Kr. Provençale, brunette, little, very ardent, had followed her lover to Paris. There, abandoned by him,

she soon perceived herself *enceinte*. Through pity, or another motive, a rich coal-merchant succoured her. They soon lived together *maritalement*. M. D. was chosen accoucheur. The labour was long, and the forceps were rendered necessary by the rigidity of the parts, the size of the head, and the exhaustion of the patient. The placenta was adherent; and a profuse hæmorrhage necessitated its abstraction by the hand. A most violent *metritis* followed: it yielded to a vigorous antiphlogistic treatment, and the re-establishment was prompt.

In the month of June following (1823), another visit. Mademoiselle K. was found excessively lean; her eyes hollow, and encircled with a dark areola; breath fœtid: for a month preceding, she had not been able to quit her bed. She confessed that, neglecting the counsels given her, she had given herself up to the pleasures of the dance, the *spectacle*, the table, &c., a little after the last visit. Pains, at first dull, then violent, were developed in the lower belly to such a degree that she could not keep herself straight; and she was obliged to walk bent forward. The menses had not appeared since the labour, but she was constantly moistened with reddish waters. Palpation of the abdomen discovered in the hypogastric region a hard, roundish tumour; flattened, however, from before backwards, and offering a slight depression at its summit. She had been affected with diarrhea for a long time, and had just made urine. It was evidently the uterus; the os tincæ was in its ordinary place, engorged, but effaced, *i. e.* not projecting into the vagina. The patient had, until then, very willingly eaten and drank as usual, notwithstanding the want of appetite. The tongue was pointed, red, and covered with papillæ; the epigastrium painful; the skin of the trunk dry and burning; the extremities more frequently cold than hot: and it was with much difficulty she submitted to the severe regimen imposed.

A depletive blood-letting, then four small bleedings, at intervals of four or five days, emollient fomentations, baths, diminished much the uterine engorgement. However, the 10th July following, the womb was still nearly of the size of the fist; there existed always dull pains.—Two applications of

eight leeches to the neck, with the speculum, operated an almost instantaneous resolution. The patient was extremely weak, and worn to a skeleton, although the diarrhea had ceased, and the stomach began to bear food.

In the intention of recruiting her health, and still more of preventing a relapse, the patient was sent to spend some months in a quiet country retreat. There she re-established herself in a measure; then returned to Paris, and resumed her old train of life, which the ruin of her new lover only compelled her to change. She fell into misery. In 1828, some of her new neighbours requested Mr. D. to go to visit a dying woman. He found his ancient patient, Mademoiselle Kr., in a garret, and arrived at the last stage of a pulmonary consumption, under which she sank a few days afterwards. The menses had been deranged anew, since the developement of the chest affection; but nothing particular was found in the uterus.

CASE XLVII.—General engorgement of the uterus, continuing during six years: descent of this organ. Goitre—abundant leucorrhea—treatment by *bleedings, leeches to the uterus, preparations of iodine*—cure of all—consecutive pregnancy.

The wife of a Lyons jeweller came to Paris to be treated for a pretended scirrhus of the womb, against which two physicians had vainly employed all the resources of their art.

She had borne a child six years before, but the lochia had flowed very scantily; and, since then, the menses, formerly abundant, had merely moistened the parts with a red serosity, which suppressed itself at the end of a few hours. The patient was afflicted with pains in the loins and groins, and an insupportable weight on the seat. The legs refused to make more than a few steps; they soon became benumbed, and the seat of contusive pains, especially in the anterior part of the thighs. These symptoms became so violent, as sometimes to be insupportable, during eight or ten days, corresponding to the menstrual epochs. Then the patient was forced to keep the bed: hysterical paroxysms became frequent, and more than once had given disquietude by their duration and their violence.

An intense degree of leanness had replaced her former *embon-point*: the eyes were hollow; the skin dry and discoloured. Frequent vomitings—obstinate constipation—urine frequent, but in small quantity—sleeplessness.

M. D. saw the patient the 2d April, 1823. Arrived in Paris two months ago, she had rested fifteen days without recovering from the fatigue of her journey, though performed very gradually. She had been to consult two celebrated physicians. The one saw nothing else than *hysteria by retention of the menses*—no examination was made: the other announced an *incurable scirrhus*, but only susceptible of palliatives: two modes of treatment, almost entirely opposite, were, in consequence, prescribed.

Commercial relations having brought her in contact with Madame F., the subject of a former case, and learning that she had been treated with success for similar symptoms, M. D. was called in. He found her in the state now described. The husband said to him, aside, that the physicians of Lyons had warned him that all treatment would be useless, the disease being above the reach of art.

In palpating the abdomen, which was sensible inferiorly, a spherical tumour, larger than a man's fist, was met with, rising from the pelvis, an inch above the level of the pubis, and apparently four or five inches in extent, transversely.

There was found at the entry of the vagina, a tumour, of the size of the fist, in the centre of which was an opening, sunk in so that the tumour represented a circular ring round it: it was very hard, and little sensible to pressure. In raising it, the hypogastric tumour presented the same movements as were given to this. The vagina was completely filled with the tumour.

The tongue was covered with papillæ, and discoloured—the skin dry and hot—the pulse small, hard, and wiry—a chaplet of hæmorrhoidal tumours bordered the anus.

Prescription.—*Sixteen ounces of blood from the arm—barley water and gruel, diluted with milk, three small cups a-day for the only nourishment—diluent drinks—cataplasms to the belly—rest in the horizontal position—the pelvis to be kept elevated by means of a hard cushion.*

April 9th.—The neck of the uterus has ascended an inch, but the hypogastric tumour exceeds as much the pubis.—*A new bleeding.*

14th.—Uterine neck a little less thick. *Twelve leeches are applied immediately upon this part*, by means of the speculum.

16th.—Neck diminished in volume more than a half—the organ has resumed almost its ordinary place—the hypogastric tumour is not more projecting; it appears less voluminous than previously.

22d.—*New application of leeches to the neck of the uterus.*

From the 23d.—The womb no more projects beyond the pubis; it seems to be no more than the size of a hen's egg—the neck projects into the bottom of the vagina—soft, and of the size of the two thumbs united.

26th.—*Six leeches to the neck*—arrow-root added to the chicken soup. From this moment the uterus returns to its natural volume.

30th.—Turgescence—lumbar pains; and soon after, discharge from the vagina of about two spoonfuls of pure blood, in the course of the day.

The patient soon recovers sufficient strength to get up and walk about her chamber.

Two months afterwards, she called on Mr. D., for a *goître* of considerable size, which had also appeared after her last childbirth, and which she desired much to get rid of. A leucorrhœa, still more abundant than during the disease, occasioned dragging pains of the stomach. Since the last visit, she had had only two slight fits of hysteria, provoked by contrarieties. Fifteen grains of hydrodate of potash were incorporated in eight ounces of syrup, of which the patient took a spoonful four times a day. She went to pass some time at Belle-ville, a village situated on an eminence near Paris. After the third dose of syrup, the *goître* had entirely disappeared, and the leucorrhœa had ceased.

This lady became pregnant some months after this cure: the pregnancy followed its course without accident, and the delivery was happy. Since then her health has continued good.

CASE XLVIII.*—Engorgement of the body, and of the posterior lip of the neck of the womb—ovaritic—hysterical. Insucces of blood-letting and other antiphlogistics—cure by leeches to the neck.

A midwife of good constitution and well-menstruated, married at the age of twenty-five. At the end of some months the menses became less abundant, often almost wanting. Continual dull pains are felt in the loins and lower belly, especially towards the right side; besides, the uterine pains manifest themselves, in a more intense degree, from time to time, especially when, in consequence of her profession, she is exposed to fatiguing nights. She is then obliged to suspend her occupations for several days.

M. Marjolin, consulted, finds an engorgement of the uterus, and suspects another of the right ovary, and does not dissemble the consequences it may have, at a more or less remote period. He prescribes a bleeding, and rest during a month. A marked relief is the consequence, but it is not of long duration. The symptoms soon come on again with new intensity: the same means are resorted to; but as soon as the patient feels herself better, her fatigues are recommenced.

This state had continued during three years, with gradual increase, so that the patient could not continue her profession, but with much pain, when she consulted M. D. Exploration discovered an unusual swelling, with sensibility in the right iliac region. The neck and the body of the uterus almost double its volume, and very hard. This examination was followed by an explosion of the pains and general nervous movements. The face was habitually easy to assume colour: the pulse strong and hard. There were palpitations and singultus. The patient was, besides, affected with erratic rheumatic pains, with which the uterine pains had no connexion; the rheumatism, for example, affecting the left arm or shoulder, without the uterine pains being at all diminished.

Prescription.—Bleeding in the arm—rest during eight days

* Duparque, op. cit.

—*flannel to the skin*. Some leeches were applied to the hypogastrium, but without success.

The patient, who had seen examples of the happy effects of leeches to the neck of the womb, anticipated the intention of M. D., and demanded the use of these means. The success surpassed expectation. After another general bleeding, and leeches to the hypogastrium, *eight were applied to the os tinæ*—the engorgement was dissipated almost instantaneously. The menses appeared as formerly, and Madame S. could resume her labours before the end of the month. The symptoms have threatened to return several times since; but, at the least menace, a good blood-letting, baths, and rest, have prevented the developement of the disease. The menstruation is as usual; the most attentive exploration discovers nothing which can induce the fear of relapse. The cure, which now dates back four years, appears quite decided.

CASE XLIX.*—Chronic engorgement of scirrhus appearance, with ulceration of the os tinæ. *Immediate application of leeches to the neck of the uterus*—cure—relapse five years afterwards—termination by confirmed cancer.

Madame Levêque, aged fifty-nine, wine-seller, of strong constitution, had a suppression of the menses at the age of forty-six, without accidents or symptoms worthy of note. At the age of fifty-seven and a half, spontaneous appearance of a menstrial discharge during some days. From this moment, sensation of weight in the pelvis, pains in the loins, but feeble, and little constant. A year later, some degree of sero-sanguinolent discharge—lumbar pains more strong and frequent. Three months afterwards, discharge more abundant, sometimes more bloody, at other times more serous, sometimes entirely bloody; but always under one or other of these aspects. Pains of the loins increased—darting pains in the pelvis—feeling of numbness in the thighs—fatigue on the least exertion. But the predominant symptoms are, loss of appetite—nausea—vomiting of every kind of nourishment—habitual constipation—

* Duparque, op, cit.

urine scanty, deep-coloured, or depositing a sediment — complete sleeplessness.

M. D. was consulted for the vomiting, which greatly fatigued the patient, and which made her lose all the *embonpoint* she had hitherto. The tongue was natural, rather pale than red, without developement of the papillæ, and without scurf — no sensibility, and no perceptible lesion in the epigastric region. It was probable, then, that the derangement of the functions of the stomach was merely sympathetic; and the antecedent circumstances justly awakened suspicion as to the cause of the phenomena being in the uterus; that *that* was the *point de départ* of the disease. The examination changed the suspicion into certitude. The iliac regions, and especially the hypogastrium, were very sensible, the slightest pressure producing lively pains. The uterus, hard and enlarged, was found projecting above the pubis. A tumour, of the size of a goose's egg, hard and knotty, and very sensible to the touch, filled the vagina, even to the os externum: at its centre existed an opening, with rough unequal craggy edges. It was evident, from examination, that this engorgement extended to the whole body of the womb, which was equal to the volume it has at two and a half months of pregnancy. The *touch* gave place to a considerable discharge of dark blood. The speculum displayed the orifice gaping and irregular — its edges, formed by knots, separated by deep furrows; the surface was as if irritated, grayish, and scattered, with red points: in short, it had an ulcerous appearance.

Prescription (8th March 1821.)—Thirty leeches to the lower belly — emollient cataplasms — hip baths, of two hours' duration* — mild drinks — some doses of magnesia — mucilaginous and narcotic injections — *diet*.

9th.—The sensibility of the iliac regions has disappeared — that of the hypogastrium is less. The vomitings continue, as also the lumbar pains, and the darting sensations in the pelvis. The state of the uterus is the same.

* The absurdity and danger of this practice has been pointed out in its proper place; but this was only the infancy of the rational and scientific treatment of these diseases.

10th.—Same state. Twelve leeches applied to the neck by the speculum. Abundant flow of blood. Same application on the 16th.

22d.—The neck of the uterus, formerly at the entry of the vagina, was now a finger's-length from it, remarkably soft, and reduced to a very small volume; or, rather, the knots which it presented before, seemed to be converted into a species of vesicles, giving to the finger the same sensation as that produced by hæmorrhoidal tumours half engorged. The body of the organ seemed still engorged, but in a moderate degree; and it was with difficulty it could be embraced between the exploring finger and the hand applied above the pubis. The vomitings had completely ceased. The discharge had, in like manner, disappeared.—*Continuation of the means indicated, except the bleedings.*

The following days, the patient found herself so much better, that it was with the greatest difficulty, and only by frightening her as to the consequence of her disease, that she could be induced to continue the cataplasms, the baths, and regimen. The husband, to avoid all dangerous fatigues to her, sold his wine-shop, and they retired into one of the faubourgs of the city.

This patient was lost sight of till the 15th of July 1827, when M. D. was called in again. She had continued well during five years, but had experienced, from time to time, darting pains in the pelvis, and in the loins. Since two years, these symptoms had progressively increased. She was then in an advanced state of the cancerous cachexy, recognisable by the leaden, tawny tint of the skin, the flabby, puffy state of the whole flesh, the loss of strength, and a colliquative diarrhea. The neck of the uterus was found more engorged, and harder than the first time. The uterine orifice was enlarged by a craggy ulcer. There was a sanious and fetid discharge. The patient sunk two months afterwards.

CASE L.—Uterine engorgement, of scirrhus appearance, of more than twelve years' standing, completely cured by general and local bleedings, and resolatives.

The following fact is, without contradiction, the most remarkable that has come under our notice. The ancient date of the engorgement—the symptoms which it presented, and which characterise a scirrhus alteration—the age of the patient—the profound derangement of all the functions—the insuccess of the means previously used by a physician of eminence: all these circumstances were a just ground of fear, that the disease was beyond the resources of art; yet, however, it was cured.

Madame B.,* aged fifty-seven, without being endowed with a strong constitution, had always enjoyed good health. She inhabited Vandœuvre, a village of Champagne. She had had four children, the last at the age of thirty-eight, in March 1813. She suckled it, as the others, till ten months of age. It had been weaned six weeks when the enemies of the north arrived. The fright which Madame B. experienced, brought on an abundant menorrhagia. The loss of her fortune—the pillage of her habitation—the danger which her husband and children incurred—the bad treatment to which she herself was exposed—all contributed to alter profoundly the state of her health. From that time, the menses appeared very irregularly—sometimes suppressed—at other times returning twice or thrice in the same month—sometimes abundant—most frequently in small quantity; and rather serous than sanguinolent. Soon appeared leucorrhœa—dartings in the pelvis—pains in the loins, and lower belly—loss of appetite. The patient came to Paris with her family in 1819. Till then, she had employed no treatment. Misery, fatigue, and sorrow, added to the death of two of her children, had plunged her in such a state of despair, that she hailed death as a boon, and the disease under which she laboured, as hastening the desired event.

In 1820, M. Kergardeck saw the patient. Besides the

* Duparque, *op. cit.*

uterine symptoms, she had continual vomitings, frequent headaches, preceded and accompanied by flushing of the face, and vertigo. All the abdomen was painful, especially the hypogastric and iliac regions. The hypochondria and epigastrium were tense: there was oppression — frequent sighings — habitual constipation, and sometimes diarrhea. General bleeding, and the application of leeches to the epigastrium, had several times produced an alleviation, even suspension of the symptoms, except the uterine, which persisted always, and of which there was no marked relief: a slight relief was indeed experienced, by the application of a Burgundy pitch plaster, with tartar emetic, to the lumbar region.

The patient had, notwithstanding, attained her fifty-second year; but, at that age, the uterine symptoms becoming much more intense, M. Kergaradeck requested M. D. to see his patient, to examine the presumed nature and seat of the uterine disease, and to employ the means deemed necessary. He found Madame B. out of bed (April 1827), but hardly able to walk in her chamber, and not able to keep herself completely erect, without increasing the pains of the abdomen and loins.

There existed a general discoloration of the mucous membrane — a dull, leaden, straw-coloured hue of the skin, with general leanness, and bloated œdema of the face and extremities. This discoloration could not be attributed to anemia, for the patient was frequently tormented with giddiness, during which the face assumed momentarily a general flush. The pulse was full, hard, and resisting. For a long time past there had existed sleeplessness, or, when the patient, exhausted by fatigue, would slumber, acute pains soon interrupted the transient repose. There was a sero-mucous, and sometimes a sanguinolent discharge from the vagina.

The os tinæ was found two inches from the vulva, of the size of the large extremity of a hen's egg, separated into three lobules by three furrows. The body of the womb itself appeared engorged; but it was not till some days after, when the sensibility of the abdomen had yielded to general bleeding, and leeches to the hypogastrium, that the womb was recognised to be of the size of a goose's egg. This formed a very hard and

pretty insensible tumour. The unevenly-dilated uterine neck allowed to exude a small quantity of bloody serum.

It was thought, from these circumstances, that there existed a true schirrous state of the uterus, and the most grave prognostic was declared, established on the age of the patient, the ancient date of the disease, and the characteristic symptoms that accompanied it. The hope of a cure could not be entertained: however, M. R. engaged M. D. to attempt the treatment, the happy results of which had been manifest in other analogous cases.

After having destroyed the irritation which had propagated itself to the abdomen, by general bleedings, and leeches to that region, by cataplasms and baths, and rest and diet,—*leeches were applied to the uterus. These were renewed five times in the space of a year*, and twice were preceded by a general blood-letting. Each application produced a relief so marked, that the patient declared she had not experienced the like during the thirteen years she had been ill. Frictions, with calomel incorporated with axunge, were made upon the thighs. Soap pills were also administered. The uterus returned to its natural size; the neck became less large and less hard, and resumed gradually its natural form and suppleness. Since the middle of 1828, the resolution appeared to have been complete: all the symptoms have disappeared. Mad. B. has been able to resume her ordinary manner of living, as well as engage in the occupations of her household; and now that she has attained her fifty-seventh year, feels herself as strong and healthy as at any former period of life; only the headaches, the flushings and giddiness, oblige her, from time to time, to have recourse to a small bleeding.

It is evident, that all the honour of this cure is to be attributed to the leeches—*especially the leeches to the neck of the uterus*. Already the baths, the injections, the laxatives, which were employed simultaneously, had been a long time put in use without success. Perseverance in the severity of the regimen has, more than these last means, contributed to sustain and render permanent the advantageous effects of the uterine bleedings. The mercurial friction, &c. employed, when the

engorgement was tending to resolution, perhaps also contributed their share to the effect produced.

The interest of the following Case, from M. Tealier, will be, to the reader, an excuse for its length.

CASE LI.*— Hard engorgement of the neck, and afterwards of the anterior part of the body of the womb—ulcerations reproduced successively upon the anterior lip, the posterior lip, and the orifice of the neck—abundant leucorrhœa—repeated general and local bleedings—numerous cauterisations—cure.

Madame Leroy, aged thirty-four years, of strong constitution, lively and irritable, choleric and violent, although a devoted and generous friend, a good wife, and excellent mother, was married at nineteen. She has had eleven children in the space of twelve years, and almost all her accouchements have been laborious, as well for the length of the labour, as for the vicious position of the children, which necessitated, thrice, the turning. The last two births occurred in 1829 and 1831. They were easier than the others, which did not prevent them from being followed by a lively pain in the groin and right side of the belly, the second day after. This pain, which had its seat in the round and broad ligaments of the uterus, was accompanied with an ardent fever: it exacted the employment of very energetic antiphlogistic means.

For a long time before the last pregnancy, the sexual relations were painful for Madame L. They became especially so after the last childbirth, and were followed immediately with some drops of blood. Consulted for this last circumstance, which motivated the refusal of the wife, and excited the bad humour of the husband, I thought it a duty, says M. Tealier, to warn the latter of the grave consequences that might result to his wife from his imprudent conduct in this respect. He did not take heed to my counsels, and the 1st of January, 1833, he went to unpardonable lengths.

* Du Cancer de la Matrice, p. 152.

As the consequence of this excess, an acute *metritis* next day manifested itself, characterised by all the symptoms which belong to this disease: violent pains in the lower belly, in the groin and right ilium—tumefaction and extreme sensibility of this side—constipation—nausea—ardent fever—sensation of a burning heat in the vagina, and which the neck of the uterus presented also to the touch. The intensity of the inflammation did not permit to push further the researches. Some days afterwards the neck of the uterus was found voluminous; its surface appeared smooth, and without inequalities; its orifice, half open, gave issue to a thick and abundant mucus. The womb, explored by the vagina and rectum, was bulky and heavy; its walls seemed much thickened, and the motions which were pressed upon it were very painful.

The speculum discovered on the os tinæ a deep red colour disseminated here and there on the mucous membrane.

Absolute rest, prolonged baths during three or four hours each day, emollient injections and lavemens, soothing drinks, a severe regimen, and blood-letting from the arm three times in the first fortnight; frictions of tartar emetic on the hypogastrium and thighs: the establishment of an issue in the thighs subdued the inflammation.

Examined at this period, the neck presented two small ulcerations on the anterior lip of the right side, where the redness was before observed, and where the pains had continued longest. Touched several times with the proto-nitrate acid of mercury, these ulcerations disappeared at the end of some days, as well as the swelling of the anterior lip of the neck: the mucous discharge still continued.

After three months of this treatment rigorously observed, Madame L. was so well as to be able to engage in the affairs of her household, and even those of her trade. She passed the month of May in the country, where the pains left her; and whence she returned in the most satisfactory state.

The leucorrhœal discharge was, nevertheless, still present; but in a manner variable both for the quantity as well as the consistence of the matter, which was sometimes abundant, thick, and yellow; at other times scanty, glairy, and thready; and

at times bloody. There was no ulceration on the anterior lip.

In the course of the month of September, Madame L. found herself again more suffering, which might partly be attributed to the violent fits of anger she gave way to; to the enormous quantity of pepper she ate daily, and for which she had so extravagant a taste, as to put it by handfuls into her food; and to impossibility of resisting her desires, comparable to the whimsical tastes of chlorotic women; and, lastly, to the impossibility of observing rest. Examined anew at this period by M. Lisfranc and myself: we discovered on the lateral and posterior part of the neck a new ulceration, of the size of a farthing, and of a deep red. It was immediately touched with a pencil of charpie imbibed in the proto-nitrate acid of mercury.

This cauterisation was repeated every eight days, until the month of November, when the ulceration appeared completely cicatrised. There only remained upon the neck, then, a small red vegetation, little sensible to the touch, and slightly indurated at its base. Touched with the caustic, it disappeared in a few days. The discharge was always abundant, and, although no excoriation of the mucous membrane was evident, Madame L. experienced, at times, acute pains in the womb, which deprived her of sleep. These pains occurred sometimes in one point of the uterus, sometimes in another; to the right or left, or in the middle of the pelvis; in the groins, the thighs, and hips. They did not seem to depend upon the ulcerations, which most frequently did not exist. The uterine orifice no longer presented the redness which accompanies the acute leucorrhea. The neck and body of the womb, somewhat large, were little sensible to pressure. This state did not explain the acute pains, which returned in paroxysms, and which were prolonged during entire days and nights; these disappeared suddenly, to return again two or three days later.

Two small revulsive bleedings from the arm, of three or four ounces, had, till then, been regularly practised each month. These had procured a momentary relief, in the beginning of the treatment; but their efficacy died away in proportion as the disease was prolonged. Narcotics, especially opium, adminis-

tered in lavemens, most quieted the pains, which seemed to partake of the nervous, rather than of the inflammatory character.

The ulcerations had completely disappeared from the neck of the uterus, and its state was, otherwise, quite satisfactory; but, in exploring the body of the organ, it was found voluminous, and sensible to pressure: there was considerable prolapsus. New bleedings were indispensable, to get quit of this new engorgement, which was of several months' date. The decreasing efficacy of the general bleedings made the preference be given to local bleedings upon the organ itself. This advice was entirely coincided in by M. Hervez de Chégoin, who also saw the patient with me. *Twelve leeches were applied to the os tinæ*: they produced an abundant loss of blood, which relieved the patient; the size of the womb diminished rapidly: some days afterwards it had almost the normal type. Several applications of leeches were thus made in the two months which followed, and each time the organ seemed to resume its natural dimensions. New ulcerations then shewed themselves upon the neck. This time I combated them with a new means, which had already succeeded with me — the *creosote*. The ulcerations were touched with this product of the distillation of tar, diluted with four parts of water. There resulted from it a pain so intense, that the patient cried out that I had pulled away the womb. An injection of cold water, maintained upon the neck by means of the speculum, relieved the suffering. The ulceration was covered with a white grayish pellicle, the formation of which was due to the property the creosote has of coagulating albumen and cicatrising wounds. In the following application which I made of this drug, I took the precaution to dilute it with a greater quantity of water: always it produced the same effect, causing the ulcerations to disappear in a few days, and diminishing sensibly the leucorrhœal discharge.

By dint of care and perseverance, I had succeeded to cicatrise, definitely and without return, the ulcerations which presented themselves on all the surface of the os tinæ; to obtain the resolution of the engorgement of the uterine tissue; and to dry up, almost completely, the flux. The menses, which had

never failed, but which were preceded and followed by acute pains, had taken place several times, without accidents. Every thing seemed to presage a cure, when it was anew frustrated by reverses of fortune, which threw the patient into the greatest perplexities. The ulcerations did not reappear ; but the womb acquired speedily, under the influence of these moral causes, a considerable volume, especially at its anterior part. There was a great prolapsus and anteversion of the organ.

New consultation, June 1834, with M.M. Lisfranc and Hervez de Chégoin. We agreed to have recourse again to *leeches to the neck*, to rest, to mild regimen, and to send the patient to breathe the pure air of the country. *Two applications of ten and fifteen leeches* have produced so prompt a disengorgement, that it is astonishing to see the womb, after these losses of blood, return so easily to its natural volume.

For a year past the health of Mad. Leroy is re-established. She has resumed her colour and her *embonpoint* : she has been whole months without experiencing any pain of the womb, and can walk on foot, or ride in a vehicle, without inconvenience.

Here we have an example of inflammation struggled against for three years, renewing itself under every form, and always in consequence of imprudences committed by the patient, or from her want of perseverance in the treatment prescribed. We remark the facility with which engorgements of the womb relapse, and the promptitude with which they disappear *by local bleedings*.

This case proves, besides, that something else is wanting than mere inflammation, however extensive, or however obstinate, to bring about the cancerous degeneration of the womb.

CHAPTER IX.

ON CANCER OF THE WOMB.

"Quidam usi sunt medicamentis adurentibus: quidam ferro adusserunt: quidam scalpello exciderunt: neque ulla unquam medicina profecit: sed adusta, protinus concitata sunt, et increverunt donec occiderent: excisa, etiam post inductam cicatricem, tamen reverterunt, et causam mortis attulerant."—CELSUS, lib. v. cap. xxviii.

THE question of cancer, as it is one of the most interesting, is also one of the most difficult and obscure subjects in all pathology. Its discussion has found a place in all the great medical authorities, from Hippocrates downwards; and yet, after all that has been written, its etiology and its intimate nature lies enveloped, at the present day, in the same primeval darkness that first covered it.

We intend to present no new theories on the subject, but faithfully to examine the investigations of preceding writers, and to trace an accurate history of the disease as now known, bringing to our aid all the lights of the most recent scientific research. We have not time, indeed, nor space, to enter into a minute history of all the hypotheses hazarded by successive writers, as to the proximate cause and essence of cancer—the opinions of the humourists, and solidists, and vitalists. We regard,

indeed, all discussions as to proximate causes, as frivolous as they are fruitless in the great majority of cases. The chapter of hypotheses is the most absurd one in the history of science; and the authorities we most respect, have perilled their reputation every time they abandoned the strict path of observation, to build theories on hastily-viewed and hastily-generalised facts. Our aim is, then, not to support the opinions of a party, but candidly to examine facts, and search for the truth; and the reader will pardon us for the details we shall enter into, as the subject of cancer is too important, and too replete with interest, not to demand a more lengthened discussion, than we were permitted to give to the other points that have occupied us.

A grand question of primary interest arrests us, *in limine*, in this discussion: "Is cancer, according to the belief of the ancients, and some of the moderns, an originally general affection, which afterwards manifests its symptoms on a particular locality; or, is it, according to the school of Broussais, the mere result of morbid local irritation and inflammation, which afterwards becomes a general disease, by long-continuance and ill-treatment?"

The latter opinion, indeed, is the most consoling to humanity, inasmuch as it leaves room to hope for the success of our therapeutical resources. For if, on the other hand, it be proved that can-

cerous affections are only developed in the individuals who carry the germ of it, so to speak, in their organisation—and that the local irritations to which they often succeed, can, at most, be considered as occasional causes, that call into play the general morbid predisposition on which they depend; then, opposite practical conclusions will result. On this account, the former opinion has found most partisans among the recent writers in France, who have treated of the chronic affections of the womb.

From the analogy of the symptoms and products of chronic inflammation, as compared with those of cancer, the Broussaists hold the latter to be a mere local disease, always accompanied with inflammation, and, indeed, the mere result of inflammation. Such is the main foundation on which the doctrine of this celebrated school is based. On the accuracy of this analogy, therefore, rests entirely the question at issue between the physiologists, and those who maintain cancer to be a primitive disease, *sui generis*, and not the result of chronic inflammation. The only decisive way, then, of settling the question, is to establish an accurate comparison between these two pathological conditions. If it be proved that they entirely coincide in their symptoms, and in the characters of their morbid products, then an identity of nature will be the strongest proof of an identity of cause: but if it can be demonstrated, on

the contrary, that cancer and chronic inflammation, although having many symptoms in common, present, nevertheless, essential points of difference, both in the manner of their development, and in their progress, and termination, as well as in the anatomical characters of their respective morbid products: if this can be proved, then a palpable difference of nature will force us, by the laws of a strict logic, to admit a difference of cause; and, in that case, the doctrine of the Broussaists will be no longer tenable.

The result of chronic inflammation is an induration and hypertrophy of the cellular tissue; (ANDRAL *Anat. Pathol.*) and this distinguished author has concluded that the scirrhus state was nothing else than hypertrophy and induration. My friend, Professor Bouillaud, now the most distinguished representative of the school of Broussais, in his article, "Cancer," (*Dict. de Med. et de Chirurg. Prat.*) recognises the difficulty of accurately distinguishing the symptoms of cancer, from those described under the title of chronic inflammation, as a ground of the doctrine of the identity of their pathology.

We admit, indeed, a great analogy of symptoms between chronic inflammation and cancer, especially at the period when the latter begins to soften, and the phenomena of general re-action take place; yet, we contend, there are *essential*

points of difference, that sufficiently distinguish these two pathological conditions.

The mode of the developement of cancer, or the scirrhus induration, is obscure, and its cause unappreciable. Its commencement is unobserved; its progress may be long stationary, but never retrograde, and never resolving as the simple indurations. So insidiously benign in its early stages, as not to be suspected, and as not materially to interfere with the exercise of any of the functions; but always tending with certainty, sometimes with frightful rapidity, to the same funest ultimatum, the *ramollissement* and degeneration of the tissu. M. Alibert* thus signalises the differences of these states. "Pour bien se convaincre," says the Baron, "des différences qu'elles nous présentent, il suffit d'examiner avec quelque attention le génie particulier de toutes les souffrances qui accompagnent ces dernières, leur période d'acuité et de fureur, leur temps de calme, et leur temps de silence, leurs effets désorganateurs, l'état de décomposition qu'elles introduisent dans les tissus." But we observe nothing similar to all this in the simple inflammatory indurations. The chronic inflammation *tends naturally to resolution*, and never of itself assumes the cancerous degeneration: it deranges most the functions of the organ it occupies, *at the commencement*, and, in proportion as it is of long-

* Monographie des Dermatoses.

standing, offers little or no obstruction to their exercise; all which is precisely the reverse with the scirrhus induration. The products of chronic inflammation, in fact, totally disappear with the progress of time; or, if not, become, at least, in a manner identified with the tissues, where they are seated, acquire their properties, and participate in their functions. The effect of the scirrhus engorgement and induration is, on the other hand, *not till towards the end*, to irritate the neighbouring parts—to establish around them a centre of fluxion—to excite a morbid and augmented sensibility—to light up a train of general symptoms—to obstruct the functions of assimilation and nutrition—and to exercise, by its direct and sympathetic influence, a general disorganising process in the whole economy. All these points of distinction are sufficiently *tranchant*; and certainly do not favour greatly the doctrine which regards the two morbid conditions in question, as identical in their nature.

The *reproduction* of cancer, whether in its original locality, or in a more remote organ, is another distinguishing property of this disease, which draws a broad line of distinction between it and the induration of mere chronic inflammation. This is indeed one of the most remarkable and characteristic phenomena of this organic alteration. So common and constant is it, that with many distinguished surgeons, the recognition of the true

scirrhus character of an extirpated tumour, carries with it the most unfavourable prognostic; is indeed for them a certain omen and indication that the disease will be reproduced sooner or later. This is not the case with regard to the simple indurated tumour, the mere result of chronic inflammation.

The explanation of this fact by the Broussaists is hardly worthy of their distinguished school. M. Bouillaud, in the article referred to, says, the cancer is reproduced, because "it has not been extirpated to its deepest roots; that a germ of it has still been left. But, we appeal to surgeons who have had extensive practice in operations of this kind, that, whatever be the attention to remove all the adjacent parts which offer the slightest appearance of alteration, the cancer, when well characterised, will be reproduced. Such was the opinion of Boyer and Dupuytren, such is that of Lisfranc, Roux, Récamier, and of all the most distinguished surgeons in France. The history of such reproductions forms a too melancholy chapter in the annals of surgery.

The *simultaneous and successive developement of cancer in different and remote organs* is not at all to be accounted for by this local inflammation, and its "propagation by sympathy inwards," as the Broussaists contend. For this, as well as for the reproductions after extirpation, we are compelled to admit a constitutional cause, *a general morbid predisposition of the economy*. Nor does it avail

to say, that this reproduction is owing to the absorption of a virus from the morbid locality, and the consequent infection of the constitution from this source.* For, to this reproduction, as is well known, it is not necessary that the tumour have arrived at the stage of *ramollissement* and suppuration. The cause, therefore, cannot consist in the resorption of a virus, which is not yet proved, nor of an ichorous matter not yet formed, which, besides the experiments made at the Hôpital St. Louis, by M. Biet and others, in their own persons, prove not to be transmissible in this way. The cause exists elsewhere—in *the entire organisation even*,—in a special but indefinable morbid predisposition, without which cancer cannot manifest itself, and, *a fortiori*, cannot reproduce itself.

Another proof that cancer—the scirrhus induration—differs essentially from chronic inflammation, is the well-known fact, that these inflammations persist for entire years together—are rebellious to every kind of treatment—make constant progress—and ultimately end in the production of *tissus*, that have no resemblance to those of cancer : in short, that the indurations—the result of chronic inflammation—exist indefinitely, and never become cancerous. On the contrary, cancer often manifests itself, and reaches its highest degree of intensity, without any appreciable symptoms of inflammation in the organ where it has its seat.

* Richerand Robert.

But, if cancer did not differ essentially from inflammation, how is it, that the causes which determine this last, do not produce cancer in, at least, an equal proportion of frequency? We should naturally and necessarily expect it to succeed to long standing and obstinate inflammatory states, especially to those neglected or maltreated; and the induration this pathological state leaves behind it, should be the first step and signal of the development of cancer. But, is any fact more clearly the contrary of all this, than the history of these inflammations and their products? A chronic inflammation of the neck of the womb, for example, may in some cases, we admit, give place to the development of cancer, inasmuch as it may be the *occasional cause* of first calling into action the morbid principle or predisposition on which it depends. But, we cannot admit that the indurations thus produced, can degenerate into cancer, *in the absence of all predisposition*. The induration of chronic inflammation may persist during entire years together, and never become cancerous: on the contrary, the scirrhus induration often occurs without being announced or preceded by any of the symptoms that appertain to chronic inflammation. The latter, in fact, has a progress, a termination, and a resolvibility, that essentially distinguish it from cancer.

But if cancer of the womb (to limit the discussion) were the mere result of an inflammatory

state, how much more frequently should it be met with among common prostitutes, for example; or women given up to venereal excesses? The ulcerations of the neck of the uterus are most common among them, yet the best authorities on this subject—those attached to the hospitals where such are treated in immense numbers, MM. Ricord, Cullerier, Emery, Delmas, Collineau, and Jacmin—affirm, as the result of their experience, that nothing is so rare as cancer in these women degraded by debauchery. And for the same reason, as the most of these women are comparatively young, cancer should predominate at the prime of life, instead of at its decline.

But, on the contrary, it is an astonishing but melancholy fact, that most cases of cancer of the womb are met with in women moderate in their passions, and of sober and regular life—in women, in short, who have filled up the tenor of a noiseless life by the practice of all the domestic and social virtues.

From these facts, we are led very strongly to doubt, that chronic inflammation, and its consequent induration, in an individual totally exempt from the predisposition, can become cancerous, however neglected, or however maltreated. But, it is easy enough to be conceived that a contusion or a simple ulceration in an individual predisposed to this disease, should afterwards assume the cancerous attributes. Nor is this the mere *transformation* of

a simple into a cancerous sore. It is the cancer hitherto latent in the economy that has now found an appropriate cause to develop it.

But, the merits of the question between the Broussaists and those who contend for the *speciality* of the pathology of cancer, must be finally settled by an appeal to the results of dissection — to the anatomical characters of inflamed tissue as compared with those of the scirrhus and cancerous tissue. The distinct differences which minute dissection reveals between these two morbid alterations, are established in the clearest manner by M. Gendrin.* These proofs are so decisive and satisfactory, and have been so little attended to by succeeding writers, that we deem it a duty to reproduce the substance of his excellent chapter, as *settling*, in our opinion, a long debated question.

The confusion of a scirrhus tumour with that the result of chronic inflammation, which is possible during life, can no longer take place on dissection.

The scirrhus induration is generally knotty, hard, and uneven — its hardness and its resistance are different in the different parts of their surface. The tumour of chronic inflammation, on the other hand, is uniform, equal, and smooth. The diagnostic of this last is most difficult when suppuration occurs in different points of it, for there is then the

* Histoire Anatomique des Inflammations, Tom. ii. Paris, 1826.

same feeling of fluctuation presented to the touch, as when the scirrhus tumour passes to the state called *latent cancer*, presenting soft and renitent points here and there : at this stage, also, of the disease, the pains, formerly slight, or entirely wanting to the touch, augment, and differ but little, or not at all, from those of chronic inflammatory tumours. But it must be remarked, that this difference, deduced from the inequalities of scirrhus tumours felt on touch, is not constant. It happens sometimes, though rarely indeed, that they are uniform and smooth, and without the nipple-like elevations.

It remains for dissection, however, to unfold the differences. The scirrhus tumour is found in the midst of the cellular tissue, or the proper tissue of the organs : which tissues are generally completely sound, and exempt from alteration. This tumour is limited by a kind of cellular kyste, perfectly pale in colour. Sufficiently large blood-vessels, generally veins, ramify in the condensed cellular tissue, which forms the walls of this bag. The limits of the scirrhus tumour are exactly enough defined, for the tumour may be drawn out in totality, with the exception of some scirrhus prolongations, which dive into the adjacent parts, and which do not develop themselves till the cancerous degeneration approaches. But an inflammatory tumour, on the other hand, is never precisely circumscribed in the organ where it is found ; the tissues around it are never condensed — a network

of capillary vessels covers the tumour — its substance presents a redder colour than in the natural state, which is never the case with the scirrhus tumour.

The scirrhus tumour is divided into lobular masses, which form nipple-like eminences on its surface: these lobes are united to each other by condensed cellular tissue. The scirrhus tumour resembles exactly the fat of bacon: its consistence approaches sometimes to that of cartilage: it is semi-transparent, and of bluish white. Placed upon a hot iron, its substance is condensed, becomes carbonaceous, and does not melt: exposed to pressure, it does not grease blotting-paper. The aspect of the scirrhus matter is identical in every tissue, of whatever nature. The tissues, chronically inflamed, are always coloured, heavy, and infiltrated, or injected with blood. They never present the lobular arrangement which is constant in the scirrhus tumour. Treated with heat and water, and various reagents, their manner of action is different, according to the parts where they have been situated: whilst the scirrhus tissues always act in the same manner, whatever be the parts from which they have been taken.

The scirrhus tumour terminates in its *ramollissement*, and conversion into a matter resembling the medullary part of the brain, termed *encephaloid*.

A chronic inflammatory tumour never resembles

a softened scirrhus one : when suppuration occurs in the former, its inflamed tissues soften, indeed, but it remains *organised*, except at one point of rupture, caused by the dilatation of the fluid which is secreted in it.

The cancerous ulcer presents the following characters :—its form is irregular, ill-defined—its surface is knotty and unequal, covered with soft, pale, livid granulations. In the first days of the ulceration, the surface of the cancer is of a uniform red ; but this tint soon disappears, except when the ulcer has its seat in a very condensed tissue, as in that of the womb, in which case it persists longer. The finger, plunged into the depth of the ulcer, perceives the hardness and inequalities—the remaining scirrhus portions, which are not yet entirely softened ; the edges of the ulcer are red or grayish—hollowed out and projecting—sinuous and indented—hard in some places, and soft in others. Pressure causes the issue of cerebriform and sanious matter. The ulcer extends, by the successive destruction of its edges, which melt away into the grayish and horribly fetid sanious matter ; or, a secondary ulceration establishes itself on a separate part of the up-turned edge, the destruction of which increases the extent of the original solution of continuity. When the ulcer has made considerable progress, its bottom is covered with a layer of soft, grayish, putrelaginous matter, horribly fetid.

In chronic ulcers, not cancerous, we never find, on touch, these hardnesses, except close by to a kind of *ramollissement* of the tissue : their resistance is very inconsiderable, which communicates to the touch quite a different impression. In the inflammatory ulcers, we never meet with the cerebriform matter and the corrosive fetid ichor—that putrelaginous destruction of the parts which has so much analogy to hospital gangrene. Neither are the edges hard, upturned, resisting, and friable.

The cancerous ulcers commence sometimes immediately, by the infiltration into the tissus of the scirrhus or encephaloid matter. To this primitive mode of degeneration are referred the ulcers primarily cancerous, whose progress is generally slow. This kind of degeneration, by infiltration, is very common in the bones, in the tissue of the uterus, and in the skin, where it constitutes the *noli me tangere*. In an individual under the influence of the causes proper to the production of the degenerations in question, the scirrhus infiltration may supervene, to the irritation of an ulcer primitively scrofulous or venereal, or even to a simple wound ; and thus diseases, simply inflammatory in their commencement, become cancerous in the end.

The portions of natural tissue which are found in the centre of scirrhus and encephaloid matter, infiltrated into an organ, but not yet softened, present no alteration so long as the morbid deposit

is yet in a state of crudity. But, when this substance softens, and passes to the state of putrid ichor, these portions of the natural tissu, which are found in the centre, are always inflamed in a greater or less degree—to the moderate degree of chronic inflammation, if the ulceration or *ramollissement* take place slowly—to the intense degree of acute inflammation, if the ulcer is opened, and extends with rapidity. In some cases, even, these portions of tissu are evidently gangrenous: the ulcer, then, becomes very rapidly phagedenic. These facts establish, in a manner beyond all dispute, that if inflammation be not necessary to the formation of a scirrhus tumour, it is, at least, necessarily connected with its *ramollissement* and conversion into ulcer.

On the dissection of a simple chronically-inflamed ulcer, its tissu are often found considerably indurated, so as to present a consistence almost scirrhus in appearance; yet there is always a tint of red colour, more or less deep; but there is never any thing resembling the encephaloid tissu, in its crude or softened state. Sometimes, indeed, the tissu are infiltrated with pus, more or less serous. But this infiltration, which alters neither the colour nor the structure of the tissu, does not at all resemble the scirrhus infiltration, which is characterised by longitudinal striæ, and voluminous granulations of scirrhus matter, more or less softened, and interposed between the integrant par-

ticles of the tissus. The pus of chronic ulcers is far from having the irritating qualities of the cancerous ichor: this ichor is neither so thick nor so abundant, as that of wounds affected with hospital gangrene. The former is of a grayish yellow colour: the latter is of a whitish gray, pulpy, and of a different odour.

From these anatomical differences, established between cancerous alterations and those the result of chronic inflammation, M. Gendrin combats successfully, we think, the doctrine of the Broussaists, who see in cancer nothing else than a mode of inflammation; and thinks himself warranted in the following conclusions:—

That cancers are not inflammation, nor the consequences of inflammation.

1. Because they manifest themselves in the tissus by characters essentially different from those of inflammation.

2. Because they are not necessarily preceded by inflammation.

3. Because inflammation does not account for the symptoms which they determine, nor for the disorders which characterise them.

4. Because they are never produced solely under the influence of the appropriate causes of inflammation, and are not announced by the same symptoms.

5. Because they are preceded by the formation of an organised tissus, of a nature and an

aspect different from the tissu altered by inflammation.

6. Because the formation of this tissu, whether in a mass, or whether infiltrated into the cellular meshes of an organ, is explained naturally, and simply, and consistently with the soundest physiology, by an alteration of nutrition, characterised by the secretion, in the part affected, of a substance which is organised at first, and becomes disorganised afterwards, by its *ramollissement* and suppuration.

Lastly. Because the scirrhus and carcinomatous substances are identical in every tissu, while inflammation, and the disorders it produces, are never perfectly alike in each tissu, shewing that inflammation, though a disease of the tissu, is modified by their vitality and their peculiar organisation : while cancer, the result of the primitive formation of a morbid substance, *sui generis*, is never primitively modified by the peculiar state of the organs in the midst of which it is developed, since it only interests them secondarily.*

These anatomical facts, added to the considerations previously adduced, separate essentially, we think, two pathological conditions, which the Broussaists would in vain attempt to confound.

It is only since the time of Peyrrhle, whose Memoir on Cancer gained the prize proposed by the Academy of Lyons in 1773, that most authors have regarded cancer as a local disease in its

* Op. cit.

commencement. All antecedent writers, from the most remote antiquity, had agreed to consider this organic alteration, *as depending on a special morbid principle or predisposition primarily existing in the constitution*, called into play, indeed, by accidental local causes, or capable of developing itself spontaneously, without the intervention of any apparent cause. Such is the view we are inclined to take of the subject. The result of all our personal researches on cancer, has been the intimate conviction of the existence of this morbid predisposition, named the *cancerous diathesis*, in order to the developement of the local affection. The inductions of reason, and the observation of clinical facts, for us, alike go to prove it. The recognition of such a principle, alone, satisfactorily and consistently explains the re-productions of cancer—its simultaneous appearance or successive development in different tissues and organs remote from its original seat—and the generalisation of the disease throughout the whole system, even long anterior to the *ramollissement* of the scirrhus tumour; which, according to those who hold the opposite doctrine, is the commencing point of the general infection. Besides, it could hardly be conceived, that a tumour, hard and indolent, and as yet containing no liquid, could be a source of infection to the whole economy. When the scirrhus tumour softens, and suppurates, and ulcerates, it furnishes the materials of a morbid re-

sorption; but then it constitutes the *cancerous cachexy*—a pathological condition totally distinct from that of the *diathesis*.

What the *cancerous diathesis* is in its intimate nature and essence—whence it proceeds—what causes it recognises—whether it be innate, or acquired, in some cases—we must confess our total ignorance, for no research has yet been able to reveal it to us. Does this predisposition exist coeval with the organisation itself, without being manifested by any exterior sign, and not till a late period of life producing a cancerous disease? Or, is it induced in the economy by after-circumstances occurring in the life of the individual, that may alter or modify the organisation? Without denying the latter, we are inclined for the former opinion. From the analogy of other diseases, we think it extremely probable.

Most authors, who hold cancer to be a primary local disease, have fallen into a gross error, in confounding the cancerous *cachexy* with the cancerous *diathesis*—the cancerous *infection* with the cancerous *predisposition*. They pretend, that the ichor of a cancerous ulcer, absorbed by the lymphatic vessels, gives rise to the general infection they recognise as the cancerous diathesis: they explain the general phenomena, and the reproductions of cancer, by the absorption of the matter furnished by the local affection. Such is the opinion which pervades the works of Peyrrhle,

Vigaroux, Pinel, Robert Lecat, Bichât, Roux, Gardien, Manoir, &c. "The cancerous diathesis," says so great an authority as Richerand, "takes away all hope of cure: the product of a local disease, it depends on the absorption of a matter formed in the cancer, and does not exist previously to this affection."*

The *diathesis* and the *cachexy* are not specific and distinct *material morbid elements*: they are rather *states* and *conditions* of the organisation. The former is the *cause* of the disease, the latter the *effect*. The one is the mere predisposition—a special but undefinable condition of the organisation, whose existence cannot be doubted, but whose nature and essence we cannot appreciate or define: the other is the ultimate result of the local disorganisation to which the predisposition has given birth. The one is the rudiment of the disease: the other is its last degree of decomposition. The *diathesis* may exist without any derangement of health, and does not manifest itself by any recognisable sign: the *cachexy* is the general depravation of all the organism—a vitiation of the entire system—a poisoning of the whole solids and fluids, the consequence of the local degeneration. This general vitiation, keeping pace with the progress of the disease, is more rapidly accomplished by the absorption of the ichorous

* Nosographie Chirurgicale, tom. i. p. 386.

matter. We admit, indeed, that in the same way as the veins transport the suppuration of an abscess to remote organs, in the same way they may carry into the current of the circulation the ichor of a cancerous ulcer. But we, nevertheless, see the cancerous cachexy fully developed, in cases where the scirrhus tumour has not yet softened and suppurated, under the mere influence of the pains, and the hectic fever accompanying them. Besides, the train of symptoms the cachexy develops has nothing analogous to those of the diathesis. All the appreciable causes to which cancer is attributed, are merely so many occasional circumstances that call into action the diathesis. Every cancerous alteration, from its commencement, is the local sign and symptom of this diathesis, whose primitive seat and nature is unknown to us. Without this, the apparent exciting causes have no specific effect, or merely produce inflammatory diseases, which do not necessarily degenerate into cancer. Inflammation is, indeed, a very frequent and a very powerful cause of the developement of cancer, but it is never *alone* sufficient to produce it when the predisposition does not exist. We doubt, then, very much, that a wound or an ulcer, in an individual totally exempt from the predisposition, can become cancerous, however neglected, or however maltreated. But it is easy enough to be conceived, we repeat, that a contusion, or a simple ulceration, in an individual predisposed to this dis-

ease, should be the occasional cause of calling into action this hitherto latent morbid principle, and of bestowing upon the son the cancerous attributes ; in the same way as individuals are known to carry the predisposition to scrofula in their constitutions, which an accidental circumstance develops locally in the decline of life.

The constitutions that are predisposed to scrofula and phthisis, carry with them *a stamp of organisation*, so to speak, which is recognisable to every practised observer. But the *physical* marks and conditions of the cancerous diathesis have not yet been so generalised, or are so uncertain and fugacious, as not to warrant their establishment into a general law. Functional disorders rather, those of menstruation especially, and their reciprocal action on the organisation, are, perhaps, the most certain indications ; and, if prolonged, they may well awaken our fears for the future. For, of morbid tendencies, it may often, perhaps, be said, with much truth, in the line of a distinguished living poet —

“ Coming events cast their shadows before.”

As cancer, then, we think, is clearly proved to be the result of one *identical pathological condition* of this diathesis — a morbid principle, that is *constitutional*, that belongs, in fact, to the whole organisation — it will follow, that the diverse forms which cancer assumes — the different kinds described

by authors — are but so many *modes* of the manifestation of one identical morbid principle, however varied its symptoms or its seat.

Such a view of the nature of cancer, as the candid and unbiassed discussion of the truth has led us to, is very discouraging as to its practical consequences. For, in so many terms, we announce the incurability of a disease we are so often called to treat. But, if our conclusions are rational and rigorous, whatever the sinister influence they might, perchance, exercise upon our practice, we are not, *on that account*, entitled to reject them. For, the truth in science, as elsewhere, must be respected, and adhered to, *at all costs*. And, if it is not the truth, we hope it will provoke more able investigators to examine the question, to overthrow our premises, if they are false; and to establish the true.

But, if the incurability of a disease be demonstrated, is the physician, on that account, to stand an inert spectator? Is there no might yet slumbering in his arm, to *palliate*, if he cannot *cure*? Has he yet no potent resources in his therapeutics to retard the progress of disease, and mitigate its symptoms? If he can make smooth and easy, a rough and painful passage to the tomb, he has yet achieved a triumph of his art. *That* is all that humanity can demand of him; and enough for which humanity will be grateful to him.

Of the Causes of Cancer of the Womb.

In the second chapter of this work we have treated at length of the causes that give to the womb its predisposition, at least, to take on diseased action. As to the specific causes of cancer, if there are any *exterior* causes to be considered as such, they are very difficult to be appreciated. But, if this morbid predisposition — the *cancerous diathesis* — which, if it cannot be absolutely demonstrated, we are at least forced to admit, as an article of medical belief — if this constitutes the *organic cause* of cancer, then, all the circumstances that favour the local developement of this predisposition — and inflammation is among the most common — will be ranked as, at least, the *occasional or determining causes*.

Cancer of the womb, we are convinced, owes its origin much more frequently to the force of this *diathesis*, than to these accidental causes, which, in the majority of instances, produce inflammatory and other affections, rather than cancerous. Thus, it is observed in women, who have, till the time of its appearance, enjoyed the best health — who have been entirely free of any symptoms of uterine lesion previously — and who have been extremely moderate in their passions, as they have been quiet and regular in their lives. This disease has even been met with in virgins.

The causes are often not to be accounted for ; the local alteration, nevertheless, pursues its fatal progress. At other times, there is so much disproportion between the trivial determining circumstances, and the gravity of the evil, that it is only explicable, on the supposition of a morbid principle or predisposition in the organisation, then, for the first time, called into action.

What we have assigned to be the causes of the diseases of the womb in general, of whatever nature, authors have assigned especially to cancer. These are, as we have before mentioned, painful and frequent pregnancies — abortions — laborious and difficult childbirths — extreme morbid sensibility of the womb — sterility, which is sometimes a result of it — the contusion of the neck of the womb in coition, by the disproportionate length of the penis — syphilitic ulcers — the critical age — melancholy affections of the mind, and all the circumstances that profoundly affect the nervous system.

All these circumstances, indeed, are powerfully efficient to call into being the first manifestation of the cancerous diathesis. But, the incontestable fact, that they produce, in by far the majority of instances, mere simple inflammatory states, and, but comparatively rarely, determine cancer, is to us a sufficient proof, both of the absence of this diathesis, and of the necessity of its pre-

existence as an essential condition to the cancerous degeneration.

Symptoms, Progress, and Termination of Cancer of the Womb.

The first symptoms of this disease are obscure, and frequently escape our notice, as medical advice is not generally had recourse to, till an ulterior period of its developement; or they may be confounded with other morbid conditions. The disease, in some cases, manifests itself all at once, and has accomplished even the profoundest disorganisation, without being previously announced by any appreciable symptom, and in women who, up to that moment, offered all the attributes of the most flourishing health. These insidious cases are by no means rare. M. Lisfranc says, he meets with, at least, twenty such examples yearly. "Cette année même," relates the Professor, "je fus appelé près de la femme d'un artiste lyrique: cette dame, jeune encore, était fraîche et brillante, et pouvait passer pour une des plus belles femmes de Paris. M. le Professeur Moreau, qui l'avait déjà examinée, désirait avoir mon avis. Je la touchai: l'utérus réduit en putrilage, n'offrait qu'un borbier fétide où le doigt s'enfonçait: il n'y avait plus de ressources. Il fallut en prévenir la famille, qui nous crut bien évidemment dans l'erreur, et

et nous jugea d'une manière peu favorable. Quelques mois après la malade avait succombé.*

Irregularities of the menstrual flux.—The absence of this discharge for some periods; or its more frequent returns than in the normal state, as twice a month — or a moderate, but constant discharge of blood during several months, or even years — or sudden and overwhelming hæmorrhages — are generally the premonitory symptoms, that first excite the attention of the patient, and first flash suspicion across the mind of the physician, as to the true nature of the disease.

Beyond the critical age, the disease is often indicated by irregular returns of the menstruation, sometimes for several months at a time, and frequently succeeding to some strong emotion of the mind. A leucorrhæal discharge alternates with the sanguineous; or thick mucosities proceed from the uterine cavity, tinged with streaks of blood. Dragging pains are complained of in the loins, and a sense of weight in the fundament. A voluptuous itching of the exterior parts, is a very frequent accompaniment of a cancerous ulceration of the os tincæ, in the commencement; coition is sometimes painful, sometimes not; but generally followed by a few drops of blood. This latter symptom, however, with pain, most frequently characterises the simple inflammation and erosion

* Leçons de Clinique.

of the os tincæ. The breasts become hard, swollen, and painful—restlessness—loathing of food—profound melancholy—pains, described as flying through different parts of the body—and a general disorder of all the functions. These symptoms, with the former, go to constitute, generally, the *first stage* of cancer. And it is at this conjuncture, when the disease is passing into the second stage, that the physician is consulted. Sometimes the progress of the disease is arrested here, and it remains stationary for a longer or shorter time.

The leucorrhœal discharge continues to increase : sometimes, instead of mucous, it is serous, and mingled with blood—the hæmorrhage from the parts is more abundant and more frequent—pains are complained of in the region of the uterus, in the loins, and along the back part of the thighs, resembling a *sciatica*. The womb increased in volume and weight, by the afflux of fluids, descends in the vagina, and rests on the perinæum, in some cases. Hence walking and the erect posture are extremely painful and difficult to the patient ; pressure on the hypogastrium propagates the pain through all the pelvic region. The size of the womb, at this period, is equal to what it is at six weeks of pregnancy. Most frequently the neck of the uterus only is affected at this stage ; at a more advanced period, the disease extends to the body and the surrounding parts.

The scirrhus state of the os tincæ is, on the living subject, extremely difficult to be distinguished from that, the result of chronic inflammation. The induration first appears in a limited spot, not larger than a pea, increasing more or less rapidly in size, and presenting an unequal knotted surface, which has already become the seat of the characteristic lancinating pains. The indurated points multiply on both lips of the os tincæ, and form a hard circle round its orifice. This is regarded as the *second stage* of cancer.

At a later period, the surrounding tissues pass to the state of inflammation, become, as it were, œdematous, and fill up the irregularities of the surface, which then presents a smooth and polished aspect. The parts are now painful to the touch, fluctuation is felt as the *ramollissement* advances, and the encephaloid substance is infiltrated into the areolar tissue, or reunited *en masse*. But the scirrhus engorgements of the womb less frequently present this encephaloid degeneration than those of other organs; as the breast, for example. The presence of this matter, whether infiltrated or reunited *en masse*, hastens the *ramollissement* and suppuration of the scirrhus tumour, and renders its passage to the state of confirmed cancer more rapid. The tumour is soft and fluctuating to the touch. A similar pulpy state is produced by the infiltration of blood in its disorganised tissue; it is then of a bluish colour,

and there is a dark sanguineous exudation from its surface.

In this state of disorganisation, the walls of the kyste are not long in bursting; the enclosed matter is evacuated, and a deep ulceration is formed, with high, uneven, and prominent edges, which constitutes the *third stage* of cancer.

Cancer of the womb, unlike that of the breast, proceeds in the greater number of cases from the exterior surface to the subjacent tissue. It generally commences with the superficial ulceration, instead of terminating by it. It is this which has given so much importance to the study of these ulcerations within the last few years; as distinguished practitioners have believed them the *point de départ* of cancer of the womb. But we have shewn reason, we hope, for rejecting such a hasty and sweeping conclusion. The ulceration is, indeed, in the generality of cases, the first local symptom of cancer; but, in order to be a symptom, the cancer must pre-exist: otherwise it is the mere simple result of inflammation of the mucous membrane.

The diagnostic of the cancerous ulceration of the os tinæ, from ulcerations of a different nature, presents the same difficulties, in their early stage, as that of the simple and scirrhus induration. In the commencement they all present the same simple erosion of the mucous membrane; and it is only in their ulterior progress, that their dis-

tinguishing and characteristic features become developed. When the cancerous ulcer is primitive, and has not been preceded by the scirrhus induration, an agreeable and even voluptuous sensation is experienced rather than a painful. Its surface is covered by a layer of grayish disorganised matter, its edges are ragged, unequal, and indurated, and the surrounding and subjacent tissues are gradually invaded in the progress of the ulcer when left to itself. Properly treated, especially by cauterisation, it cicatrises, speedily after to ulcerate anew, on the same, or on an adjacent spot. It is, indeed, the characteristic feature of this disease thus to renew itself after repeated cicatrisations, to triumph, at last, over the best directed curative efforts, and to precipitate its victim to the tomb.

This ulceration, which is primitive, is much more slow in its progress than that which succeeds to the *ramollissement* of the scirrhus engorgement. This last has, from the beginning, all the cancerous attributes; for the disease has, in that case, already made great ravages, has extended its roots deep into the organisation, and produced a profound alteration in the whole economy.

At this, the *fourth and last stage*, the edges of the cancerous ulcer are excavated, hard, ragged, and bleeding. There arise from all its surface soft fungous granulations (the cauliflower excrescence) which bleed on the slightest touch, and furnish a putrid ichorous discharge. There is great loss of

substance : sometimes the neck of the uterus disappears entirely. The ulcer is characterised by the French as the *cancer terebrant*, when primitively seated at the uterine orifice; it *bores* its way inwards, reducing to a putrid mass the walls of the neck and even the body of the womb. The finger penetrates easily into the uterine cavity, and is brought out covered with a putrid sanious gore of a most repulsive odour. The patient, nevertheless, does not complain of pain, from these explorations; nor do they augment the sanguineous and ichorous discharge. Sometimes the ulceration extends to the fundus of the uterus, and, gaining the peritonæum, death then promptly terminates the scene. In its progress it attacks the walls of the vagina, especially around the os tinæ, involving the rectum on the one hand, and the bladder on the other. The walls of the vagina become indurated and corroded, its entrance is sometimes almost entirely blocked up. Sometimes the disease extends to the Fallopian tubes, the ovaria, and the lymphatic ganglia of the pelvis. The erosion of the vessels which occurs towards the end gives place to copious and unrestrainable hæmorrhages: the returns of these are even hailed by the unhappy patient, as they produce a momentary relief to her deplorable sufferings, and hasten, to her, the termination of an existence which has long been burdensome. A continual desire to evacuate the urine and fæces ceaselessly harasses her night and

day; and their excretion is accompanied with a burning heat in the urethra and fundament; so much so, that sometimes she imagines the disease to exist in the rectum.

When the uterus is prolapsed, the adherences it establishes with the adjacent parts, completely obstruct the orifice of the vagina. In such cases it presents a voluminous mass of enormous tubercles, some indurated, others softened and suppurated; and its neck and orifice are in vain recognisable, amid the formless mass of degenerate tissue. From the volume and pressure of this mass, the functions of the bladder and rectum are impeded, and the fruitless efforts thus occasioned, as well as the continual need of artificial evacuations, is an additional aggravation of the sufferings of the patient. In some very bad cases, the labiæ, the perinæum, and the anus, participate in the disease.

But even at this stage of protracted suffering, death—long invoked as a boon—is yet delayed for several months, till the last period of the *cancerous cachexy* has sapped entirely, to speak in a figure, all the foundations of the constitution.

It is generally at the second stage of the disease, that the whole economy begins to participate in the local suffering, and a crowd of sympathetic phenomena from that time appear. The pains are at first wandering, without any fixed seat. They are mostly felt in the region of the loins, in the thighs, and along the course of the sciatic nerve.

Derangements of the digestive function, pain in the stomach, and transient colic pains, are complained of. The taste becomes whimsical and capricious. Nervous headaches are frequent; and palpitations, simulating a disease of the heart. The whole organisation comes to be thus affected, before that this infection can be attributed to the absorption of a cancerous matter which is not yet formed, but rather to be explained by the disorders of the assimilating and sensitive functions.

When the cancerous ulceration has produced inflammation of the surrounding tissus, the pains seem as if concentrated upon the uterus. From their intensity sometimes at this period, they hasten greatly the progress of the disease, and induce a fatal termination before the complete degeneration of the tissus, and sometimes even in a few days.

After a longer or shorter duration of these symptoms, the constitution, already profoundly affected, loses its power of re-action against the morbid influence, and is no longer able to resist the absorption of the putrid ichor of the cancer, and the general infection resulting from it. This is the commencement of the *cancerous cachexy*, which we have carefully distinguished from the *cancerous diathesis*.

The unhappy sufferer, arrived at the last stage of the cancerous cachexy, presents a picture, the very climax of human misery. The skin is of

a wan, dirty, yellow, earthy hue — is dry and scaly, and seems as if stretched upon the bones — the eyes are sunken, and the nose pointed — the lips are discoloured — the teeth black — and the whole figure of a most cadaverous aspect. Œdema seizes the extremities, and advances towards the trunk — colliquative diarrhea alternates with obstinate constipation — and vomitings of a porraceous matter occur. At length, hectic fever, sleeplessness, and agonising pains in the whole frame — sometimes profuse hæmorrhage — come to terminate this intolerable scene of suffering.

OF THE VARIOUS FORMS OF CANCER RECOGNISED
BY WRITERS.

We shall not dwell upon these ; for, according to the views of cancer we have attempted to establish in this chapter, we regard all the described varieties as but so many *modifications* of one identical morbid principle.

1st. *The schirrous cancer*, properly so called. Its characters have been already sufficiently described.

2d. *The scirrhus cartilaginous cancer* of M. Récamier, *the cancer mural* of Duparque, is merely a variety more indurated than the preceding.

3d. *Fungous cancer*. The pultacious ramollissement of Böer — large and ulcerated nipple-like projections, covered with vegetations — various

solutions of continuity — very profuse sanious discharge — hæmorrhage of two kinds, that produced by the body of the organ, and that occasioned by the exudation from solutions of continuity — pains, more or less acute. Depending sometimes upon the scirrhus state, it may be formed without having passed through that state.

4th. *Encephaloid cancer* of the French and Italians. *Medullary tumour* of British writers. A pulpy, softened matter, like the medulla of the brain, deposited *en masse*, or isolatedly, in the cellular meshes, sometimes enclosed in a kind of kyste: discharge very fœtid, bringing away the disorganised elements and tissus, and accompanied with abundant hæmorrhages. Is formed sometimes without previous scirrhus alteration; often exists simultaneously in different points of the economy.

5th. *Fungous hæmatodes*, — the spungoid inflammation of Dr. Burns. The *cancer sanguin* of French authors. *Elastic erectile tissu* of Dupuytren. The characteristic of this kind, profuse and intractable hæmorrhages, that every moment peril the life of the patient. Before reaching an advanced stage, this kind may be considered as an aneurism by anastomosis, blood-vessels constituting the basis of its tissus, the ulceration or rupture of which is the source of the discharges

of arterial blood which is its predominant symptom and character.

6th Mixed cancer, a medley of all the varieties.

CASES ILLUSTRATIVE.

CASE LII.* — Madame Scholastique, aged thirty-six years, married at seventeen, mother of several children, the last childbirth having taken place eighteen months ago; was a nurserymaid in the house of Madame de L. P. Until the month of April, 1834, she had experienced no derangement in her health, which was at this time, apparently, in the most flourishing state, and accompanied with a superb carnation. Mad. S. experienced some variations in her menses, which appeared twice in the course of the month. She set off with her mistress to pass the summer in Normandy.

A few days after their arrival at the château de St. Jean, near Abranches, Madame S. was seized with a profuse uterine hæmorrhage, which returned several times, and forced her to keep the bed. From the end of April to the 27th of July, when she returned to Paris, the menorrhagia was incessant, and conducted this unfortunate patient from the finest *embon-point* to the leanness of a skeleton. Visited the 28th of July. On entering the first room of the lodging where she was, M. T. was struck with the cancerous odour exhaled. The neck of the uterus was completely disorganised: it was entirely destroyed in its centre, where there existed a large canal, by which the finger arrived easily, even to the bottom of the uterus. The edges of this canal were hard, unequal, and separated by deep fissures. All the signs of the cancerous cachexy were present in this patient, who did not seem to have long to live. She departed the same day for La Ferté, in order to be able, she said, to receive in the bosom of her family, the attentions necessary to her prompt re-establishment. She there died a short time after.

The error of this patient as to the gravity of her position, was so much the more natural, as she had never experienced

* Tealier, op. cit. p. 166.

any darting pains in the womb — no leucorrhœal discharge — no acute pain since the developement of the symptoms; but only an obstruction — a disagreeable sensation in the lower belly — the progressive and rapid declension of her strength, and the disappearance of her *embonpoint*, which was remarkable. Her appetite had also been weakened for some time, and her sleep disturbed by an agitation which she could not define.

As precursory symptoms anterior to the month of April, there was found nothing else than this double circumstance, viz. the pains which the approaches of her husband occasioned, and some drops of blood, which since six months, flowed immediately afterwards. The pains had existed from the commencement of their relations: she attributed them to the disproportion of the organs. Remains, then, the blood flowing after coition?

“If I had been consulted,” remarks M. Tealier, “upon this incident, I would not have failed to examine the parts, and I would have discovered, according to all probability, an already characteristic alteration of the womb, although the general state of the health gave no indication of it. The disease, no doubt, commenced here by a scirrhus tumour, entirely indolent, the ulceration of which, after the ramollissement, was the cause of the hæmorrhages, and of the rapid wasting, which the patient experienced in so short a time.

“These discharges of blood,” he adds, “which take place sometimes immediately after coition, with or without pain, merit much more attention than is commonly given to them. They demand an attentive examination, which one ought never to neglect to make when one is consulted on this subject.

CASE LIII.*—Scirrhus cancer of the womb—ulcerated numerous tubercles in the right iliac fossa, softened and separated, opening into the intestine — uterine hæmorrhages — cancerous cachexy — death.

An Italian lady, aged forty, had been the subject of deep vexations during several years, caused by domestic contra-

* Tealier, op. cit.

rieties, and especially by a calamitous accident which took from her her only son, who perished before her eyes, crushed under the load of an enormous vehicle, which passed over his head. The unfortunate mother, during two years, had been the victim of the most violent despair. She did not emerge from it till the derangements of her health, and especially of the uterine functions, forced her to take care of herself. These derangements consisted in menorrhagia, slight uterine pains, lancinating and returning by intervals, anorexia, disorders of the digestive functions, some colics. These symptoms had existed for a year, when the lady consulted M. T. in July, 1830.

Her general health appeared to have experienced little alteration: there was no vaginal discharge; but the above-mentioned symptoms awakened suspicion as to a disease of the womb.

The neck was of the size of a large nut, unequal, knotted; presenting, especially, two large nipple-like projections, one on each lip, near the open uterine orifice. The hardness and resistance of these knots contrasted with the softness of the tissue which separated them. These points, themselves, were hardly sensible; but, pressure upon the intermediate points awakened lively pain. The body of the organ appeared sound.

The scirrhus nature of the disease could not be doubted; and, though there was but little hope of a cure, *small revulsive bleedings from the arm* were practised, from time to time. A *cooling regimen* was prescribed; *baths and emollient injections*, and a removal of the triste ideas which fed the "moody melancholy" of her mind. After some months of this treatment, which had produced but a very slight amelioration in her state, the patient set out for the country, whence she did not return till January 1831.

Called anew to her, he found her in a state much more grave. Her constitution was shaken: and of the two tumours of the neck of the uterus, one was completely softened, the other deeply ulcerated. The first was not long in ulcerating in like manner; and, six months later, the whole neck presented only one vast ulcer, with hard, irregular, and prominent

edges, the ulcer discharging a sanious infect pus, and sometimes torrents of blood. It was only at this period that the pains became remarkable for their intensity, and their frequent returns. The darting pains extended deeply into the pelvis, the groins, and right iliac fossa. The body of the womb was found hard and voluminous; the round ligament, and the ovarium of the right side, participated in the engorgement. The sero-purulent discharge was very profuse, and of a most repulsive odour.

Towards the end of 1831, several tubercles shewed themselves in the right iliac fossa. Of the size at first of small nuts, they acquired, rapidly and successively, the volume of a hen's-egg. They could be easily recognised and isolated, through the thin abdominal walls. They were not long in manifesting an evident fluctuation, and all the pains with which a phlegmon is accompanied. One of these tumours opened into the intestine; the patient rendered a great quantity of pus by the fundament. The tumour remained still voluminous after the evacuation, and the walls presented a scirrhus hardness. In the space of five months which followed, four other tubercles were developed around the first, followed the same course, and had the same termination, suppuration, and evacuation of the pus by the intestine.

The legs began to be infiltrated — the œdema gained the thighs and the lower belly, and a general anasarca succeeded to the leanness to which the patient was arrived. From the beginning of January 1832, until the month of June, when this unhappy creature rendered her last sigh, in the last degree of the cancerous cachexy, she went through every form and degree of suffering; — incessant uterine hæmorrhage — pestilent vaginal discharge — cancerous ulcerations of the vulve and of the anus — atrocious pains, which gave her no rest day nor night — continual diarrhea, and frequent vomiting. Never was seen so complete a picture of human sufferings accumulated upon an individual. It could not be conceived that life could be kept in, in the midst of so much disorder. But, what was most astonishing, was to hear the patient avow, that when there was a slight truce to her pains, she experienced a voluptuous

titillation, of which she could not prevent herself to solicit and complete the effects. She had been endowed with a very ardent temperament, she said, without having abused the pleasures which have so much charm for her countrywomen.

At the *post mortem* examination, the neck of the uterus was found completely disorganised, and profoundly ulcerated. Encephaloid matter appeared infiltrated into the parts which the ulceration had yet respected, and in the thickened and indurated walls of the body. The tissus "cried under the knife." The round ligament of the left side was infiltrated; that of the right side, and the ovarium, were lost in a cancerous mass, which occupied all the iliac fossa, and established adhesions with the intestine, opening a communication with the latter and the tuberculous cavity. This mass exercised compression upon the crural vessels and nerves, which explained the more early appearance of the œdema of the right extremity, and the more lively pains which the patient experienced on this side. This mass had, upon different points, the cartilaginous hardness; upon others, it was lardaceous; and, in some points, it presented the encephaloid substance, infiltrated or re-united in masses more or less softened. The circular rugæ of the vagina were indurated and thick; and the vagina was so contracted, that, in the last period of the disease, the finger could, with difficulty, reach the neck.

The following Case is from a Memoir in the *Revue Médicale*, for June 1834, by M. Blaud, physician to the Hospital of Beaucaire.

CASE LIV.—Ulcerated cancer of the uterus—prompt cicatrisation of the ulcer, under the influence of the decoction of *soot*, employed in injections, and an ointment made of this substance.

Mary Bernard, aged sixty-four years, having ceased to menstruate at fifty, experienced, two years afterwards, an inconvenient sensation of weight in the genital organs, which was soon followed by an abundant leucorrhea, ceasing, from time to time, to appear again at irregular intervals. This state

continued several years, without the supervention of any derangement in the organisation of the womb. By little and little, the feeling of weight acquired more intensity—lancinating pains were felt in the interior of the vagina—defecation, and the emission of urine, became difficult—and, at length, the 21st December 1833, having put herself under treatment, she presented the following symptoms:—

Almost continual lancinating pains in the interior of the genital parts—discharge from the vagina of an ichorous liquid, bloody and fetid—intolerable pain in the left groin, without tumefaction, or redness of the part, and propagating itself to the inferior extremity of the same side—evacuation of the urine, and fæces difficult; the last can only be procured by means of lavemens; and the first, only by violent and oft-repeated efforts—a sensation of icy-coldness in the loins, which is the torment of the patient, and obliges her to cover constantly this region with flannel, strongly heated—absence of sleep—diminution of appetite—loss of flesh—muscular weakness—locomotion difficult, both on account of this weakness, and by the pains, of which the left inferior extremity is the seat.

There is a large ulceration in the region which the neck of the uterus occupies—the os tincae is of the size of a rennet apple, hard and knotty, offering an ulcer of three inches in diameter, with unequal, hard, and jutting edges, and divided into several lobes by deep fissures. One of these lobes, situated to the left, hard and scirrhus, like the others, but more voluminous, formed a kind of projection from the body of the uterus, which explained the pains felt in the groin of this side. Doubtless, the left sacral plexus was comprised in the cancerous inflammation, which explained the pain of the corresponding pelvic member.

After this examination, there could be no more doubt as to the nature of the disease: it was an ulcerated scirrhus of the uterus, which must be combated. By what means? The usual treatment employed in these kinds of organic lesions was prescribed. The evil only increased.

February 24th.—The patient, in despair, went to consult Professor Lallement, of Montpellier, who added the extract of

the *aconitum napellus* to that of the hemlock, but without more success.

At length the strength of the patient was exhausted — locomotion became impossible, and she took to the bed entirely.

“It was at this time,” says the author, “that I made my experiments with the *soot*, applied to different ulcerations; and, in despair of the Case, I tried the use of this preparation.”

March 11th.—I employed four or five injections of the decoction of this substance, performed successively, by means of a womb syringe, and repeated four times in the day. The sensibility of the organ was not increased by it, nor did the patient experience any pain.

18th.—The uterus was somewhat diminished.

22d.—To the injection, the application of an ointment of soot was added.

26th.—The ulceration was reduced to a quarter of its primitive surface — its edges were sunk, less hard, less equal, and the volume of the tumour was less — the fissures had disappeared — the pains had ceased — the stools, and emission of urine, were more easy — and the sleep had returned.

I replaced the ointment, the application of which was always incomplete, for want of the speculum; and the injections, the frequent repetition of which fatigued the patient, by local baths, of the decoction of soot, by means of a funnel, with a bent end, introduced into the vagina, and produced there a continual arrosion.

April 10th.—The ulceration is no more sensible — the uterus is with difficulty reached, and its engorgement is much diminished. The finger, after the touch, is no longer covered with bloody mucosities, as before. But the engorgement is not reduced — the uterus is still hard and scirrhus; and there is reason to fear a new ulceration, which the soot cannot prevent.

Such was still my opinion a month afterwards, although there was no alteration in the general state of the patient, when, the 10th of May, I submitted her anew to examination. But, what was my astonishment, to find the part of the uterus accessible to touch, no longer offering any scirrhusity, having

resumed its normal consistence and suppleness. The neck of the uterus existed no more, having been destroyed by the cancer.

Although there is no sensible opening, some drops of a sero-sanguinolent liquid, which escape from it by intervals, and some pains, more or less lively, which are felt, from time to time, in the hypogastrium, cause suspicion that the internal surface of the uterus is still affected with the cancer; and, as the decoction of soot cannot penetrate *there*, it is to be feared that the internal cancer will make progress, and kill the patient. Whatever be the event, the cicatrising power of this substance is fully evinced by this fact.

According to all probability, the fears here expressed will be realised, and the cancer will pursue its ravages in the interior of the uterus. It is to be regretted that this practitioner has not continued the cure, so happily commenced, in carrying his injections into the cavity even of the uterus. The use of the speculum, also, would have been of great utility to him, for the precision of the diagnostic, for the exactitude of the topical applications, and for the facility of the injections. If, deprived of these means of execution, he has, nevertheless, been able to bring about the cicatrisation of a cancerous ulcer so extensive as that described, how much do we not owe to a therapeutical agent so powerful, so simple, and so easily to be procured, as soot is.

CASE LV.*—Cancerous ulceration of the neck of the uterus — hæmorrhages — cancerous cachexy — death.

Madame Morta, aged fifty years, of a good constitution, of moderate temperament, and regular life, had experienced, for the last six months, some uneasiness and weight upon the seat, with an abundant leucorrhea. Her menses had ceased for three years past, but for the last six months they had re-appeared in an irregular manner, which this lady attributed to her *critical time*: conceiving, however, some inquietude concerning

* Tealier, op. cit. p. 185.

her situation, she consulted M. T. in the month of January 1826.

The constitution of this patient had yet experienced no alteration, and he was not a little astonished to recognise a large ulceration on the posterior lip, and around the orifice of the uterus, with induration of the subjacent tissus. The anterior lip, also, was hard and knotted.

This ulceration, examined with the speculum, had the extent of a two-franc piece; it was covered with a grayish viscid matter, and easily detachable from its surface. The touch recognised the relief of its edges, and the induration of its bottom. The uterine orifice was half open, so as to be capable of admitting the end of the finger — all its circumference appeared hardened — its colour was violet — and small clots of blood were scattered over all its surface. Lancinating pains had begun occasionally to be felt, for some days past, only. These pains became, in the end, so strong, and so continual, that they contributed powerfully to hasten the end of the patient, a long time before the cancerous disorganisation had made great ravages. Nothing could moderate these pains. Injections — local narcotic baths — cauterisations — opiates, administered in every form, — were all of no avail. The hæmorrhages alone, which were renewed frequently, seemed to produce some diminution of the intensity of the pains; on the other hand, they contributed to hasten the end of the patient, which took place five months after, in the first days of June.

This case presents to us a phagedænic ulcer, extending in breadth and depth, destroying the tissus from without inwards, accompanied with intense pains and deluging hæmorrhages. So, its progress was much more rapid than that of scirrhus cancer. The induration did not extend beyond the neck, the tissus of which, in the part not destroyed, appeared infiltrated with encephaloid matter, which gave it a lardacious aspect.

In the following Case, we shall find, on the contrary, the cancer ulcerated, with excrescences, and the ulceration reposing equally upon a basis penetrated with cerebriform matter.

CASE LVI.—Cancerous ulceration of the neck of the womb, with cellular excrescences at its surface — amputation — reproduction — death.

Madame S., aged twenty-seven, born in the south of France, married at seventeen, and became a mother a year afterwards. She had no other child. She was of a strong constitution, and had much *embonpoint* — the skin white, and the hair black — of a violent and irascible temper, she passed easily from anger to gaiety. Her life had been always regular; and she had never had any venereal affection. Her regimen, like that of the inhabitants of the south, was stimulant. She lived habitually on very spiced meats.

Until the month of May 1828, Madame S. had never experienced any derangement of her health. Her menses generally flowed little and irregularly; but these returns took place without pain; and the idea that these irregularities might depend on a disease of the womb, had never entered into the mind of this lady. It was at this period a sanguineous discharge, more abundant than usual, continued during fifteen days, and was replaced by a leucorrhea of a disagreeable odour.

The patient, notwithstanding, passed all the summer in this condition, without consulting any one; because, she said, not feeling any pain, the symptoms she experienced were natural, and did not demand the resources of art.

A considerable loss of blood taking place in the month of September, Mad. S. was obliged to put herself to bed, and to request medical aid. The hæmorrhage was combated, and arrested in the space of fifteen days, by a bleeding from the arm — repose — diet — and the extract of rhatania: but the blood was replaced by a sero-purulent matter, which flowed in so great abundance from the vulve, that the patient, who was inundated with it, persuaded herself that it was an involuntary discharge of urine; but it was not so. A particular odour, that of cancer ulcerated, which infected the apartment, left no doubt as to the nature of the disease. Certitude was

soon acquired, in finding a complete cancerous disorganisation of the neck of the womb. It presented itself under the form of a large cauliflower, with up-turned edges, and from the centre of which arose several soft excrescences, bleeding to the touch, and which furnished, from all their surfaces and the interstices which separated them, this ichorous matter of which we have spoken. One could touch almost all these degenerations without exciting pain in the patient, who did not at all suspect the gravity of her state.

The finger, carried behind this excrescence, could recognise that a smooth surface, of the breadth of two or three lines, without appearance of disorganisation, existed in all the circumference of the portion of the neck, which was found between the tumour and the insertion of the vagina. The round ligaments and the ovaria were intact. No concomitant engorgement could be detected in the iliac fossa and in the abdominal cavity. A considerable prolapsus of the womb brought this organ near the os externum. The constitution, although shaken, was not yet sufficiently so to exclude all attempt to cure. The colour was pale, with a slight tint of yellow—the pulse, febrile—the digestive organs were in a bad state—the cachexy was imminent—and the ichorous resorption, which ought to be active, from a purulent fount so extensive, could not fail to hasten the progress of it. All these considerations made it be believed that the amputation of the neck might, and should be practised, as the only means of accomplishing a cure, or, at all events, of prolonging the days of the patient. M. Lisfranc operated the 10th November. An attentive examination of the surface of the part detached and opposed to the ulceration, detected no trace of scirrhus infiltration. The wound of the womb itself presented the most favourable appearance for the first month. By and by, the excrescences began to shoot again, and resisted every cauterisation; and in their interstices the ulcer ate profoundly, and gained the cavity of the uterus. This unhappy lady, after cruel sufferings, which she had not experienced before the operation, sunk the 11th April, 1829, arrived at the last degree of the cancerous cachexy.

This Case furnishes a strong proof of the cancerous diathesis;

for if the disease had been entirely local—if it had not depended on the particular, but inexplicable, organic cause, which sufficed to give it birth—the operation, skilfully performed as it was, would have been crowned with success.

The two following Cases are from M. Récamier.*

CASE LVII.—Madame S., aged forty-three years, mother of fourteen children — labours, happy—health, good—was seized, since 1816, two years after her last childbirth, with a fetid discharge from the vagina. In the relations with her husband there was a slight flow of blood, which ceased after the act, without any pain, or alteration in the conjugal enjoyments. There was recognised then a tumour of the size of an egg, with unequal surface, soft and pediculated, situated on the anterior lip of the *os tinæ*. It was judged cancerous, and M. Dupuytren extirpated it.

In the month of April, 1817, a cancerous tubercle, of the size of a nut, was developed on the posterior lip of the neck. M. Dupuytren again made the extirpation of it, and twelve days afterwards the patient was able to follow her usual occupations.

In May 1818, new vegetations were recognised on the posterior lip, forming an unequal lobulated fungus. M. Récamier conceived the idea of attacking it with the caustic. Fifteen cauterisations with the nitrate of mercury were made, with eight or ten days of interval from each other. They destroyed the vegetations which existed on the posterior lip of the *os tinæ*. Twelve other cauterisations were necessary to destroy an excrescence on the anterior lip. The neck, after some new cauterisations, was entirely carried away; and these operations were continued on the anterior part of the body, even of the uterus. This treatment, which lasted more than four months, had succeeded in procuring a marked relief and an apparent cure, when Madame S. felt, towards the uterus, darting pains, which increasing each day, became, at length, intolerable, notwithstanding strong doses of opium; and, after very acute sufferings, the patient sunk in the month of January 1820.

* Recherches sur le Traitement du Cancer.

CASE LVIII.—L. H., washerwoman, aged fifty-four years, had a sister who died, aged sixty, of cancer of the breast. Menstruated at thirteen years of age, and became a mother at twenty-seven; she commenced at thirty-nine years to feel pains in the loins, the groins, and the hypogastric region, without the touch recognising any thing particular in the womb and its appendages: baths, a mild regimen, and leeches occasionally to the loins, and lower belly, were the only means employed, until towards forty-three years of age, in conjunction with precautions relative to the exercise of her profession, as, to avoid plunging the hands in cold water during menstruation. At forty-two years, to her ordinary sufferings, was added an habitual and tolerably abundant leucorrhœa, but without sensible organic lesion of the uterus: the speculum was not then used. Until the age of forty-six, Mr. R. put in use, internally and at different times, the hemlock, at first in substance, and afterwards in extract, with the addition occasionally of sulphur-baths and cataplasms on the belly.

In 1819, the patient being then forty-six, and the leucorrhœal discharge much augmented, I discovered with the speculum that the os tinæ was excoriated, and bore fungosities of eight or ten lines in length, that the base of the uterine neck was sound, but that its inferior part, though without tumefaction, was more dense than in the natural state. Having made this person to understand that the ablation of her disease appeared to me the only means of cure, and having obtained her consent, M. Dupuytren operated 13th November, 1819. The neck of the uterus, seized with the pincers of Museux, was lowered down to the vulve, and removed.

This operation was followed with one of the profusest hæmorrhages ever observed in similar circumstances. It was arrested with considerable difficulty by a methodic plugging.

Pains and inflammatory symptoms having manifested themselves the following night, a bleeding from the arm was practised, and two applications of leeches to the hypogastrium. The advantages obtained by these means, were sustained by diluent drinks, cataplasms upon the belly, and hot baths. The third day after the operation, the most exterior pieces of the plugging were removed; and on the fourth day, on account of their bad

odour, the more interior pieces were removed without the hæmorrhage reappearing.

November 30th.—Along with M. Dupuytren, M. Récamier practised a cauterisation, with a bit of caustic potash, on the wound exposed by the speculum. This cauterisation was followed next day with a considerable hæmorrhage.

The *4th of December* following, a second cauterisation; but this time the nitrate of mercury was used, carried into the interior of the neck, with a pencil of charpy, and upon the wound with pledgets. This cauterisation was deeper than the first, for it penetrated far into the neck, without other accident than lively local and sympathetic pains, which were dissipated in some days by baths, cataplasms, injections, and emollient drinks, which were continued to the end of the month. Madame L. being cured at the end of January, 1820, he established an issue in the arm. We have often examined this person in the following years, and found nothing which might lead to fear a relapse. Since the operation, the menses have only appeared twice, at an interval of three months. Inhabiting the country for three or four years past, her situation was unknown; but having returned to Paris, he ascertained the permanence of the cure.

The *6th of October*, 1827, eight years after the resection and cauterisation of the neck of the uterus, the body presented its ordinary size and mobility; the bottom of the vagina is perfectly supple; there is no leucorrhæal discharge; and the general state is as good as could be desired, in a person of fifty-four years, rheumatic, and a prey to violent griefs.

This cure is one of the most remarkable, if, as it is not permitted to doubt, after the testimony of such practitioners as M. M. Récamier and Dupuytren, the disease was really a cancer of the womb. But is the patient guaranteed against relapse? This is not so certain as it is that the cure has been obtained by excision and cauterisations. We have seen the first patient, treated almost in the same way by the two distinguished practitioners who performed this last cure, perish of relapse after several years. Does the same fate not await the second patient: or will it not overtake her at a later period, although a much

longer time has elapsed since her cure? The examples of relapse which Bayle and Cayol have observed after twenty years of perfect cure, permit to remain in doubt. But whatever be the ultimate result, there still remains a triumph for the art, achieved in one of those cases where the patients are generally abandoned to their unhappy lot.

CASE LIX. A woman aged thirty-seven, of a strong constitution, had an enormous cauliflower excrescence at the neck of the womb, in the centre of which was a large opening, with vegetations which penetrated into the uterine cavity. The body of the womb was of the size of a small melon; it could easily be seized with the hand through the hypogastrium; its ligaments were considerably engorged. The constant febrile state of the patient—the straw-coloured hue of her skin — and the derangement of the digestive functions—proved the general alteration of the constitution.

This patient was for several months at the Hôtel Dieu in the service of M. Récamier, and on the six weeks preceding the 27th June, 1835, had had eleven cauterisations, so that not only the enormous excrescence had disappeared, but the neck itself had been completely destroyed, and in its place existed a simple knob, smooth, soft, without pain, and without ulceration. In the centre of this knob was found the internal orifice of the uterus, dilated so as to permit the introduction of the finger. On the circumference of this orifice were observed some superficial ulcerations, and behind was seen the posterior face of the uterine cavity, which appeared to be in a sound state.

New cauterisations were made, and dressings with the tinctures* were practised during the months of July and August, to obtain the complete cicatrisation of the ulcers which appeared from time to time. At the end of August, the patient presented no more symptoms of cancerous affection, and of disease of the womb; her constitution having resumed all the characters of the normal state, she quitted the hospital with all the signs of a perfect cure.

* See the Chapter on Treatment.

The enormous volume of the womb, and the engorgement of the ligament so remarkable in this patient, diminished in proportion as the cauterisations were multiplied. At the end of the treatment all these parts were returned to their natural dimensions. This rapid and regular resolution of the enormous engorgement of the uterus, operated under the influence of cauterisations, is one of the first benefits of this mode of treatment.

CASE LX. — A seller of wine, aged fifty years, was addressed, last summer (1835), from the country, to M. Récamier, who received her into his wards. She dated fifteen months back the first symptoms of her disease, which was manifested after the cessation of the menses. Profuse and continual sero-sanguinolent discharge from the vagina — excruciating pains in the lower belly, which, for six months past deprived her of rest day and night, together with considerable losses of blood, which took place frequently, had profoundly altered the constitution of this unhappy patient, who was on the borders of the cancerous cachexy.

The body of the womb explored by the rectum, was hard and voluminous: the neck presented a large, ulcerated surface, circumscribed by a hard ring, knotted and carcinomatous. From the centre of this surface arose a voluminous knob: several others of these eminences were remarked on different points, but separated the one from the other by deep fissures. An ichorous discharge, of a cancerous odour, inundated the vagina. The disorganisation had invaded the whole of the neck, so as to render the resection impossible. The disease was attacked by the caustic.

The first two cauterisations, made as in the preceding case, had little effect, and produced but little pain. After the introduction of the speculum, which was very painful, on account of the extreme sensibility of the parts, the blood and ichor flowing abundantly, and mingling with the caustic, enfeebled its action, and prevented it penetrating into the tissues. But the surface of the ulcer having been dried by these two cauterisations, those which followed acted with the greatest

energy. They were extremely painful, and determined some symptoms of peritonitis, which were speedily quieted by leeches, baths, and the antiphlogistic regimen.

It was remarked, that, however violent the symptoms occasioned by the caustic, they did not last beyond a few hours. They were then followed by a respite of calm, which permitted the patient to take rest during the night, which the cancerous pains had prevented for six months previously. These pains of the caustic had equally extinguished the intense pains that had existed in the round ligament of the left side. So the patient preferred them to the cancerous pains, which were without intermission and quite as insupportable.

The cauterisations continued during two months, had destroyed a great part of the cancer, and had likewise produced some amelioration in the general state of the patient. Although her constitution was already profoundly altered at the time of her admission to the hospital, there was room to hope, that her existence would be rendered more supportable; when, tired of the length of the treatment, she requested leave to quit and return to her own home, where, probably, she did not survive long.

CASE LXI. — Scirrhus induration of the neck of the uterus — tubercle at the orifice, marking a more profound alteration of the interior of the neck — resection of both lips — successive cauterisations.

The 2d of July, 1835, a woman, aged forty years, nervous and irritable, entered the Hôtel Dieu to be treated of a disease of the womb. The neck of the uterus appeared to be in a state of advanced scirrhus: its posterior lip, voluminous, hard, and knotty, was separated from the anterior lip by a tubercle, which was found in the same organic condition: it was placed on the uterine orifice, and obliterated it. The anterior lip, much less prominent, presented also to the touch the characters of scirrhus arrived at a state near to ramollissement. For several months the patient had experienced all the anomalies of the uterine functions, which precede or accompany the development of cancer of the womb. The disease seemed arrived at the point where ulceration would not be long in taking place,

The patient did not complain of pain, even to the touch, roughly practised. Her constitution had not yet sympathised in the local disorder: her moral dispositions were good: she was resigned.

M. Récamier determined to amputate all or part of the indurated surfaces, and to pursue with the caustic the destruction of the diseased parts which had escaped the resection. The operation was not attended with much pain. By this means M. R. proposed to carry off, in a few seconds, a considerable portion, whose destruction by the caustic would have exacted numerous applications. It thus abridged greatly the duration of the treatment, of which cauterisations were afterwards to constitute the basis.

A strong cauterisation was performed three days after the excision. It was more painful, the patient said, than the operation had been. Sufficiently intense pains were awakened in the belly, and gave reason to fear, for some days, a peritoneal inflammation; but they soon yielded, and the cauterisations were continued with perseverance. But the patient, discouraged by the length of the treatment, left the hospital; and she died soon after.

CASE LXII.—A woman was affected with a profuse uterine hæmorrhage. It was recognised to depend on an alteration of the neck of the womb, which formed in the vagina a cauliflower excrescence, the size of half the fist. Amputation was agreed upon as the only possible means of cure. "I arrived even to the neck of the uterus," says M. Hervez de Chegoin. "It was difficult to know if all the diseased parts had been exactly extirpated. The discharge of blood ceased, nevertheless; but for some time only: they reappeared with the return of the cauliflower excrescence, and death took place at the end of two months and a half.

CHAPTER X.

ON POLYPI, AND FIBROUS TUMOURS OF THE WOMB.

A POLYPUS is an excrescence, which takes its origin from the mucous surface of the neck, or body of the womb, by a pedicle, of a greater or less extent.

The exact history of these organic formations only dates from the middle of last century, when the work of Levret* first called attention to the subject, and created it a branch of science. The therapeutic and invention of instruments were the only objects that engaged the research of his immediate successors. The nature of polypi was still uninvestigated and unknown. Morgagni had referred them to a scirrhus production, and Baillie named them tubercles. Bichât was the first to study the pathological anatomy of these tissues, and afforded to Roux the materials of his beautiful memoir on fibrous tumours. Bayle, under Dupuy-

* Observations sur la Cure Radicale de plusieurs Polypes de la Matrice, de la Gorge, et du Nez. Paris, 1749.

tren, succeeded Bichât in his researches. M. Hervez de Chegoin was the first clearly to establish their mucous envelope.

Levret distinguishes two kinds of these morbid tissus:—1. The hard, fleshy, or sarcomatous polypi. 2. What he terms *vivaces*. Other authors have admitted a variety of kinds. Malgaigne,* among the last who have given a complete history of these bodies, makes five classes of them:—1. Vesicular polypi: 2. Cellulo-vascular polypi: 3. Polypi from hypertrophy: 4. Moliiform polypi: 5. Fibrous polypi.

I. The first class are, like those of the nasal cavities, soft, pediculated, and covered with a thin membrane, less transparent than that of hydatids. They seem as if formed by an agglomeration of small vesicles filled with a mucous fluid.

II. The second class is the most common of all. They are those named *vivaces* by Levret, and *fungous* by others. They seem to be a fungous vegetation, from the mucous surface of the womb. Herbiniaux,† who has studied the subject minutely, makes two varieties of this class. The first variety is always small, soft, covered with a thin pellicle, produced from the interior, or exterior of the neck of the womb, concealed in its cavity, or pro-

* Des Polypes Uterines. 2d edition. Paris, 1833.

† Traité sur divers Accouchemens Laborieux, et sur les Polypes de la Matrice. 2 vols. 12mo. Bruxelles, 1782.

jecting from it. Its volume varies from that of a pea to the diameter of the finger, and the pedicle is of disproportionably large size. At other times they are compared to small syphilitic cauliflower excrescences—the *polypes granuleux* of M. Breschet. The second variety of this class is of larger bulk, elongated, or semi-globular in form: they may acquire an enormous volume, and fill the whole uterus and vagina. They most frequently regenerate after extirpation. They constitute innumerable fungosities, without enveloping membrane, and without distinct pedicle. They are composed of cellular tissu, more or less dense, and of numerous vascular ramifications.

III. The third class—polypi, from hypertrophy of the uterine tissu. This is the rarest kind, and the most difficult to be diagnosticated, from other morbid states of the os tinæ, which is signalised as its chief seat. MM. Dance, Berard, Cruveilhier, and Velpeau, affirm to have met with polypi coming from the interior of the womb, and formed by a simple hypertrophy of its tissu.

IV. The fourth class—the polypi, in the shape of moles—have been the least studied. In the midst of the tumour, are found flesh and gelatinous masses, with hairs, &c.

V. The last class—the fibrous polypi, or, as they have been named, the *fibrous* tumours of the womb, is the most frequent, and has been the best studied. They are composed, like the preceding, of

an enveloping membrane, and a fibrous tissu within. The envelope is sometimes considerably thick, and of almost muscular tissu, adherent by loose cellular substance to the fibrous body. Its colour is not always the same: sometimes it is white, smooth, polished, and without trace of vessels, in which case it is thin; at other times it is red, rough, and streaked with the projection of varicose veins, (Levret, Dupuytren.) The pedicle is most frequently nothing else than a mere prolongation of this envelope.

As to the fibrous body itself, it is most commonly developed in the tissu of the womb, either immediately under the peritonæum, or projecting from the membrane of the interior, and only adherent by a small pedicle. These polypi vary from the size of a bean to the most enormous dimensions. M. Gaultier de Claubry relates the history of one weighing thirty-nine pounds.

Bayle considers these fibrous tumours or polypi in three states:—

1st. *The fleshy state.*—Soft and red, like muscular fibres, with distinct blood-vessels, and abundant loose cellular tissu, interspersed among the fibres; minute dense masses, or hard points, are found scattered here and there in the substance.

2d. *The fibro-cartilaginous state.*—The small points alluded to, first become cartilaginous; then, by little and little, the whole tumour is successively comprised. In this state, the tissu is

yellow, hard, resisting, and pearly. The blood-vessels and cellular tissue have almost entirely disappeared. In colour and resistance it exactly resembles the intervertebral substance.

3d. The osseous state.—The ossification commences with the little dense points. The tissue is rarely ossified in its entire extent. No nerves or lymphatic vessels have been discovered in these tumours.

The fleshy state may inflame; and the osseous state become carious (Bayle). These formations have been known to ulcerate, to suppurate, and to become gangrenous (Smellie). They may also assume the cancerous degeneration, if the predisposition exists. Cavities have been met with in these polypi, by Saviard, Boudon, Dupuytren, Riche-rand, and Cloquet.

M. Lisfranc* has called attention to a species of tumour of the uterus, very little known, developed in the thickness of its walls. The ordinary seat of this tumour is at the inferior part of the posterior uterine wall. If, across the dilated neck, we carry the finger into the cavity of the womb, we feel, upon a spot, whose diameter varies from that of a shilling to a crown-piece, a tumour in relief, roundish, more or less distinctly circumscribed, incrustated into the uterine wall.

* Leçons de Clinique. Gazette Médicale, 1834.

It has neither the softness of the vascular polypus, nor the hardness of the fibrous. Sometimes the touch finds it insensible; at other times it causes severe pain. The form varies but rarely. In a woman the professor found it in the shape of a cockspur. In general the rest of the organ is sound.

Is this tumour carcanomatous, or is it the mere result of a partial inflammation of the uterus, or an indurated and scirrhus white point—a cartilaginous concretion? Pathological anatomy has demonstrated the existence, by turns, of these different products in the uterus. But as to the tumour in question, we must acknowledge that the examination upon the living subject does not suffice to assure us of its nature.

In this case, the indications are confined to two things. To combat the sub-inflammation, if it exists; and, when it has disappeared, to have recourse to solvents, always proceeding with a cautious reserve.

These tumours have been regarded by some as necessarily mortal. M. Lisfranc is not of this opinion, He has treated a great number of women with similar tumours; and, after arresting the inflammation, he has prevented their degeneration. Sometimes they disappear entirely. In other cases they become small and indolent, and exert no influence on the general health; only for a long

time afterwards they are easily irritated anew. It is an inflammation to be combated by the means we have exposed.

As to the causes of these polypi, much has been surmised, but nothing is precisely known. They are much more frequently met with than was formerly imagined. Next to the nasal polypi, they are the most common. Bayle reckons, that in a fifth of the women above thirty-five, he found these fibrous bodies, which are the origin of polypi. Portal, in 1770, obtained a greater proportion. Of twenty wombs he examined, thirteen offered polypi in their cavity.

As to age, the following is the table of Maligne. Of fifty-one cases collected from the works of Levret, Herbiniaux, Roux, Leblanc, and the theses of the faculty, there were—

From 26 .. to .. 30 years ..	4
30	40 20
40	50 16
50	60 4
60	70 3
70	74 4

Total 51

As to temperament, state of health, and menstruation,—celibacy and marriage,—fecundity and sterility—a great deal has been hazarded without proof.

The symptoms vary according to the epoch of the developement of these bodies. In the com-

mencement, there is generally derangement of menstruation and a leucorrheal discharge—at a later period, this becomes more abundant and fetid—menorrhogy, to a greater or less extent, generally manifests itself—sometimes the breasts swell—the skin, in some cases, assumes the ominous yellow tint—the conjunctiva is pale, and the eyes surrounded with a dark areola—the eye-lids, become œdematous, and all the phenomena of the cancerous *cachexy* even, in some grave cases present themselves.

The diagnostic is extremely difficult, if not impossible, while the polypus is confined to the uterine cavity; but when it has cleared the orifice, its nature is then easily recognised. It may occupy the whole cavity of the vagina, and, by its compression on the bladder and rectum, obstruct the excretion of urine and fæces. When the tumour is voluminous, and it is still engaged in the orifice of the os tinæ, it determines violent uterine contractions, and pains like those of labour.

When the polypus has descended and occupies all the vagina, and presents itself exteriorly, then the dragging pains in the loins are violent—the erect posture is difficult—*ramollissement* and putrid dissolution of the tumour occurs—profuse fetid discharges—continual hæmorrhages—and the patient, at length, sinks from exhaustion, unless art is had recourse to; and here its efficacy is divine.

The existence of polypi in the womb is not a necessary obstacle to pregnancy, although unfavourable. Levret relates several cases, which renders this fact indisputable. A large polypus, enclosed in the womb, may simulate pregnancy, not only by the developement of the belly, but also by the enlargement of the breast. Extraversion of the womb is a frequent consequence of their descent in the vagina.

The prognostic of polypi is not generally grave, unless it has reached an advanced stage of degeneration, excited inflammation of the neighbouring parts, and profoundly affected the constitution.

As to the extraction of polypous tumours, M. Lisfranc's mode is the following. He dilates the vagina by means of the speculum — wipes the parts with a brush of charpy — and, seizing the polypus with a pair of long pincers, twists it till it separates. The only precaution necessary, is to seize it as near the root as possible, in order to complete the extirpation.

These polypi are frequently accompanied with an engorged state of the uterine tissus, which must be attended to after the operation, and the speculum used to observe the progress of the cicatrice.

For the fibrous polypi, M. Lisfranc prefers the torsion, when they have a very thin pedicle. The ligature appears to him a bad mode, and only

to be practised as a last resource. The preferable operation is excision.

The polypus is seized with pincers, and dragged down gently, till the neck of the uterus presents at the exterior parts. If it is necessary, the finger is introduced to the pedicle, and the curved scissors is conducted along it, which suffices for the excision. When the pedicle takes its rise from the cavity of the womb, the neck is incised to enlarge the opening, and facilitate the operation—very little blood is lost. Often the polypus is very soft, and tears under the scissors when it is attempted to be drawn without. This circumstance seems to render excision, in the usual manner, impossible. In these cases, M. Lisfranc seizes the neck itself with the pincers of Museau; nor does he find any injurious consequences to result from this practice.

CASES ILLUSTRATIVE.

Case of extraction of a Polypus, by Dr. Lemelle of Vitré.*

J. Cantin, aged forty-two, of good constitution. From the alteration of her features—the recital of her sufferings—and the uterine hæmorrhage, which she experienced—it was evident that there was disease of the womb; but she refused all examination. Fifteen days after the first visit, hæmorrhage took place, and the physician found his patient bathed in blood, and suffering intense pain from retention of urine—occasion was then taken to explore the womb by touch, and a firm round tumour, of the size of a child's head, was found to occupy the

* Gazette Médicale, Sep. 12th, 1835.

vagina. From the obstacle, the sounding was extremely difficult.

During the six months following, she continued to experience abundant hæmorrhages, accompanied with great pain; but she urines easily.

Two practitioners, who had seen her in the interval, assured her, without examination, that she was affected with *no disease having its seat in the womb*—and that she could be cured without an operation! This declaration, from two honourable *confrères*, made the patient forget her first medical adviser; and another physician was had recourse to, who promised a speedy cure without operation.

During fifteen days, she followed the treatment of this new Dr., without relief. Unhappily, a profuse hæmorrhage, excruciating pains, and a new retention of urine, demonstrated all the justness of the first diagnostic.

At length, Dr. Lemelle was requested to visit the patient, 19th March, 1835. There was retention of urine, as before, added to her other symptoms, and the same difficulty of sounding. The existence of a tumour being certain, and the patient, at length, frightened at the danger, or even death, that menaced her—abandoned herself entirely to her physician, and to every means of cure he thought necessary.

Persuaded that the case in question, was a polypus, the operation was immediately had recourse to.

May 21st, 1835.—The patient being in position, the tumour was seized with the pincers of Museau. By dint of numerous tractions, the tumour yielded a little, and projected outwards. As the woman had never had children, and as the orifice of the vagina was extremely strait, the perinæum was slightly incised, and the tumour, at length, entirely disengaged from the vagina, was easily twisted off from the neck of the womb, to which it was adherent. Not the slightest loss of blood succeeded. The operation lasted one hour and a half. The tumour was fibrous, and weighed nearly two pounds.

“The operation terminated,” says the relater. “A very natural fear remained for the fate of the patient, who seemed twenty times as if going to perish in our hands: but our fears

were soon dissipated. This unfortunate woman, whose first words were, 'I am dying,' and who presented all the appearance of immediate death—by little and little, recovered her senses. The pulse, which was not perceptible, began to beat—the skin gathered heat—a few sighs were uttered—the lips, which were pale and cold, began to assume colour—there was hope. The patient was left in the most perfect tranquillity—she passed a night without sufferings—she only recollected those of the evening, which she had supported with so much courage, to prolong an existence so long time before insupportable. To-day, 12th July, she is perfectly well."

CASE from M. Lisfranc.*

Madame Klet, aged forty, having had her second child six years before, began, eighteen months ago, to experience a feeling of weight in the pelvis, with draggings in the loins; the menstruation, at first little deranged, returned now with unusual pains; and she was annoyed by a leucorrheal discharge. These symptoms gradually went on increasing. Four months ago, very acute pains occurred in the pelvis and extended to the inferior extremities. Continual hæmorrhage from the parts took place. The uterine pains assumed the character of those of labour: the strength soon failed: the face assumed a yellow hue; and want of appetite and sleep almost completed the ruin of the patient's health. In this state she fell into the hands of M. Lisfranc.

The touch recognised a polypus almost the size of a hen's egg, situated within the uterus, an inch above the os tinæ. The neck of the womb, swelled and dilated, admitted easily the introduction of one or two fingers. The polypus was hard to the touch. To the right and anteriorly its pedicle was easily reached: to the left and behind, it was impossible to touch it.

The state of the patient rendered the ablation of the polypus necessary. But before proceeding to the operation M. Lisfranc judged it proper to subject the patient to a preparatory treatment, consisting of injections, baths, and emollient lavemens,

* *Leçons de Clinique, et Gazette Médicale*, 1834, p. 533.

aided by rest and light regimen. The effect of it was so favourable, that during the fortnight that preceded the operation, the sanguineous discharges were arrested, the pains diminished, and the patient recovered a little strength.

August 11th, 1834. The operation was performed. The seat and the height of the polypus being well ascertained, it was decided that the womb should be drawn to the vulve by means of the hooks implanted in its neck, and that the ligature should first be attempted.

The patient upon a high table, and arranged as for the operation of the stone, and the speculum disclosing the os tinæ, its anterior lip was seized with the pincers of Museux, after which the speculum was withdrawn: the patient manifested hardly any pain. The pincers were then slowly drawn out towards the os externum, while an assistant pressed upon the hypogastrium. In less than two minutes the lip seized was brought to the edge of the vagina. It appeared pale, thick, and very resisting. The posterior lip not having followed this movement, M. Lisfranc implanted upon it a simple hook, by means of which it was drawn down as low as the other.

The finger was then introduced into the womb; but it was recognised that the tractions exercised on the neck had hardly acted on the rest of the organ, and the polypus remained seated as profoundly as at first. M. Lisfranc tried to carry a silver ligature around its pedicle by means of the instrument of Levret; but it was in vain. He tried to seize the polypus itself with a hook in order to bring it near to the vulve; the polypus elongated itself, and the ligature was still as difficult to be placed. Twice it was believed the coil was fixed; but when its ends were drawn, it was either not properly placed, or the metallic thread broke. Another attempt with the instruments of Dessault was not more successful.

In these circumstances, M. Lisfranc regarded the ligature as impracticable, and resolved to try the excision. By dint of tractions the extremity of the polypus appeared at the vulve; but the only side of its pedicle which the finger could reach, was at more than two inches of depth. By means of the left index finger, the operator guided towards this point the long curved

scissors, opened them, snipped, and *cut* the pedicle, which resisted prodigiously, and “cried” under the edge of the steel. The pedicle being thus in part detached, the operator carried his scissors from the other side, out into the body of the polypus, and quitted the scissors to use the bistoury. He at last succeeded in detaching a part of the polypus, equal to its presumed half, i. e. a little larger than the half of an egg. Some strokes of the scissors carried away smaller fragments; but as the finger carried to the left, could not on that side reach the pedicle of the polypus, the operator stopped, thinking that the suppuration would carry away the remainder of the tumour. The patient had supported with the greatest courage the whole operation, which lasted an hour. A little serous blood had oozed during this time; but there was no hæmorrhage, nor any clot formed. The most lively pains were caused by the dragging down of the uterus.

The patient was carried back to her bed: after a little repose, the abdomen was examined. It was sensible to pressure; except that, the patient only complained of a dull pain in the hypogastrium, and which extended upwards to the loins. A bleeding of six ounces was instantly practised; and two assistants were charged alternately to watch the patient, in case of accidents. *Prescription.*—*Diluent drinks, a soothing potion*—*cataplasm of rice with laudanum to the lower belly, to be renewed every three hours*—*small emollient lavemens*—*absolute abstinence.*

Six hours after the first bleeding, a second, of four ounces only, was made. The belly was painful, and swollen with gas: this being rendered by the anus, the pain was manifestly relieved. A sanguinolent serosity flowed from the vagina. The patient urined twice, and rendered each time a small clot formed in the vagina. In the evening the pulse was 110.

The night was pretty good: the patient slept about two hours. Next morning pulse only eighty-six; the belly indolent. The same treatment was continued for three days. At the end of this time the patient felt some gnawings at the stomach. A little chicken soup was permitted; and, by degrees, the ordinary aliment was returned to. From the second day the

vaginal discharge became fœtid, and began to draw away flakes of the polypus; the fœtidity was prevented by lukewarm emollient injections every two hours. The 17th of August, the sixth day after the operation, the fœtidity of the discharge had disappeared: the patient could get up without pain or hæmorrhage. The 18th, the womb had returned almost to its ordinary size. The engorged and still gaping neck allowed the finger to penetrate, which recognised nothing abnormal in the uterine cavity. The white discharge continued, but in little abundance. Next day the patient was able to go out: she felt no pain, only a little weight in the pelvis.

CASE LXIII.—M. Lisfranc presented to the Academy of Medicine (2d December, 1835) the fragments of a fibrous polypus, partly degenerated, which he extracted from a lady, operated on in town, in presence of Dr. Masson, and he gave the following details:—

The patient had suffered, for several years, a sero-sanguinolent discharge from the parts: she fell away, and became of a yellow hue; but she experienced hardly any pain. Touched by many distinguished surgeons, all thought that the case was a cancer of the womb. The last phalanx of the index finger entered easily into the orifice of the womb, whose thickened walls were lined by a soft, granular tissue, easily torn, and bleeding with the greatest facility. Imagining the case to be cancer, the advice of amputation was rejected; and M. Lisfranc proposed cauterisations, merely to retard its progress. But there was doubt as to the diagnostic.

Five or six cauterisations were practised with the proto-nitrate acid of mercury. It detached a fragment of the tumour, of the size of an egg. M. Lisfranc, called anew, found the neck sufficiently widely opened to permit the introduction of the index and middle fingers. He felt a soft body above his fingers, and, scratching the internal face of the locality where they were lodged, he detached fragments of it, and arrived at the soft, thin, sound walls of the womb. Then he announced the existence of a polypus, and proposed its ablation.

The neck of the uterus seized by the pincers, which M. Lis-

franc has always practised hitherto without the slightest accident, were brought down and maintained at the inferior orifice of the vagina. The index finger alone, and sometimes the middle, penetrated into the womb: the polypus was torn, squeezed, twisted, and carried away, almost in totality: some more adherent portions were seized and extracted with the pincers: the organ was entirely emptied. The polypus was at least the size of the fist: it adhered to all the extent of the internal surface of the womb. No subsequent inflammation or accident occurred.*

* Gazette Médicale, 1835, p. 782.

CHAPTER XI.

MEDICAL TREATMENT OF THE ORGANIC DISEASES OF
THE WOMB.

PROPHYLACTIC TREATMENT.

IT is hardly possible to oppose a morbid predisposition, whose physical signs and characters we cannot appreciate, and whose existence even is entirely unknown to us, till the actual local manifestation of disease. But when any of the less equivocal and premonitory symptoms of a morbid tendency of the womb shew themselves, then it is the part of a sound therapeutic to attend carefully to its earliest and even most trivial manifestations—to investigate their causes—to prevent their return—and to exercise a watchful eye over the case, lest, neglected, we find more formidable lesions at a future period. In this sense, and to this extent, at least, we may exercise a prophylactic treatment. In thus seasonably combating these first movements and manifestations of the disposition to disease of the womb, we may succeed in retarding, for example, the progress of the cancerous diathesis, whose dread attributes might otherwise rapidly evince themselves

in the organisation: so that too much attention cannot be paid to the cure of ulcerations, engorgement, and inflammation of the neck of the uterus, and the more or less profuse leucorrheal discharge which is their almost constant concomitant and symptom.

As to proper prophylactic treatment, a conformity to the rules of a sound *hygiène*, aided by the resources of a judicious therapeutic, must constitute the basis of this. An avoidance of the causes which have been ascertained to produce and keep up these diseases is one of the first indications. By removing every complication,—every thing that can favour the morbid tendency,—by diet and regimen—by hygienic precautions and therapeutical means—we may succeed in so modifying the constitution, as perhaps almost, if not altogether, to nullify the predisposition; at all events, to keep it at bay. In early youth, the moral and physical training will be an object of watchful care: every thing that can give a premature developement to these organs, ought to be strictly avoided. The epochs of puberty and of the cessation of the menses, disposing as they do to certain morbid conditions of the generative function, must be attended to: and, especially, having in view the influence which the disorders of menstruation reciprocally exert on the diseases of the uterus, every thing that tends to suppress, or to augment this evacuation, will be avoided.

THE CURATIVE TREATMENT.

I. *Bleeding.* At the head of our therapeutical resources stands blood-letting. From all time bleedings from the arm have been regarded as the best revulsives in the diseases of the uterus. Fearon and Valsalva employed them exclusively in these affections. In many cases, they are alone sufficient to operate the resolution of even indurated chronic engorgements of the uterus. They more efficiently than any thing else disengage the vessels of the womb, when the indication is to arrest its hæmorrhages. As practised by M. Lisfranc, they operate as a revulsive in the strongest degree, and are at the same time the best of narcotics. In his wards, we have seen the most marked relief to the excessive pains, and the greatest amelioration of the symptoms, follow its use. His method is, during the intervals of each menstrual period, to prescribe two or three small revulsive bleedings from the arm, of three or four ounces only, whenever the uterine congestion and pains are intense: for eight days before and after this evacuation he abstains from bleeding, lest it should interfere with it. But we think this a prejudice, and altogether ill-founded: for nothing interferes so much with the cure of the diseases in question as this flux, and the consequent periodical congestion it determines. If it could be destroyed with impunity for the time, a great point would be

gained in their treatment. But it can be moderated, at least: for, as each menstrual return, and the periodical congestion it occasions, are critical circumstances for the pathological conditions of the womb—to moderate its effects in diminishing the mass of the blood, and the force of its afflux to the labouring organ, is consistent with all sound curative principles. As practised by Duparcque and Tealier, a few days before the arrival of the catamenia, bleeding greatly moderates the *molimen hæmorrhagicum*, and renders the sanguineous excretion much more easy and much more abundant. Practised twenty-four hours after their cessation, it destroys any congestion that may be left; and aided by an anodyne lavement, it relieves at once the pains and tensions in the pelvic region which announce the congestion.

The weakness of the patient—being dependent on the pains, which take away her appetite and her sleep—so far from being a contra-indication, calls for the bleeding as the best remedy. Nor is the diminution or suppression of the menses a contra-indication; for, in most cases, the blood is still determined to the organ, but the exhalant action of the vessels of its surface—the natural *crisis* and cure of the congestion—does not take place. For, as we have before shewn, it is not generally so much from the want of the sanguineous afflux towards the uterus that menstruation is imperfect, as rather from the want of a due

exhalant action of the vessels of its interior surface.

It is to be remarked, that these revulsive bleedings, when too frequently and too long repeated, lose their efficacy. They cause little fatigue, indeed, but they are not accompanied with the relief they brought at first. Nevertheless, M. Lisfranc prescribes them to be continued even several months after the cure. In women arrived at the critical age, the blood-letting is practised at the periods at which the flux would naturally have appeared. Their frequency is then regulated by the frequency of the returns of the congestion towards the uterus.

“There are certain idiosyncrasies,” observes M. Lisfranc, (*Leçons de Clinique*), “which force us to modify these principles. Thus we have seen, in speaking of the means proper to recall menstruation, that often a bleeding from the arm provoked it immediately. In other women, a revulsive bleeding is followed by some uterine hæmorrhage. In these cases, which are rare indeed, general and local bleedings are contra-indicated: some nervous women, in like manner, cannot be bled, without experiencing troublesome nervous symptoms.”

II. *The immediate application of leeches to the neck of the uterus.* M. Lisfranc justly objects to the application of leeches in the neighbourhood of

the exterior organs of generation ; for the effect of these local bleedings is always to determine an afflux of blood towards the parts, and to congestion the pelvis. So, patients, instead of being relieved by these applications, generally complain of more weight and pain, and uneasiness in the pelvis, than before. This is the *rule*, the contrary cases are the exception. And this is quite consistent with the physiological doctrine, that leeches are most proper in cases where membranes are inflamed, and general blood-letting for the parenchymatous tissu. But we do not think the objections of the Professor so well founded, as regards the direct application of leeches to the organ itself by means of the speculum. In spite of all the fears expressed by so great an authority, a host of successful cases sufficiently prove to us, not only the innocuity of the practice, but the positive and immense advantage of it. Guilbert, Duparcque, and Tealier, cite a multitude of cases, which attest the prompt depletion of chronic engorgements of the womb, which had resisted every other treatment—cases that were not followed by the slightest *untoward* accident ; and the patients, contrary to what M. Lisfranc advances, so far from dreading, eagerly solicit the renewal of the application ; so easy and efficacious is it. Even in some cases of confirmed cancer, according to the testimony of Duparcque, local bleeding by the leeches calms, more than any thing

else, the lancinating pains of the womb, and those of the loins and sacrum.* Yet I myself have seen a case at St. Louis in which the application of leeches was followed by an aggravation of the symptoms. But that occurred five months before the patient's entry into the hospital, when the cancer was yet of short duration, and in the scirrhus state, and without the inflammation which hastens its degeneration in the ulterior periods.†

The number of leeches is proportioned to the degree of engorgement and inflammation, as well as to the strength of the patient. It is only when inflammation is developed in the scirrhus tumours, and they begin to soften, that the violent pains characteristic of cancer are manifested. And it is at this period precisely, that leeches applied to the tumour arrest the inflammation, moderate or suspend the pains, and retard the progress of the disease. In the cancerous ulcer, in the same

* Les succès inespérés que j'ai obtenus de l'application des sangsues au col utérin, dans les engorgemens, non moins que dans les altérations plus profondes et plus avancées, m'autorisent à placer ce moyen en tête de tous ceux qu'on a préconisés contre ces redoutables maladies...La rapidité avec laquelle la résolution s'opère alors, est telle, dans certain cas, qu'il faut en avoir été le témoin pour n'être pas tenté d'accuser de prévention ou d'exagération celui qui énoncerait de pareils faits.—DUPARCQUE, *Op. cit.* p. 232.

† When, by general bleedings, the violence of the uterine symptoms is subdued, yet an indolent engorgement and induration still remain, the local application of leeches produces a resolution as if by enchantment.

way, when inflammation is developed in the parts, leeches, in the cases of Duparcque, afforded great relief in arresting the inflammation and dispelling the pains. But it is the chronic inflamed state which keeps up the constant leucorrhœal discharge, and gives birth to menorrhagia, that is often removed at once by the local bleeding. Guilbert has seen it attended with success in a case of fibrous tumour beginning to be developed on the *os tinæ*; as also in cases of hysteria, when all antispasmodics and other means had failed. But it is not proper in cases of an inflammatory state of the *os tinæ*, superinduced in young women by excess of venery. Continence and rest, with a slight cauterisation, here suffice. And it is to be remarked, that the leeches are never to be had recourse to, till previous revulsive and depletive bleedings have been used. Once indicated, the application of leeches must be repeated, till a resolution of the engorgement be obtained.

As to the manner of the application, the speculum is introduced, and the neck of the uterus being embraced in its extremity, the mucosities are wiped away by a brush of charpy, or by an injection of tepid water. The leeches are introduced into the tube, pushed forward to the *os tinæ*, and kept applied by a pledget of lint, which is removed as soon as they attach. The bites are hardly felt: in ten minutes the leeches gorge themselves, and fall off. A few injections of

tepid water are again made, and the speculum withdrawn. The greatest number of leeches that may be applied is twelve: six or eight are the usual quantity. The bites soon cicatrise, and rarely or never give birth to troublesome ulcerations.

III. *Baths*.—Almost all the authors who have written on the diseases of the womb, have recommended the use of *hip-baths*! But that is the greatest absurdity it is possible to commit in therapeutics. For a headach, for example, we prescribe a foot-bath, to determine the blood towards the lower extremities; yet, for an affection of the pelvis, we do not fear to congestion the pelvis even! Is it not because they determine an afflux of blood towards the uterus, that practitioners prescribe them, when they wish to recall menstruation? Local bleedings exteriorly are hurtful, on the same principle. But, theory apart, what is the actual result? Almost always, after their use, the patient complains of increased pain, and uneasiness, and weight in the pelvis; and one single such bath is often sufficient to anul the good effects of a long and judicious treatment. The bath entire, and moderately hot, is that which alone is proper. M. Lisfranc's practice is, to cause the patient to remain in it for at least two hours and a half, or three hours. A bath of half an hour, or an hour, tends only to increase the excitement. During the first period, the pulse and respiration are accelerated—the perspiration is increased—

the head becomes heavy — and a feeling of drowsiness is experienced. But, prolong the bath, this general excitation ceases, and is succeeded by a state of calm, which constitutes the antiphlogistic period of the bath. A bath of such duration is prescribed morning and evening, with a day of interval between. The emollient decoctions and gelatine, which some practitioners recommend to be added to the bath, is totally useless; at all events, is not compensated by their inconvenience and expense. Some patients do not agree with the bath, and find themselves incommoded by even the shortest stay in it.

IV. *Rest.*—It is an important point in the treatment of uterine diseases, to remove the patient as much as possible from all the circumstances that morbidly influence the nervous system — mental disquiet — the surveillance and fatigue of domestic affairs — or the speculations of business. An absolute state of repose is indispensable in the treatment of these affections. The womb, from its position, its mobility, and the laxity of the ligaments that maintain it, has not been inaptly compared to a bell hung in the centre of the pelvis. It is not to be wondered at, then, that the commotions of walking and dancing — exercises of every kind that shake the pelvis — riding in a rough, badly hung vehicle — falls, &c. should influence and augment very materially its morbid states. Rest, then, in the horizontal position, is a primary and special

indication, without which, all other means are of no avail. M. Lisfranc mentions the case of a lady, whose disease resisted every curative effort during six months, solely, as he afterwards found out, by the practice of walking about her apartment. On strict confinement to her couch, her health began immediately to re-establish. For a slight prolapsus of the womb—the effect and symptom always of some degree of engorgement—the reclining posture, prolonged for a few weeks, is often alone sufficient to effect a cure. Congestions of the organ, and the pains which result from the dragging of its ligaments in the erect posture, are avoided. But a couch or a sofa is to be preferred to a bed, the heat of the latter having always the effect of congestioning the pelvis, and augmenting the pains. The patient must even be carried from her couch to bed, and not be allowed to walk. The entire rest of the genital organs is implied in this head. This is always an essential condition—a *sine quâ non* in the treatment of these diseases.

V. *Regimen*.—The influence of *diet* alone, on the resolution of acute diseases, is well known. This mode of treatment is named by the Germans *cura famis*. The good effects resulting from several pretended resolute medicines in scirrhus and cancerous affections, may be chiefly, or in a great part, attributed to the severe regimen to which the patient is, at the same time, subjected. Without the latter, we hold the former to be inefficient;

and, even without the aid of the former, the latter alone operates frequently a resolution of indurations, which pass for scirrhus.

There is a constant balance between secretion and absorption going on in the whole economy, which is essential to the state of health. In proportion as the action of the one is suspended, the activity of the other augments. Abstinence, then, by depriving the blood of its alimentary materials, causes, by that means, the predominance of the absorbent function, as well in the pathological products, which have, before that, been deposited in an organ, as in the whole fibro-cellular tissue of the system. The effect of abstinence, in fact, is more rapid and remarkable with regard to the diminution of morbid tissus. Hypertrophy of the heart, for example, is a case in point, where, under the influence of abstinence, the organ is reduced to its normal proportions, before a corresponding marasm of the whole economy is produced.

The organic alterations, which we have discussed, are frequently, in their pathology and treatment, but an illustration of these principles. As these morbid products result, in many instances, from the predominance of one of these functions, the secreting faculty—constituting, in fact, a true hypertrophy—it only suffices to diminish the materials of secretion by abstinence—to give predominance to the opposite movement of decomposition and absorption—and a natural and easy resolution

is brought about. Hence the advantages obtained in these diseases simply by diet alone, combined with rest, blood-lettings, sedatives, &c.

VI. *Cauterisation*.—This is the therapeutical means *par excellence*, in the treatment of ulcerations. It is employed with two objects:—1. In the simple ulcers of the neck of the womb, on the principle laid down by Alibert in the case of cutaneous cancers—to the extent merely of altering the vitality of the tissus, and, by that means, hastening the cicatrisation. 2. In the cancerous ulcers, for the purpose of destroying the subjacent tissus, as well as repressing the excrescences. For the former, a gentle touching with the solid nitrate of silver, perhaps, answers best, and is constantly used with great success in the extensive practice of M. Ricord. M. Lisfranc, and others, prefer the nitrate acid of mercury, made by dissolving one part of the nitrate of mercury crystallised, in eight parts of nitric acid. This is diluted in twelve parts of water, and applied, by means of a fine brush of charpy, like a small camel-hair pencil—the speculum being previously introduced, the os tinæ embraced, and the mucosities wiped away; an injection of cold water is used by these practitioners before withdrawing the instrument. When the destruction of a cancerous ulcer, with large bleeding vegetations, is in question, the preference is given to the nitrate acid of mercury pure, as it penetrates and corrodes the tissus more profoundly. The

extent and intensity of the cauterisation is always regulated by that of the ulcer. These cauterisations do not last two or three seconds at most, and are absolutely without pain in the immense majority of cases. By means of successive cauterisations, the whole of the neck of the uterus, and part of its body, may be destroyed, without danger or inconvenience to the patient; but, on the contrary, often prolonging her existence for several years. We have seen the cauterisation employed in some hundreds of cases, and there never has resulted the slightest accident worthy of note. But, when the ulcerated surface is very extensive, and the disease already of considerable duration, the first cauterisation is generally accompanied, for several hours, with tension, and pain in the loins and hypogastrium; sometimes, even, with a slight febrile movement. A bath of several hours generally triumphs over this state. But, if it is prolonged more than a day, a small revulsive bleeding is indicated, with anodyne lavemens and emollient injections.

The cauterisations are renewed generally every eight days, varying according to circumstances peculiar to the individual, the degree of sensibility of the uterus, and the extent and gravity of the local mischief. After the cauterisation, a bath is generally prescribed, and daily injections are used in the interval. In the case of profound ulcerations, two or three injections per day of a de-

coction of the roots of the marshmallow, poppy heads, and hyoscyamus, are given. For the simple ulcerations, M. Ricord always employs a pledget of charpy imbibed in a solution of the acetate of lead, or of the *vin aromatique* of the French codex, and applied by means of the speculum to the os tinæ, immediately after the cauterisation. This is renewed twice a-day, and it does not produce the irritating effect M. Lisfranc objects to it. The cauterisations also abstained from at the menstrual epochs, a few days before and after.

M. Tealier has experimented with a solution of the créosote, in the proportion of eight to ten drops to a spoonful of water. But the intense pain arising from its use, does not, in our opinion, compensate the superior deterrent power it is said to possess in ichorous ulcerations. The caustic potash is seldom used. The arsenical paste, at first employed by Récamier, is never now had recourse to: the great objection to it is the toxic effect it sometimes produces by its absorption into the system.

The neck of the uterus being exposed as an exterior organ by means of the speculum, some apply to it dressings as to exterior ulcers; dossils of charpy, smeared with an ointment, in which is incorporated extract of opium, belladonna, hemlock, the acetate and hydrochlorate of morphine.

The cauterisation is generally continued till a

perfect cicatrice is formed. M. Lisfranc judges it sufficient when the surface of the wound begins to be covered with healthy granulations, and the cicatrice proceeds regularly and rapidly. If, after having advanced, the cicatrice stops or retrogrades — if grayish points appear here and there on its surface — if hard isolated knots project from the surrounding soft parts, the cauterisation he pursues again on all the suspicious spots.

But, with regard to the cancerous ulcer, it must be confessed, that however exactly and perseveringly the cauterisations are employed for months, or even years, the disease most frequently baffles all our efforts, and continues its disorganising progress till it has involved the whole organ, and compromised the neighbouring viscera — extinguishing life after it has committed the most frightful ravages.

The cure by cauterisation, is no guarantee of relapse; for it is the characteristic of the disease to return again and again after successive cicatrizations. Bayle and Cayol mention instances of recidive after twenty years of perfect cure. But it is still a triumph of our art if we can mitigate sufferings, and prolong life during an indefinite number of years, in cases where the sufferers are otherwise abandoned to their unhappy fate. We are convinced that successive cauterisations, properly managed, and conjoined with appropriate

local dressings, would destroy many diseases for which the amputating knife has been too rashly and too lightly had recourse to.

The existence of inflammation is no contra-indication to the use of the caustic; on the contrary, it loudly calls for it as the best means of triumphing over it. In the inflammations of the mucous membranes most accessible to our reach, and which we are most frequently called to treat, as urethritis, vaginitis, conjunctivitis, inflamed apthæ, and ulcers of the throat and fauces, stimulant caustic applications prove themselves the best of antiphlogistics; while, on the contrary, these diseased conditions are almost universally aggravated by emollients.

M. Récamier has lately experimented with a new caustic in the treatment of these ulcers. A goldsmith had a cancerous tubercle on the cheek: from the unpleasant sensation it excited, he was induced frequently to carry his finger to the part while he was working with a solution of gold in *aqua regia*. The aspect of the sore began to ameliorate at once; and, in a short time, it disappeared entirely. Attributing this cure to the preparation in question, the Professor soon found an opportunity of verifying the experiment on a woman who presented an unequivocal cancerous ulcer of the neck of the womb, which had already destroyed the greater part of it. In seven or eight cauterisations he achieved a cure. The

general symptoms, which were strongly declared before, ceased entirely. The speculum recognised the complete cicatrisation of the ulcer, and the resolution of the engorgement which had previously existed. From this success he was encouraged to generalise the practice in his wards. His preparation contains from six to twenty-four grains of the chloruret of gold, dissolved in an ounce of nitro-hydro-chloric acid. But M. Récamier has since abandoned this preparation, preferring that gold be administered by the patient to the physician, than by the physician to the patient! He now substitutes the chloruret of platinum in its place; and he believes its action more energetic, as well as less painful. In the interval of the cauterisations, he applies locally a pledget of charpy, imbibed in a mixture containing equal parts of the tincture of myrrh, aloes, Peruvian bark, and of the chloruret of gold or platinum. This latter contains eight grains of the saline solution to one ounce of alcohol.

VII. *Injectiōns.*—These vary, according to the nature of the pathological state they are intended to combat:—emollient and narcotic in the inflammatory states;—astringent in the catarrhal;—and detersive in the case of fetid ichorous secretions. As to the method, preference is given to a common syringe fitted to a gum-elastic catheter, open at both extremities. The patient is laid in the inclined position; and the pelvis raised higher than

the trunk, so that the vagina forms an inclined plane, whose lowest point is its superior extremity. The catheter is introduced to the extent of an inch only ; or less, if prolapsus exist, for fear of injuring the os tinæ, and the injection is pushed very gently. The vagina generally holds five or six spoonsful ; and the liquid, accumulating around the neck, forms a kind of local bath, which is prolonged ten minutes. These injections are repeated twice or thrice a-day. In the bath, also, they are taken with great advantage, and the pressure of the water prevents them from escaping. M. Ricord has seldom recourse to injections, but gives the preference to the permanent application of liquids imbibed in charpy, and introduced by means of the speculum, and allowed to remain applied to the os tinæ twelve or twenty-four hours, according to the abundance of the secretion. Fifteen days of this treatment alone, aided by a cauterisation of the orifice, by rest and regimen, have cured cases of profuse leucorrheal discharge, which had long resisted the ordinary injections.*

M. Lisfranc uses frequently an infusion of bark in the dose of a drachm to a pound of water,

* As cold and moisture applied to the inferior extremities are a very frequent and very fertile source of leucorrhea, the wearing of *caleçons*, and warm shoes and stockings, suffices alone often to effect a cure, and is at least always an essential adjunct of the local treatment.

augmenting gradually the dose, and afterwards substituting the decoction for the infusion, to increase still more the energy of the medicine. This liquid, employed in injections, appears to him to answer admirably well in the cicatrisation of ulcers that are rebellious to every other mode of treatment.

M. Blaud* recommends the decoction of soot in the cure of uterine ulcerations. We have given a successful case of this remedy. M. Tealier has since adopted it in his practice with considerable benefit.

Injections into the cavity of the womb have been much insisted on of late years by MM. Melier,† Ricord, and Tealier. The most remarkable success has attended the employment of this method in their hands, especially in the cure of obstinate catarrhal states of the uterine mucus. Women, who had been long sterile from this cause, have immediately conceived after a prompt and rational cure in this way. These injections may be practised daily with a solution of the acetate of lead, or of the nitrate of silver, one or two grains to the ounce. M. Tealier, after M. Blaud, has used, with great success, *a decoction of soot* (a handful of this substance to a pint of water): with this he gives two or three injections

* Revue Médicale, Juin, 1834.

† Mem. de l'Académie Royale de Médecine, t. iii. p. 330.

each morning. These are easily performed, and do not occasion pain to the patient. He allows a pledget of charpy imbibed in this solution, and applied to the os tinæ before the speculum is withdrawn, to remain till next day. We refer to the remarkable cases of success previously cited. M. Ricord was in the habit formerly of using a double syringe, the one part of it containing the caustic solution, and the other water, to be injected immediately after the former.

VIII. *Revulsives*.—Whatever be the theory of the action of these—whether they determine upon a remote point, an irritation which counterbalances that of the diseased organ—whether they open a new outlet to morbid secretions which are supposed (though very far from proved) to vitiate the system and keep up the disease—in whatever way they act, their salutary effect is not the less incontestable. They demand much prudence and caution in their use. Employed in the acute state, they only augment the congestion of the pelvis; but, in the chronic state, they tend powerfully to operate the resolution of uterine engorgements. The caustic issue is preferred to the moxa or the seton, as less painful, and destroying the tissues more profoundly; one is generally placed on each side of the lower part of the vertebral column. In some women they produce too much irritation to be beneficial.

The employment of revulsives on the intestinal

canal is always contra-indicated in the affections of the womb; for the gastro-intestinal mucus, in these cases, is very subject to be irritated from mere sympathy.

A Burgundy pitch-plaster, powdered over with forty grains of tartar emetic, and applied to the sacrum till a crop of pustules is brought out, is an excellent revulsive in the lumbar and inguinal pains.

IX. *Narcotics* — are a powerful resource we possess against the intense pains that characterise many uterine affections. They may be administered internally, or by friction, to the loins, the perinæum, or the upper part of the thighs; applied upon the surface of a small blistered point by the *methode endermique*, from one quarter of a grain to a grain of the hydro-chlorate of morphine is given with great advantage: administered by the rectum in lavemens, they act most powerfully of all.

The kind and dose of narcotic to be employed, must be regulated by the temperament of the patient. Some women cannot support these medicines. M. Lisfranc cites the case of a lady in whom half a grain of the extract of belladonna in lavement, produced all the night a state of intoxication, with gaiety, analogous to the effects of champagne wine. "In that case," adds the Professor, "we must not discontinue their use, but only descend to very small doses; so that

we may commence with half a drop of laudanum in a lavement. We have in town," continues he, "patients whom we calm in this way. By degrees the constitution habituates itself to the remedy: the dose is augmented; and patients who began with fractions of a grain, end by taking with impunity 10 grains.

X. *Irrigations*.—What the French call *douches* — a species of medical *irrigation* of the parts — is a powerful resolute; but they require apparatus of peculiar construction, to be found in the cutlers' shops.

XI. *Lavemens* are indispensable to maintain an easy state of the bowels: for constipation is hurtful, not only by the painful pressure the infarcted gut exercises on the uterus; but also on account of the painful efforts it necessitates the patient to make in going to stool: and purgatives, as we have remarked, irritate too much the digestive tube.

XII. *Compression*, introduced by M. Récamier in the treatment of cancerous diseases, is impracticable in the case of the uterus, and has been abandoned; for the pessary, which is necessary, creates too much irritation.

XIII. *Iodine*.—The preparations of iodine, which have so marked an influence on lymphatic engorgements, may be applied with advantage to some of the suspicious indurations of the neck of the womb. Duparcque and Melier have found

decided advantage from its use, as a case we have cited shews.

XIV. *Tartar emetic*, applied to the skin, after the manner of Duparcque, so as not to produce pustules, has had a very marked resolute effect on several cases of uterine engorgement.

XV. *Ergot of rye*.—M. Pauly, in the Clinical Lectures of M. Lisfranc,* which he has edited, speaks highly of effects he has obtained from the use of the ergot of rye in the treatment of uterine engorgements. We know the influence of this substance in determining the contractions of the womb in childbirth, and in arresting uterine hæmorrhages. Its resolute effect in chronic engorgements seems as manifest. The dose is from three to ten grains, united with a very small quantity of opium, and taken in the form of a pill every night. The employment of this medicine contra-indicates the use of the bath for a time.

When the pills disagree, a syrupy extract is prepared, which is found to act more powerfully, as well as to sit easier on the stomach. It has had a very manifest effect in checking the pains of a cancerous ulcer, and diminishing the discharge.

“The most immediate effects of this medicine,” says M. P., “in ordinary cases, is the gradual cessation, sometimes the sudden disappearance, of the dragging lumbar pains, and of the

* Leçons de Clinique de Lisfranc, p. 383.

feeling of weight in the seat. The uterus ascends in the pelvis — the leucorrhœal discharge dries up — the appetite increases, and becomes, sometimes, excessive. At the same time, the gnawing sensations at the pit of the stomach disappear. It is astonishing," remarks he, "with what facility it prevents the lumbar pains, and the slight discharge which the menses sometimes leave behind in women otherwise perfectly well. Very rarely has it been accompanied with any accident. After its use has been prolonged for ten days, or a fortnight, in some patients a feeling of fulness and tension in the pelvis is manifested, which is soon dissipated by a slight revulsive bleeding."*

* "The 17th of June last," says he, "I was called to Mademoiselle Louise, a worker in gold, aged eighteen, strong and sanguine. For some months the menses had been scanty, and each period was accompanied with lively pains in the pelvis and loins. Simultaneously with this diminution of the catamenia, frequent attacks of hysteria occurred, which were renewed upon the least vexation. Since the last six weeks, especially, at which time she was bled to twelve ounces, she hardly passed two days without a new attack. When M. P. first saw her, she had had her courses some days before. No exploration was had recourse to; but, presuming that the hysterical accidents might depend upon a uterine congestion, rendered additionally probable by the very acute lumbar pains, six ounces of blood were taken; and a pill, containing six grains of the ergot of rye, was to be taken every night for ten days. The attacks were suspended. The following month the menses flowed more abundantly. In the beginning of August a new attack, in consequence of a contrariety. Next day recommencement of the pills, as before.

"8th Jan.—The cure has been permanent: only the patient had been bled the middle of October for some vertigo."

XVI. *Acetate of ammonia*.—We have already spoken of its strongly sedative virtues in uterine colics, and in painful and difficult menstruation, in the dose of two scruples to a drachm.

XVII. *Acetate of lead*, in doses of two to eight grains, combined with opium, is a powerful resource we have in some severe cases of menorrhagia. But nothing requires so much caution in its administration; as the sudden cessation of the flux by this means, will superinduce inflammation, more or less intense, in the organ, according to the state of its tissues. See a case of its injudicious use at page 172. For a very remarkable case of its success, see Dr. Macintosh's "Practice of Physic," vol. ii. p. 359.

Lastly, *Hemlock*.—The virtues of this medicine—greatly extolled by Storck in the cure of cancerous affections—are now known to have been greatly exaggerated. This plant, and its cognates, may be useful in these diseases; but it is only in so far as they modify the nervous system, reducing the exaggerated vitality of the part to its physiological degree—a condition necessary to establish the predominance of the absorbent over the secretory action in the organ. Indeed, it is probable that the greater part of pretended resolutes only act in so far as they diminish this excess of vitality, which presides over the formation of morbid deposits, and thus bring back the absorbent faculty to its original activity. Hence the influence of bleeding and depletive treatment in the resorption

of pleuritic or abdominal effusions. So that, as a rigorous regimen is always conjoined with the hemlock, we know not to which the glory of success is due, or if it is alike shared.

M. Récamier, who has experimented so much in the cure of cancerous affections, affirms to have obtained great effect from this medicine, in the resolution of engorgements of the womb. He uses an extract prepared *à la vapeur*, and his method is as follows :

1st. The patient takes a dose of the extract, morning and evening; two hours before the first meal, and two hours before the last: and half a grain is taken to commence with, gradually increased to six grains each time. This dose is continued fifteen days, in order to accustom the economy to its use. It is then raised to twelve grains each time; at which dose the patient is kept three or four weeks.

2d. After each dose of the hemlock, as at each meal, the patient drinks, instead of water, a decoction of the *smilax China*.

3d. A third part only of the ordinary quantity of nourishment is permitted, and that of a very light kind, and partaken of at three small repasts.

4th. If the hemlock does not agree in one form, it is given in another, or replaced by the extract of wolf's-bane (*aconitum napellus*), similarly prepared, but administered in a less dose than the other.

At the end of the treatment the dose of the medicine, and the severity of the regimen, are gradually diminished.

M. Récamier, in his work,* relates several cases of the cure of cancer by this method. But, as we have remarked, it is difficult to determine how far the medicine has acted, and how far the resolution is due to the *cura famis*, with which it is conjoined. M. Tealier, as well as Duparcque, have employed it in extract and in powder, for many months continuously, without observing the slightest effect upon the progress of the disease. Nor is M. Lisfranc's practice more encouraging. Pushed to the dose to act as a narcotic, it produces so profound a disturbance in the economy as to forbid its use. We will go the length of admitting, however, that this medicine, aided by regimen and *hygiène*, may be useful in modifying the cancerous diathesis.†

* Recherches sur le Cancer, t. i. p. 474.

† We omitted to mention in its proper place M. Ricord's manner of dilating the uterine orifice in the cases where amenorrhea and sterility evidently depend upon such a defect. It is the daily introduction of a small tent of sponge, which is gradually enlarged and elongated, in proportion as the neck becomes permeable. After a very short time a permanent dilatation is effected, and with less pain and risk than by the method of dilatation by bougies, practised with so much success by Dr. Macintosh. A remarkable case of cure of sterility in this way, in a married lady who had long despaired of having children, occurs in M. Ricord's private practice.

CHAPTER XII.

ON SURGICAL TREATMENT.

It is a fundamental principle in medicine, that a surgical operation, for the cure of a disease, is, in all cases, to be the last resource — only to be decided on when every other means have failed, and the local mischief only hastens on to produce profounder disorder in the system. It is even indicated in cases where we cannot absolutely expect a permanent cure, but where we may hope, at least, to arrest the progress of disease — to slacken its pace, if we cannot render it stationary; and, by this means, prolong the existence of the patient.

This rational principle applied to the organic diseases of the womb, will serve as a rule of conduct in regard to their surgical treatment. Cases are sometimes met with, that resist all our *best directed therapeutical efforts*, and only tend to go on from bad to worse. In these cases, the operation is clearly indicated; to delay, is to diminish the chances of success, as it gives time to the

disease to extend its roots more deeply, and to influence more profoundly the whole constitution: so that even in a case which should be ultimately hopeless, the earlier the operation is had recourse to, the more chance there is of success, the more time do we gain, and the longer do we put off the evil day. A scirrhus induration, which is irreducible, and tends to advance—an ulcer succeeding to the scirrhus state—an ulcerated cancer, in short—and a cancerous ulcer, when its bottom begins to present the fungous cauliflower excrescences, and to pour out its characteristic ichor, and indurated points present, here and there, when the tumour does not yet invade all the neck, whether the *cancerous cachexy* be yet pronounced or not;—if these states are not ameliorated and restrained by treatment, even if the recidive seems inevitable, from the strongly developed diathesis, from hereditary, or from other more appreciable circumstances of the case—then the operation is clearly called for, notwithstanding the unfavourable prognostic as to the ultimate result. Such a conclusion we image to be irresistible and irrefragable, and to recommend itself to the good sense of even the most timid and hesitating, as regards the operation. For if we should not be secure from ultimate relapse, we, at least, obtain a temporary trace to the disease—we have cut off the source of the most violent symptoms, and suspended for so long the sufferings of the patient: and if we can

do so much, we gain a great point, in accomplishing the object of our art.

But M. Récamier has even gone further; when the disease had already taken possession of the body of the womb, he has yet amputated the neck, and then pursued the cancer, with his caustics, even into all its cavity. There is then, at least, the substitution of a simple for an infect suppurating wound — a disengorgement of the tissu is operated, and all the sympathetic irradiations, which departed from the poisoned source, are dissipated or suspended — the last moments of the patient rendered, at least, less deplorable, and their speedy arrival delayed.

M. Lisfranc counts great success in the amputation of uterine necks; but in this must be included an immense number of simple indurations, from the difficulty of the diagnostic from the scirrhus state, at the early stage at which he operates: and it is a question to be settled by medical casuists, if the evil of amputating sound or simply indurated necks be compensated, by the advantage accruing from the early extirpation of scirrhus tumours, which gives the greater chance of success to the operation. The rarity of the recidives, in the cases of Lisfranc, is a presumptive proof of the non-specific nature of the tumours amputated.

Dr. Krimer, of Aix-la-Chapelle, in an article on the recidives of cancer of the womb operated,

Hufeland's Journal, Sep. 1834, and translated into the *Revue Médicale*, Août, 1835, takes a very different view of the subject.

“The number of cases of success of the amputation of the neck of the uterus, published by the French surgeons, is so considerable,” remarks he, “that we are astonished to see, notwithstanding, so many women fall victims to cancer of the womb; and that where the resection of the neck is most frequently practised.” The author frankly confesses, that he has not had the same success. He is more restricted in his acceptation of the term *cure*; and he considers all the cases unsuccessful when relapses have occurred. He cites the following case of cure at Paris.

Madame de C., aged forty years, had all the vaginal part of the uterus in a carcinomatous state. A practitioner made the resection of it, in the presence of a great number of spectators. At the end of fifteen days, he declared the patient cured, and presented her, as such, to a medical society. Her improved state continued during two months; at the end of this period, a leucorrhœa commenced, and became more and more abundant, and more and more fetid. The lady was sent to the Spawaters, and there was seized with several abundant metrorrhages. She removed to Aix-la-Chapelle, seven months after being operated on at Paris. The touch recognised ulcerated vegetations, half the size of the fist, upon the neck of the uterus. Three months afterwards, she died at Ostend; and, nevertheless, she figures among the Cases completely cured by amputation.

Led away by the pretended success of the French surgeons, the author wished to imitate them,

and was obliged to learn, from his own experience, how rare absolute cures are, if they exist at all; for it is very questionable if there be any case of *true cancer* of the womb cured without relapse.

Dr. Krimer then relates the following Cases:—

Madame H., aged fifty-three years, still vigorous, but having ceased to menstruate for four years, had prolapsus of the womb, accompanied with cancer of the neck. The body of the organ was perfectly sound. The patient attributed her disease to a pessary, which she wore during eight years. As the malady appeared entirely local, and as the patient presented no signs of the cancerous diathesis, the Case appeared one of the most favourable for the operation. Very little hæmorrhage took place. After sixteen days the cure was completed. The leucorrhæal discharge was but small; and, during six months, the health was perfect. In the spring, after a violent mental emotion, lancinating pains in the uterus came on, and difficulty in urining and defæcation. In spite of every means, the womb enlarged and ulcerated—the cancer invaded the rectum and peritonæum, and the patient died in the space of three months.

Another lady, of forty-six years of age, perfectly *regular*, without children, had experienced, for a considerable time, pains in the region of the womb; its posterior lip had acquired the size of a nut, and was scirrhus, while the neighbouring parts were sound. Every imaginable means had been put in practice without success; and as its well-defined limits separated the diseased portion from the sound, the complete resection of the part was performed. The hæmorrhage was favoured by emollient injections. The pains disappeared; but the wound did not cicatrise. For several weeks the patient continued very well, and twice had her courses; but she soon began to feel lancinating pains—the cancer gained the vagina, perforated it; and the patient died after fourteen months of suffering.

A washerwoman, of a feeble constitution, forty years of

age, and mother of nine children, had been so severely maltreated, during childbirth, by an ignorant midwife, that a vesico-vaginal fistula, with rupture of the perinæum and rectum, took place. A cancer, of the size of a pea, was developed on the neck of the womb. M. Krimer, seduced still by the entirely local nature of the disease, the cause of which was evident, reunited the edges of the fistula in the usual way, and afterwards amputated the diseased portion of the neck. At the end of twelve days the fistula was cured; but a month afterwards, a continual pain fixed itself in the pelvis—the menses flowed as a true hæmorrhage—and the patient died at the last, exhausted by nine months of unheard of sufferings.

Notwithstanding these reverses, the author thought he might yield a last time to the solicitations of the friends of a patient who appeared in the most favourable circumstances. Thirty-four years of age—in flourishing health—the posterior lip alone of the *os tincæ*, tumefied, rough, of the size of a prune—which had been preceded by symptoms little alarming—every thing seemed to promise a happy success. But that which happened to the other Cases happened to this, the recidive took place, and the patient died a few months after.

The advantages and the disadvantages of the operation are thus summed up, and the contra-indications, formally stated by M. Tealier.

The advantages of the amputation of the neck of the uterus are the following :—

1. In some cases of engorgement and ulceration, not cancerous, but of such a nature that the resolution of the one, and the cicatrisation of the other, keep us long in suspense, and compromise, at length, the days of the patient—to cut off this source of disease, and prevent a fatal termination.
2. To arrest the progress of a cancerous ul-

ceration, in substituting for it a simple wound, susceptible sometimes of a solid and durable cicatrisation.

3. To free the economy of a poisoned source, whence circulate in all the vessels a deleterious principle, which carries trouble into all the assimilating and nutritive functions.

4. And in the case of inevitable regeneration of the disease, to have given, at least, the hope and satisfaction it produces in the mind of the patient; to have enabled her to pass in contentment, and exempt from great pain, the time during which she would have been condemned to all the sufferings and inconveniences resulting from the primitive lesion; and to have prolonged her life beyond the term that the disease, left to itself, or treated by simple palliatives, would have permitted it to attain.

5. To have given a chance of cure, impossible by the unaided efforts of nature, or the ordinary resources of art, by means of an operation, which offers no great difficulty in the execution, and which is not so painful as might be supposed, which is rarely followed by the accidents that frequently complicate or accompany the great surgical operations; and which demands, for its easy execution, the concurrence of some circumstances, which the patient produces naturally, such as the prolapsus of the organ, and the relaxation of its suspensary ligaments.

6. To produce no notable obstruction to the physiological functions of the organ ; since, after the amputation of the neck of the uterus, the menses establish themselves and continue to flow, as in the normal state, pregnancy supervenes, and childbirth takes place with the same facility as before the operation, and without involving any troublesome consequences.

The inconveniences attached to the operation, and its contra-indications, are the following :—

1. The difficulty even of performing it, owing to the size of the tumour, on the one hand, and the narrowness of the parts on the other ; the impossibility of prolapsing the uterus, and bringing the tumour without the orifice ; or, if the operation is *sur place*, the difficulty of carrying behind the tumour, sufficiently deep in the vagina, the instruments necessary. These inconveniences may be remedied, indeed, either by incising the orifice of the vagina, in order to bring the womb outwards, or by making a section of the neck *in situ*, at the risk of operating on the altered parts, by means of the instruments of Dupuytren and Récamier. But the results of this operation have not been so favourable as to encourage its execution when these difficulties occur.

2. Among the inconveniences attached to the operation, are remarked the inflammatory accidents to which it determines, and which may extend from the uterus to the peritonæum, and adjacent

viscera, and peril the life of the patient: the hæmorrhage, also, in the generality of cases, without importance, but sometimes so serious as to demand the most prompt means, actual cautery, or plugging the vagina — the regeneration of the disease upon the wound, even before its cicatrisation, in the remaining portion of the womb, or in the neighbouring organs.

3. The operation is contra-indicated by the extension of the evil beyond the part which our cutting instruments cannot reach. Some great surgeons, however, have departed from this principle, without having had to repent of it. M. Récamier has extirpated the whole or part of the neck, and pursued, then, with the caustic, the cancerous ulceration, even into the uterine cavity, and has even obtained cicatrices of good appearance on the cauterised surface. But, as a general rule, the operation is to be avoided in these grave cases, as it might only tend to exasperate the evil. The complete extirpation of the womb is then all that remains; but the success of this operation, hitherto, is any thing but encouraging.

4. The certitude acquired, that the induration of the ovaria, the tumefaction of the ligaments, and of the body of the womb, are not of scirrhus nature, permit the operation. In the contrary case, this extension of the disease would be a formal contra-indication to the operation. But, we have to remark, how difficult it is to acquire this certainty.

5. The simultaneous existence of cancer in the womb, and in several other organs, is a contra-indication to the operation. The relapse is then certain; and the operation practised upon one point, only gives activity to the cancerous degeneration on another. Dupuytren, on the point of operating an ulcerated cancer of the breast of a woman, aged above forty, perceived, in exploring attentively the organs, that the neck of the uterus was affected with the same disease. This discovery made him renounce at once the operation of the breast, in the fear of aggravating the disease of the uterus. This practice ought to be imitated, if the cancer of the womb be complicated with other cancerous affections, these latter being able to assume, as this distinguished surgeon remarks, a much more rapid progress towards a fatal termination.

Lastly. When the cancerous cachexy is so pronounced, that the removal of the putrid source which alimnts it, would have no salutary effect on the organisation invaded completely, and not in a state to react against it: in such a case, all idea of the operation is to be renounced, and we must hold ourselves to mere palliatives.

The Operation.

When this is indicated, and the patient consents to it, the following is the method adopted by Lisfranc :—

The patient is placed as in the lateral operation for the stone. The bivalve speculum of M. Ricord is introduced into the vagina, and carried to the os tincae. Its branches are opened, and the tumour embraced. The surface of the neck is cleaned by means of a little sponge, or a pellet of charpy, or by an injection. The pincers of Museux, with double or triple prongs, are carried closed into the speculum, then opened upon the os tincae, which the operator seizes from before backwards, at the highest point possible. In proportion as the hooks penetrate, the pincers are pushed forwards, in order that the deep-seated tissus may be seized at the same height as the superficial. The speculum is then withdrawn, and the pincers serve to exercise on the os tincae moderate, slow, and sustained tractions, by means of which it is brought near to the exterior orifice. These tractions ought to be directed successively, according to the axis of the upper and inferior outlets of the pelvis. But, in order that the womb be better seized and brought down, and that all the surface of the inferior part of the organ may project alike exteriorly, the hooks of a second pair of pincers are applied in an opposite direction to the others. The tractions

are renewed, and continued with increased force during five minutes, or even a quarter of an hour, if it is necessary, until that the womb be brought low enough. This is the most painful time of the operation for the woman. The pains and the difficulty in the traction result from the tension and resistance of the ligaments.

The surgeon carries the index finger around the circumference of the uterine insertion of the vagina. He recognises it easily by a kind of ring, beyond which pressure distinguishes a vacuity. Placed to the left of the patient, he intrusts the pincers to an intelligent assistant standing in front, who maintains the os tinæ lowered and projecting. He wipes carefully the parts; then, armed with a curved bistoury, cutting in its concave edge, and muffled with linen to within an inch of its buttoned extremity, he carries the edge of the instrument, guided by the index-finger of the left hand, beneath the neck, which the assistant has the precaution to raise gently, in order to uncover its posterior face. He measures with this finger, whose palmar surface is directed towards the disease, the height at which the section ought to be made. The bistoury is placed above it; and in proportion as the instrument cuts, he directs it; and gives it a point of support, whilst the aid lowers gradually the pincers, to accommodate the neck to the progress of the knife. The section must be performed slowly, stroke by stroke, to avoid injuring the labia, and

making an ugly uneven wound, unless unequal prolongations of the diseased part demand it.

If the neck is too large to be embraced by the speculum, we can no longer use the instrument. The operator conducts, then, upon the finger introduced into the vagina, simple pincers, which he attaches to the neck, or upon the sufficiently resisting points of the tumour.

Sometimes the os tinæ, without being very large, presents a soft fungous form, bleeding on the slightest touch. The introduction of the speculum is there at least useless, because it gives place to a discharge of blood, which prevents the neck being seen, in spite of all the abstersions and injections. It is better, then, to renounce the instrument, and to conduct the pincers along the index-finger of the left hand.

If the softness of the neck of the uterus, and the progress of the ulceration, do not permit the pincers to be implanted in sound parts sufficiently resisting, the instrument easily loses hold, detaching a part of the tumour, and the os tinæ cannot be lowered. This impossibility may still depend on a want of laxity in the ligaments, or the excessive volume of the tumour, or the narrowness of the parts. In this last case, M. Lisfranc does not hesitate to make an incision of the perinæum, to judge of the nature and extent of the evil, and to facilitate the descent of the organ. If this cannot be done, the resection is made *in situ*.

A variety of complicated instruments have been invented for amputating the neck. A description of them here is useless. The simple buttoned bistoury, conducted upon the finger, or in the cavity of the speculum, suffices for the operation.

Whatever instruments be used, the great essential point is, always to excise all the diseased parts. In cases even where the cancer has extended into the body of the organ, he has hollowed out a conical piece of the body, and, he says, "with a successful result."

The accidents to which the operation may give place, are hæmorrhage, metro-peritonitis, and various nervous and spasmodic symptoms.

The hæmorrhage is little to be dreaded: it is rarely so abundant as to necessitate the employment of the proper means to arrest it: a considerable flow of blood is rather to be encouraged, as it disengorges the uterine vessels, and prevents consecutive inflammation. If, however, it become alarming from its excess or duration, it should be arrested by means of injections of cold water or vinegar, or by a buttoned stylet made red hot. The introduction of the speculum would permit us to recognise the source of the discharge, and to cauterise it properly. If these means did not suffice, we should have recourse to the plugging of the entry of the vagina. It may be withdrawn after some hours; the hæmorrhage is arrested. It will be replaced if it reappears. But the too

sudden suspension of the hæmorrhage is attended with danger, favouring the developement of metro-peritonitis; while, left to itself, it is fitted to prevent this inflammation. When the plug is removed, injections must be made, to clear the vagina of the clots of blood, and serous and purulent matter, which is there collected.

Metro-peritoneal inflammation is less to be feared when the loss of blood is considerable. When it does occur, it is to be treated in the same way as when the result of other causes. When it is the womb alone that is chiefly affected, small revulsive bleedings from the arm, frequently repeated, are preferable to local bleedings. When the peritonæum is comprised, to the general blood-lettings we must join local bleedings in the groins and on the hypogastrium.

Nervous accidents, sufficiently serious in appearance, often shew themselves a short time after the operation: suffocations — spasms — nervous attacks — spasmodic vomitings — and a tympanitic distension of the belly. These are entirely symptomatic of the irritation and suffering the uterus has been the seat of during the operation, and cease promptly when the organ recovers from the commotion it has been subjected to. Soothing and antispasmodic medicines may here be administered with advantage.

The amputation of the neck of the womb, substitutes to an infect and disorganising ulcer, a simple

wound, which ought to tend towards cicatrisation. The foetid discharges also cease, and are replaced by a laudable suppuration, like that of all simple wounds. The cicatrisation of superficial ulcerations is speedy after the cauterisations: it does not proceed so quickly after the amputations.

The cicatrice of the wound resulting from the amputation of the neck of the uterus is at first of an intense red; it then becomes white; and afterwards assumes the colour of the surrounding tissue. This cicatrice may even obliterate the uterine orifice. M. Lisfranc has seen an example of this kind. This circumstance did not prevent the flowing of the menses; but they occurred with much more difficulty, and were accompanied each time with symptoms of metritis. The menstrual blood was never accumulated in the womb; it flowed by the surface of the vagina. This patient sank, and the obliteration of the orifice was discovered. Recognised in time, it might have been remedied by a trochar; or have been prevented altogether by the introduction of a stylet, from time to time, into the uterine orifice.

However, the cicatrisation of the wound takes place like that of a simple ulcer. If there exist pain, and some appearance of inflammation, it is favoured by emollient injections. If the ulcer is tardy, and soft, and flabby granulations sprout up too actively, the nitrate of silver will advance the cicatrice, and repress the exuberant growth.

Permanent dressings may be used with charpy, smeared with appropriate ointments, or imbibed in emollient, narcotic, or deterative decoctions, and left applied to the neck by means of the speculum.

The sanguineous congestions to which the uterus is periodically subject, so long as the critical age is not passed, and the unfavourable influence it exercises on the cicatrisation of the wound, make it a duty to diminish them as much as possible, if there be but the slightest predisposition to inflammation in the organ, by small bleedings from the arm, practised when the signs of this inflammation manifest themselves, and when the menstrual epochs approach. By this means the progress of the cicatrice is hastened.

During the period that immediately succeeds to the operation, we see with satisfaction the wound preserve the best aspect, and advance towards a cicatrisation, which nothing seems likely to arrest. But in the midst of hopes, apparently the best founded, supervene some slight derangements of the health, which are attributed to some other innocent cause; a slight shivering, followed by a febrile movement — want of appetite, or some disorder in the digestive functions — occasional darting pains in the wound. The purulent matter becomes more serous, and acquires some degree of odour. On examining the wound, we discover upon its surface one or more points of a grayish aspect, which contrasts with the red

colour of the surrounding granulations. These points are soft, and would seem to be formed by purulent matter: but they persist after they are cleaned. These points are the commencement of the regeneration; and are not long in extending themselves, and destroying all hope of cure. They must be immediately, and profoundly, and repeatedly cauterised. The appropriate dressings are again to be had recourse to: cerates, with the chlorurets, opium, hemlock, belladonna, hyoscyamus, the creosote, or a mixture of the tinctures employed by M. Récamier. Unhappily, it too often happens, that however zealous and enlightened the physician be—however judiciously directed his resources—the disease only continues its fatal march, invading the whole organ, and its annexes, the ganglions and abdominal viscera. Hectic fever is lighted up anew, and death soon terminates the scene.

The Extirpation of the Womb.

If the amputation of the neck of the uterus should not be crowned with success, there is at least two circumstances to encourage the attempt—that it is neither very painful for the patient, nor very difficult for the surgeon. But it is far otherwise with the operation for extirpating the womb. This is the most formidable for the surgeon, and the most fatal to the patient; and the general result of the cases operated hitherto,

should cause its rejection, *in toto*, from the practice of the art. The only exception is for the cases where Nature has already performed the half of the operation, in precipitating it out of the vagina, and thus isolating it from its important connexions in its natural state. The ablation is then easy, little painful, and crowned with success.

What renders the chances of success still less, is the possibility of not attaining the whole of the morbid tissus, but of leaving behind the germs of a similar alteration. There is no means of knowing that we have attained the limits of the evil. It is often impossible to know if it is confined to the uterus, or if the alteration does not extend to its annexes, and the neighbouring parts. We cannot know if the organ be free, or if it have contracted adherences which render the operation incomplete; whether it may not have interested in the incision neighbouring organs, as has happened to operators the most consummate in their art. Professor Roux was not able to avoid opening the bladder; and, before him, the same accident happened to Sauter.

But, notwithstanding these grave objections, are we to abandon the patient to the death which menaces her, without trying the resources of science?

The methods of operating vary according,—
1st. As the diseased organ is precipitated from the exterior parts, and hangs between the thighs

suspended by a pedicle of the inverted vagina. *2d.* As the organ, occupying its ordinary place, can be brought down as near the os externum as possible. *3d.* And as the womb is invariably fixed in its natural position.

1. When the womb projects exteriorly. The operation of *twisting* has only been performed by the gross mistake of the tumour for a polypus. The patients, indeed, recovered, as the cases related by Siebold and Wrisberg; but the operation is to be rejected.

The extirpation by the knife is objectionable, inasmuch as it exposes to hæmorrhage, and to the admission of air into the peritoneal cavity by the opening which the ablation leaves. The patient operated by Wolf, a skilful surgeon of Hanover, although the wound was closed by suture, died, two days afterwards, of peritonitis and pleurisy.

The extirpation by ligature.—The vaginal pedicle is comprised in a circular ligature, or in a double ligature, after the method of Récamier. This method has the disadvantage of being much more painful than that by section. The strangled organ does not fall off until after several days, during which the patients—a prey to fever and agitation, and infected by the putrid matter which the gangrene furnishes—are exposed to the gravest accidents. MM. Baxter, Rheineck, Schan, Johnson, Newham, Gallot, Gooch, and Davis, have, in

this manner, after ligature, left the organ to drop off of itself, by the process of putrefaction. But to cut off the source of these symptoms—determined either by the inflammation or by the putrid decomposition of the strangled uterine tumour—Mr. Windsor, in England, and M. Récamier, in France, have then extirpated with the knife the tumefied disorganised parts left immediately beneath the ligature. The ligature and the excision conjoined, have the advantages of at once opposing an obstacle to the hæmorrhage, to the opening of the cavity of the peritonæum and the entrance of air into it, and to the putrid dissolution of the organ itself.

It is an important precaution to observe that no part of the intestine has descended into the *cul de sac* which the inverted vagina forms, and which might be comprised in the section as Vanheer cites a case, or in the ligature of which Rheineck has an example.

2. If the uterus can be brought down artificially, the same operation as in the natural precipitation is had recourse to, viz. the ligature, and the section below it, as M. Récamier has done in one case.

3. Extirpation of the womb *in situ*. The procedure of M. Sauter is most simple; it is detailed in his case, cited. Surgeons differ as to the point where the incision of the vagina is to begin. Roux and Récamier separate first the uterus from

the bladder; Dr. Blundell commences by the posterior part: M. Gendrin attacks first the lateral parts, in order to reach the ligaments and command the hæmorrhage; Langenbeck proposes to dissect the peritonæum without opening it. The greatest number of operators cut this membrane, in order to save the ligaments, and apply the ligatures and divide them. Gulbertat proposed to incise the linea alba above the pubis, to seize the womb through the opening, cut it away from its connexions with scissors, and draw it out. This method, which involves considerable danger, has only been practised once, and the patient sunk twenty-four hours after.

M. Roux has practised twice the extirpation of the uterus, and both patients died: the one in twenty-four hours, the other in nine days after the operation. In this last case a part of the bladder was carried away, which was adherent to an enormous tubercle on the womb. In one of the four cases operated by Dr. Blundell, this accident happened: the patient sunk twenty-four hours afterwards, as in the two other cases. Langenbeck lost in twenty-four hours the patient whom he had operated after the method of Gulbertat. Two others that he operated by the procedure of Sauter, died: the one the second day, the other the fourteenth day. Palletta and Moteggia have extirpated the womb, believing it only a polypus: the patient sunk in less than two days. Lastly; two

patients, operated by MM. Siebold and Holoher, sunk in less than nine hours. The patients of Lizars and Banner died also.

The general result of the whole is, one cure perfect; two re-establishments, followed by death in the space of a few months; and fourteen cases of immediate death, the consequence of the accidents of the operation. This statistical account, as an encouragement to the operation, requires no commentary.

“ Il doit être bien evident,” observes M. Gendrin,* “ que l’extirpation de l’utérus est une des opérations les plus graves, et les plus douloureuses, de la chirurgie, puisqu’elle est le plus souvent mortelle. Elle ne doit être entreprise qu’avec grande prudence, et elle ne doit jamais l’être qu’il ne soit très probable que le mal n’a pas dépassé les limites de l’utérus, et que cet organ conserve toute sa mobilité à l’égard des parties voisines. Les signes de cette limitation du mal et de cette mobilité s’acquièrent par tous les moyens d’exploration de l’utérus, et malheureusement ces moyens sont fort infidèles. Deux hommes très habiles (MM. Sauter et Roux) ont méconnu l’extension du mal aux trompes et aux ovaires qui sont si souvent atteints quand le corps de l’utérus est affecté. *Il faut en conclure, qu’il sera le plus souvent très sage de s’abstenir de toute opération.*”

* Journal Général de Médecine, Oct. 1829.

CASES ILLUSTRATIVE.

CASE LXIV.—Extirpation of the womb, practised by Dr. Sauter of Constance, in 1822.*

Geneviève Woldrof had had six fortunate childbirths; the last in 1811. Cessation of the menses in 1817. Towards the middle of the year 1821, copious uterine hæmorrhages, accompanied with very acute pains in the loins, the pubis, and the back. In 1821, M. Sauter found the neck and orifice of the womb covered, at the posterior part especially, with large, hard, and rough excrescences, very painful, and bleeding on the slightest touch. There was a general state of exhaustion. Under the influence of savin (*juniperus sabina*), the sanguineous discharge was arrested, the pains disappeared, the appetite returned, and the strength was recruited; the indurations of the neck of the uterus seemed to diminish, soften, and lose their painful sensibility. In November, return of the same symptoms — fetid and sanious discharge. It was no longer possible not to recognise the transition from the scirrhus state to that of true cancer of the womb. The savin, hydrocyanic acid, hemlock, were without effect. The excrescences augmented, filled the vagina, and hindered the dejections by compressing the rectum. The 16th January, 1822 — diarrhœa — excessive weakness — intense pains. The *operation* was decided upon. The patient was then fifty years old.

The cancer occupied the whole of the neck of the womb — a very small space separated the uterus from the rectum — the finger penetrated into the uterine cavity, across the ulcers and the fungosities.

The 28th of January, 1822, at two o'clock, P.M., the patient was laid horizontally across a bed, the knees were kept separated, and the bladder and the rectum were emptied. "I tried," says M. Sauter, "to lower the uterus with my finger acting as a hook; but the fungosities, tearing and bleeding, did not permit a hold; and this plan had to be renounced. I introduced, then, the left index and middle fingers to the ex-

* *Melanges de Chirurgie Etrangère.* Genève, p. 246.

tremity of the vagina. I slid in, between the two fingers, a convex knife, rounded at the end, and carrying a long fixed handle, with which I cut the vagina, under the uterus, introducing my finger immediately into the opening, which I completed all around the vagina, without interruption, and without accident. To destroy the lateral attachments, I introduced a finger into the womb, and drew it down; while, with the handle of the knife, or with the right index finger, I tore the cellular tissue: but the adherence was so strong that this means did not succeed. A fungous mass was partly detached, and projected exteriorly. I employed then pincers, with which I seized the anterior wall of the neck, and drew it; while, with the handle of the knife, and a whalebone spatula, I tried to detach the uterus from the bladder. But several attempts were ineffectual, the pincers escaping, and carrying with them a portion of the tumour.

The operation had lasted, already, half an hour. I renounced every method of lowering and separation, and determined on cutting clean above the womb. For that purpose, I introduced two fingers of the left hand between the bladder and the uterus; I conducted the scalpel between them; I seized, with the bent index finger, a portion of cellular tissue, which I cut near the uterus, until that my finger reached into the abdomen; then, by little and little, I cut the peritonæum, before and above, and even to its highest lateral attachments. I introduced, then, all the left hand into the vagina, and I penetrated thus into the opening of the peritonæum, where I destroyed, on each side, the lateral attachments, and detached the ovaria, the ligaments, &c. I seized, then, the womb beneath its fundus, and sought to invert it. During this attempt, the patient, irritated by my hand, and by the pains, pressed down very strongly. I felt, then, the intestines force themselves against my hand, and descend in the vagina — I was obliged to thrust them back into the abdomen. I seized the womb again, the patient pressed down anew, and the same descent of the intestines was the consequence. I returned *à la charge* a third time, while an assistant compressed the abdomen above the pubis, and held the bowels in their place. I succeeded,

then, in inverting the womb, and bringing its fundus even to the edge of the libia. The intestines followed it, and filled the pelvis: an assistant retained them, by means of three fingers introduced into the vagina. During this period, I detached, with the knife, the posterior wall and the lateral attachments, which was done easily and securely. I replaced the intestines in their natural situation, and supported them with a pledget of dry charpy, in order to defend them from the air, and styptics (alum). The patient was placed in the horizontal position, which she kept. She did not lose more than a pound and a half of blood.

After the operation, cold perspiration — pains of the stomach — (*wine, æther, tincture of opium*), burning sensation in the vagina.

29th. — Weakness — pulse feeble — serous discharge by the vagina — vomiting three times — sleep — intense thirst — transpiration — heat.

30th. — The vagina, in contact with the alum, dry and rough to the touch — vomitings — abdomen painful and tympanitic — involuntary discharges of urine (*anodyne draught*).

31st. — Nourishment — decoction of bark with æther — injection, with a decoction of the *willow*, and the tincture of *galbanum*.

March 6th. — The patient sits up in her bed, without complaining of the least uneasy sensation — the peritonæum appeared consolidated in the form of a tunnel — the urine voluntary.

10th. — The patient gets up; the skin and the lips assume colour.

13th. — Edema, which, from the feet, gains the whole body — the eschars are detached from different parts of the vagina — the œdema disappears, during a copious perspiration, the 21st.

16th. — The wound was perfectly cured.

22nd. — Vomitings — diarrhœa — treated by bark, æther, and opium.

26th May. — Violent indigestion, occasioned by a dish of *sourcrout* — death the 1st June.

This case is remarkable for the length and the difficulties of the operation—for the absence of hæmorrhage, although no ligature was used for the complete cure; death having been caused by an accident foreign to the operation.

The procedure of M. Sauter, described in the foregoing cases, is that, with some variations, followed by Dr. Blundell in the cases he has operated upon. He has performed this operation four times. It has been fatal in three cases. They recovered for the time, but died afterwards of relapse.

CASE LXV.—Extirpation of the womb by Dr. Blundell.

A woman fifty years of age, inclined to obesity, was seized with an acrid discharge, and a metrorrhagy so abundant, that she lost two pints of blood per day. Œdema—paleness—weakness—and frequent faintings. Although the woman appeared cachectic, and presented all the appearance of women who sink under the progress of uterine ulceration, she could not, however, be regarded as beyond the resources of surgery.

At the examination, Dr. Blundell recognised the uterus to be movable: it was about the size of a goose's egg. The neck open and swollen, and of an almost cartilaginous hardness. Upon this mass there existed an ulceration of the diameter of a shilling. The surrounding tissues appeared sound, as well as the bladder and the rectum. Dr. B. judged that there was an ulcerated cancer of the womb, and that the extirpation of this organ was the only resource that art could offer.

The operation took place the 19th of January, eight or nine months after the supposed commencement of the disease.

The patient was laid upon her side, upon the edge of a bed, and the body flexed. The operator carried the index and middle finger of the left hand into the vagina, which served to conduct a kind of dissecting knife with sharp blade, placed at an angle of twenty or thirty degrees, upon a long stalk terminated by a handle. He cut first the extremity of the vagina, behind, in order to penetrate into the peritonæal cavity, between the womb and the rectum. This division was made slowly, and

frequently interrupted, to leave to the conducting fingers the facility of exploring and ascertaining the connexions of the rectum, in order to avoid it. The opening made, so as to permit the introduction of the first phalanx of the index finger, the latter served as a guide to the instrument, to enlarge it in the direction of the insertion of the left broad ligament. With an instrument analogous to the preceding, but mounted in an inverse direction, the incision was prolonged in the same manner on the right side. The operator felt, then, the intestines, but avoided wounding them, by the precaution of holding the point of the instrument applied against the pulp of the index finger.

Dr. B. then introduced the left hand into the vagina, and two fingers of this hand across the posterior division, even to the fundus of the uterus. They served to conduct thither, and to fix, a double crochet, mounted upon a handle eleven inches long. This part of the operation was but little painful. By this means, the uterus was in a state to be dragged down, to invert its fundus towards the point of the coccyx, and to bring the whole into the palm of the hand, placed in the vagina. This manœuvre was very painful. The operator cut then the broad ligaments before the uterus. He separated this organ from the bladder, taking precautions not to injure the neck or the ureter; and the womb was thus entirely isolated. Some indurated points of the vagina were left, which the operator proposed to take away at a later period, if there was an indication for it. The operation lasted an hour.

Five months after this operation (the time of its publication,) the patient was perfectly re-established. But she sunk afterwards under a relapse of the disease, which reproduced itself on the spared indurations of the vagina.

The difference between the methods adopted by M. Sauter and Dr. Blundell only consists in this, that the first began the section of the vagina in the fore part, behind the pubis, and brought the body of the organ in this direction; while the second cut first the posterior part, and turned the uterus round, bringing its fundus in the direction of the coccyx.

CASE LXVI.—Extirpation of a cancerous uterus, by M. Récamier.*

Madame B., aged fifty years, of an eminently nervous temperament, menstruated at twelve years and a half, and became a mother at twenty-one, twenty-eight, and thirty-five years. At forty-five, jaundice of six weeks, and dysmenorrhea during four months. At forty-nine years of age, diminution and irregularity of the menses, with dull pains in the seat—feeling of lassitude in the lumbar regions—discharge, successively serous, sanious, and fetid. Eight months after the invasion of these symptoms, M. Récamier found the anterior lip of the os tinæ attacked posteriorly, by a foul fungous ulcer, which had destroyed the posterior lip, and had extended itself to the recto-vaginal partition. The touch recognised two tumours, separated by a furrow, and which appeared to be formed by the uterus, surmounted by an eminence, or by the tumefied neck and body of the organ.

The 26th July, 1829, the operation was performed in the following manner:

Position of the patient, as for the operation of the stone. The anterior lip of the os tinæ was fixed with strong hooked pincers, placed from before, backwards. The uterus was lowered; and, to make sure the displacement, a second pair of pincers were placed, transversely. A transverse incision of the vagina alone, and, from right to left, upon the anterior and inferior part of the tumour, was made, by means of a convex buttoned bistoury, directed upon the index finger of the left hand. Dissection of the cellular tissu, which unites 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 buttoned hernial bistoury, straight and rather blunt.

The same bistoury served to cut, from above downwards, the upper two-thirds of the left large ligament, shaving the

* Recherches sur le Cancer, t. i. p. 519.

corresponding edge of the uterus to the furrow which separates it from the neck; immediately after, the same dissection was made of the right ligament.

The index finger of the left hand was also carried behind the remainder of the right ligament, and the thumb placed, at the same time, before and to the outside. The fingers served to fix the ligament, and as a guide, to a curved needle with a handle, pierced at the point, and armed with a strong thread intended to embrace the remainder of the broad ligament where the uterine artery runs. The ligature was made by means of an appropriate instrument: the ligature of the left side was applied in the same manner. The section of the ligaments was then completed with the hernial bistoury, and the vagina was reached and divided. The uterus then issued from the vulve; and there only remained to divide the fold of the peritonæum between the womb and the rectum. Lastly, the vagina was cut posteriorly.

This operation lasted twenty minutes. The most painful part was the lowering of the womb. There was only about thirty ounces of blood lost by the division of the parts. The epiploon presented itself: it was reduced. The threads of the ligatures were laid along the groins. The patient was placed on the horizontal position, and there was no farther dressing.

Second day of the operation.—Pulse ninety; belly slightly tumefied, without pain. Repeated catheterism; *bleeding of six ounces*; cataplasms; *tisane of linseed*; sleep.

Third day.—Pulse frequent; belly, more meteorized and more sonorous, painful in the right iliac region; constipation. *Bleeding in the morning*; three grains of calomel in three doses; forty leeches to the right side of the belly.

Fifth day.—Fever abated; belly inflated; constipation. *Leeches*; pills, containing calomel and extract of belladonna, of each a grain, every two hours. Augmentation of the meteorism of the belly; agitation. *Bath of half an hour*. For the first time the patient discharges wind *par bas*.

Sixth day.—Some degree of sensibility in the iliac regions. *Leeches*; bath. The patient has a stool.

Seventh day.—The posterior part of the bladder adheres to the rectum, it is divided with the finger, and an ounce of a

brownish fetid fluid flows out. *Lavemens ; twenty leeches to the loins ; soups ; injections of tepid water into the vagina*, to clear out a fetid discharge which escaped on pressure.

The *tenth day*, the ligaments were drawn away. To date from the 14th, the amelioration makes progress ; and the 27th, it was recognised that the bottom of the vagina formed a simple ring, hardly admitting the finger, and communicating with a *cul-de-sac* of the depth of two-thirds of the first phalanx of the index finger, formed by the reunion of the bladder and the vagina.

These are the three Cases where it is pretended the operation has been crowned with success. The patient of M. Sauter, however, sunk, two months after, of an indigestion : that of Dr. Blundell died of a relapse : remains the patient of M. Récamier. Surely such success is but a slight encouragement to practitioners to repeat so dreadful an operation.

THE END.

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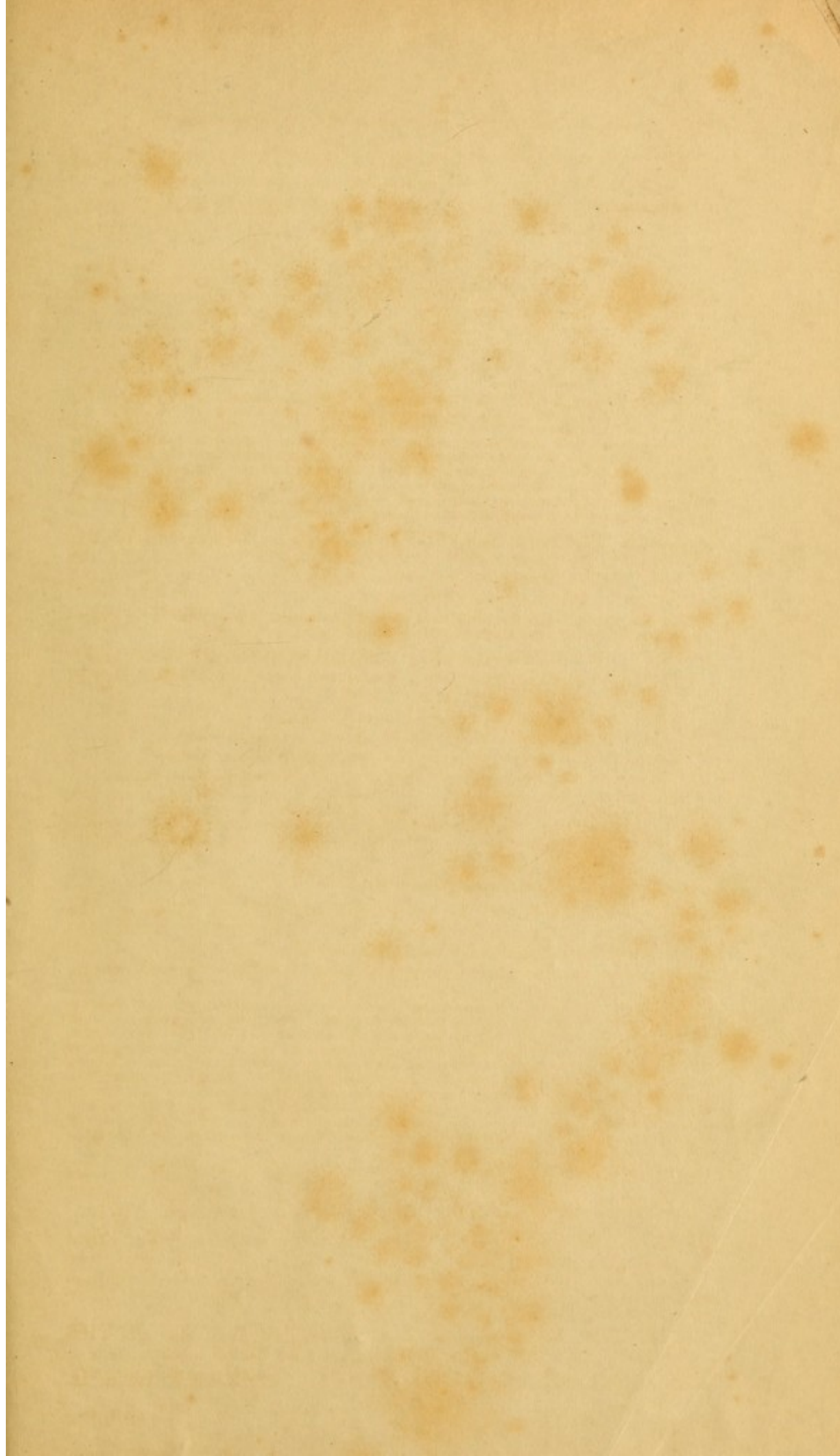
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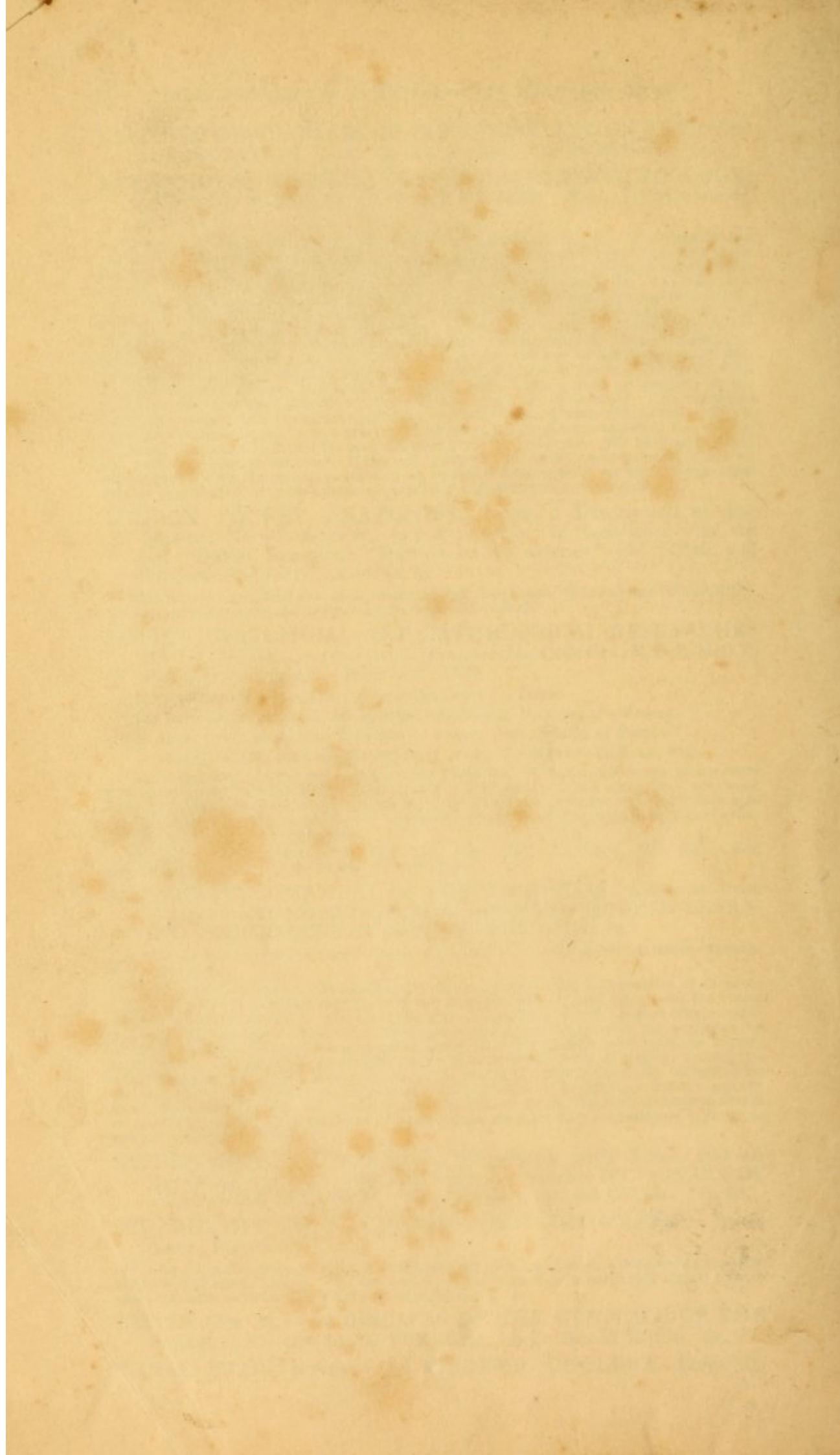
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