

Commentaries : principally on those diseases of females which are constitutional / by Marshall Hall.

Contributors

Hall, Marshall, 1790-1857.
Francis A. Countway Library of Medicine

Publication/Creation

London : Sherwood, Gilbert, and Piper, [1830?]

Persistent URL

<https://wellcomecollection.org/works/h5k2exm8>

License and attribution

This material has been provided by This material has been provided by the Francis A. Countway Library of Medicine, through the Medical Heritage Library. The original may be consulted at the Francis A. Countway Library of Medicine, Harvard Medical School. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



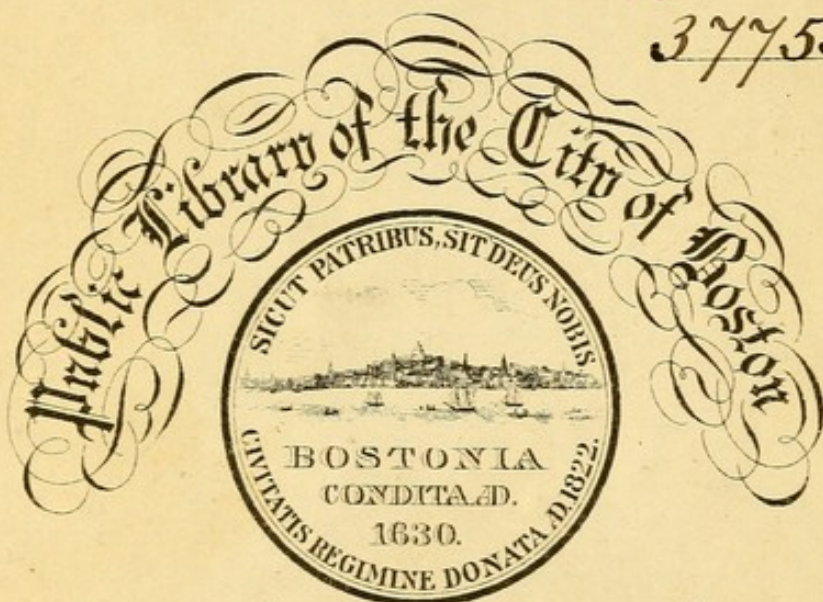
24 A 120

This work must be consulted
in the Boston Medical Library
8 Fenway

PRESENTED TO THE

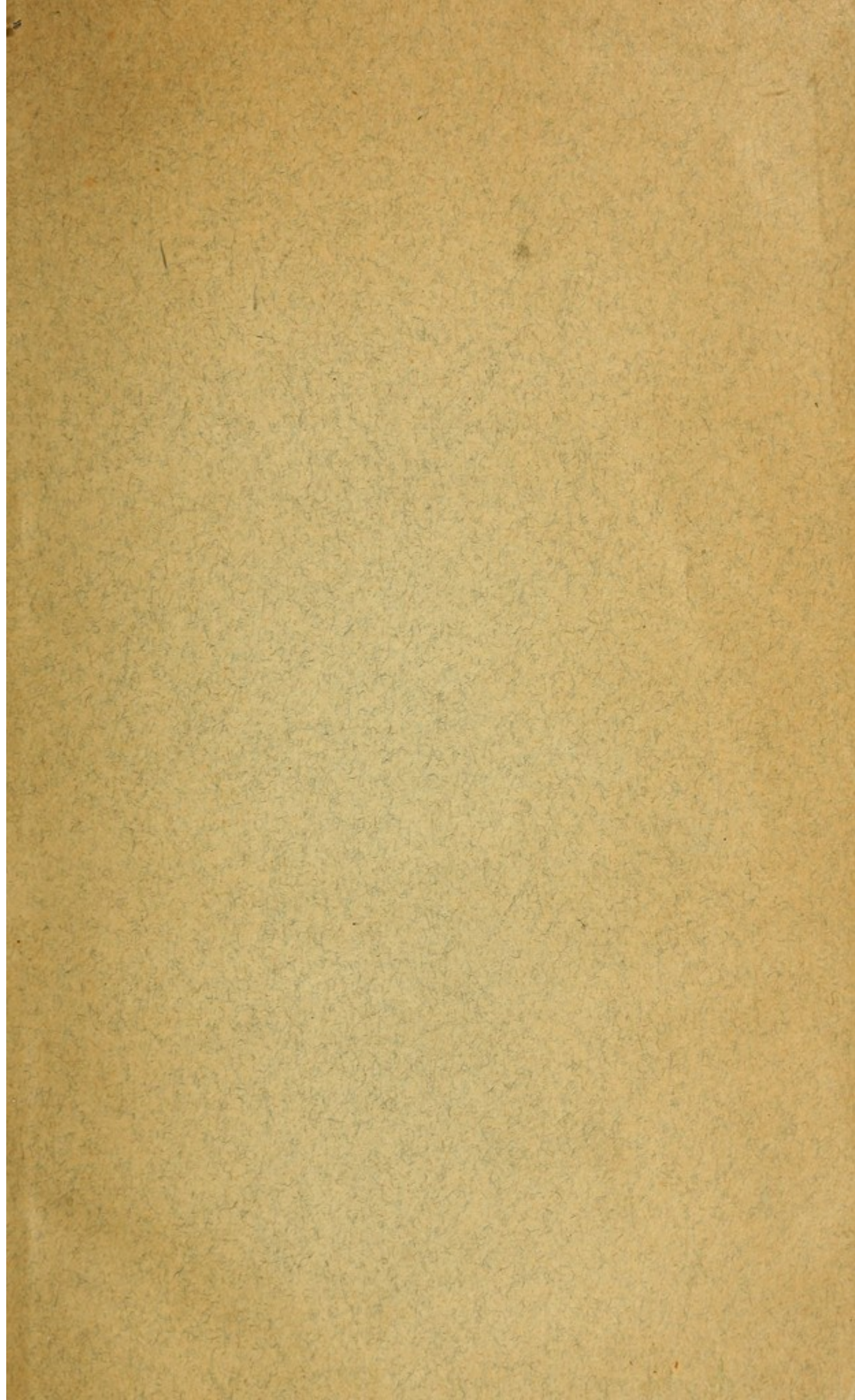
★ Shelf No.

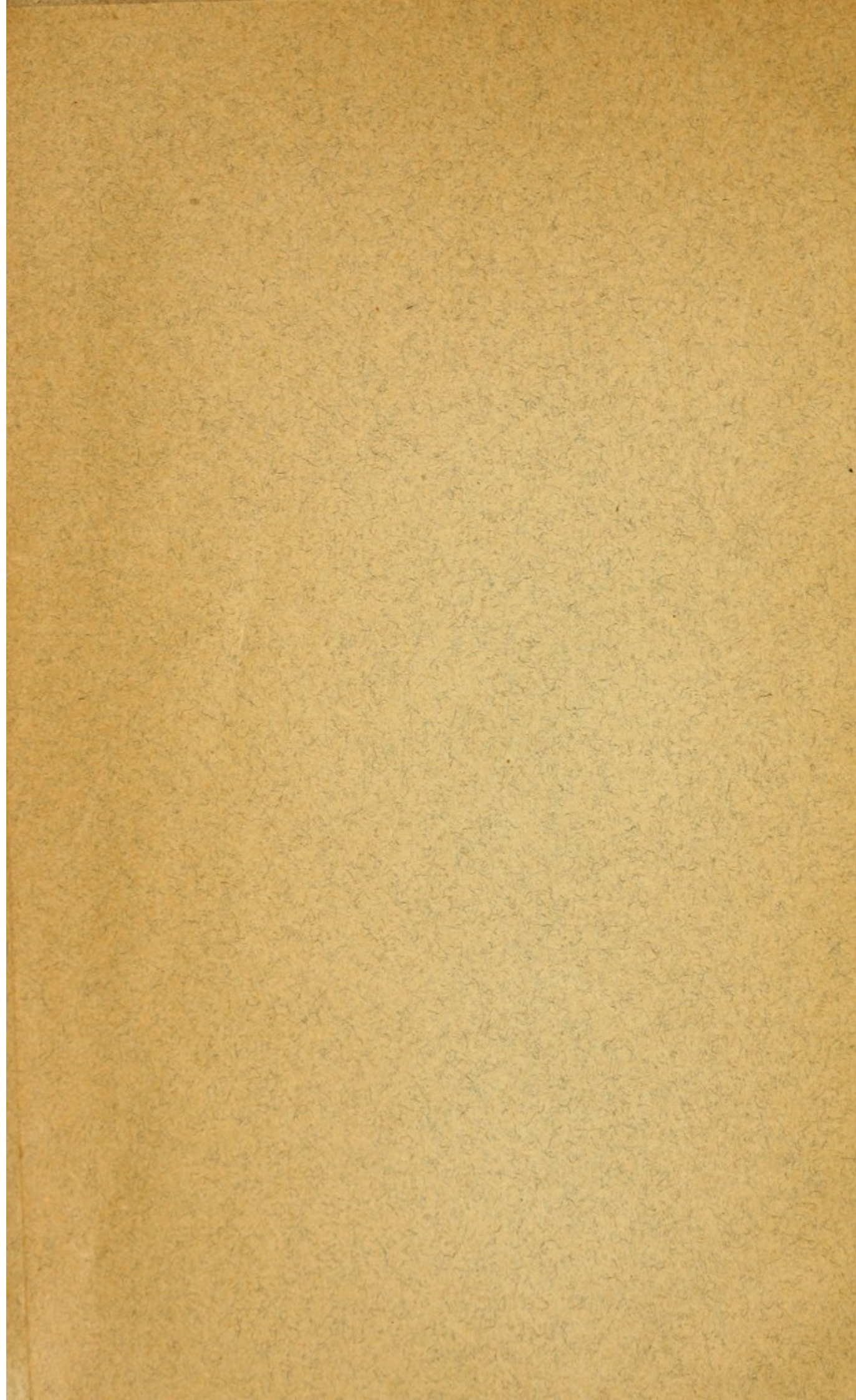
3775.11

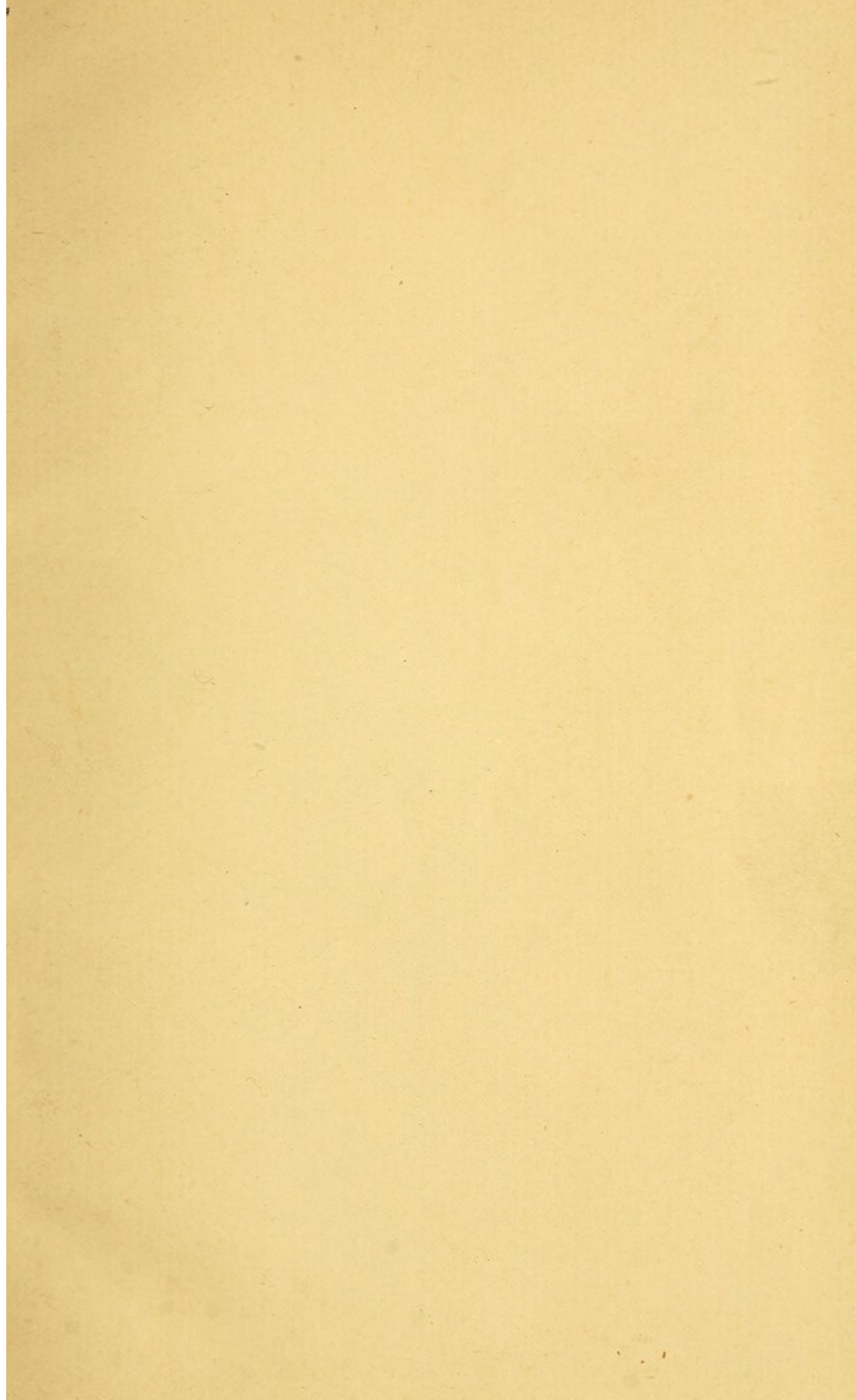


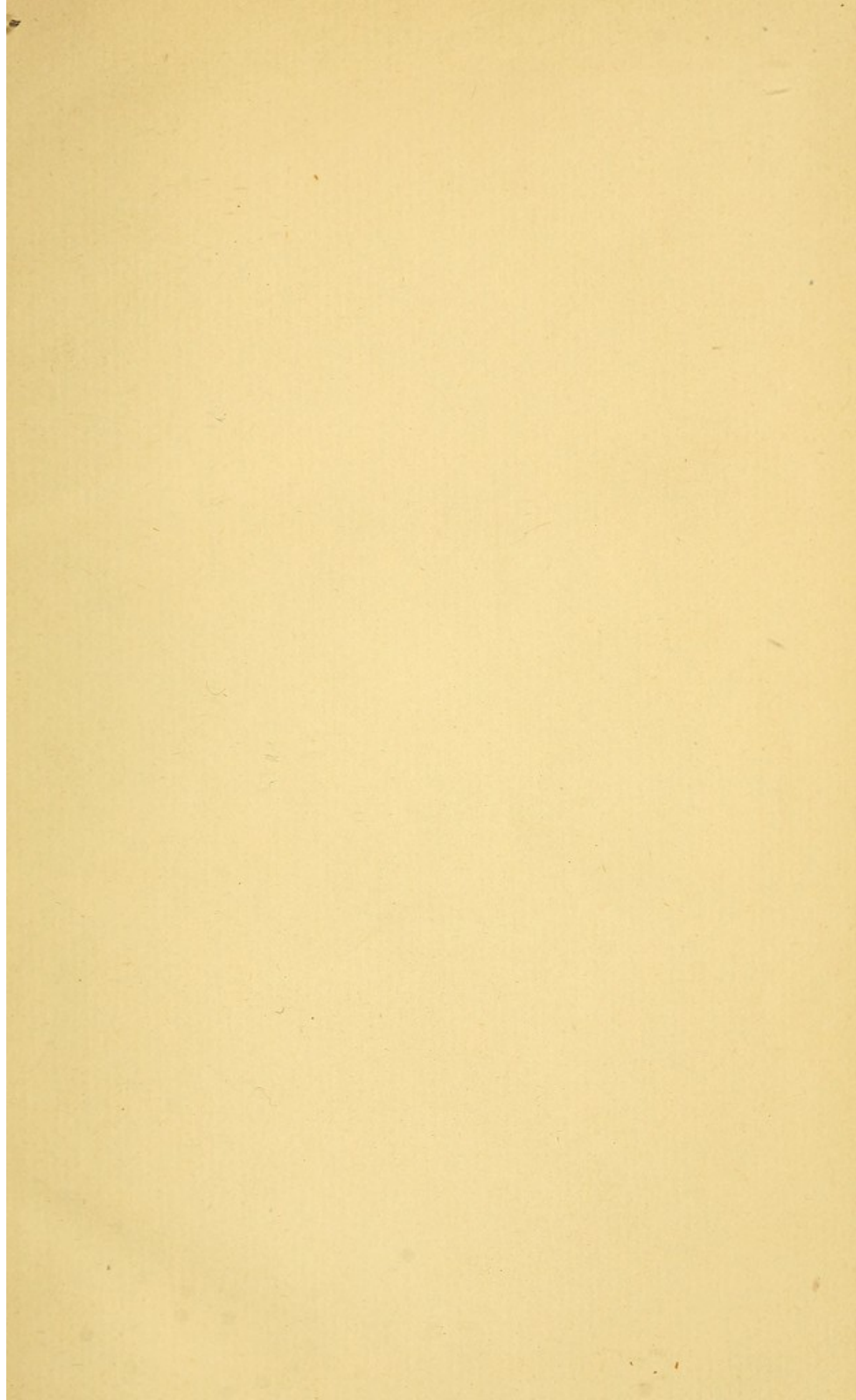
By Joshua Bates, Esq.

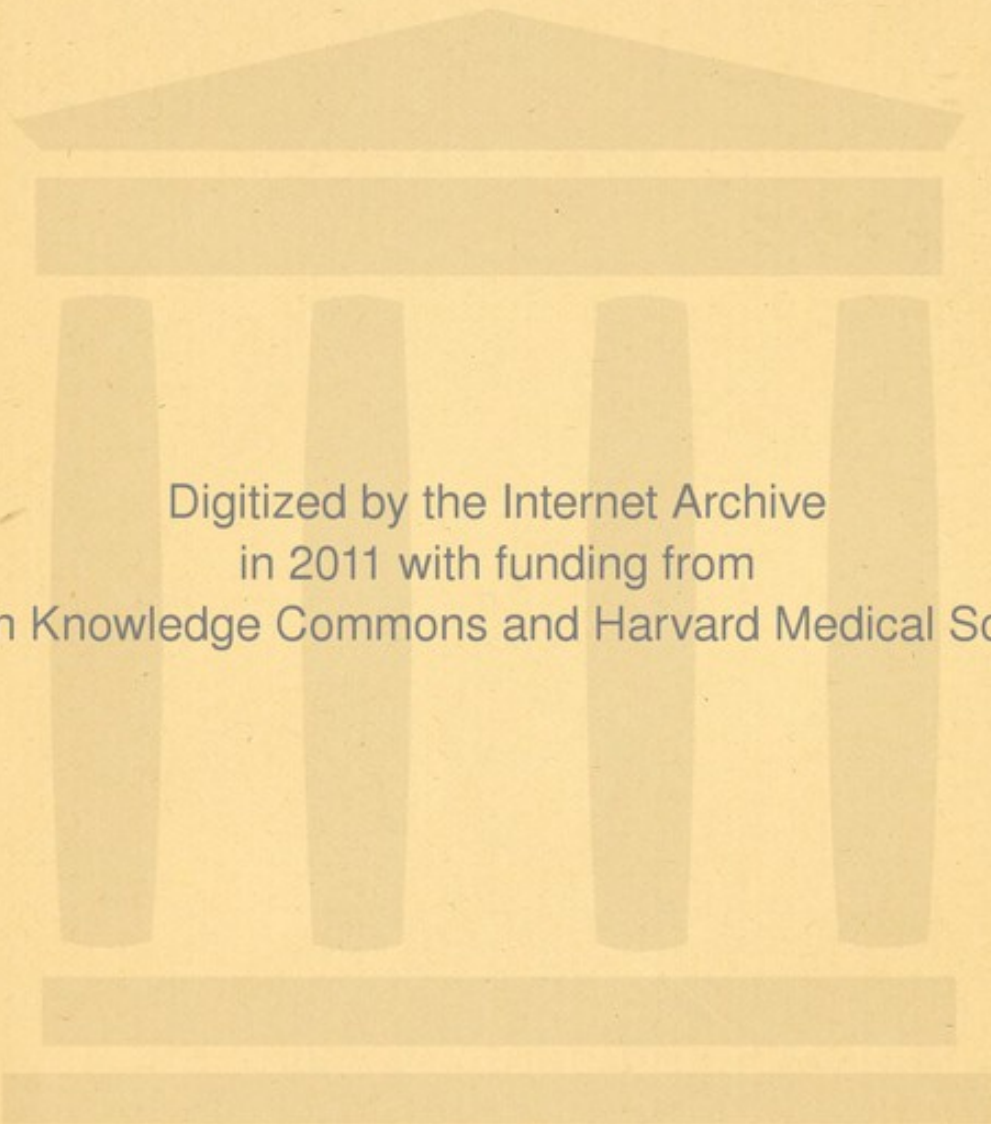
Received _____



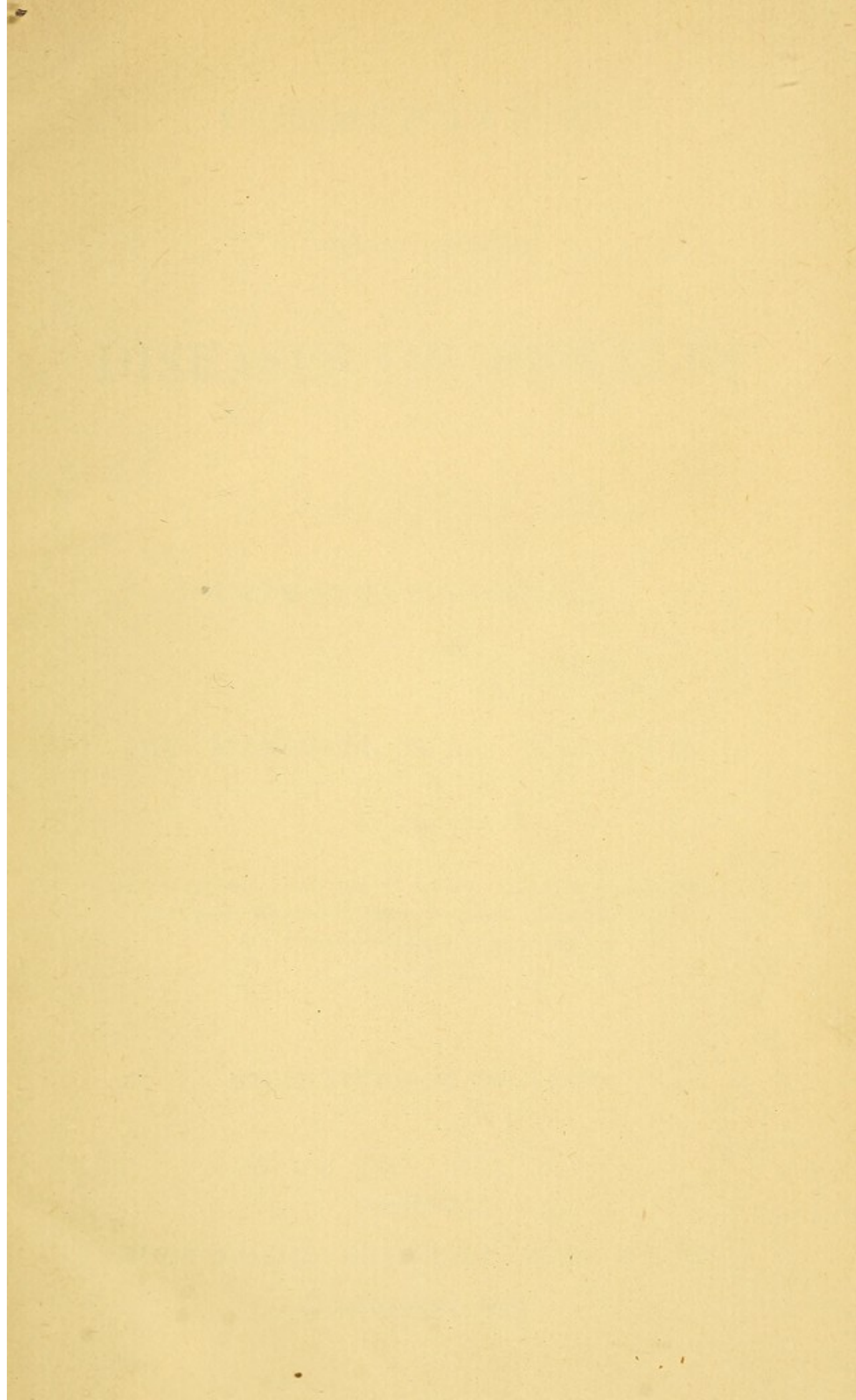


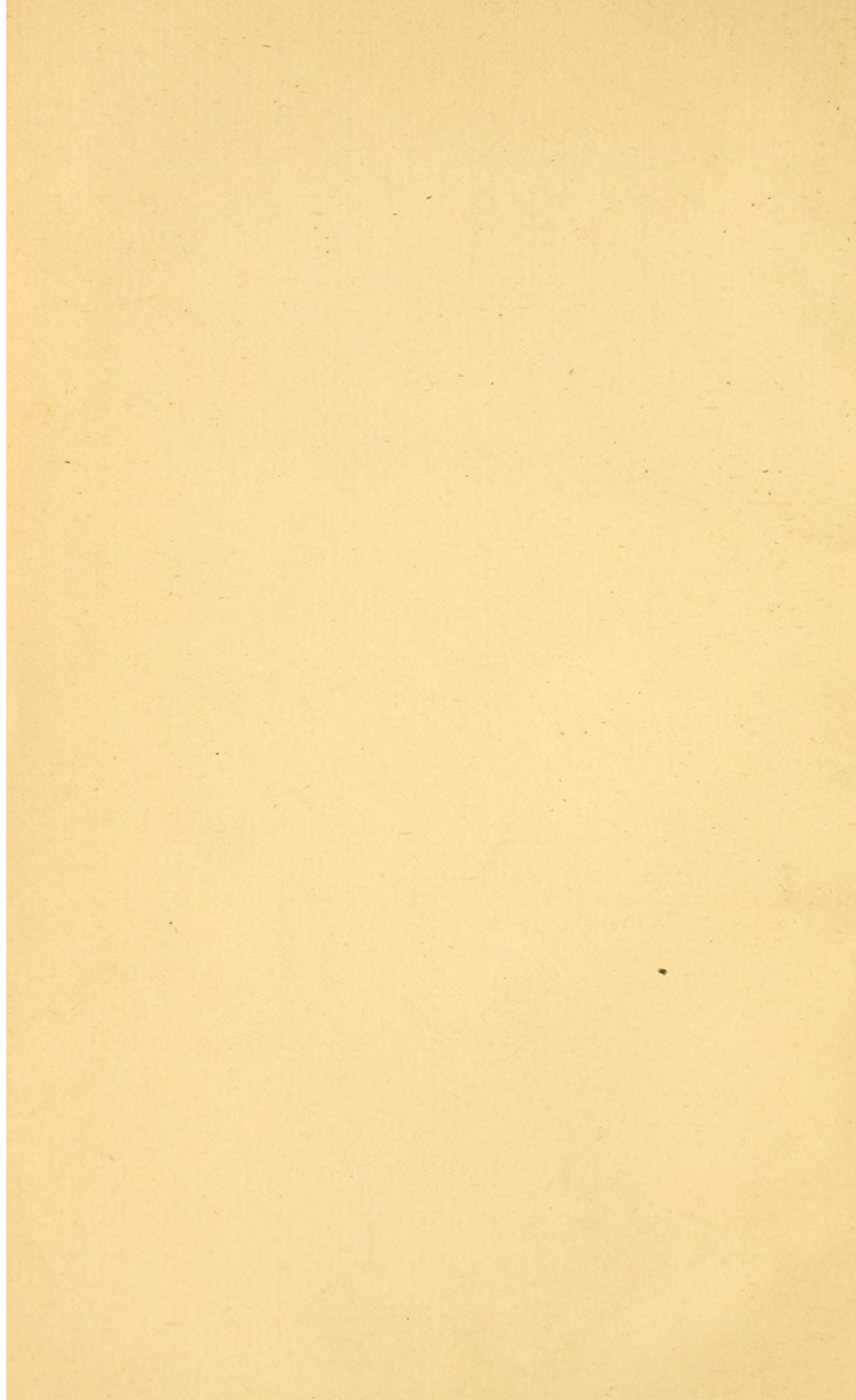






Digitized by the Internet Archive
in 2011 with funding from
Open Knowledge Commons and Harvard Medical School





COMMENTARIES

PRINCIPALLY ON THOSE

DISEASES OF FEMALES

WHICH ARE

CONSTITUTIONAL:

*37-15.11

BY MARSHALL HALL, M.D. F.R.S.

L. AND E.;

LECTURER ON THE THEORY AND PRACTICE OF PHYSIC AT THE ALDERSGATE
SCHOOL OF MEDICINE; FORMERLY SENIOR PRESIDENT OF THE
ROYAL MEDICAL SOCIETY OF EDINBURGH;
ETC. ETC. ETC.

SECOND EDITION—IN TWO PARTS.

LONDON:

SHERWOOD, GILBERT, AND PIPER,

PATERNOSTER ROW.



John Bates
Aug. 29, 1856

24769

TO

G. O. HEMING, M.D. F.L.S. &c.

PHYSICIAN-ACCOUCHEUR TO THE ST. PANCRAS INFIRMARY,

THIS LITTLE VOLUME IS

DEDICATED,

BY HIS SINCERE FRIEND,

THE AUTHOR.

PREFACE.

No one can appreciate too highly the importance of the studies comprised in the following pages. The *causes* of the diseases of females, those *diseases* themselves, when constitutional, are so frequently the harbingers of that scourge of youth, consumption, and of spinal affections, real or supposed, that it is quite impossible to attach too great importance to any thing which casts a ray of light upon them, and especially upon the means, deduced from a knowledge of them, of preventing those ulterior and terrible maladies. Certainly the noblest part of the art of physic is the *prevention* of diseases. How much more emphatically is this true, when those diseases are incurable or deplorable!

The view at which I have ventured to hint, is stated here as an additional motive to induce parents to watch over the youthful members of their family,—to avoid the *causes* of disease in them, to detect these diseases in their *dawn* if they should occur, and to apply an *early* remedy. That this is the especial duty of parents,

I have long thought ; and every successive year convinces me, by facts sometimes gratifying, but sometimes painful, of this important truth ; for I see some cases of disease early checked in their course, and I see others, which, from being overlooked and consequently neglected, have been allowed to run on to a dangerous or a very melancholy degree, unarrested.

I think the present volume, from containing very minute descriptions of some of these diseases, may, if carefully studied, lead the physician, and not only the physician, but the parent too, to detect these diseases so early, that a prompt and efficacious mode of treatment may be applied to them.

These remarks do not apply to the diseases of female youth alone : they apply also to those of a subsequent period of life. Both these periods have their peculiar diseases, and dangers. What consumption is to the *first*, scirrhus, cancer, and other organic diseases are to the *second*. The means of prevention, in each case, are deduced from the study of the *causes* of disease, and of the *constitutional diseases* themselves ; and I think the following pages may suggest many such preventive measures.

TO

GEORGE OAKLEY HEMING, ESQ.

MEMBER OF THE ROYAL COLLEGE OF SURGEONS,

KENTISH TOWN ;

MY DEAR FRIEND,

I DEDICATE this little work to you, because I believe that you are the best judge of its merits, whatever they may be. You have compared its statements with nature, and are pleased to say that you have found them correct in description, and useful in practice ; this was precisely the aim I had in its publication. You have also added original observations ; of these I have eagerly availed myself in the publication of this second edition.

The encouragement of one intelligent member of the profession who has taken the interest and bestowed the pains which you have done, in regard to my various medical inquiries, is more grateful to me than that of ten thousand readers of title-pages, whatever their rank or name.

I am, my dear Friend,

Ever faithfully yours,

MARSHALL HALL.

14 MANCHESTER SQUARE,

DEC. 1, 1830.

CONTENTS.

	PAGE
INTRODUCTION - - - - -	1

PART FIRST.

OF THE DISORDERS INCIDENT TO FEMALE YOUTH.

CHAPTER I.

OF THE CAUSES AND PREVENTION OF THE DISORDERS INCIDENT TO FEMALE YOUTH	13
---	----

CHAPTER II.

OF DISORDER OF THE GENERAL HEALTH IN ITS MORE ACUTE FORM - - -	27
---	----

CHAPTER III.

	PAGE
OF DISORDER OF THE GENERAL HEALTH IN ITS MORE PROTRACTED FORM - -	52

CHAPTER IV.

OF DISORDER OF THE GENERAL HEALTH INDUCED BY SCHOOL OR COLLEGE HABITS	67
--	----

CHAPTER V.

OF THAT FORM OF DISORDER ATTENDED BY EXTREME PALLOR, OR CHLOROSIS -	71
--	----

CHAPTER VI.

OF OTHER MORBID STATES OF THE COM- PLEXION - - - - -	92
---	----

CHAPTER VII.

OF SEVERAL OTHER FORMS OF DISORDER OF THE GENERAL HEALTH IN FEMALE YOUTH - - - - -	98
--	----

CHAPTER VIII.

	PAGE
OF HYSTERIA, AS A FREQUENT COMPLICATION OF DISORDER OF THE GENERAL HEALTH - - - - -	110

CHAPTER IX.

OF NEURALGIA, AND OF SEVERAL OTHER AFFECTIONS OF THE SUBCUTANEOUS NERVES - - - - -	120
--	-----

CHAPTER X.

OF THE DIAGNOSIS OF THE SECONDARY TOPICAL AFFECTIONS FROM LOCAL INFLAMMATIONS - - - - -	125
---	-----

CHAPTER XI.

OF THE EARLY SYMPTOMS OF TUBERCULOUS CONSUMPTION - - - - -	138
--	-----

CHAPTER XII.

OF THE EARLY SYMPTOMS IN TUBERCULOUS AFFECTION OF THE ABDOMEN - - -	144
---	-----

CHAPTER XIII.

	PAGE
OF SPINAL AFFECTIONS IN DISORDER OF	
THE GENERAL HEALTH - - -	157

CHAPTER XIV.

OF SOME AFFECTIONS OF THE UTERUS	
AND OF THE MAMMA - - -	161

PART SECOND.

OF THE DISORDERS INCIDENT TO THE LATER PERIODS OF LIFE.

CHAPTER I.

	PAGE
OF THE CAUSES AND PREVENTION OF THE DISEASES OF THE LATER PERIODS OF LIFE - - - - -	173

CHAPTER II.

OF DISORDER OF THE GENERAL HEALTH	183
-----------------------------------	-----

CHAPTER III.

OF UTERINE DERANGEMENTS, ESPECIALLY MENORRHAGIA AND LEUCORRŒA -	200
--	-----

CHAPTER IV.

OF MENORRHAGIA AND ITS EFFECTS AS IT OCCURS IN INDIA - - -	212
---	-----

CHAPTER V.

	PAGE
OF THE EFFECT OF PREVIOUS DISORDER, IN THE PUERPERAL STATE - -	222

CHAPTER VI.

OF THE MORBID EFFECTS OF UNDUE LACTATION - - - - -	230
---	-----

CHAPTER VII.

OF THE PERIOD OF THE FINAL CESSATION OF THE CATAMENIA - - -	243
--	-----

CHAPTER VIII.

OF THE CONSTITUTIONAL ORIGIN OF SEVE- RAL DISEASES IN THE LATER PERIODS OF LIFE - - - - -	247
---	-----

CHAPTER IX.

OF THE DECLINE OF VITAL POWERS IN ADVANCED YEARS - - - -	258
---	-----

EXPLANATION OF THE PLATES - -	268
-------------------------------	-----



INTRODUCTION.

THE subsequent pages treat of some of those forms of the diseases of females, which from involving a morbid condition of the general system, or from having a constitutional origin, fall under the cognizance of the physician.

It has occurred to me at four or five distinct and distant periods, to have my attention particularly drawn to several forms of these diseases, which appeared not to have received the consideration from physicians which is due to them. I published my observations in several little works which are now out of print. It is my present intention to embody in one or two volumes my former essays, and to enter more fully into the consideration of these diseases, under the conviction that a renewed

inquiry into their diagnosis or essential difference under a similarity of appearances, will lead to many important and beneficial results.

There are few of the disorders of the general health usually incident to females, to which the delicate and sedentary of the male sex are not also liable; and especially boys, as well as girls. In youth, college habits frequently lay the foundation of derangement of the general system, and entail pallor, feebleness, and indisposition on after-life. In childhood, the scarcely less recluse and baneful schemes of school education do equal injury. Happily, indeed, for the rising generation, the culture of bodily health, activity and vigour, as well as of the mental faculties, is becoming an object of increased attention. Much of this improvement we owe to Pestalozzi, to whom education in general is so much indebted.

I have thought it advisable to divide these commentaries into two parts. The first part will comprize those morbid affections which are principally incident to female youth. They chiefly involve a state of derangement of the general health, a morbid condition of the functions of the alimentary canal, and of the uterine system, and not unfrequently

a defective developement of the form during growth.

These affections are not only very various in themselves, but they are frequently further varied by the predominance of some one particular symptom, and they have, from these causes, been constantly mistaken for some local diseases. This observation applies especially in reference to apparent affection of the head, the side, the heart, the liver, the spine. In the first and second cases, the round of blood-letting, leeches, blisters, and setons, has been painfully and fruitlessly run ; in the third, the patient and her friends have been unnecessarily subjected to all the alarms which such a mistake was calculated to inspire, and the health has been impaired by depletion and the digitalis ; in the fourth, sad havoc has been made on the constitution by mercurials ; and in the fifth and last case of this catalogue of errors, the patient has been but too often placed and kept for months, nay for years, in the recumbent position. It will be plain, from the following observations, that every pain of the head, or of the side, is not inflammatory ; that every attack of palpitation is not dependent on organic disease ; that every icterode hue of the

complexion does not arise from disease of the liver ; and that every case of muscular debility does not originate in disease of the spine.

The accurate distinction of these cases is obviously of the very utmost moment ; and I trust this remark will be a sufficient apology for the minuteness, and the repetition, with which I have deemed it right to treat the subject in the subsequent pages.

The second part of this volume will comprehend those affections which are incident to the middle and later periods of life : they too are chiefly constitutional, and consist of derangement of the general health, and not unfrequently of a morbid condition of the uterine system, or they arise from menorrhagia or leucorrhœa, or from undue lactation, or, lastly, from the varied circumstances of the two climacteric periods of female life—that of the cessation of the catamenia—or that of the failure of the vital powers in advanced years.

In the former edition of this work, I devoted another part to the consideration of some of the morbid affections which supervene during pregnancy, parturition, and the puerperal state. These observations have since expanded so much, that I am

compelled to reserve them for a distinct and separate work.

A remaining part of the class of the diseases of females comprises those which are local, and confined to the mammary and uterine systems. Some of these have been so admirably treated of by Sir Astley Cooper, and Dr. C. M. Clarke, that it is only necessary to refer my readers to the valuable and well-known works of those authors. I have noticed them in the present volume, only in such a manner as was necessary to point out their constitutional origin and most probable mode of prevention.

This remark leads me to observe that a principal object of this work is, by tracing the insidious invasion of derangements of a constitutional character, and their equally insidious influence in inducing local diseases, to suggest the due means of prevention. This object is most important, and, in the present case, most essential. To prevent disease is obviously most important at all times ; but to prevent consumption and cancer,—the respective banes of youth and of the middle age, is most essential, inasmuch as those diseases do not, in the present state of our knowledge, admit of cure.

The principles of prevention are involved in all that attention to the general health and tone of the system, and especially to the functions of the digestive and uterine organs, so fully inculcated throughout the subsequent pages. It is highly probable, that if the health and tone of the general system were duly maintained, and if the first derangements of action and function in the various organs were assiduously watched and checked, these tuberculous and scirrhus formations might not occur.

Let the first, the slightest deviation from health in the system at large, and in particular organs, be promptly and perseveringly corrected; let the complexion, the tongue, the state of the bowels, and the uterine discharges, be strictly noticed; and let every deviation from their healthy condition, however slight, excite due attention: we shall then probably prevent the incursion of maladies which do not admit of remedy.

All this will require watchful and steady inquiry or observation on the part of parents or of the patients themselves. The evil averted is never known: still I shall not be without my reward, if these observations shall induce, in the profession,

and in the individuals more immediately concerned, a more strict, assiduous and watchful attention to the general health.

No fact is so calculated to demonstrate the silent and hidden yet powerful influence of an impaired tone of the general system over the functions of individual organs, as the history of the operation of the causes and preventives of sterility. It has been plainly and incontrovertibly proved by Mr. Sadler, in his work on the Law of Population, that the fecundity of the human race is diminished by the indolent and luxurious modes of life prevalent among the rich, whilst it is augmented by the laborious habits and spare diet of the poor. The families of the former tend to become extinct, those of the latter to multiply; the proportionate infecundity of the two, being, in general terms, as six to one. Now it is obvious that frugal and active habits induce tone in the system, whilst those of luxury relax and enfeeble. The uterine participates in the condition of the general system.

If the tone of the general system has then such a marked influence over particular organs, as to suspend their functions, it need excite no sur-

prise that tubercle and cancer have origins equally obscure, in the condition of the general health.

An interesting conclusion may be deduced from the general fact just stated, of the proportionate infecundity of the rich and the poor. It is, that, if the habits of the former be changed and approximated to those of the latter, five out of six of the childless may become the happy mothers of children. And such is the principle upon which the medical treatment of such cases, (and they are as legitimate objects of medical treatment as any others,) must be conducted.

Besides the treatises of Dr. C. M. Clarke, and of Sir Astley Cooper, to which I have just referred, an admirable work has appeared from the pen of the late Dr. Gooch, since the publication of the former edition of these commentaries. I have been highly gratified by observing the numerous instances in which that distinguished physician and myself have been led, by our respective experience, to the very same conclusions. Some of these I think it may be well to notice. My publication having preceded that of Dr. Gooch, it has been my lot to anticipate that

author, whilst my observations receive the most satisfactory confirmation possible from his pen.

I have observed that the effect of remedies, and especially the degree of tolerance or intolerance of loss of blood, becomes a source of diagnosis of cases similar in their general aspect. Dr. Gooch observes, "the effects of remedies on a disease, if accurately observed, form the most important part of its history; they are like chemical tests, frequently detecting important differences in objects which previously appeared exactly similar."¹ Dr. Gooch and myself have alike cautioned the young physician against mistaking some of the morbid effects of loss of blood for inflammatory affections.² We have both traced puerperal mania, chiefly to mingled intestinal derangement and exhaustion, deducing thence its appropriate mode of treatment.³ We have equally concluded from our respective observation, that puerperal phrenitis is comparatively a rare disease.⁴ We have alike described two kinds of puerperal diseases, of which

¹ *Commentaries*, (first edition), p. 219, 220. Gooch on Diseases peculiar to Women, p. 37.

² *Commentaries*, p. 241, 242. Gooch, p. 38, 364, 365.

³ *Commentaries*, p. 251—253. Gooch, p. 124, 132, 144, 145.

⁴ *Commentaries*, p. 252. Gooch, p. 152.

the first requires and bears depletion, while the second is characterized by intolerance of loss of blood.¹ A further coincidence occurs in our views of the condition of the general system in chlorosis.² Lastly, Dr. Gooch has made similar observations on a "hydrencephaloid affection of infants, arising from several sources of exhaustion," but "erroneously attributed to congestion of the brain."³

Such coincidences in the conclusions of persons observing the same objects independently of each other, must generally prove those conclusions to be just. It is true I had sent Dr. Gooch a copy of my work immediately on its publication, and my paper on the hydrencephaloid affection of infancy had just been read before the Medico-Chirurgical Society, and noticed in the Journals. Still that gentleman's observations bear obvious marks of being his own. The coincidence therefore, however remarkable and satisfactory, is accidental.

¹ Commentaries, p. 220. Gooch, p, 33, 37.

² Commentaries, p. 62. Gooch, p. 365.

³ Gooch, p. 365.

PART FIRST.

OF THE DISORDERS INCIDENT TO FEMALE
YOUTH.

PART FIRST.

OF THE DISORDERS INCIDENT TO FEMALE YOUTH.

CHAPTER I.

OF THE CAUSES AND PREVENTION OF THE DIS- ORDERS INCIDENT TO FEMALE YOUTH.

MANY circumstances concur to render the disorders of female youth different from those of the male sex ; but chiefly peculiarity of habits and constitution, and that important change which is, at this period, effected in the uterine system.

The peculiarity of constitution existing in the female sex, and modifying its disorders, appears to consist principally in a greater developement of the capillary circulation, and in a greater susceptibility of the nervous system, than are observed in the male sex.

The circulation is obviously more capillary, and the blood more lymphatic ; and this is not only the natural character, but constitutes the morbid tendencies of the circulation in female youth. There is, from the influence of these circumstances, a peculiar tendency to those affections which are attended by pallor and œdema, and to dropsical and even hæmorrhagic effusions ; the former flowing chiefly from the capillary vessels of the serous, the latter from those of the mucous surfaces.

This peculiarity in the natural character, and in the pathology, in female youth, has by no means been fully investigated. It leads to various and peculiar states of the complexion and of the general surface ; and with these are associated, partly as effects, partly as causes, peculiar states of the blood itself, and of the uterine discharges.

The female sex is also far more sensitive and irritable than the male, and extremely liable to those distressing affections, which, for want of some better term, have been denominated nervous, and which consist chiefly in painful affections of the head, heart, side, spine, mamma, and, indeed, of almost every part of the system. These

morbid affections are not only painful and distressing, but they are apt to be confounded with others of an inflammatory and organic nature ; so that, in every point of view, an accurate knowledge of them is of the utmost importance to the physician.

Another circumstance greatly influencing the state of the health and the character of the disorders of female youth, is the growth of the body. Nor is the growth less influenced, in its turn, by the condition of the general health.

Too rapid growth is apt to induce those disorders which involve a state of debility ; but more frequently, perhaps, debility of the constitution, or derangement of the general health, impedes the growth and the due developement of the form of the spine, and of some of the large cavities of the body, as of the thorax and perhaps of the pelvis, and leads to distortions of the person of a peculiar character.

The change which is established in the uterine system, and in the whole habit of the body in female youth, is of too extraordinary and important a nature not to have great influence upon the general health ; whilst it is no less certain that

the condition of the general health exerts great influence over the due establishment of this change.

It is consequently, at this period of life, and from the influence and operation of these causes, that a foundation is frequently laid for future indisposition and suffering. Too much attention cannot, therefore, be paid to the general health of those young persons in whom this change is expected.

Derangements in the return and flow of the catamenia, after these have once appeared, are also most frequently the effect of some disorder of the general health ; so that a continued and watchful attention to this point is still essential. In other cases an undue suppression or flow of the catamenia, or a leucorrhœal discharge, is the cause of derangement of the general health. The question is, therefore, frequently a complicated one ; and it becomes still more so, when we take into the account, that a morbid state of the uterine discharges, is not unfrequently connected with a morbid condition of the uterus itself, approaching in its nature to inflammation.

The state of the uterus, and of the uterine discharges also greatly influences that of some

other organs and functions, and especially that of the mamma. The approaching flow of the catamenia is usually attended by tumidity and tenderness of the breast; and some of the diseases of this latter organ are evidently induced by an interruption or morbid flow of the catamenial discharge.

Another example of the influence of the state of the uterus occurs in regard to varicose veins of the leg; this painful and troublesome affection is apt to be aggravated on every approach of the catamenial period. I do not mention other examples of the mutual influence of the functions of the uterus and of other organs, in this place. This extensive and important discussion is left for a future chapter of this volume.

But peculiarity of constitution, and the establishment of a change in the uterine system, are by no means the only circumstances which modify the disorders of female youth, and render them peculiar, and different from those of the male sex. After these, the influence of a confined and loaded state of the bowels is most prevalent, and most important to be considered; and in conjunction with this, the sad effects of the recluse, inactive,

and sedentary habits which usually obtain at this important period of female life, must be duly appreciated.

Very few young persons escape the evil of a constipated state of the bowels, suspected or unsuspected. In female youth, this state no doubt frequently arises from the want of a regular system of active exercises, and, indeed, nothing can enforce the necessity of attention to this source of health more than this consideration. A certain activity of the body appears to be essential to insure an uninterrupted peristaltic movement of the intestines, and the consequent due propulsion of their contents. In a state of continued inactivity these movements are retarded, the alvine evacuation becomes scanty and less frequent, but especially scanty, and the intestine remains loaded ; in some instances, indeed, the evacuations are more frequent than natural, but, being scanty and insufficient, the bowels still remain loaded, and the patient is greatly deceived in regard to their real condition.

Another cause of constipation and load of the bowels in young females is, I fear, frequent delay in yielding to the first solicitations of nature to

evacuate the bowels, in a multitude of circumstances. This point should be repeatedly explained to all young persons.

There is also a predisposing cause of constipation in young females, in the ampler size of the abdomen and pelvis, and of the large intestines, in the female, than in the male sex.

From the operation of these and other causes, a loaded state of the bowels is extremely apt to obtain in female youth, and it certainly proves the source of most of the painful and distressing disorders to which it is exposed.

From this loaded state of the bowels, their functions and those of all the chylopoietic viscera become deranged. The alvine contents become morbid merely by delay, and their morbid presence and condition induce in their turn, a disordered state of the functions of all the organs subsidiary to digestion, and at length of other organs remotely situated in the animal frame.

And, first, the state and functions of the parts within the mouth become obviously disordered; the secretions are morbid, the tongue loaded and swollen, the gums and internal parts of the cheeks red and tumid, the teeth decayed, the

breath tainted, and the saliva sometimes profuse and offensive.

The complexion and general surface of the body then become morbidly affected, and there are pallor, icterode and other hues, morbid states of each of the textures composing the skin, and frequently cedema. These conditions of the complexion, and of the general surface, vary both in their seat and appearance with the kind and state of the original disorder, and with the state of the tongue and internal mouth. Associated with each of these appearances there is a peculiar condition both of the functions of the intestinal canal, and of that of the uterus; and all these affections are variously and characteristically modified by the duration of the malady. It is to be presumed, too, that with the state of the alimentary canal, the organs which contribute to digestion, as the liver, the pancreas, &c. are proportionately deranged in their functions; digestion is variously disordered; the contents of the intestinal tube become morbid; and these again re-act upon each other reciprocally. Nutrition is also frequently impaired, and there is, in consequence, a certain degree of loss of flesh.

It is a point which I have ascertained by repeated

observation, that, after a certain duration of a disordered state of the digestion and of the general health, and associated with a peculiar appearance of the tongue, which I have termed the lobulated, there is frequently simple enlargement of the liver. Upon the subject of affections of the liver, however, I would earnestly renew a caution which I gave some years ago, not to consider every icterode hue in the complexion or general surface to denote disease or even disorder of this organ. This state of the cutaneous surface is frequently the effect of a loaded condition and impaired function of the alimentary canal; and it is, in various instances, an affection of each of the cutaneous textures, or of the capillary circulation, altogether independent of any tinge of bile.

I would also briefly observe, in this place, that not only the parts already noticed are implicated in this morbid state, but that the head, the heart, and other organs are variously affected in different cases, or at different periods of the same case. To term these various disorders bilious, or nervous, or to apply to them any other of the fashionable epithets of the day, would alike afford partial and inadequate views of this comprehensive subject. It

is, indeed, of the utmost importance to divest the mind of all exclusive views, and to take into consideration all the circumstances of so complicated an affection.

There is a class of disorders to which female youth is particularly, although certainly not exclusively, liable, each of which consists of a more general morbid affection, frequently combined with some painful topical symptom or symptoms. The general affection is, as we have already observed, complex and various ; the local complications are multiform and changeable, and, by their incidental predominance, frequently resemble inflammatory and other diseases, widely different in their nature.

Perhaps no organ is subjected to the influence of the condition of the intestinal canal, in a more marked manner than the uterus. With the changes observed in the state of the tongue, of the complexion, and of the general surface, precisely proportionate changes take place in the state of the uterine discharges ; and, indeed, the very state of these discharges may, in many instances, be inferred from that of the tongue and of the complexion. I have paid great attention to these

associations of appearances, and shall endeavour to describe them fully in the following pages.

From the state of the alimentary canal, probably through the medium of the deranged function of the uterus, the mamma very often suffers; in this manner, some tumours have been induced, which have been mistaken for carcinoma, but which have been removed by restoring the functions of the organs primarily affected.

It would be wrong, even in this rapid sketch of the history of the disorders incident to female youth, to pass by the chief external cause of these disorders with so cursory a notice of them as has been already given. I allude to the baneful but prevalent habits of sedentariness and inactivity in which young persons pass their early years. It is incontrovertible, that the greater proportion of the disorders of female youth originate in the recluse manner in which this truly critical part of life is passed. Instead of having their health invigorated by a free and constant exposure to the open air, and by a regular plan of active exercises, young persons in the present day are enfeebled and disordered by a system of sedentary studies, pursued in warm and close apartments, an occasional

walk, in fine weather, being taken merely as a sort of apology for the total neglect of what alone deserves the name of exercise.

It is to be hoped that the period is not far distant, when, amidst the many and real improvements in education, some attention will be paid to this important point. In every system of education a plan of regular and active exercises should form an essential part. Such a mode of proceeding will invigorate the mind as well as the body, and dispose to study ; so that the benefit accruing from it will be apparent even in this important point of view. Pestalozzi, to whom education is indebted for its chief improvements in the present day, has not neglected this important subject. It is one of the parts of his system, that the pupils should spend ten minutes in every hour in active exercise.

The want of due exercise not only leads to a general feebleness of the frame and of the mind, but it frequently sadly interferes with the growth and developement of the form. Many examples of this kind have fallen under my notice. They have chiefly occurred in early female youth, scarcely ever, if at all, in boys ; and many of them have first attracted attention when the young person has

returned from a school in which little attention has been paid to exercise and to the health of its youthful inmates. The inclination is also always to one side, from the comparative weakness of the muscles on the left of the mesial plane ; it is cured by calling these particular muscles into action in the system of general exercise.

This is a subject to be strenuously pressed upon the attention of parents, and of all persons engaged in the education of female youth. Certain portions of every day should be appropriated and devoted, not to mere walking, but to exercises of a more active kind.

When this plan is fully adopted, the most usual and powerful cause of the disorders of early youth in the female sex will be removed, though there will still exist causes enough why girls should suffer more in their health than boys. Not to pursue this subject to too great a length, it may be well to mention one of these in this place. Nothing, for instance, can be more absurd than the defective system of clothing prevalent in the present day. This point is of the greater importance in youth, and in the female sex, from the very peculiarities of constitu-

tion to which allusion has already been made, and especially from the feeble and lymphatic character of the circulation at the general surface and in the extremities. The effect of cold in general, on such a constitution, is directly debilitating ; coldness of the extremities is particularly apt to impair the functions of the alimentary canal, and both are apt to impede or interrupt the flow of the catamenia. The feet should, therefore, in the colder seasons, be kept warm by lambs' wool stockings and exercise, and the general surface should be protected and excited by flannel ; the shoes should be changed for others warm and dry once or twice daily.

CHAPTER II.

OF DISORDER OF THE GENERAL HEALTH IN ITS
MORE ACUTE FORM.

THE state of disorder which I am about to describe, is by no means peculiar to the female sex. It is nevertheless very apt to occur in females, both from the peculiarity of their constitution, and the nature of their habits ; and some of its modifications and complications are rarely observed in the male sex.

Disorder of the general health prevails chiefly under two forms,—the more acute, and the more protracted ; and each of these is apt to be conjoined with its own peculiar complications. The more acute form of this disorder will constitute the subject of the present chapter.

The general character and symptoms of this disorder are very distinct and characteristic ; but its complications are extremely various, and sometimes predominate over the other symptoms, and resemble some topical and inflammatory affections

so much, that it is of the utmost moment to institute a correct diagnosis between them. With the view of assisting in the distinction of this morbid affection in future, it will be my object, first, accurately to detail the symptoms which characterize the complaint in general, and in the second place, to enumerate and describe those particular complications which are apt, in certain instances, to engross the attention of the patient, and of her friends, and even to occasion some degree of embarrassment to the physician.

This affection, even in its more acute form, comes on insidiously, and the patient becomes gradually and insensibly incapacitated for exertion of mind or body. This state of unconscious disorder perhaps endures for many months, before it attracts the serious attention of the patient or her friends ; and when a medical opinion is taken, it is usually sufficiently characterized by a general feeling of weakness, with tremor, head-ach, or vertigo, fluttering, faintishness, tendency to perspiration on the least exertion or surprise, susceptibility to hurry and agitation, weariness, aching, and loss of flesh ; and with these symptoms there are peculiar states of the countenance, of the

tongue and internal mouth, of the general surface, and of the evacuations, which I now proceed to describe. I would first observe, however, that although the accession of this morbid affection is usually slow and insidious, it is occasionally more rapid, being induced by the occurrence of some other indisposition, or of a fall or other accident.

Soon after the commencement of this disorder, the countenance is observed to have become rather pale and thin; the lips are pale, and, with the chin, are frequently observed to be tremulous on speaking; the surface of the face is frequently affected with an appearance of oily and clammy perspiration, especially about the nose; and there is usually a degree of sallowness and darkness of the complexion in general, but principally about the eyes and mouth. The face is sometimes rather bloated, and the skin coarsish, at first; but afterwards there is some degree of emaciation.

The tongue is almost invariably much loaded; sometimes, however, only slightly, whilst its edges are clean and red. In other severer cases, a load has been formed over the tongue, and has peeled off all at once, or in patches, leaving the subjacent surface morbidly red, smooth, and tender.

But generally, the tongue, in the acuter form of disorder of the general health, is loaded, swollen, and œdematous, marked by pressure against the contiguous teeth, and formed, more or less, into sulci or plaits, and presents upon its upper surface numerous enlarged papillæ ; the gums are also swollen, and sometimes red, at others palish, and they occasionally bleed ; the inside of the cheeks are, like the tongue, frequently impressed by pressure against the teeth. The state of the tongue and of the gums is accurately represented in Plate I. figures 1, 2, and 3. To observe the sulci in its surface, it is sometimes necessary to distend the tongue by the pressure of two fingers, separating them in a lateral direction. The indentations in the edges of the tongue are most obvious early in the morning ; but they are, as well as those in the inside of the cheeks, always obvious enough on a careful inspection. With this state of the surface of the tongue, gums and cheeks, there is frequently a slight degree of morbid redness, and, perhaps, of tumidity about the tonsils and soft palate ; the teeth, and the mouth in general, are foul ; the saliva viscid, especially in the throat ; and the breath tainted and fœtid ; and I have

occasionally known a degree of bleeding to take place, not from the gums alone, but from the posterior parts of the mouth ; and this has chiefly occurred during the night, so that the patient has probably been greatly alarmed by finding a certain quantity of blood in the mouth on awaking.

The tendency to perspiration is observed on the slightest surprise or exertion, and occasionally, though not very often, in the night, or early in the morning ; the skin is, in general, cool, rather moist, and clammy ; the hands and feet are apt to be cold, the fingers rather livid, and the nails frequently assume a lilac hue : this state of the hand accords a little with the representation given in Plate VII. figure 2. but not entirely, the tips of the nails becoming opaque only in some protracted cases of disorder of the general health.

The patient is frequently affected with nervous tremor, observed in a quivering of the lip or dimpling of the chin on speaking, or when at all agitated. There is also tremor on holding out the hand, or on carrying a cup of tea, for instance, to the mouth, on attempting to stand erect or walk, or on being fatigued or hurried. The tremor, in some cases, has formed the most remarkable fea-

ture of this affection ; in others, it has been far less observed ; but it is rarely, if ever, entirely absent. The patient feels unaccountably feeble and weary, and suffers from a sense of aching after slight exertion.

There is an early, but very slow and gradual emaciation ; and it is most interesting to remark, by weighing the patient, first, the still continued progress of the loss of flesh for a time ; then the cessation, and, lastly, the restoration from this fearful morbid process, on the institution of a correct mode of treatment.

The patient experiences head-ach or vertigo, and much nervousness and susceptibility of hurry and agitation. There is sometimes heaviness and disposition to sleep ; sometimes great wakefulness and restlessness : sometimes incubus ; and, sometimes, though rarely, delirium ; occasionally there is loss of memory and absence of mind. Indeed the mental, sentient, and nervous powers appear all to be much under the influence of this affection of the general health.

The patient is liable to experience faintishness in the upright position, if it be sustained for a considerable time. There is almost universally a

peculiar sense of fluttering about the heart and pit of the stomach. The pulse is frequently nearly natural, but it is sometimes rather frequent, and it is always easily accelerated ; it is also apt to become irregular and intermittent.

With the disordered condition of the internal mouth already described, there is often an impaired state of the appetite, and even loathing of food ; sometimes, however, the appetite is greater than natural, or there is a state of constant craving, with an inability to take food. The digestion is various, being sometimes apparently not impaired, at others times attended with a great sense of load, distension, flatus, eructation, hiccough, pyrosis, and even rumination or vomiting of food. There are sometimes attacks of sickness, with one or other of the complications of this affection, which will be noticed hereafter.

The bowels are at first constipated, afterwards constipation and diarrhœa are apt to alternate, and sometimes the latter state becomes permanent. The evacuations during the state of constipation are scanty and indurated, and the bowels are too seldom moved ; during that of diarrhœa, they are fluid, but scanty, dark-coloured, extremely fœtid,

often accompanied by mucus, and even blood ; and frequently attended by tenesmus. The patient is often unconscious of that morbid state of the bowels in which the evacuations occur daily, but are too scanty, leaving the colon loaded.

There is frequently, in this affection, an acute pain in some part of the course of the colon and rectum.

The urine is apt to be loaded in the commencement of this disorder, but frequently becomes limpid and transparent during its continuance. Slight exasperations of the affection, however, reproduce the appearance of deposit. The condition of the urine, like the other symptoms, is very liable to change.

Doubtless the uterine discharges, if carefully examined, would be found to have participated in the general disorder ; but it is only in the more protracted cases of this morbid affection that they are so obviously changed in their appearance, quantity, duration, cessation, and returns, as to excite the attention of the patient.

It is extremely important to remark, that the condition of the countenance, of the tongue and internal mouth, and of the general surface, is

peculiarly constant and uniform in almost every case, and at every period of this disorder ; whilst the other symptoms are as characteristically inconstant and variable. It is therefore, by a recurrence to the former, that we are frequently enabled to establish a certain diagnosis, in cases which might otherwise be doubtful ; and the very variable character of the latter affords us a further source of diagnosis.

The distinction is founded, not only upon the constant character of one of these classes of symptoms, and the variableness of the other, but also upon the peculiar concurrence of many, or several, even of the variable symptoms of this disorder ; for, whilst most diseases which are purely local, are denoted by being simple and definite, this affection is distinguished by its multiplicity, and by apparently conjoining many diseases in one.

In addition to these two classes of symptoms, there are others, which, as I have already observed, severally predominate, in different cases, in such a manner as to engross the attention of the patient, and sometimes of the physician, too exclusively. The predominating symptom is not always the same in different cases, or even

in the same case at different periods, but it is sometimes an affection of the head, sometimes of the heart, &c.

The more permanent and the secondary symptoms, the incidental complications, and the various changes observed in this state of disorder of the general health, are doubtless all connected as causes and effects, although it would be extremely difficult to assign to each its particular influence. It would be still more difficult to account for those sudden cessations of one affection, and appearance of others, which are so remarkable in this disorder. These are sometimes so extraordinary as to have led to the suspicion of metastasis, the predominating affection of some particular organ having ceased entirely, whilst an affection of some distant organ has appeared to be set up in its place.

Having thus attended to the general character of the complications observed in the more acute form of disorder of the general health, I shall now proceed to describe each of these complications separately, and endeavour to point out the diagnosis between them and idiopathic diseases of the same organs. It is to be regretted that the diagnosis, in

the present state of our knowledge, is so frequently founded upon the general symptoms ; for it should ever be borne in mind, that an idiopathic and organic affection of some part may co-exist with disorder of the general health ; and that that which was a mere functional complication in the beginning, may become organic disease in the sequel. Impressed by these facts, we shall learn to give our opinions with caution, and to watch the patient attentively. There is one circumstance which ought always to excite the attention, if not the alarm, of the physician ; it is when the expected or wanted relief does not follow upon the due administration of the remedies for the primary disorder. This precaution is especially necessary in regard to affection of the head, which is certainly first in importance among the complications of disorder of the general health.

The most usual affections of the head in this disorder, are pain and vertigo. If there be the symptoms of acute disorder of the general health already described, and if the head-ach or the vertigo is recurrent or has become habitual, or has long subsisted in a varying character, and especially if the usual remedies for fulness of the blood-vessels

of the head have been tried without relief, or with transitory relief only, it may be presumed that the affection of the head is symptomatic only, and that it will yield to the plan of effectual but cordial purgatives, to be described hereafter. This opinion will be further substantiated, if the head-ach or vertigo be conjoined with eructations, sickness, faintishness, or cold perspiration, or if there be paleness of the countenance, and some degree of loss of flesh; and still further, if relief be obtained by the administration of warm aperients and a regulated plan of diet.

All this precaution in judging of the nature of affections of the head is absolutely necessary; for no cases are so insidious and sudden as irreparable attacks of disease of the encephalon, and we should be lulled into a false and fatal security if we too hastily concluded head-ach and vertigo to be symptomatic merely. We ought, on the contrary, ever to suspect the transition into organic disease, even in cases which are undoubtedly symptomatic, and the co-existence of disease in those which are of a more dubious character.

There are sometimes, in this morbid affection,

attacks which conjoin a state of sickness, vertigo, faintishness, cold perspiration, with paleness of the countenance, and coldness of the extremities, with a seizure or fall of an epileptic form.

During the whole course of this disorder, the patient is peculiarly liable to be affected with fluttering, irregular action, or violent palpitation of the heart, or with syncope. The affection is distinguished by observing the concurrent appearances and symptoms, by carefully observing the effects of remedies, and the state of the symptoms from day to day, but especially the influence of bodily exertion, when the patient is least under the influence of these painful feelings. Organic disease of the heart being always present is always exasperated by exertion; the symptomatic affection is apt to subside, and then exertion may be borne without inducing the sufferings experienced in the former case.

Hæmatemesis and melæna are not unfrequent complications of this form of disorder, and especially in females. Hæmatemesis is immediately obvious, but melæna is ascertained only by accident, and frequently occurs unknown and unsuspected by the patient. They are frequently conjoined in the

same case, and appear to be a similar affection of different parts of the alimentary canal.

Disorder of the general health, is sometimes accompanied by the most decided jaundice.

In other cases there are attacks of spasmodic or anomalous pains about the heart, or side, or in various parts of the abdomen.

There are also pains of a more or less continued character, and in such different forms and situations as to resemble, in different cases, attacks of gall-stones, inflammation of the pleura, liver, spleen, kidney, or of the intestine, or peritonæum ; and there is sometimes a sensible hardness, or tumour, which appears to consist in a loaded state of the intestines. This occurrence is particularly apt to take place in females.

There are occasionally, also, in this disorder, symptoms of affection of the bladder, probably arising from a loaded or irritable state of the rectum.

The nervous and muscular powers are also variously affected in disorder of the general health. Sometimes there is pain so severe as to resemble the *tic douloureux* ; sometimes spasmodic or convulsive affections, in all their varieties ; and sometimes the nervous and muscular powers, especially

of the lower extremities, are so enfeebled as to appear affected with paralysis, and to lead to the suspicion of disease of the spine.

In all these cases the diagnosis is of the utmost importance. They are to be distinguished by a reference to the constitutional symptoms. The peculiar combination of symptoms and appearances, does not leave much room for mistake with the accurate observer. The immediate attack is frequently induced by some improper article of diet, or by a neglected and loaded state of the large intestines.

The first object in the treatment of this morbid affection is, doubtless, to evacuate and regulate the bowels. It would be difficult, however, to determine whether more benefit has accrued from the use, or harm from the abuse, of purgative medicines in the present day. It does not appear to have been observed, that if these medicines be given unduly, they induce or keep up, in many instances, the very disorders they were intended to remove. This is true, not only in regard to the stomach and bowels themselves, but also in regard to some of those organs which are so apt to be affected symptomatically. In fact, if the due limits in giving

purgative medicines be exceeded, a state of irritation and distention is maintained in the alimentary canal, and of exhaustion and nervousness in the general system, more distressing than the original disorder.

To obviate these inconveniences, purgative medicines must be given, in such cases as require their aid for a considerable length of time, in such a manner, and in such combination, as shall secure their good effects, without inducing the consequences which have been just mentioned. This is to be done by conjoining some cordial with the purgative, and by guarding against too considerable or too repeated doses of it; and by an attention, at the same time, to a mild and nutritious diet.

It may be proper, in the very first instance, perhaps, to evacuate the bowels freely; but afterwards our object should be to induce a full and consistent evacuation daily, at once avoiding, as much as possible, the teasing and irritating operation of medicine. It is unnecessary to give a detailed account of the medicines which are proper for this purpose. The decoction of aloës, the infusion of rhubarb and of senna, the tinctures of aloës, rhubarb, and senna, the vinum aloës, the

Rochelle and Epsom salts, and manna, and aloës and rhubarb, variously formed into pills, are the remedies which I have thought most suited to effect the object which I have described. It is a point of some importance to ascertain whether the remedy should be given over night, at noon, or in the morning. This can only be done by a trial of the two methods. In any case, I have found it of great advantage to direct the patient to breakfast before rising, taking freely of warm coffee or tea. In this manner, the proper effect of the medicine is best insured, and its injurious effects avoided.

In cases in which all medicines have proved irritating, a draught with five drops of tinctura opii, and twenty of sal volatile, has done great good; and, in conjunction with the aperient, I have frequently prescribed a draught with two or three drams of tincture of columbo or bark, to be taken twice in the day, with the intention of preventing irritation and exhaustion.

I have seldom found it necessary to give mercurials. But I have known many patients who could not bear them even in their mildest forms. They must still, however, be deemed

useful, when the alvine evacuation does not resume its proper colour by means of the more ordinary aperients. I think both mercurials and purgative medicines in general, have been given to excess in the present day ; and I am persuaded that the good effects desired may be more safely and effectually secured by milder measures. And these remarks appear to me to be particularly true in regard to disorder of the general health in females.

It will avail little, on the other hand, as I have ascertained by extensive trials, to attempt too much by cordial remedies. They only excite feverishness ; and when the bowels are brought to a natural state, and when irritation and exhaustion are obviated, medicine has done its office. The cure is to be completed by attention to diet, exercise alternated with repose, change of air, early hours, sponging, clothing, by avoiding the numerous causes of aggravation of this disorder, and by time.

The diet should be of the most mild, light, but nutritious kind, and should be taken in very moderate quantities. The stomach is, in many cases of this disease, easily oppressed by the smallest portion of improper food, or by an undue

quantity even of the lightest. In general, solid food, well masticated, and, of course, eaten slowly, agrees the best, and especially mild animal food, as chicken or mutton; next to these, good stale bread not toasted, and mealy potatoes for vegetables, are proper; tea and coffee agree, except in individual cases; and hot water, with sugar, and the slightest quantity of brandy, or port, is, according to my experience, the best kind of beverage at dinner. In cases in which the stomach is very irritable, a much stricter and milder kind of diet is required. Arrow-root or sago perfectly done in water, without any addition but sugar at first, afterwards with milk, cream, and spice, according to the effects produced, is the article of food best suited to such cases. In many instances of this morbid state, asses' milk promises to be of great service.

The patient should adopt a regular system of exercise proportioned to her strength, and properly alternated with repose and quiet. Effort, fatigue, attention, and anxiety, appear to increase or to renew the debility and nervousness of this painful disorder, and are consequently to be watchfully avoided. It is difficult to determine

whether exercise, or repose, taken singly, be the more important; each, within due limits, appears to invigorate the muscular powers, whilst each, carried to excess, induces increased disorder and debility; the former immediately, the latter more slowly. Repose should always follow the exercise taken, and every meal, and it should be further insured by strictly observing early hours. Change of air has often appeared to be of the most marked service, and especially a residence upon the sea-shore. The exercise, so important in this disorder, should always be taken in the open air, and, when possible, with the enjoyment of sea-breezes.

Sponging the surface of the body with salt or vinegar and water, and the subsequent use of a coarse towel, are of great advantage. The use of this remedy should be followed by a glow or sensation of warmth, and if this be not the case, and especially if the feet and hands remain cold, the feet should be kept, and the hands washed, in hot water.

The surface of the body should also be protected by warm clothing, and as the feet are so apt to become cold in this morbid affection, they should

be carefully kept warm and dry ; and this is best done by a frequent change of shoes. I have observed that coldness of the feet has a remarkable effect upon the strength and spirits of the patient, and upon the powers of digestion and of the circulation. It is therefore an object of great importance to attend to this point, in the treatment of disorder of the general health, in which every remedy which can give vigour to the frame is so essential.

It is scarcely necessary to revert to the importance of avoiding the causes of relapse or aggravation of this disorder, during the treatment. Every such accident not only undoes the good that may have been begun before, but interrupts the process of amendment for some time subsequently ; so that much time is lost, the case is greatly protracted, and the patient endures much in actual suffering, as well as in the trial of her patience. It is obvious, therefore, that it is of the utmost moment most carefully to avoid all causes which might renew or aggravate this disorder. I think these causes are, chiefly, the excessive operation of medicine, improper kinds of food, every kind of effort or fatigue of the muscular

powers, and of attention or anxiety of mind. Not the least important part of the treatment is, therefore, of a negative kind.

And this leads me to observe, that in all cases of this morbid affection, the cure is the effect of attention to every part of the plan of remedies and regimen already mentioned, during a very considerable space of time. There are many modes of retrogression ; but there is only one of progression, and that is, by the patient and uninterrupted observance of the whole plan of treatment, both positive and negative. This plan having been strictly adapted to the individual case, the only thing which remains is to watch over its effects, to modify it from time to time, and to pursue it patiently.

Before I quit the subject of the treatment in acute disorder of the general health, it will be right to make a few observations upon the remedies for its various complications.

The first object, in all cases, indeed, is effectually to treat the general disorder.

But in affections of the head, I should always prescribe cupping, until the brain is either decidedly relieved, or, until the countenance is somewhat

blanched. It is extremely important to repeat that the very sensations of affection of the head, which are apt to be induced by a disordered state of the bowels, and of the general health, are kept up, and perhaps aggravated, by undue depletion : inanition produced by too active purging, or by the too considerable abstraction of blood, is alike apt to be attended by head-ache, vertigo, or a sense of weight or of confusion. In this case, eating frequently relieves the affection of the head. These facts must, therefore, be constantly kept in view in the treatment of these affections of the head. A blister applied below the occiput is frequently of the most signal advantage ; and ice, or a cold lotion, applied over the whole head, are important remedies.

The affection of the heart is relieved by the tinctura hyoscyami, the spiritus ammoniæ aromaticus, and by every soothing plan that can be devised.

The various pains, in this disorder, are most effectually treated by a liniment or fomentation, or by cupping and blisters ; or, as Mr. Higginbottom has recently ascertained, by the nitrate of silver applied along the course of the pain, so as to

blacken, and perhaps slightly to vesicate the skin.¹

In all those cases attended by hæmorrhage, I have been accustomed to prescribe the pilula hydrargyri. I am not sure that the more usual purgatives would not be equally efficacious and beneficial.

In the case of icterus, the administration of an emetic, consisting of half a dram of ipecacuanha, and of an active purgative, has usually been attended by early relief.

In the cases of diarrhœa, the general treatment already described, is always effectual; the object is to procure consistent and ample evacuations daily. It is highly advantageous, in this case particularly, to follow the action of the mild, cordial aperient, with a few drops of the tinctura opii and the spiritus ammoniæ aromaticus, as already mentioned.

In the state of loaded bowel, which is frequently attended by pain, and even by tumour, in the course of the colon, the warm water injection, administered by Mr. Reid's admirable syringe is of great advantage.

¹ See an Essay on the Use of the Nitrate of Silver; 2d. Ed. p. 170.

Indeed I think the warm water injection may be beneficially substituted for much of the purgative medicine ordinarily prescribed, especially in females, both as a preventive and as a remedy. I am persuaded that very many of the disorders of females arise, in the first instance, from a loaded state of the large intestines, and particularly of the rectum, and that if the lower bowels were relieved, the upper bowels would not fail to act. The rectum, especially, is an organ partly under the influence of the peristaltic motion, and partly under that of the will ; and its functions are very apt to be interrupted by many circumstances in society. If the warm water injection were occasionally used when the young person is conscious of an insufficient action of this bowel, many of the baneful effects of load and disorder of the intestinal canal would be avoided.

CHAPTER III.

OF DISORDER OF THE GENERAL HEALTH IN ITS
MORE PROTRACTED FORM.

THE transition of disorder of the general health from its more acute, into its more protracted form, is, of course, quite imperceptible. This affection may perhaps be termed acute, during the first year of its existence ; it has generally subsisted several years, and perhaps almost unconsciously, before it assumes the characteristic form about to be described. In some cases, the transition from the acute to the protracted form can be traced by inquiring accurately into the history of the affection ; in other instances, it does not appear to have existed in the acute form at all, but to have stolen upon the patient insidiously from its commencement.

It may be observed, in general, that the state of the complexion, of the tongue and internal mouth, of the general surface, and of the bowels, are even more strongly characterized in the pro-

tracted than in the acute form of this disorder ; but the variable symptoms have frequently greatly subsided, at least in their severity, and the complication are usually of a totally different character.

The protracted form of this disorder, is by no means unknown in the male sex ; but the female sex is, certainly, far more apt to be affected with it.

The countenance, in the protracted form of disorder of the general health, has gradually assumed a state of permanent paleness and sallowness, which are, however, by no means very considerable in all cases ; the prolabia have lost the hue of health ; and together with a diffused sallowness, a more morbid discolouration is usually observed occupying the eyelids, and encircling the mouth. The surface of the face is not affected with perspiration, as in the acute form of this disorder, nor is there the same degree of nervous tremor.

The state of the tongue is most remarkable. It has, in the first place, generally become gradually clean and free from load ; together with the whole internal mouth, it has lost its clamminess, its mucous covering, and its halituous appearance ; and the secretions of the mouth and the breath are

less offensive, and I have known them to acquire the peculiar odour of new milk. This morbid character of the tongue is evidently not of recent formation ; it has no longer those acute impressions from its pressure against the teeth, observed in the acute form of this disorder ; the indentations are still very marked, however, but their edges are rounded off ; the sulci on the surface of the tongue are, in many instances, still more marked even, but they have also assumed a different character, evidently the impress of long duration ; the papillæ are frequently still more enlarged, being much elongated, in some cases, and expanded laterally in others.

These appearances of the tongue are admirably pourtrayed in Plate II. In figure 1., the tongue is represented as clean, and the papillæ much elongated : there are only slight indentations from the teeth ; and the tongue is altogether free from tumidity. In figure 5., the papillæ are not so prominent, but much enlarged laterally : the tongue is clean, but paler than that represented in the former figure, and it is more tumid, and consequently more indented. Figure 6. displays another form of the tongue, in which the papillæ are less

distinct, but the surface of the tongue is clean and palish, and has formed into deep sulci of irregular forms. To display these sulci, it is sometimes necessary to open them by the pressure of the fingers. They are, in different tongues, of every variety of form ; sometimes being in lobules, sometimes in squares, and frequently accurately resembling the sulci of the cerebellum. These sulci have sometimes ulcerated, and afterwards healed, leaving a white, or shining surface ; see Plate III. figure 1 ; sometimes they have penetrated through the substance of the tongue, a fact first observed by my friend Mr. Heming, of Kentish Town, and accurately depicted Plate III, figure 3.

From the appearances of the tongue, it is often possible, not only to detect the existence of protracted disorder of the general health, but even to form an accurate conjecture relative to the length of duration of this morbid affection ; and this is a point of great importance, for we are led by it to give a more accurate opinion as to the probable duration of the complaint, even under the best mode of treatment. From the peculiar modification of morbid appearances in the tongue, we are also enabled to judge distinctly of the actual state of

the disorder, as well as of its stage. The state of the tongue, represented in Plate II. figure 1, denotes a less morbid condition of the functions than that in figure 2, and still less than that in figure 3. In the two latter, also, there is usually a slight degree of clamminess, though without load, not always observed in the first.

It would detain me too long to enter into all the minuter points, connected with the condition of the tongue ; and they will be readily observed in practice : but there is an important remark, which I beg to repeat in this place, respecting the lobulated tongue,—that I have repeatedly observed it to accompany simple enlargement of the liver, of which disease it is, therefore, a symptom ; or rather, it is a symptom of such protracted disorder of the general health, as is apt to issue in enlargement of this organ.

All these conditions of the tongue are obviously very different from the furred tongue, in mere chronic dyspepsia.

The general surface, in this state of disorder, is very various ; it is, however, generally sallow, and free from perspiration, if not dry. In some cases of extremely protracted disorder of the general

health, the skin has become dry and slightly furfuraceous, and the nails have undergone a remarkable change, represented in Plate VII. figure 3. They first become dry, then brittle, and then begin to split at their points, until at length the patient cannot take a pin out of her dress without breaking them ; afterwards they sink in irregularly in their centre, turning upwards at their points, which are variously cracked and split. It would, of course, require a very long time to restore the nails so affected to a state of health. I have had, however, one opportunity of witnessing this event. A patient, of whom I reported in May, 1816, that, “ about two years ago, the nails, from being strong, became very thin and brittle, exfoliating in layers and sunk in the middle,” had the nails of a perfectly natural form and character in June, 1826 ; the brittleness had subsided, and the centre was restored to its natural level.

There are, in the protracted form of this disorder, less tremor, debility, loss of flesh, and tendency to faintishness and perspiration, than in the acute, although they are by no means entirely absent. The patient is still incapable of exertion, apt to perspire from effort or agitation, and subject to

symptoms of affection of the head, heart, chest, and of the digestion, only usually in a slighter degree than is observed in the acuter form of this affection.

The bowels, especially, are in an extremely deranged state, either constipated, or with scanty, fluid and foetid evacuations, and, more frequently than is suspected, mixed with blood.

The uterine discharges become retarded in their returns, of short duration in their flow, black, discoloured, or pale, and scanty, frequently attended by much pain, and often succeeded by leucorrhœa.

The appearance of the urine is, like all the other symptoms, very variable; sometimes the patient becomes subject to gravel. In one case the white and red crystals were repeatedly discharged together, in considerable quantities.

There is sometimes a degree of œdema, at other times a state of cachexia.

The patient affected with protracted disorder of the general health is peculiarly subjected to several morbid states of the integuments, and of those internal surfaces which are immediately continued from the skin, such as, furunculus, paronychia, hordeola, erysipelas, especially of the

nose, erythema, nodosum, urticaria chronica, lichen, a harsh and cracked state of the skin surrounding the prolabia, purpura, inflammation, ulcerations or pustules of the conjunctiva, decay of the teeth, a morbid state of the gums and internal mouth, aphthæ of the tongue and inside of the lips or cheeks, chronic sore throat, deep ulcerations of the tongue, similar ulcerations, sometimes to perforation even, of the septum narium, &c.; and the occurrence of these local affections should always lead us to inquire into the state of the general health.

These affections are apt to recur continually during the whole course, and even during the cure, of the original disorder; so that this event should by no means lead us to despair of an ultimate and total emancipation from the tendency to their renewed appearance.

On the other hand, I believe it may be justly observed, that these local affections seldom, if ever, appear without disorder of the general health; so that their appearance may almost be regarded as a certain sign of the previous existence of this disorder.

Furunculus, or boil, is extremely apt to occur

in cases of disorder of the general health, and I think the character of the constitutional affection is accurately indicated by that of the boil. The boil itself varies exceedingly: sometimes it proceeds readily to suppuration, sometimes it is long indolent; sometimes it is solitary, sometimes it occurs spontaneously, or successively, in different parts of the general surface; sometimes it is small and circumscribed, sometimes it is more extended and less defined, assuming the appearance of carbuncle.

Hordeola appear to be dependent upon the same constitutional derangement.

The same observation may be made of a certain milder kind of paronychia. In this affection, the application of the nitrate of silver is recommended by Mr. Higginbottom, who observes that "in slight cases the nitrate of silver may be passed over the inflamed part, and that in this manner suppuration and the continuance of inflammation are frequently prevented."¹

Repeated attacks of erysipelas upon the nose frequently occur in cases of protracted disorder of the general health. This constitutes a very

¹ An Essay on the Nitrate of Silver; p. 26.

troublesome complaint ; exposure to heat or cold, and whatever increases the constitutional disorder, are apt to renew the attack, and this even during recovery. The patient is thus frequently led to despair of cure ; this does, however, eventually take place, when, by long perseverance in the proper remedies, the original disorder is at length removed.

The erythema nodosum is by no means so apt to recur, as the affections which have been already noticed. I have seldom known several attacks of this affection to take place in the same patient. It is also, generally, very easily and promptly removed by the constitutional remedies. It occurs chiefly, if not solely, in children and in female youth.

The harsh and cracked state of the skin surrounding the prolabia has not, I think, been noticed distinctly by any author. It consists of a continual dry splitting and exfoliation of the cuticle, and occupies a ring of about one fourth of an inch in breadth, all round the mouth. It varies in severity in different cases, and at different times ; it is sometimes partial only, at others it involves the whole prolabium and a portion of the surrounding skin.

I shall have to mention hereafter a variety of dropsy, arising out of a state of disorder of the general health marked by extreme pallor. In some cases of this constitutional affection, I have observed, and even foreseen, an eruption of purpura, and even the severer cases of purpura hæmorrhagica.

Inflammation of the tunica conjunctiva of the eye, and the appearance of pustules and subsequently of small ulcers at the junction of this membrane with the cornea, are frequently the peculiar effect of disorder of the general health. I have observed the best effect from the administration of an emetic dose of ipecacuanha, followed by the proper remedies for the constitutional disorder.

It is frequently melancholy to observe the devastation made by decay of the teeth, in some neglected cases of disorder of the general health. This is a point to which the attention of parents, as well as of the medical practitioner, requires still to be called.

With or without decay of the teeth, there is frequently a sad state of the gums, and of other parts of the internal mouth. The gums are spongy and ulcerated, the teeth affected with

incrustations, and the secretions are morbid and very offensive.

A still more frequent occurrence in disorder of the general health, is that of small circular and painful ulcerations, on the inside of the lips or cheeks, upon that part of the gums which is distant from their edges, and upon different parts of the tongue. They are generally solitary, and always few in number; they usually continue for about a week, and are very painful at their first appearance; they are apt to be induced in persons whose general health is deranged, by exposure to cold, by taking cold, or by any impropriety in diet, or other cause of augmentation of the constitutional disorder. In this manner they continue to recur for several years perhaps, but the tendency ceases when the original disorder is finally removed. I believe the application of the nitrate of silver would promptly remove the tenderness in these painful ulcers, and lead to an early cicatrisation.

A more important affection, in consequence of disorder of the general health, occurs in the throat. Sometimes there is a constant state of inflammation, with or without enlargement of the tonsils or of the uvula; sometimes there is

ulceration ; this affection often induces cough, and alters or destroys the voice ; it is accurately depicted in Plate III. figure 2. The remedies for the constitutional disorder, and the proper application of the nitrate of silver, appear to me to be the only efficacious means of removing this troublesome complaint.

The tongue itself sometimes becomes successively the subject of hard tumours about the size of a horse-bean, which slowly suppurate, and issue in deep, indolent ulcers. In this case the constitutional remedies and the nitrate of silver are the proper means of cure.

In other instances, I have seen ulcers within the nostrils, which appear to have the same origin, and to admit of cure by similar measures. Mr. Heming has seen some cases in which the ulcer had pierced through the septum narium.

Not to mention more examples of local affections arising from disorder of the general health, I would conclude these observations, by adverting to a singular tumidity of the integuments of the face and of some parts of the body, which sometimes occurs in the most sudden manner. I think this affection arises from some indigestible

substances taken, in cases of constitutional and stomachic disorder. It is generally soon removed by an emetic, and purgative medicines.

The treatment in this more protracted form of disorder of the general health is similar to that already detailed in the former chapter; but it requires the same precautions in a still greater degree.

The bowels must be regulated by cordial aperients. The abuse of purgatives is still less easily borne in the protracted than in the more acute form of this disorder; in addition to increased debility, it has not unfrequently led to the occurrence of œdematous swellings. The aperients administered must, therefore, be conjoined, and their operation followed, by some slight cordial, and their effects must be strictly controlled; and mild nutriment must be given to supply the waste induced by the evacuation.

All the cordial and tonic modes of treatment formerly described must be strictly enforced, and must be pursued even more perseveringly than before.

In addition to the former plan, there are questions, in the present case, respecting several other

remedies : as the sarsaparilla, the sulphate of quinine, and the sulphate of iron. The two first, I am of opinion, may be safely given, and will be found of considerable advantage. The sulphate of iron requires rather more precaution in its administration, but it is, I believe, a more efficacious remedy, when suitably given, than either of the former. In order that the sulphate of iron may be prescribed with advantage, the bowels must have been first freely evacuated, and then properly regulated for some time ; the tongue must be clean, and the prolabium and countenance in general pale.

The sarsaparilla, sulphate of quinine, and sulphate of iron, may also be advantageously given together.

The system of diet, of alternate exercise and repose, of free and full exposure to the fresh air, and especially to the sea-breezes, and of sponging the surface, is essential in this, as in the more acute form of disorder of the general health ; the same precautions must be observed in avoiding the causes ; and all this must be done with great diligence, and with still greater perseverance.

CHAPTER IV.

OF DISORDER OF THE GENERAL HEALTH INDUCED
BY SCHOOL OR COLLEGE HABITS.

THE recluse habits of some schools, and the sedentary habits of college, or of chambers, frequently induce a state of disorder similar to that described in the preceding chapters.

This derangement of the system is apt to take place in very early youth, both in boys and in girls. Its forms and complications in this case, are rather peculiar ; and it is these peculiarities which I now propose to add to the general description already given.

The affection comes on imperceptibly. The little patient becomes pallid, languid and listless, and loses flesh ; he cannot pursue his studies, or his amusements as he used to do ; the tongue becomes white, and its papillæ appear prominently through the load ; the breath is tainted, the bowels are greatly deranged, constipation subsist-

ing for a time, and then inducing diarrhœa, and the evacuations are very offensive.

There are attacks of head-ache and vertigo ; the sleep is disturbed by dreams, and there are much agitation of the countenance, starting of the body and limbs, and grinding of the teeth ; sometimes there are transitory flushings, sometimes pallor and faintishness, sometimes there are sickness and vomiting.

With these affections which are recurrent, there is frequently a more permanent eruption beneath and within the nostrils, inflammation and minute ulcers of the conjunctiva, ciliary tinea, excoriation behind the ears, deafness and undue secretion from the meatus auditorius, sore throat, an enlargement of the tonsils, swollen lymphatic glands, &c.

In other cases this affection shews itself in a still more chronic and protracted form. The tongue has probably become clean, but it is slightly lobulated ; the breath is less tainted, but the nostrils are more affected, and there is sometimes an intolerably foetid effluvium from them ; the fingers are occasionally affected with swelling, roughness, redness, and coldness, resembling chil-

blain, and I have known the ankles swollen, and the veins of the legs varicose.

There is, besides, frequently a state of protracted bronchitis. This induces habitual cough and expectoration, which are apt to be aggravated by cold, or by any cause of aggravation of the general disorders. This affection of the bronchia, is that which it is most essential to watch. The remedies for the derangement of the general health, enumerated in the preceding chapters, and the usual remedies for chronic bronchitis, repeated blisters, warm plasters, hare's skin, &c. are to be continued not only until the disease is fully removed, but for such a period as will probably subdue the disposition to its return.

In every case of this affection in very early youth, the remedies consist in efficient cordial purgatives, gentle tonic medicines, a mild nutritious diet, systematic exercises avoiding fatigue, and a due attention to excite the skin generally and to preserve the feet dry and warm.

When adults of the male sex are affected with this state of disorder, one of the most frequent and distressing complications is the eruption of boils on various parts of the body. I have

seen the hands livid, and beset with boils, or the marks they leave; sometimes the thighs and legs, sometimes the integuments about the anus, or covering the ischia, are affected. Local remedies are of little advantage. The sole cure consists in restoring the health and tone of the system, by cordial purgatives, mild tonics, the warm bath, and abundant exercise in the open air.

CHAPTER V.

OF THAT FORM OF DISORDER ATTENDED BY EXTREME PALLOR, OR CHLOROSIS.

I THINK the form of disorder of the general health, about to be described, differs from those treated of in the two preceding chapters, chiefly in the peculiar character of the constitution of the patient. It occurs principally in female youth, but not unfrequently in married persons ; and it is not entirely unknown in children and in the young and delicate of the male sex. It chiefly affects persons of what may be justly termed the lymphatic temperament ; whilst those of a different temperament are most liable to those forms of disorder to be noticed in the ensuing chapter.

I have observed a morbid affection very similar to this, in persons of the middle age of both sexes ; and I have had occasion to remark, that in these there had been either hæmorrhagy or some other cause of debility or exhaustion.

But, in general, this disorder may be considered

as an affection of female youth ; and it arises from the usual causes of disorder of the general health already fully detailed. It has been customary to assign other causes for this affection, of a sexual character ; but I am persuaded that there is seldom any truth in this conjecture.

The general form and the mode of treatment of chlorosis are very different from those of the forms of disorder already described, and its symptoms and complications are not less peculiar.

Chlorosis steals insidiously upon the patient ; so insidiously, sometimes, that I have known parents even, unconscious of its existence although it may have attained its most marked form, until it has been distinctly pointed out to them.

Chlorosis has pretty distinctly three stages,—the incipient, the confirmed, and the inveterate. It may be characterized in general, as uniting a morbid paleness of the complexion, tongue and general surface, with recurrent pain of the head, or of the side—generally the left, palpitation, fluttering, and nervousness, and frequently attacks of hysteria ;—with some tendency to loss of flesh, and to œdema.

The incipient stage of this morbid affection is

more particularly characterized by paleness of the complexion, an exanguious state of the prolabia, and of the internal surface of the eye-lids, slight tumidity of the countenance, and puffiness of the eye-lids, especially the upper one. There is sometimes with this marked state of the countenance a slight tinge of green, of yellow, or of slate-colour. In the confirmed stage of chlorosis, the state of pallor of the complexion is still more marked, and the tongue, as well as the prolabia, is exanguious, perhaps with a slight lilac hue in the upper lip ; there is usually tumidity of the integuments in general, and of the eyelids in particular. These appearances of the countenance are exquisitely pourtrayed in Plate V. figure 1. In the inveterate or large stage, this state of the countenance is apt to be modified by a degree of loss of flesh, on one hand, and by increased œdema, perhaps partially disposed, on the other.

The state of the tongue in the different stages of chlorosis is most accurately represented in Plate IV. figures 1, 2, and 3. In the first stage of this affection, the tongue is rather white and loaded, and somewhat swollen and marked by pressure against the teeth ; its papillæ are enlarged,

and it is slightly formed into creases or folds ; and its colour is palish. The state of the tongue is represented in figures 1. and 2., the latter forming the intermediate state between the tongue of the first, and of the confirmed and inveterate stages of this disorder. The gums and inside of the cheeks are somewhat tumid ; and the latter are, like the tongue, impressed by the teeth. The mouth, in general, is clammy, and the breath tainted with a peculiar odour.—In the confirmed stage of chlorosis, the tongue becomes clean, smooth, and exanguious, with a slight appearance as of transparency, and a slight lilac hue ; it is flat upon its surface, and still somewhat indented by pressure against the teeth. The characters of the tongue observed in the later stages of chlorosis are fully given in figure 3. In the last stage of all, the tongue frequently becomes smoother still, and slightly shining ; and I have in some cases observed an odour of new milk in the breath of the patient.

In the beginning of this morbid affection, there is an increasing paleness of the general surface, hands, fingers and nails ; an opaque, white and tumid state of the skin ; a slight tendency to œdema of the calves of the legs, and of the ankles,

and to loss of flesh. In the more confirmed stage, the skin is still smooth, but rather dry; and the integuments are exanguious, puffy, opaque and perhaps yellowish, with the same or increased tendency to œdema; the nails are exanguious, and, in some instances, slightly split or exfoliated. In the confirmed stage, the appearances are similar, with the addition of some loss of flesh, and perhaps increased œdema. The condition of the hand, fingers, and nails, in the confirmed stage of chlorosis, is given in Plate VII. figure 1.; the nails are sometimes slightly split, and their tips opaque.

The patient in chlorosis is languid, listless, sedentary, indisposed to exertion, easily overcome by exercise, nervous, low-spirited, and frequently a prey to singularities of temper.

There is generally severe recurrent head-ache or vertigo, sometimes heaviness for sleep, and sometimes an impaired state of the memory and of the faculty of attention. It is not unusual to find that leeches and blisters have been repeatedly applied for the recurrent pain of the head. In two cases there was distinct mania. One of these soon recovered. The other was conveyed to a distant

hospital and died, I believe, from the effort. The chlorotic mania coalesces with the form of mania which occurs from irritation and exhaustion in the puerperal state, from undue lactation, or from loss of blood. The similarity between chlorosis and anæmia will be noticed immediately.

There is frequently palpitation, recurring in attacks, or of a more permanent character; and more frequently still, a sense of fluttering in the præcordia, or in the region of the stomach, with irregular action of the heart, or imperfect syncope. The pulse is sometimes rather frequent, and always easily accelerated.

There is usually a degree of breathlessness experienced on any exertion; sometimes fits of dyspnœa; sometimes a sounding cough.

There is also, frequently, in this state of disorder of the general health, a singular and peculiar pain of one, or of both of the sides, either together, or alternately, situated over the false ribs, and spreading a little upward, or backward, or downward so as to occupy the space between the false ribs and ilia. The recurrent nature, the particular situation, and the alternating character of this pain, are altogether peculiar and characteristic. The

patient perhaps complains on pressure, but on a careful examination, this pain will be found not to be aggravated by a deep inspiration; for this purpose the inspiration must be repeated; at first it may appear to increase the pain, but afterwards it will be found not to do so. I have in a few cases known this pain to be confined to the left side only; but it is usually found that, at one period or other, both or each of the sides have been affected, simultaneously or separately. It is very usual to find, on inquiry into the history of the case, that bleeding, leeches and blisters have been repeatedly employed for this pain of the side, as well as for that of the head, but of course in vain; for it is only to be effectually removed by an efficient treatment of the original malady.

The appetite is generally impaired and capricious, and often depraved, inducing longing for some indigestive substance, as acids or pickles, magnesia or chalk, cinders or sand, grains of coffee, tea-leaves, flour, grits, wheat, &c. The patient likes to have some of these substances constantly in her mouth, but especially when affected by agitation or anxiety.

The bowels are, in the incipient stage of chlo-

rosis, always constipated. Afterwards this state alternates with or leads to diarrhœa, and sometimes to hæmatemesis or melæna ; the evacuations are usually scanty, dark coloured, and fœtid.

The flow and condition of the catamenia are, in general, very early affected in this disorder : they become irregular in their returns, inconstant or of short duration in their flow, defective in quantity, and pale in colour ; sometimes they are discoloured ; sometimes they do not cease kindly, but are continued into a state of leucorrhœa ; at other times, and especially in the later stages of this disorder, there is amenorrhœa. In some instances, each return of the catamenia has been preceded and attended by much pain in the back, and in the region of the uterus.

In the inveterate stage of this disorder of the general health, the symptoms assume a modified but still more aggravated character. There is a very slow but progressive loss of flesh ; the languor assumes the form of permanent debility ; and the œdema increases, and assumes the aggravated character of anasarca ; the pulse becomes more constantly frequent ; and there is altogether less of the character of functional derangement, and

more of that of disease. The local complications sometimes become more permanent, or are renewed by the slightest causes ; and, in some painful instances of this affection, the patient has been unable to bear the most ordinary occurrences of domestic life, and has perhaps been compelled to remain altogether in her room, or upon the sofa or bed.

In this stage of the disorder there is sometimes an almost permanent pain of the head, perhaps with intolerance of light or of noise ; sometimes incessant pain of the chest, with tenderness, difficulty in breathing, and cough ; and there are frequently pain and tenderness of the abdomen, with sickness, and with constipation or diarrhœa. Various other symptoms prevail in different instances, as some hysteric or spasmodic affections, locked jaw, clenched hand, contracted foot, twisted limbs, palpitation, panting or other forms of dyspnœa, fits of coughing, hiccough, retention of urine, &c.

I should despair of giving any thing accurate or specific, in regard to the pathology of this and other forms of disorder of the general health. There appears to me, not to be a system, an organ,

a texture, or even a fluid in the animal economy, which does not suffer in different instances of this multiform disorder. It has already been shown, that the complications of the more acute form of disorder of the general health differ totally from those of the more protracted, both in their various seats and in their nature; the former affecting the more vital organs, the latter the superficial textures. A similar remark equally applies to the form of disorder of the general health under consideration.

There is, in chlorosis, a remarkable state of the capillary system of circulation, both of the vessels and of the fluids; it is this which gives origin to the exanguious appearance of the countenance, prolabia, tongue, gums and general surface; to the tendency to œdema; and to different species of hæmorrhages, especially those of the mucous and cutaneous surfaces, as epistaxis, melæna, hæmatemesis, and even purpura; and it is from this circumstance that the catamenia become almost colourless and aqueous. I have observed the blood which has flowed from the nose scarcely to tinge the sheet, and that taken from the arm, to resolve itself almost entirely into serum, with

scarcely any crassamentum. This disorder affords, therefore, one of the most unequivocal examples of humoral pathology.

This state of the capillary system of circulation is widely different from those observed in the subjects of the two preceding chapters; from that of the last chapter it differs especially, in not having any tendency to produce these diseased states of the mucous and cutaneous surfaces, and to assume the character of cachexia, to which allusion was slightly made in that part of this work.

It would be difficult to trace the series of causes and effects in the pathology of this affection; but I do think the first cause is in the state of the bowels; that a concurrent cause is the peculiarity of constitution already described; and that an exciting cause is the inactive and sedentary mode of life usually obtaining in female youth. The stomach suffers from its continuity with the intestines; the uterus possibly by contiguous, the head and heart by remote, sympathies; the pain of the side is peculiar, and too common to be a mere accidental complication; and it, therefore, probably also depends upon the state of the large

intestines. Are the impeded functions of the uterus a cause of chlorosis? Or are they effects merely? I imagine, the latter.

The state of the circulating fluids is probably deteriorated from defective digestion and assimilation; and this deteriorated condition of the blood probably becomes a cause, in its turn, of impaired vital energy, the heart and the brain being imperfectly stimulated. I am led to this conjecture, at least, by an attentive consideration of the effects of a deficient quantity or quality of the blood in some other cases, and especially of the effects of loss of blood in cases involving a deranged state of the general health of the characters described in the second and third chapters of this work. It is obvious, from these remarks, that blood-letting, so apt to be prescribed for the painful affections of the head or side, should be employed with the utmost caution.

There is, indeed, a remarkable similarity between the effects of loss of blood, and the state of bloodlessness which obtains in chlorosis. The general symptoms;—the tendency to affections of the head resembling arachnitis, and to affections of the heart resembling organic affections of this organ;—

the condition of the general surface, and of the capillary and larger circulations;—the proneness to œdema and serous effusions generally, are, indeed, identical in both these conditions.

These two affections not only agree in the many particulars enumerated, but also in two others of great interest: first, in their tendency, in their last stages, to induce effusion into the cavities of the brain, pleura, pericardium and peritonæum; and secondly, in their involving a danger of issuing in the state of sinking, or even of sudden death.

From both these circumstances it is plain that the capillary and the general circulation are alike in a very analogous condition in these two morbid states; and from both these circumstances the morbid anatomy is found to be very similar.

The differences which do exist between these two morbid states arise from the different modes of their accession, loss of blood being a simple event, while the bloodlessness of chlorosis is the gradual effect of a previous state of complicated disorder. In the former, as there are none of the peculiar appearances of the tongue and internal mouth observed in chlorosis, so there is an absence of some internal changes, especially of the liver,

which, as I have observed already, is very apt to become affected with simple enlargement in cases of protracted disorder of the general health.

I have met with four cases of chlorosis in which the whole of these observations were fully exemplified,—the only cases of this affection which have been fatal within the scope of my observation. In the first the patient sank exhausted into a state of coma and death. In the second, death occurred suddenly, the patient after being confined to bed a few days, and immediately after being in better spirits than usual, having sat up for a quarter of an hour, became faint, gasped, and expired. In a third, sudden death followed the immediate effort and exhaustion of parturition.

The former of these cases was one of pure chlorosis. The latter, chlorosis with a degree of the icterode complexion. Of the former case no examination was permitted. In the latter the following morbid appearances were observed: There was some effusion into the ventricles of the brain, the pericardium, and the left cavity of the pleura, the right being obliterated by adhesions: the lungs were gorged with serum; the heart was large; the liver much enlarged; the hand

was of the colour of ivory ; there was plenty of adipose substance ; the ancles were a little œdematous.

Some years ago a patient after excessive bleeding, was doing well, but got up in bed to empty the bladder,—sank down, and suddenly expired. The event in this example of chlorosis was precisely similar. It has already been stated, that, in exhaustion from excessive loss of blood, the patient is apt to sink into coma ; such a case is parallel with that of the case of chlorosis first mentioned.

In a word, there is, in exhaustion, loss of blood without previous disorder or disease ; while in chlorosis, there is bloodlessness as an effect of previous disorder, and frequently as a complication of organic disease. In both there is the same tendency to œdema from failure of the capillary circulation, and to sinking or sudden dissolution from failure of the circulation in the larger vessels. Such cases of sudden and unexpected dissolution, in diseases regarded as merely nervous, and therefore, without alarm, are more frequent than is supposed.

Chlorosis has sometimes been mistaken for

organic disease ; but its character is so distinct that there does not appear to me any danger of such a mistake with the careful observer. The state of the complexion, especially when it has assumed somewhat of the icterode hue to be mentioned in the ensuing chapter, has, indeed, frequently led to the suspicion of disease of the liver ; the diagnosis is, however, readily established on comparing the state of the prolabia and of the tunica conjunctiva, of the urine and of the fæces, and by a careful examination of the region of the liver.

The patient affected with chlorosis is extremely subject to attacks of the local affections already mentioned, and to the same affections in a more continued form. It is, therefore, essential to distinguish the complications of this morbid affection from some sudden and some chronic diseases. The first case in which I saw the necessity and the importance of these distinctions, had been successively treated as inflammation of the brain, and inflammation of the liver, by bleeding, blisters and leeches, to an almost incredible extent, the patient having first been subject to severe pain of the head, and afterwards to pain of the right side. The case was distinguished by the usual appearances and symp-

toms of disorder of the general health, and it was perfectly and even promptly removed by the appropriate remedies.

The diagnosis is founded upon the state of the countenance, of the tongue, of the general surface, of the bowels, and of the catamenia, the multitude and variety of the other symptoms, the variable history of the case, and, perhaps, the suddenness and repetition of the attack, and the effects of remedies. The only difficulty exists when some topical inflammation comes on in a patient previously affected with chlorosis. Even in this case the disease assumes a more settled and definite form, instead of the varying and complicated character of chlorosis, and may then be distinguished by a careful examination.

These observations strictly apply to the diagnosis of chlorosis with pain of the head, from inflammation of the brain or its membranes. In the latter disease there are not the characteristic appearances and symptoms of chlorosis as observed in the countenance, tongue, general surface, and general symptoms; but there are, on the contrary, the peculiar and definite symptoms and history of inflammation of the encephalon, which it would be out of place to mention here.

The cough and dyspnœa, the palpitation of the heart, the pain of the side, and the pain and tenderness of the abdomen, are to be distinguished from inflammation within the chest or the abdomen, in the same manner, by comparing the general and local characteristics of chlorosis with those of each of these diseases, and by ascertaining the history, and observing the effects of remedies. The case of a very near relative long mistreated for pleuritis, was among the first to fix my attention on these important distinctions between pains of inflammation and of irritation.

The pains of the side, or of the abdomen, so apt to occur as complications of chlorosis, are to be distinguished from pleuritis or peritonitis, by the same recurrence to the state of the complexion, tongue, and general surface, and to the other symptoms, and by their own peculiar character; these pains, for instance, are less constant both in their situation and duration than those of an inflammatory nature; and though sometimes aggravated by a deep inspiration, are not invariably so, especially on repeating the inspiration a third or fourth time. The accession of pain of the side in chlorosis is apt to be sudden; the side affected is sometimes

changed, the degree of pain sometimes extremely severe, at others less so, and there is more expression of pain than is permitted by the pain of inflammation, which represses the movements of respiration implied in the loud expression of pain.

The treatment of this form of disorder of the general health must be begun by a due evacuation of the bowels ; but the use of mercurials, and of active purgatives in general, requires still greater precaution, and the addition of mild cordial remedies is still more necessary, even than in the forms of disorder described in the two preceding chapters.

Of the class of aperient remedies, aloës and rhubarb appear to me to be best adapted to the cure of chlorosis ; the first of these may be given in the form of the decoction, the wine, the simple and compound tinctures, the latter in those of the infusion and the tinctures, and these may also be variously combined together, and, if quite necessary, with manna, and the Rochelle salt.

When the bowels have, by these means, been fully but gently regulated for some time, different preparations of iron, but especially the sulphate, and the ammoniated tincture, become specific in this disorder,—gradually restoring the complexion, the

general surface, and the uterine discharges, to their healthy state. The condition of the prolabia and complexion, and of the catamenia, constitutes the true indication for the employment of these remedies, and of their beneficial effects when these begin to be displayed. I do not mean to confine the use of chalybeates to the cases in which the prolabia are exanguious and the catamenia are pale, but I can affirm that their efficacy is most unequivocal in these cases.

The painful affections of the head, of the sides, and of the abdomen, which are so apt to occur in complications of this morbid affection, are generally soon removed by an attention to the original disorder; but, in the mean time, they admit of being much relieved by the application of a spirituous lotion to the former part, or of a liniment composed of the soap liniment, the sal volatile, and the liquor ammoniæ, to the latter, or, if necessary, by a blister. If any further remedy be required, cupping may be tried; but it is extremely important, in chlorosis, to avoid taking blood as much as possible.

For the attacks of palpitation, of panting, or of the fits of coughing, the spiritus ammoniæ

aromaticus, æther, hyoscyamus, and the tinctura opii, are useful remedies.

In cases of extreme langour the carbonate of ammonia is a valuable remedy. It may be given in pills of three grains, prepared with bread, three times a day.

In concluding my observations upon chlorosis, I would observe, that there is a peculiar species of dropsy, of which I have not seen many instances, and which appears to me to be allied to this disorder. It is attended by all the appearances of chlorosis; and it would probably yield to the remedies of this morbid affection. I have known it to occur in female youth, and also at a later period of life. I consider that it is a form of dropsy, not generally understood, and still requiring a careful investigation into its peculiar nature and mode of cure. The surface of the body, but especially the more dependent parts, are anasarcaous.

CHAPTER VI.

OF OTHER MORBID STATES OF THE COMPLEXION.

THE other forms of morbid complexion, connected with disorder of the general health, are chiefly the following :—first, the icterode or yellowish ; secondly, the light lead hue ; and thirdly, the ring of tumid darkness occupying the eyelids.

It is obvious that all these morbid states of the complexion are dissimilar from that observed in chlorosis, and from each other. And it is important to observe that each denotes a distinct form of disorder, having distinct characters and tendencies, being associated with a distinct train of symptoms, and requiring distinct modes of treatment.

These forms of morbid complexion are admirably pourtrayed in Plates V. figure 2. and VI. from an inspection of which it will be evident, that not only the complexion varies, but also the state of the prolabia, especially when compared with

these as represented in Plate V. figure 1. Indeed it is highly probable that both the kind and the seat of these morbid changes in the complexion vary in the different cases. I have already observed, that the morbid change of complexion, in chlorosis, has its seat probably in the fluids and vessels of the capillary circulation. It is quite plain that that is not the case in these other forms of morbid complexion, for then the tunica conjunctiva would display the same changes, which it does not do. I have assuredly formed my own opinion respecting the pathology of these changes, but I refrain from stating it, fearing to advance what might appear conjectural and doubtful, in a work in which it is my wish to state the result of careful observation only. I think it important, however, to point out that in Plates V. figure 2. and VI. figure 1. the prolabia are represented as slightly pallid, in connection with the icterode and lead-coloured hue of the complexion; whereas in Plate VI. figure 2., in which the dark ring encircling the eyelids is represented, the prolabia have their natural vivid colour; and these I have observed to be the usual, though not the universal, associations in these different cases.

It is further important to observe, that the degree of pallor of the prolabia affords, in general, an index of the state of the blood, and of the appearance of the uterine discharge, and is commensurate with the tendency to œdema, and indeed, in a certain sense, with the degree of severity of the disease. In proportion to the paleness of the prolabia, the character of the disease approaches that of chlorosis; and, on the contrary, the less there is of paleness of the prolabia, the more the case assumes the chronic character, and resembles the description about to be given. And in general it may be observed, that the dark circle round the eye denotes the most chronic form of the disorder, whilst the icterode and lead-coloured hues of the complexion occupy intermediate places between this and chlorosis.

In the more chronic forms of this disorder the skin is perhaps only very slightly affected, being a little dry and furfuraceous. In the severer cases, the nails assume the character represented in Plate VII. figure 3, being more or less brittle, split off in laminæ, and sunk in irregularly in the middle part. There is little tendency to œdema. This dry state of the surface, and brittle condition of the

nails, are not, however, incompatible with great paleness of the complexion and prolabia, when these have been long in existence, and the complaint is chronic and almost stationary. It is in some of these cases of morbid complexion, that the nails have assumed the peculiar appearance given in Plate VII. figure 2 ; the general hue of the fingers is slightly livid ; the nails are lilac at their roots, and opaque at their tips, with an intermediate space of a natural appearance. This state of the nails may, however, occur in any protracted case of disorder of the general health. It is usually attended by coldness of the hands and feet.

The state of the tongue varies exceedingly ; and I have often observed it to be of the character represented in Plate IV. figure 1, in cases of the icterode and lead-coloured complexion, and as in Plate II. figure 1, in that of the dark ring encircling the eye. And it is to be remembered, that as the different states of the complexion may be variously blended together, so the different forms of the tongue may variously co-exist with different states of the complexion.

There are also, in various instances, the different complications described in the last chapter ; and

these assume a more or less continued character, according to the more or less chronic state of the primary morbid affection.

The catamenia vary exceedingly. When the prolabia are very pale, the uterine discharges are, as I have already remarked, also pale and scanty, or perhaps suppressed. In the other cases, the catamenia are more apt to be discoloured, perhaps dark-coloured, and irregular in their returns and duration. In some instances, nevertheless, the patient has stated the catamenia to be perfectly regular in their returns, and natural in their colour and flow.

The remedies for these disordered states of the complexion are such as induce and continue alvine evacuations of ample quantity and natural colour. Mild mercurials are efficacious, in conjunction with mild purgative medicines ; they require to be given for a very considerable length of time, and should not, therefore, be repeated too frequently.

In other respects the treatment is similar to that of the other forms of disorder of the general health ; the objects being to restore the healthy state of the bowels, and of the uterine discharges, to give vigour to the system, and, if necessary, to remedy the different local complications.

Sponging, and much friction of the general surface, warm clothing, and a particular attention to guard against coldness of the feet, by exchanging the shoes for others dry and warm, twice or thrice in the day, have appeared to me of great use in restoring the proper state and functions of the cutaneous surface. A system of exercise with free exposure to the air is also an important part of the remedies.

CHAPTER VII.

OF SEVERAL OTHER FORMS OF DISORDER OF THE
GENERAL HEALTH, IN FEMALE YOUTH.

I THINK it may not be amiss to add, in this place, a very cursory account of several other forms of disorder of the general health, which I have noticed in female youth, and of which I have not found any description in medical writings. They are all insidious in the highest degree, and of the most protracted duration, admitting only very slowly of remedy.

In the first, there is impaired digestion and assimilation, and consequent emaciation, and debility, with amenorrhœa and frequently leucorrhœa. The affection is several years in stealing on the patient; and it is very long indeed in being removed. The remedies appear to be mild aperients, tonics, and light cordials; rest, with the gentlest exercise; and those general and local remedies, which tend to restore the functions of the stomach and uterus.

This state of disorder of the general health is exemplified in the following case:—

Miss ——, aged 28, of tolerably robust health, and of a cheerful and social disposition, began, in 1821, to become recluse, and to lose her flesh and strength, and her wonted degree of health. In the summer of this year, Miss —— accompanied her uncle on a tour to Ireland; but this excursion, instead of conferring any benefit, appeared, by its fatigues, only to aggravate her indisposition.

In this manner Miss —— dragged on a feeble existence for several years. In 1824, her general health was greatly impaired, and she was much emaciated, and so feeble as to be confined to the sofa or bed the greater part of the day, or if exercise were attempted, it could only be borne in a reclining position in a carriage. The appetite was craving, and a sad sense of sinking was always experienced unless food were taken frequently; the tongue was coated; the bowels were very irregular,—the fæces scybalous and mixed with mucus; there was not the slightest pain or soreness upon pressure in the epigastric or hypochondriac regions. The pulse was feeble and slow,

scarcely ever exceeding seventy in a minute ; there was great morbid sensibility to every change of temperature ; and the extremities were, generally, cold, and could with difficulty be kept even moderately warm. The urine was sufficient in quantity, and straw coloured. The catamenia had become irregular in 1821, and ceased altogether in 1822 ; she had, for several years, been subject to leucorrhœa, but this discharge had now increased exceedingly, inducing great pain and weakness of the loins.

With this state of disorder of the general health, Miss —— now suffered from pain of the right side of the face. Several diseased teeth were extracted without relief ; those which remained were perfectly sound. The pain appeared to follow the course of the branches of the portio dura of the seventh pair of nerves, and then to diffuse itself, extending to the middle part of the upper and lower lips, and slightly to the eyelids. This pain was succeeded by a sense of stiffness and of the parts being drawn together ; the muscles did not, however, appear to be drawn, on an external examination. This pain and stiffness were not constant, but recurred

almost daily, and particularly when the feet were cold.

The remedies which were prescribed were suited to correct the state of the digestive organs, to relieve the neuralgic pain, and to check the vaginal discharge. They were attended by much benefit, and Miss —— began to bear the exercise of walking in a gallery, and of a daily drive in a carriage; the tone of the digestive organs was much improved, the evacuations became more natural, and the leucorrhœa disappeared.

This state of amendment was unfortunately interrupted by a premature neglect of the remedies; the leucorrhœa returned with extreme weakness. At this period, Miss —— became attacked by severe sickness and diarrhœa, after eating hare. This attack induced the utmost degree of exhaustion and debility, and Miss —— became confined to her bed; the slightest exertion induced much suffering, with aggravation of the neuralgia, and the addition of a train of distressing nervous symptoms, as globus hystericus, oppression of the breathing, panting, &c.; and the slightest conversation, or even whispering, in her room, could not be borne.

At this period, i. e. in the beginning of 1825, in addition to aperient and tonic remedies, Miss —— began to take ale, instead of brandy and wine. The quantity was gradually increased to half a pint three times a day. From this time, Miss ——'s recovery may be dated; she has, with occasional interruptions, improved in flesh and strength, and is now, in 1827, stouter than she has been for several years; she is able to read and to enter into conversation with cheerfulness and interest; she appears, indeed, now only to require increased muscular strength; the pulse, the tongue, the appetite, and the bowels being natural, the nights in general good, and the neuralgia having ceased. After various chalybeates and tonics had been given, one grain of the sulphate of iron, and of the sulphate of quinine, were begun to be taken six times a day, three months ago. The catamenia appeared for the first time six weeks ago, and nearly at the proper period, a fortnight ago.

There appears now to be no doubt that Miss —— will continue to recover progressively.

In this patient, although there was such extreme weakness, and tendency to coldness of the

feet, there was never the livid coldness of the nose and fingers observed in that variety of this morbid affection to be next described.

The second of these cases is characterized by impaired functions of the stomach and bowels, by chronic debility, and by a peculiar coldness and lividity of the nose, ears, hands and feet. This complaint, like the former, is extremely insidious, and admits of remedy but very slowly.

As an example of this form of disorder of the general health, I subjoin the following interesting case :—

Miss —, extremely feeble in her early years, became comparatively robust from the age of fifteen to that of seventeen or eighteen. About this period she was first observed to droop ; she became paler and thinner, with loss of strength, appetite and sleep ; the hands and feet became cold and clammy, and incapable of being warmed either by the fire or exercise ; the eyes looked dull, and the eyelids dark. To this state of disorder of the general system were afterwards added,

headaches, vertigo,—a wretched, low, desponding feel,—a sense of sinking, yet with a total want of appetite,—an occasional pain of the left side,—the feeling as of a substance in the throat, sometimes preventing her lying down,—aching, or a gnawing sensation across the loins, so as to render moving in bed painful and to require support in sitting upright,—and swelling of the ankles. There was also a small tumour in the left mamma which is apt to be painful and heated.

Of this patient, it was observed by an eminent practitioner, who was consulted at this time, in his own peculiar manner, “that her hands and nose were cold, and that she was good for nothing ;” and this is by no means an inappropriate description of the complaint. There were great languor, and inability to bear any exertion, or even society, and an utter distaste for every kind of amusement. The nose and hands were livid and cold, especially on the slightest exposure to external cold ; the pulse was languid, and the feet were now kept warm with great difficulty.

This lady was benefited by several visits to

Harrogate; but not less so by a plan of warm aperient, and tonic and chalybeate medicines, and by a nutritious diet with ale. Her health and strength have gradually but slowly returned; and she is once more capable of joining in society without fatigue, and of indulging in her taste for the piano-forte, &c.

The carbonate of ammonia given in the doses of three grains made into a pill with bread, is a most valuable remedy, in this languid state of the capillary circulation.

The third case is attended by impaired digestion and defective assimilation, with some morbid state of the complexion, and the most extraordinary perversions of the temper. This might, indeed, be appropriately termed, the *temper-disease*. It would require a volume to enumerate and describe all the different obstinacies and contradictions, which prevail and harass the patient and her friends, in this sad affection; one of the most frequent objects of this morbid temper is, however, that of diet; the patient persists, perhaps, in a system of

starving, or will take only the most improper kinds of food—or, perhaps, only such food as is obtained by a sort of theft, or in some other way supposed to be unknown to the family, or even by actual theft committed in the shops in the neighbourhood. In other cases, there is the most persevering determination to be the invalid. The catamenia are usually suppressed. The patient's complexion, general appearance, flesh and strength may be obviously improved, yet there is perpetual complaining of variously-seated pains; the demeanour is often morose; if it be asked—is such or such a pain relieved? No! it is constantly getting worse and worse. Does the medicine agree? No! it is worse to take, and worse to bear, than any prescribed before.

One patient had been indulged in enormous, daily, or rather more frequent than daily, doses of opiates. These were at once removed, and not one of ten thousand dreaded consequences followed. But there was in the same patient, hysteric dysury. It was easy to withdraw the opiate, but it required more than peremptory force to make the patient use her own fingers;

and nothing could induce her to learn or endeavour to learn to use the catheter herself.

The treatment should combine all the remedies by which the healthy state of the alimentary canal, and of the uterus, can be restored, with the gentlest exercises of the body and occupations of the mind.

In a fourth case there is extreme emaciation.

Miss ——, aged 25, became affected, two years ago, with indigestion, suppression of the catamenia, and extreme emaciation, without cough, pain of abdomen, or frequency of the pulse.

From this state she recovered in some degree, but again relapsed. The tongue became swollen and furred; the bowels confined; the catamenia never reappeared. The skin grew harsh and dry; the emaciation became extreme. But there was an entire absence of cough, pain, frequency of the pulse, or of any symptoms or class of symptoms which would indicate any specific disease. It was mere debility, emaciation, and indigestion.

It does not appear to me to be necessary to augment the size of this work, by adding any additional examples of these morbid affections ; such examples too frequently occur in practice ; I shall, therefore, rather occupy the space which must have been allotted to such a case, by making a few observations on the treatment of the affections described in this chapter, in general. I would premise, in regard to this variety of disorder, that it is one of the most important parts of the treatment, if possible, to divert and occupy the mind and affections.

In all these affections the case is apt to be sadly interrupted by various occurrences almost inseparable from domestic life. Every instance of anxiety, exertion, or hurry, is liable to plunge the patient into a state of slight febrile action, which leaves her in the state of languor from which she was just emerging ; she is also, as well as her friends, apt to be disappointed and despondent from these untoward events, and again and again the case is viewed as hopeless. Still there is a general amendment amidst these interruptions, and I have hitherto met with no

instance, in which the patient did not finally recover.

Amongst the causes of relapse, should be enumerated attacks of cold, want of caution in regard to diet, and of watching in regard to the operation of medicine. A progressive recovery can take place only when all these points are strictly attended to, in conjunction with the strictest rules relative to quiet, rest, early hours, &c. There are many modes of relapse, but there is only one of recovery.

In addition to a watchful attention to the state of the bowels, to the diet, and to quiet and repose, there are three remedies which require particular attention ; these are the sulphate of quinine, the sulphate of iron, and mild bitter ale. The first appears to give tone to the stomach and bowels, the second has certainly a peculiar and salutary action upon the functions of the uterus, and the third is most efficacious in restoring the strength and flesh in general. It is always important to restore the healthy condition of the skin, as well as of the other organs. Tepid ablutions, followed by frictions, are highly useful in this point of view.

CHAPTER VIII.

OF HYSTERIA, AS A FREQUENT COMPLICATION
OF DISORDER OF THE GENERAL HEALTH.

HYSTERIA most frequently occurs symptomatically in chlorosis, or the other forms of disorder of the general health ; it is, in some instances, however, distinctly connected with the state of the uterus, occurring at the period of the flow of the catamenia, or from sudden interruption or other derangement in their flow, and it is, in all cases, apt to be immediately induced by mental emotions, as joy or grief, and a less curable form of the affection has been occasioned by surprise, but especially by fright.

It is important to notice this painful affection in a work upon the disorders of females, from its frequency in them, from its occurrence in connection with the disorders which have already been so fully described, and, especially, from the importance, and the difficulty, in many cases, of distinguishing it from other morbid affections of

a more serious character, which are incidental to female youth.

Hysteria is in general denoted by sighing, sobbing, tears, or laughter, or a sense of suffocation, together with some urgent affection of the head, heart, respiration, or stomach, and frequently by some pain, or convulsive affection. This affection will be best described by dividing it into three forms or varieties,—the mild, the severe, and the inveterate.

The mild form subsists as a tendency to alternate high and low spirits, to fits of laughter, to frequent deep sighing, sobbing, and tears. A fit of laughter, or of crying, sometimes takes on an aggravated character ; the laughter or the sobbing becomes immoderate, involuntary, and at length convulsive, and there is frequently a peculiar spasmodic chucking in the throat ; the countenance now changes, becoming alternately flushed, and pale, and denoting great anxiety ; there is frequently an urgent difficulty in the breathing, with much hurried heaving of the chest, sometimes a violent fit of dry and spasmodic cough, and generally a sense and urgent fear of impending suffocation ; and,

in different instances, there is palpitation, hiccough, retching, or borborygmus. The patient is despondent, and exaggerates all her sufferings.

The severe form of hysteria consists in a various attack, catenation, or combination of the following painful affections.

The commencement, course, or termination of this and indeed of every form of this complaint, is generally marked, and the case distinguished, by the signs of some inordinate mental emotions, to which it is most important to revert, as they afford, in many cases, the most characteristic symptoms of this disorder.

The attack is frequently ushered in by an unusual appearance of the countenance,—change of colour, rolling of the eyes, distortions, or some spasmodic affection of the muscles of the face.

A state of general or partial, of violent, or of continued convulsion, or of fixed, spasmodic contraction, takes place, and displays every possible variety in mode or form, as trismus, tetanus, contracted hand, distorted foot, or twisted legs.

The severe form of hysteria sometimes consists chiefly in a violent general or partial pain and throbbing of the head ; occasionally this pain is confined to some particular spot, and is so acute as to have obtained the appellation of the *clavus hystericus* ; sometimes there is great intolerance of light and noise ; sometimes a state of stupor, or trance, sometimes delirium. This state must be carefully distinguished from an idiopathic affection of the head.

The respiration is frequently much affected. An oppressive or suffocative dyspnœa takes place ; or the breathing becomes rapid, anxious, and irregular, or variously attended with rapid heaving of the chest, or with a spasmodic affection of the diaphragm inducing a peculiar elevation of the abdomen, or an equally peculiar succussory movement of the trunk in general ; sometimes the respiration appears to be suspended for some time, the pulse continuing to beat as before ; in this case it will generally be found, on attentive examination, that the breathing is performed by the diaphragm.

A peculiar crowing noise or screaming is apt to occur in this affection ; and there is occasionally

great hoarseness, or even complete loss of voice, continued for a considerable time.

There is sometimes a violent, dry, hoarse cough, continued or recurrent in paroxysms ; and sometimes there is an attack which resembles the most suffocating form of croup.

Palpitation of the heart, or syncope, are usual affections in hysteria ; the pulse is, otherwise, often very little affected.

There is occasionally acute pain of some part of the chest, of the diaphragm, or of the abdomen, or along the spine. To this last undue importance has, in my opinion, been attached, in some recent publications. These pains may easily be mistaken for inflammation. It is often such that the patient cannot bear even the slightest and most superficial touch ; and it is by this very circumstance that it is sometimes distinguished from pain of an inflammatory nature, which is aggravated only by positive pressure.

There is frequently a sense of urgent suffocation, accompanied by the feeling of a ball ascending into the throat ; this symptom is so peculiar as to have obtained the denomination of globus hystericus, and is considered as highly

diagnostic of this affection. Hiccough and violent singultus, retching and vomiting; the sense of a ball rolling about within the abdomen; borborygmus; a peculiar, great, and sudden tumidity of the abdomen, apparently from flatus; constipation, &c. are usual symptoms in hysteria, sometimes occurring in paroxysms, sometimes assuming a more continued form.

There is frequently a copious discharge of limpid urine; in other cases there are, on the contrary, difficulty, or even entire retention of urine, requiring the use of the catheter.

The inveterate form of hysteria consists sometimes in an almost perpetual agitation of some part of the body, the limbs, the respiration, the throat, or the stomach, and sometimes in a state of perpetual contraction of the hand or foot, or of some other part of the body; in various instances, too, there is a continued state of nervousness or agitation from the slightest noise or other cause,—of paralytic, epileptic, or spasmodic disease,—or even of imbecility of mind. This is altogether a most distressing disease.

The attention has, I think, been too exclusively directed to the paroxysm of convulsion in

this affection. Some of the other forms of the attack of hysteria are almost equally frequent. Hysteria is characterized, indeed, by affecting in the same or in different instances, singly or conjointly, all the several systems which constitute the animal frame,—the organs of animal and of organic life,—the different sets of muscles, voluntary, involuntary, mixed, and sphincter,—the faculties of the mind, and the emotions of the heart,—the functions of the head, the heart, the stomach, &c.

It is in thus viewing the character of hysteria that the diagnosis is often formed between its different and very various attacks, and other affections having a very different origin, and requiring a very different mode of treatment.

In some of the attacks of hysteria it is necessary to wait for the developement of the nature of the affection, by the occurrence of some of its more unequivocal symptoms ; but this affection is, in other cases, distinguished from the beginning, by its sudden and urgent character, as well as by the peculiarity of its early symptoms.

An early diagnosis is certainly of the utmost importance, both in suggesting the proper remedies and the prognosis ; and yet in no instance, in my

opinion, is an error in the diagnosis so common, as in the first days of some of the attacks of hysteria. Such errors in the diagnosis are to be avoided by a cautious inquiry into the history of the case, the mode of attack, the immediate, exciting cause or causes, and the early symptoms ;—by a cautious observation of the existing symptoms,—their character of hurry and urgency, their multiplicity, and their conjunction with others of an unequivocal character ;—and by cautiously waiting, and watching the accession of further symptoms which may tend to unveil the obscurity of the case. The causes are frequently a disordered state of the general health,—the recurrence of the catamenial period,—and some mental emotion ; the early symptoms are laughter, tears, globus, or other symptoms of the same character ; the mode of attack is usually marked by hurry and alarm ; and the course of the affection is frequently attended by some symptom or event of the same diagnostic character.

The affection of the head is attended by intolerance of light, noise, and disturbance, and by urgent complaint. The pain of the chest, side, or abdomen, is such as to induce greater and more

urgent complaint than that attendant on inflammation even; the patient generally pushes the hand rudely away, however gently applied, and she is extremely impatient of examination, complains much, and is urgent for relief.

Similar remarks may be made in regard to pain and tenderness in the course of the spine, to which, as I have already stated, an undue degree of importance has been attached in some recent publications, but to which great attention should doubtless be paid. There appears, indeed, to be no more reason for tracing hysteria to an affection of the spinal marrow, than to an affection of the brain. In different cases there are symptoms affecting each or both of these, as well as the uterus, the bowels, and the various other organs from which it takes its source, or which it involves in its course. It is important to keep ourselves from any exclusive views in regard to this multifarious disorder.

The other forms of attack in hysteria, are of the same urgent character; that which resembles croup, has sometimes even appeared to demand the immediate operation of tracheotomy, from this character of urgency.

The remedies in hysteria are such as are required by the state of constitutional disorder, and especially by that of the stomach and bowels, and by that of the uterus, the functions of which require to be restored as quickly as possible. Aperient medicines, fomentations of the feet, and of the lower parts of the abdomen, are amongst the principal remedies.

Then follow the means of relieving the urgent symptoms, which are as various as those symptoms themselves.

For the affection of the head, a lotion of spirit of wine and rose water is of great service, and, if necessary, a small blister may be applied to the nape of the neck ; with these remedies, the tincture of hyoscyamus, sal volatile, and æther may be given, or a saline effervescent draught.

For the pain of the chest or abdomen, a liniment with sal volatile, or a fomentation of hot water, may be applied with similar internal remedies.

The same observations apply to the other forms of hysteria. In all, it is of the first importance to act upon the alimentary canal and uterus, then to soothe, and lastly, to relieve the local pain or distress.

CHAPTER IX.

OF NEURALGIA, AND OF SEVERAL OTHER
AFFECTIONS OF THE SUBCUTANEOUS NERVES.

I HAVE repeatedly adverted to the severe and painful complications of disorders of the general health ; some of these are so remarkable as to deserve a still more distinct notice in this place. They consist in severe pain and tenderness occupying some particular part or organ.

Such a pain sometimes affects some part of the head or face ; in other cases it is seated just below the mamma, chiefly on the left side ; in a third case, in the mamma itself ; in a fourth case, it is fixed along the spine, over a joint, or in the course of the arm or leg.

These pains have been noticed by various authors, and especially by Dr. Farre, Sir Astley Cooper, Mr. Abernethy, and Mr. Brodie. Mr. Higginbottom has, especially, been successful in

removing some of these pains by means of the nitrate of silver.¹

It is highly important that the young practitioner should be acquainted with these painful affections and their remedy. They do not admit of lengthened description. They consist of severe pain, which usually pursues the course of the subcutaneous nerves, and of exquisite tenderness of the cutaneous nervous fibrillæ, so that the patient cannot bear the slightest touch. In a word, it seems probable that these pains consist in a state of inflammatory affection along the branches of nerves not deeply seated. The efficacy of the nitrate of silver in the cure confirms this idea; for this remedy is strictly anti-inflammatory in its action. Sometimes there is, with the pain and sensibility, a blush of redness and a degree of swelling of the part.

There is generally a decided derangement of the general health. The perfect cure, and the prevention, will depend much upon the removal of this constitutional affection.

¹ See an Essay on the Nitrate of Silver; 2d. Ed. p. 170.

Besides the neuralgic affections just described, there are four other affections of the nerves, less known, which I would briefly notice here.

1. The first is one of undue sensibility of the nerves of one side of the face. When the patient draws the external air through the nostrils with force, an impression of cold is felt on the side affected. On lightly touching the affected cheek, it is found to be far more sensitive than the other.

2. The second case is one of spasmodic contractions of the muscles of one side of the face. If the patient smile or laugh, the usual, moderate contraction of the muscles becomes extreme, and greatly distorts the features.

3. The third case is one of continued contraction of the muscles of one side of the face. The muscles of the eye-brows are unequally contracted, and the chin is dimpled, and drawn a little to one side ; there is sometimes, conjoined with the affection of the face, a contraction of the sternocleido-mastoid muscle, inducing a degree of wry-neck.

4. The last affection of the nerves of the face which I propose to notice, is described by Dr.

Powel,¹ from whose paper I extract the following case :—

“ A young lady of great beauty and elegance, had the character of her face entirely destroyed in a single night, by a relaxation of the muscles of one half of it. The complaint had subsisted, without any diminution, for above a month, when I saw her by the desire of my friend, Mr. Ramsden. The peculiarity of her situation had excited a considerable degree of mental distress, and there was much hysterical affection ; but in every other circumstance her general health was good. The loss of power was confined to the external muscles of one side of the face only, and did not affect the contraction of the pupil of the eye, or the motions of the tongue, nor was it attended by any local pain or swelling. This affection had been first perceived, and in its full degree, when she arose in the morning ; and on the day before, when it was hot, she had sat for a considerable time in a garden seat, exposed to the breezes of an easterly wind which had blown rather sharply upon that side of the face now relaxed. This

¹ Trans. of the Col. of Physicians, Vol. V. p. 96.

state of the muscles was removed in a very great degree within the space of a week."

Dr. Powell adds, "I know some cases of this kind which seem to have originated from cold, where it has continued for many years without much noticeable restoration of power having taken place."

It is important to recal such cases to our mind for the sake of the diagnosis. It still remains to be ascertained whether the nitrate of silver will possess the same remedial efficacy in these cases as in those of neuralgia.

CHAPTER X.

OF THE DIAGNOSIS OF THE SECONDARY TOPICAL
AFFECTIONS FROM LOCAL INFLAMMATIONS.

IN the preceding pages I have repeatedly adverted to the necessity which exists for an accurate diagnosis between the many and various complications of disorders of the general health, and some idiopathic affections of the vital organs. In this chapter it is my intention to take a cursory review of the different sources of distinction in these cases, and to state more particularly some of the symptoms of these local diseases.

It is the fashion of the present day to consider every local pain and other affection, to be inflammatory, and, forthwith, to use the lancet. I sincerely trust that I shall not, in this work, make one remark which might mislead the young or unwary practitioner to neglect the use of this most powerful and essential remedy, when inflammation does really exist. I would even say that

it is far better that the lancet should be used twenty times unnecessarily, than that it should be neglected once when really necessary. But still it is my duty to state, that I have seen many, very many cases of protracted indisposition which have entirely ensued from the misapplied and unnecessary use of the lancet; such a case is given p. 95.; and I would insist upon this point the more earnestly, because I believe it will generally be found, in such cases, not only that the disease was mistaken, but that other remedies, which ought to have been administered with or without the blood-letting, had been omitted. The plan of treatment which I would propose in doubtful cases, is also safer than that of the indiscriminate use of the lancet; and notwithstanding the admission which I have freely made above, it is incumbent upon me to observe, that protracted indisposition is not the only bad effect of misapplied blood-letting, but that that remedy has, as well as the neglect of it when really necessary, been attended with fatal consequences.

There is only one mode of fully avoiding these different and even opposite kinds of danger,—and that is by a careful diagnosis. But in

doubtful cases there is a method of comparative safety which consists in adopting the plan of blood-letting which I have described at great length in a recent publication.¹

Whenever there are the appearances of the complexion, tongue, and general surface, which have been described as obtaining in the different forms of disorder of the general health, the presumption will be that any local affection is only a symptomatic complication of that disorder. This presumption is strengthened if there be an entire absence of any external cause of the local affection. But it is to be carefully observed that it is, still, only a presumption, and that there may be a concurrence of idiopathic local disease with disorder of the general health, — or that that which was symptomatic at one period, may become actual disease in its course, and especially in the more acute form of disorder of the general health described in the second chapter of this work.

If there be many of the general symptoms of disorder of the general health which affect the

¹ See Researches on the Morbid and Curative Effects of Loss of Blood.

head, the heart, the breathing, the nervous and the muscular systems, &c., there is a still further, and, I think, a still stronger presumption that any predominant topical affection is symptomatic ; for I have repeatedly observed that idiopathic disease frequently subdues these symptoms, even when they had previously existed, and gives a definitiveness to the affection which it had not before, and which returns only when the idiopathic disease is subdued.

I would not say that hysteria is incompatible with idiopathic inflammatory disease ; but I am persuaded that attacks or symptoms of the former very rarely concur with the active inflammation of a vital organ. It is sometimes superinduced by the remedies for inflammation, and then denotes that those remedies have mitigated the disease and affected the constitution ; but I believe that, in the greater number of the cases of the occurrence of hysteria after blood-letting, the original complaint was not inflammation, but disorder of the general health with some local complication,—or such disorder concurred with inflammation, or finally the hysteric attack is simply the effect of loss of blood, which in itself,

indeed, frequently induces disorder of the digestive organs.

The particular mode and character of the attack frequently becomes a diagnostic mark of a complication of disorder of the general health, and of inflammatory disease. The former affection is sudden and variable; whilst inflammation sets in regularly, and does not cease and then recur, but simply yields to the powers of the remedies: the former, in returning, recurs with its usual violence; the latter, gradually, denoting the insufficiency of the remedies already employed, and the necessity for their repetition.

Another source of distinction exists in the effects of the remedies which have been employed. Early fainting, from blood-letting, is observed in the complications of disorder of the general health; inflammation, on the other hand, seems to protect the system from the effects of loss of blood: in the former case, too, there are often mitigated sufferings at first, but an aggravated state of complaint on the return of re-action after bleeding; whilst in the latter, this is certainly not observed, but the disease may be found to be unsubdued, or perhaps pursuing its progress.

On the other hand, the complications of disorder of the general health are more relieved by purgatives, than an inflammatory affection would be; and the appearance of the evacuations affords another source of diagnosis.

On administering lowering remedies in disorder of the general health, the patient becomes nervous, irritable and feeble, in a degree not observed in inflammatory disease.

Such are the phenomena which usually distinguish complications of disorder of the general health, from idiopathic inflammatory affections. It may be useful, now, to enter more particularly into the diagnosis of some of the individual local affections.

With regard to the encephalon, it may be justly observed, that the slightest pain of the head should attract attention, especially if it be continued, and if it be unattended by any of those affections denoting disorder of the general health, which have been detailed in the preceding chapters, and in the former part of this, and still more especially, if early syncope, and temporary relief, do not occur from blood-letting.

In inflammation of the brain, there is an unva-

ried state of pain, some degree of intolerance of light and noise, and of the other symptoms ; the character of the affection is simple and uniform ; its course or its decline progressive : in the complication of affection of the head, with disorder of the general health, the case is more varied and complicated ; the pain ceases and recurs, with varied violence, and very often with far more urgent intolerance of light, noise, and disturbance, than are observed in actual inflammation. In the former case, the patient expresses herself fatigued on being requested to assume the upright position ; but in the latter there is often fainting. In inflammation, new symptoms are perhaps added to the former ones, but they are all in accordance with the nature of the disease. In the complication with disorder of the general health, on the contrary, the new symptoms are various and even apparently contradictory, and have no apparent connection with the affection of the head ; there are some symptoms of a nervous and perhaps hysteric character, and frequently fainting, and great complaint of weakness.

In inflammation of the pleura, the pain is always increased on making or repeating a full

inspiration, even if not very severe; the pain resulting from disorder of the general health is, perhaps, far severer than in the former case, and yet, upon repeating a full inspiration several times, it will be found not to be necessarily increased by distending the thorax. In the case of inflammation, there are, in general, cough, and other symptoms of pleuritis; the attack is generally connected with some particular external cause, the course of the affection is uniform, and relief is obtained by the appropriate remedies: in the case of disorder of the general health, there is generally no cough, nor other symptom of pleuritis; the cause is found to be in the state of the bowels, the pain varies, subsides, or ceases, perhaps, to recur, and relief is obtained by various topical applications, and by attending to the original disorder.

Similar remarks may be made in regard to secondary pain of the side or abdomen. This pain is frequently peculiar in the degree of tenderness which accompanies it; it is such, sometimes, that the patient cannot bear even the approach of the hand, applied for the purpose of examination.

In inflammation, I have frequently observed a natural state of the general surface, and of the

tongue ; the pulse is usually permanently frequent ; and there is generally a total absence of all those appearances and symptoms, which are so characteristic of disorder of the general health. The affection is definite, its course regular ; free blood-letting is borne well, and without either syncope at the moment, or the symptoms of re-action subsequently.

There are two cases of disorder of the general health, in which cough occurs, and induces a resemblance to phthisis pulmonalis. These are cases of the more acute disorder described in Chapter II. and of chlorosis. The former case is to be distinguished by the symptoms and the effects of remedies for the general disorder ; the latter, by the same means, and frequently by a most peculiar barking or sounding tracheal cough.

I shall proceed, shortly, to treat of the early symptoms of tuberculous affections, both in the chest and abdomen, more minutely and distinctly.

To these observations on the diagnosis, I would subjoin a few additional remarks on the treatment of the complications of disorder of the general health.

I do not think the nature of these complications is at all determined. It is certainly the passion of the present day to consider all painful local affections to be inflammatory. But I am persuaded there is great danger in this opinion ; and that it has frequently led to the adoption of measures which have issued in the sinking of the patient.

I consider it to be established by careful observation, that not only disorder of the general health, but a state of exhaustion of the system, is frequently attended by a state of fulness of the vessels of the brain, with a disposition to effusion ; and very frequently this condition of the brain, which was dependent, at first, upon the state of the intestinal canal, is kept up afterwards by a system of undue depletion.

In this case, then, it becomes an important question, how the treatment should be conducted. I would venture to suggest, from a careful

observation, that the safe and proper plan is, first, to evacuate the bowels efficiently; in the second place, to empty the vessels of the part by full local bleeding by cupping; and, in the third place, to counteract the tendency to exhaustion of the system, by a due attention to light nourishment. In this manner the constitutional causes of congestion in the encephalon are removed and avoided, and the remedy is applied to deplete the vessels of the part affected.—This constitutes a most important distinction in the use of local and general bleeding, the effects of which are totally distinct from each other.

As subsidiary to local bleeding, in these cases of complication with disorder of the general health, I regard the application of a blister to the nape of the neck, and of a spirituous lotion to the head, to be very important; the head and shoulders should be placed high, and the feet should be fomented.

The complication of affection of the head with acute disorder of the general health, requires more active measures, than that with chlorosis. In the latter case there is a state of bloodlessness compared with the former; the symptoms are,

indeed, very frequently similar to those observed in certain cases of exhaustion from loss of blood, and the affection of the head is often attended with throbbing and other symptoms of re-action, or even by a state of sinking. In all such cases the detraction of blood is a measure to be adopted with the utmost caution; blisters, lotions, fomentations and an evacuation of the bowels, must be conjoined with the utmost attention to maintain the strength of the system at large.

Indeed I do not hesitate to affirm that the investigation of the symptoms, and of the effects of remedies in these cases, is still one of the most important to which the mind of the physician can be applied. This subject will again be taken up in the second part of this work, when I come to treat of some effects of undue lactation, of menorrhagia and of leucorrhœa.

Similar observations may be made in regard to those complications of disorder of the general health, which affect the heart, the chest, and the abdomen.—But in general these cases are less urgent. The bowels should be evacuated freely, but a state of inanition must be prevented by light nourishment; the local affections must be

treated, according to circumstances, by efficient cupping, and blisters, and by liniments and fomentations applied to the part affected.

In addition to the remedies which have been mentioned already, there are others of great importance, which require to be administered with great caution. These are the *tinctura opii*, the *tinctura hyoscyami*, the *spiritus ammoniæ aromaticus*, &c. The object in their administration is to subdue the state of *erethismus* or irritation into which the system is frequently thrown in these affections,—and, if possible, to procure quiet sleep, which is often of the most signal advantage.

CHAPTER XI.

OF THE EARLY SYMPTOMS OF TUBERCULOUS
CONSUMPTION.

I NEED not insist upon the extreme importance of an early detection of phthisis. The timely adoption of such preventive and curative measures as are in our power, and the correctness and truth of our prognosis, depend upon this early distinction of the disease.

Tuberculous affection of the encephalon, can, I believe, only be suspected, and distinguished from insidious inflammation or the slow formation of tumours, by observing the concurrent existence of tubercles, or of some other strumous affection, in other parts of the body. Or if there do exist symptoms which distinguish this morbid affection within the head, they have not hitherto been noticed with accuracy.

Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm,

and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried.

I have frequently observed that, with a complexion which is apt to alternate between the pallid and the vivid, there is a degree of sensitiveness to cold, of susceptibility of the effects of heat, of breathlessness on moving quick or ascending a hill or stair-case, and of cough. The cough is frequently slight, hacking, and dry, and scarcely or not at all observed by the patient or friends.

In other cases, and especially in females, the countenance remains pallid, with the slightest waxen or lemon hue, a tendency to blue lividity observed in the lips and at the roots of the finger nails, and a disposition to coldness of the extremity of the nose, the ears, and the hands and feet.

These changes are frequently so insidious that they are apt to be first observed, not by those who are in the daily habit of seeing the patient, but by some one who sees her after a certain interval and is struck by the change. Even at this early period, I have frequently found, on

inquiry, that the catamenia have ceased. And I would observe, that this cessation of the uterine discharges is generally, or at least frequently, complete at once; unlike the case of disorder of the general health, in which the flow becomes very slowly paler and more scanty, and, except in chlorosis, not ceasing altogether, and, even in that disorder, generally very gradually. This is the more remarkable, because the condition of the uterus, under the influence of tuberculous disease, is one of great proneness to conception, a change which has, in its turn; a reflex action in arresting the progress of the tuberculous affection.

The appearance of transient flushes, or of more permanent pallor, however slight, should always excite our immediate attention. We shall probably find, on a careful examination, that the pulse has become quickened, and that breathlessness is experienced on any little exertion or effort; that there is occasionally a single hacking cough, and some loss or change of the voice; that the young person is sensitive to the cold, turning pale and livid under its influence, apt to become feverish, and prone to perspire towards

the dawn of twilight ; frequently there is, even at this early period, a favourite side or posture adopted during sleep. Still the stethoscope may detect nothing.

The nostrils are apt to be moved by the acts of respiration, especially if this function be a little hurried ; and a feebleness and caution may be detected in the gait of the patient, on a very attentive observation.

These symptoms may be suspended for a time. More frequently they assume a gradually aggravated character. There is a recurrent, vivid, circumscribed flush on the cheek, strongly contrasted with the surrounding waxen, or dingy, pallor. The chills, feverishness and perspiration become augmented ; the breathing is perhaps shorter ; but the cough especially becomes more frequent, and attended with expectoration. This often consists of distinct portions of opaque matter floating in a more transparent mucous, and it is often streaked or dotted with blood. There is now a favourite posture, and frequently pain of the side. At this period the stethoscope generally detects pectoriloquism, bronchial, or cavernous rattles, and a varied degree of respira-

tion on the two sides or different parts of the chest.

The fever which accompanies phthisis, like other symptomatic fevers, and unlike all pure and primary fevers, is frequently unattended by muscular debility, or by affection of the head, or of the digestion. There is no headache or vertigo, and the patient often continues to walk or to ride to the last. There is a degree of feebleness and stooping observed in the gait, very early in the disease; and this remains little augmented, until the colliquative perspiration or diarrhœa bring with them their own debility and emaciation.

It is not my design to pursue the history and symptoms of phthisis in this place; a subject which I reserve for my work on diagnosis. My present object is merely to present a sketch of its early and admonitory symptoms, contrasted with those of some other diseases of early youth.

With these symptoms we occasionally observe great derangement of the general health; but sometimes there is little constitutional affection, which is not plainly the effect of the tuberculous disease. In the former case we may hope to

check the progress of the tuberculous affection, by removing the derangement of the system. In the latter our means of doing good are much restricted. Still a mild animal diet, the free exposure to the open air, and sponging the surface with a solution of salt in water, are not without their efficacy. And I may especially add, that I have known the progress of phthisis to be frequently checked, and several times suspended, by the application of an alcoholic lotion across the chest.

In concluding the subject of the early symptoms of phthisis, I would beg to urge my younger readers to an accurate and habitual observation of the countenance, the manners, the mode of breathing, in their patients, especially their youthful patients. An unwonted pallor ; a straw-coloured, waxen, or livid tinge of the complexion ; a slight, but vivid and circumscribed flush on the cheek ; a stoop, or caution in walking ; or a degree of breathlessness on exertion or effort ; a cough, however slight ;—should always excite their attention. On further examination, the pulse will usually be found unnaturally frequent, and the muscular parts of the body shrunk ; and dots or streaks of blood may have been expectorated.

CHAPTER XII.

OF THE CONSTITUTIONAL SYMPTOMS IN TUBERCULOUS AFFECTION OF THE ABDOMEN.

TUBERCULOUS disease in the abdomen, is the most insidious of all those diseases which may be considered as necessarily and progressively fatal. I have repeatedly traced this tuberculous affection, through a distinct course of four, five, and six years.

It is, also, most unequivocally, a family or hereditary complaint. I have, in many instances, had the melancholy task of watching one member of a family taken off after another, by this incurable disease.

I think the proportion of females affected with tuberculous disease in the abdomen, decidedly greater than that of the males; but the latter by no means enjoy an immunity from its attacks.

The age at which that peculiar form of the

disease, of which I am speaking occurs, is usually from fifteen to twenty-five.

Tuberculous disease in the abdomen, is greatly characterized by three symptoms,—great tendency to coldness and lividity of the extreme parts of the body, a frequent pulse, and slow but progressive emaciation.

The aspect of the countenance is altogether peculiar, especially in cold weather, together with an obvious emaciation and expression of languor and disease ; the end of the nose is livid in colour, and cold to the touch ; and there is in general, either paleness or a slight degree of flushing.

Similar observations may be made respecting the general surface. There is emaciation ; the skin is soft, and apt to become moist, and there are generally perspirations during sleep, especially in the early part of the morning ; to prevent this perspiration, the patient frequently endeavours to keep awake ; there is an undue sensibility to cold observed on the slightest unexpected exposure,—as the opening of a door,—and the patient usually creeps over the fire ; sometimes I have observed the back of the

hands, and the fore part of the legs, to assume a peculiar brown colour, from being burnt by this constant exposure to heat ; the hands and fingers are apt to be extremely livid and cold.

The mode of walking is peculiar, being attended by stooping, weakness, and caution.

The pulse is always frequent, and generally regular. It is earlier and longer frequent, in tuberculous affection of the abdomen, than in that of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty for several years.

The emaciation in tuberculous disease of the abdomen is uniformly but very slowly progressive. It is accompanied by a state of unvaried debility ; and in the later periods of the disease, by some œdema, generally observed more in one leg than the other.

The other symptoms of this morbid affection are less constant ; they are chiefly an augmented appetite for food, copious, pale, alvine evacuations, and pain and sometimes a perceptible tumor, in some part of the abdomen, especially in the iliac or hypogastric regions. The catamenia simply become scanty, or cease, without undergoing the

changes observed in some cases of disorder of the general health.

There are altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general, all denoting debility and great disease ; and if to these be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very gradual emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease ; but in practice the diagnosis requires very careful and minute observation.

I shall now give a brief sketch of two cases which first excited my attention to the constitutional symptoms of this disease.

Miss ——, aged 19. This young lady's complaint has formed and proceeded very slowly and insidiously. Her countenance is thin and peculiarly expressive of disease ; the skin is smooth, the nose apt to be cold and livid : the fingers are affected in a similar manner. There is considerable loss of flesh, the skin in general is smooth, and there is much tendency to perspiration. The tongue is marked by enlarged papillæ,

and is, in other respects, red, and scarcely loaded. She hangs down the head. She has a hacking cough, which gives her pain in the chest. She has much pain, and some tenderness of the abdomen; the bowels were at first constipated, but are now open. The catamenia became irregular nine months ago, and ceased altogether three months ago. This affection proceeded as it began, making a peculiarly slow, but gradual progress, and inducing extreme weakness and emaciation during many months, and at length proved fatal.

Miss ——, sister of the former patient. When the young lady whose case has just been detailed became so feeble as to be unable to walk unsupported to see me, she was generally attended by her mother alone, but on one day the present patient accompanied them. She was not suspected to be an invalid, but her appearance struck me forcibly as being similar to that of her sister, and I disclosed my opinion to their mother, that both her daughters were affected by the same complaint, and I had previously expressed my fear of its fatal character. From that time they visited me no more; but I had an opportunity, on a

subsequent day, of making the following report of Miss ——'s complaint :—The face is thin, the eye-lids affected with a dark ring, the nose and lips are livid and cool ; the rest of the countenance, cool and pale ; the tongue is nearly clean, with a few enlarged papillæ at its point ; the hands are cold and thin, and the nails livid ; there are great emaciation and weakness ; there is much chilliness in the morning ; and there is a slight cough, with scarcely any expectoration ; the pulse is one hundred and eight, or rather more ; there is pain of the abdomen and of the left side ; the bowels have been loose, but are now less so ; the catamenia have been regular, except that it is two months since their last appearance. This patient hangs down the head, and sits much near the fire, just as her sister had been observed to do before her.—Miss —— lingered for a considerable time, but the disease proved at length fatal, having induced extreme emaciation.

No examination of these patients was permitted, and it was not until the following and some other cases occurred, that I certainly knew with what disease the constitutional affection, which has been described, was to be associated. Nevertheless,

the aspect, the progress, the symptoms, and the effects of the affection were such as to induce the conviction that it was of a fatal kind.

The following case is more detailed, and the symptoms are connected with the morbid anatomy. It is only one of many, in which I have observed the characteristics of this disease, and confirmed the diagnosis by post-mortem examination. It occurred in the male sex, but I am not aware that this circumstance would at all modify the symptoms.

Mr. —, aged 21, first began to complain four years ago ; two years ago he observed a loss of flesh, and of strength, and an incapacity for his usual business and exercise, and a degree of coldness and lividity of the end of the nose : during the last year and half he has been affected with a short hacking cough, and with a degree of pain and tenderness on the right side of the abdomen below the navel ; and during the last half year he has been unusually sensible to cold, becoming chill whenever a door is left accidentally open, and being affected with a livid and clammy coldness of the fingers. These affections have made a slow and insidious progress ; the thinness, loss of

strength, and sensibility to cold gradually increasing, with a sense of weariness, and a propensity to sit over the fire.

At present, October 1817, the countenance is expressive of disease, rather emaciated, pale, but easily flushed, and the nose is very liable to become livid and extremely cold; the tongue is rather white, with enlarged papillæ; he is feeble in his walk, but not tremulous or easily agitated; and he is extremely sensible to the cold; the hands, and especially the fingers, are very liable to become livid, clammy, and cold; the surface in general is thin, the skin soft and apt to become moist, and there is occasionally perspiration in the night; in the night, too, there is frequently a degree of muttering delirium; there is a hacking cough, with the expectoration of white mucus, never tinged with blood; the pulse is always frequent, and easily accelerated; at this time, the patient being in bed, it is one hundred and twenty; there has all along been slight aching pain, deep in the right iliac and umbilical regions, the part being tender on pressure, and especially on making a false step in walking, and presenting, on examination, a perceptible hardness not abruptly defined; the pain is sometimes

acute, and sometimes it appears to extend to the testes; the bowels have been apt to be loose, the stools generally copious, foetid, and whitish,—of the colour of white clay—and rather light, like yeast.

November 11. There is a gradual loss of flesh observed in the countenance, the bones of which become more and more prominent; the colour is pale, never yellow or sallow, but easily flushed; there is generally an expression of suffering, and especially on coughing, and there is, now that he has not been out of the house even, a degree of lividity of the nose, which is colder than the cheek. The tongue is loaded at the back part, and displays enlarged papillæ at the point and edges. He now bends still more forward in walking, and is obliged to use a stick for support; he lies most easily on the back or on the left side. The hands are apt to be cold and livid. He has no pain of the head, or fluttering about the heart. He has a variable hard cough, with increased pain of the abdomen, and a little mucous expectoration, sometimes preceded by a little dyspnœa. The pulse is one hundred and twenty, small, and regular. He complains of constant tenderness and soreness of the abdomen,

especially of the right side, and low down, where a degree of hardness and tumor are perceptible on examination ; he complains also of pain in the perinæum, within the hip, and deep in the hollow of the sacrum ; the hand is immediately applied to this part on coughing ; there are attacks of griping pain, especially in the evening, and on taking warm tea ; the appetite is pretty good ; there is a little thirst in the evening ; the alvine evacuations are copious, sometimes formed, always of the colour of whitish-brown paper, and fœtid, but without pus or blood. The urine is sometimes clear, but sometimes deposits a copious sediment. He is rather less chilly, and has never any shivering ; he does not perspire in the night, but always if he falls asleep in the morning.

December 16. The deep colour and coldness of the nose are less observed in bed than when he is up. The tongue is now clean, of a deep red, smooth in the middle part, moist, and with enlarged red papillæ at the point ; some time ago it was, with the internal parts of the lips, covered with numerous and very minute aphthæ, with much soreness. There is some sweating, but only in the morning, and chiefly during the last morn-

ing sleep ; he has often purposely kept awake to avoid this morning perspiration. The other symptoms and appearances become progressively worse.

January 10th. 1818. The symptoms remain nearly as before, but the tumour of the right part of the abdomen is far less perceptible, and the bowels less affected with pain. This patient declined and sank very gradually.

On examination, the peritonæum was found slightly but generally adherent to the enclosed viscera. The omentum was destitute of fat, but studded with tubercles of the size of a pea. The small intestines were adherent, admitted of being raised up on the left side of the abdomen, but attached on the right. In the right iliac, and in the lower and right part of the umbilical regions, there was a mass of disease consisting of the united bowels, and of the mesentery, enclosing tubercles, and enlarged mesenteric glands, some of which were converted into puriform matter, which exuded from several orifices when this mass of disease was divided ; one part of the bowels was ulcerated, and on being torn, an apricot-stone, half digested, escaped. The glands, not only of the mesentery, but of the

mesocolon, and of the small epiploon, were enlarged; this membrane itself was discoloured, and a part near the cordia, together with that part of the peritonæum in contact with it, were ulcerated. The stomach was free from ulceration. The liver was only affected by superficial adhesions. The right lung contained tubercles, some of which were softened and suppurated; the left lung was heavy, foetid, and replete with tubercles and partial suppurations; there was some water in the right pleura. The right leg and arm were very œdematous; the left, literally skin and bone. The integuments were extremely white and the skin roughish.

The state of enlargement of the papillæ of the tongue, and the state of the complexion, in some instances, would lead me to conjecture that the tuberculous affection of the abdomen may be connected with a disordered state of the alimentary canal, and if so, this forms an additional reason for circumspection and attention in regard to the latter disorder,—to observe its first inroads upon the general health, and to remove it early. Disorder of the general health can, however, only be viewed as an exciting cause of tuberculous

affection ; for there is always a constitutional cause of still greater influence in the developement of tuberculous disease.

It is of great importance to ascertain the external circumstances which may concur to induce tuberculous disease, or which may have some efficacy in preventing it. Of the causes of this morbid affection, sedentary habits, poor diet, a damp atmosphere, and defective clothing are probably the principal amongst the poor ; and warm apartments, reclus studies, and a variable mode of dressing, amongst the rich. The chief preventives are a nutritious and animal diet, an active and regular system of exercise, warm clothing, sponging the surface, and a strict attention to the general health. If one member of a family have suffered, a total change of diet, habits, and air should be immediately adopted for the rest.

CHAPTER XIII.

OF SPINAL AFFECTIONS IN DISORDER OF THE
GENERAL HEALTH.

IN the course of disorders of the general health, there are frequently symptoms which lead to the suspicion of disease of the spine; these symptoms are chiefly pain in the course of the spine, weakness of the lower extremities, and an affection of the bladder.

These affections must be carefully distinguished from real disease of the spine or spinal marrow. For want of such a diagnosis, patients, and especially female patients, are constantly condemned for months to the horizontal position; a measure as useless as it is unnecessary and cruel. To this discipline are also added, some of the most painful of remedies, as blisters, issues, setons. More need not be said on this sad topic. The simple statement is enough. Let us consider what are the sources of distinction, and the

proper mode of treatment of the secondary spinal affections.

Disease of the vertebræ is ascertained by a careful examination. The same remark may be made of deformity in the spinal column. The morbid states of the contents of the theca vertebralis, are distinguished by their appropriate congeries of symptoms ; these are a varied, yet distinct degree of paralysis generally of one lower extremity first, then of the other, and in their turns, of the sphincter ani, and the neck of the bladder ; this paralysis involves both the nerves of muscular motion and of feeling ; the former leads to muscular debility and contractions, the latter to loss of feeling, a sense of numbness, &c. The history of the accession and progress of the affection is definite and consistent.

I must refer to my work on diagnosis for the further particulars of the distinctive characters of spinal disease. I now hasten to give a sketch of those secondary affections from disorder of the general health, which are the more immediate object of this chapter.

There are, in the first place, pain and tenderness in some part of the course of the spine.

If these be associated with distinct symptoms of derangement of the general health, and if they be unassociated with the equally distinct symptoms of spinal disease, it must be concluded that they are symptomatic of the former affection, and not of the latter. The effects of the remedies, the addition of other unequivocal symptoms, and the course of the affection will elucidate the case further. The symptomatic neuralgia is frequently relieved by the application of the nitrate of silver ; there may be other symptoms or pain, in other parts, of the same nervous character ; and the course of the morbid affection is not uniform, like that of spinal disease, but variously modified.

When there is a sense of debility in the back and limbs, the distinction is to be effected in the same manner. The character, the course, the complication, and the effects of remedies, must be carefully studied. They will be found to be consonant or dissonant with what we know of disorder of the general health, or of disease of the spine.

I need scarcely make any remarks upon the affection of the bladder. It is usually abrupt

in its accession, unlike the similar but more terrible affections in disease of the spine ; it is attended by various other symptoms of derangement of the general health, and it is free from the other well-known symptoms of disease of the spinal marrow.

Indeed it is scarcely necessary to do more than excite the attention and caution of the young physician, in regard to this subject.

The remedies are, first, those for the original derangement of the general system, and, secondly, such as have been found useful in other cases of neuralgia, and especially, I believe, the nitrate of silver.

CHAPTER XIV.

OF SOME AFFECTIONS OF THE UTERUS AND OF
THE MAMMA.

THE affections of the uterus depend chiefly upon four causes :—the first is disorder of the general health, in the various forms already described ; the second, a state of exhaustion of the system ; the third, organic disease of some important viscus ; and the fourth, inflammation of the uterus itself.

Some of the morbid conditions of the uterus and its functions, which result from disorder of the general health, have been already noticed incidentally in the preceding chapters ; they consist in an impaired condition of the catamenial function, supervening, for the most part, gradually ; the uterine discharge becoming irregular, generally retarded in its returns, of shorter duration in its flow, and defective in quantity and in colour, until the case at length issues in complete amenorrhœa. Besides this gradual

change in the function of the uterus, there is, in some cases, a state of painful menstruation ; an affection, which although inflammatory in general, appears to be spasmodic sometimes, and is frequently dependent upon a morbid condition of the large intestine and its contents. In this case nothing relieves more than fomentations of the feet and of the pudenda, warm water and opiate injections, and the tincture of opium, or of hyoscyamus, given as a draught ; and the prevention consists in an attention to the general health, and to the state of the large intestine in particular, and in carefully watching the period of the recurrence of the catamenia, recommending the patient to betake herself early to bed, and to adopt the measures already proposed for her relief.

In a state of exhaustion, the catamenial function is differently affected ; the flow sometimes ceases, especially if the exhaustion has been suddenly brought on ; at other times the discharge is even increased, and varies, in its nature, from hæmorrhagy, or menorrhagia, to a state of leucorrhœa ; or at each return of the catamenial period, the flow is at first profuse,

and perhaps hæmorrhagic, and then assumes the form of a pale or leucorrhœal discharge. In this affection, attention to the general health, repose, a cool atmosphere, leeches, a lotion with alcohol applied over the pubes and pudenda, and injections of strong green tea, frequently thrown into the vagina, and the *secale cornutum*, are the principal remedies.

In various organic diseases I have observed that the catamenia cease early, and at once, simply failing to appear at the expected period, without any of those modifications in their appearance observed in cases of disorder of the general health, and of exhaustion. The function of the uterus seems to be interrupted rather than deranged. This fact is very remarkable.

But my principal object, in this chapter, is to notice some morbid states of the catamenial function, apparently dependent upon an inflammatory affection of the uterus itself; these affections are amenorrhœa, dysmenorrhœa, and the casting off of a false membrane from the internal surface of the uterus.

All these cases are attended and denoted by pain. This is often constantly present, or at least

easily excited by coughing, straining, or jumping; it is frequently felt on voiding the bladder or rectum; it is apt to be augmented in paroxysms, and it is sometimes attended by a sense of bearing down, by frequent calls to make water, or by some degree of tenesmus or uneasy feeling about the rectum; and it is not unfrequently accompanied by pain at the lowest part of the back, and round the pelvis.

Amenorrhœa arising from an inflammatory state of the uterus, will, if we can divest ourselves of the influence of a name, be readily distinguished from the cessation of the catamenia in chlorosis, by the absence of the peculiar appearances of this disorder, and by the pain and other symptoms of inflammation. The mode of accession of this case of amenorrhœa is different from that in chlorosis, being less gradual, and less marked by the gradual changes of colour in the discharge.

Dysmenorrhœa from an inflammatory condition of the uterus, is still more common, perhaps, than amenorrhœa. It is sometimes accompanied by great pain and profuse discharges, at each catamenial period, and often proves a cause of sterility. In one instance, the patient became

pregnant at length ; but the substance of the uterus was diseased, and presented the form of painful tumours, on an external examination of the abdomen ; and, after delivery, a fatal inflammation destroyed the patient. On examination, the uterus was found to be the seat of diseased structure, in a state of partial suppurations.

In some instances the inflamed lining of the uterus has formed a false membrane of coagulable lymph, such as is formed, in some cases, in the trachea and in the intestines ; and this is at length thrown off by painful contractions of the uterus, frequently accompanied or followed by hæmorrhagy. The case resembles dysmenorrhœa, or abortion. The false membrane has the form of the internal cavity of the uterus, but is readily distinguished, on a careful examination, from an ovum.

In all these cases an active application of antiphlogistic remedies is absolutely necessary to relieve the patient, to subdue the inflammation, and to secure the organ from a future state of disease of a still more formidable character. I would particularly enforce this remark, in regard to all cases of dysmenorrhœa,

which are too apt to be treated as a mere monthly inconveniency, without sufficient reference to the nature and tendency of the complaint ; we ought, on the contrary, to be satisfied with nothing short of totally subduing the disease.

For the case of inflammation in which a false membrane is apt to form, judging from analogy, I should imagine that a full course of mercury might cure. I am not aware that it has been tried. But considering the painful character of the affection, and its usual effect in inducing sterility, it appears to me, that this remedy deserves to be submitted to the test of experiment.

• Otherwise, I am not aware of any mode of treatment, except that adapted to restore the general health, and to subdue inflammation and pain, in general ; only I would suggest that the antiphlogistic measures should not be adopted during the attack merely, but should be continued long afterwards ; for the formation of the false membrane is the more immediate effect of inflammation, whilst its detachment and expulsion are more properly the consequences of contraction of the uterus itself.

Dr. Gooch has given, in his recent work, an interesting account of an affection which he terms the 'irritable uterus.' It is denoted by pain in the lowest part of the abdomen, along the brim of the pelvis, and often in the loins. This pain may be continued; but it is relieved by the horizontal position, and aggravated by exercise. On examination, the os uteri is found extremely tender, and sometimes slightly swollen; it is otherwise natural. This affection is usually very tedious. It does not tend, however, to disorganization.

It is relieved by rest in the horizontal position, cupping, mercury, anodynes, and attention to the general health. I should imagine that much benefit would accrue from wearing the cold spirit lotion, and especially by the application of the nitrate of silver to the os uteri. The powers of the nitrate of silver in quelling inflammation, whenever it can be applied to the part affected, are quite extraordinary.

This affection is one of those in which blood-letting is not well borne.¹ In some cases, chalybeates were found to be beneficial.

¹ Gooch, pp. 332, 337—338, 340.

A similar morbid affection is described by M. Guilbert, of Paris, under the title of 'phlegmasie chronique.'¹ This author strongly recommends leeches applied immediately to the os uteri.

Whatever is found to affect the function of the uterus may be considered as liable also to derange the healthy condition of the mamma, either immediately, or through the medium of the former organ.

It is in this manner that some diseases of the mamma are excited.

It has already been noticed that the return of the catamenial period is usually attended by a tumid state of the mamma. It is not, therefore, surprising, that a deranged state of the uterine functions should induce a morbid condition of the latter organ. Such a morbid condition of the uterus may, indeed, be frequently ascertained to be the cause of a morbid affection of the mamma: in some cases it has excited tumours in the substance of the mamma; in other instances it has disor-

¹ Considerations sur Certaines Affections de l'Uterus; Paris; 1826.

dered its secretion, and ultimately proved the cause of derangement of the health in the infant. A familiar example of this occurs in those mothers who have begun to menstruate before they have ceased from suckling ; at each return of the catamenia the child is, in many instances, distinctly disordered in its health.

In other cases of derangement of the uterine function, the mamma, instead of being affected with tumor, becomes flaccid and diminished in size.

I have repeatedly known affections of the mamma in the form of distinct tumours, or general enlargement, to arise from a deranged state of the general health, and, after having been consigned to the knife, to be removed by an attention to its original cause.

In the same manner, some mothers, after having repeatedly made the attempt, have been convinced that it was impossible for them to nurse, their milk having always deranged the health of the infant. This inconvenience has been completely removed by a strict attention to restore the functions of the digestive organs, and the health in general.

I have known several instances in which a small tumour, varying in size from that of a horse-bean, to that of a nutmeg, has long existed in some part of the mamma. It is relieved by leeches, the spirit lotion, and attention to the general health.

The mamma, like the uterus, is apt to become irritable and painful. Of this affection an interesting description is given by Sir Astley Cooper. I imagine that this affection will yield most favourably to the remedies for the similar affection seated in the os uteri.

PART SECOND.

ON THE DISORDERS INCIDENT TO THE LATER PERIODS OF FEMALE LIFE.

PART SECOND.

ON THE DISORDERS INCIDENT TO THE LATER PERIODS OF FEMALE LIFE.

PART SECOND.

ON THE DISORDERS INCIDENT TO THE LATER PERIODS OF FEMALE LIFE,

CHAPTER I.

OF THE CAUSES AND PREVENTION OF THE DISEASES OF THE LATER PERIODS OF LIFE.

WE now enter upon new subjects of inquiry. In the later periods of life in general, and of female life in particular, there are, besides the effects of former indispositions, new and fearful tendencies to a peculiar class of diseases ; mere disorder is more prone itself to pass into disease, and more apt to give rise to morbid changes in other and remote organs.

The disorders of the later periods of female life frequently involve a state of disorder which occurred in early youth, and which has persisted

from that period. Fully to comprehend the former class of disorders, it is, therefore, constantly necessary to recur to the nature and character of the latter. Physicians have, I think, been too negligent of this important fact. They have been too apt to imagine, on visiting a patient past the early period of life, that the actual attack or morbid affection was one of recent origin, when, in fact, it had originated in a state of disorder experienced many years before, and only apparently and but partially removed.

It is plain then, that without a clear comprehension of the disorders of female youth in general, and without a full and patient inquiry into those formerly experienced by the individual, we can never perfectly understand the cases of disorder or disease occurring in the later periods of female life. It is this knowledge which confers such an advantage upon the physician who has long watched over the health of his patient, and who has thus obtained an accurate knowledge of her 'constitution,' as it is called. It is this principle which is thus elegantly expressed by Celsus: '*Ob quæ conjicio, eum, qui propria non novit, communia tantum intueri*

debere ; eumque, qui nosse propria potest, illa quidem non oportere negligere, sed his quoque insistere. Ideoque, cum par scientia sit, utiliore tamen esse medicum amicum, quam extraneum.’¹ And it was this consideration which induced Bayle, of whose character his friend Laënnec gives such a glowing description, to leave with each of his patients an account of the malady through which they had passed, so that, on any subsequent attack of indisposition, the possible influence of the former one might not be overlooked.

Some of the morbid affections of the later periods of female life, may also be traced to events which had taken place long before, during pregnancy, or during the parturient or puerperal states, subjects which I propose to discuss in a separate volume.

Thus one form of chlorosis often observed in later life, frequently originates in puerperal hæmorrhagy. Several local diseases of the uterus, or ovarium, or mamma, have a similar origin. To such previous events, therefore, continual

¹ Vide Lib. I. Præf.

reference must be made, in order that we may accurately and fully estimate all the circumstances of the diseases of the later periods of female life.

Besides the morbid tendencies which thus flow out of disorders or diseases experienced in early youth, or during the pregnant, parturient and puerperal states, there are similar, yet varied morbid tendencies in later life, and others altogether peculiar to this period. I have, for instance, known chlorosis to be first formed, and hysteria to originate in patients past the middle age. I have also frequently seen cases combining nervous symptoms and susceptibilities which appear scarcely to belong to this period of life.

As early youth is most prone to tuberculous affections, amongst the class of organic diseases, so the later periods of life, especially in the female sex, are those in which scirrhus and cancerous affections are most observed. Equally fatal, the latter are the most terrible to which the human frame is liable. In such circumstances it is equally important and imperative upon us to devise every probable preventive measure. The whole of the system of prevention would appear to consist in the effectual adoption and the strict observance

of those rules for maintaining or restoring the general health upon which I have insisted so much in the former part of this volume.

These observations apply still more forcibly to those periods of female life which have been termed the climacteric, and which are characterized by the failure of the catamenia in the first instance, and by that of the general powers of life in the second, and by certain tendencies to serious organic diseases respectively.

It is in this manner that, besides the tendency to scirrhus affections, there is, in the later periods of female life, a greater disposition to attacks of disease within the head, chest, and abdomen, and to the various species of dropsy, than in youth.

I have already observed even in regard to the disorders of female youth, that they may, by the appearances of the complexion, and especially of the tongue, frequently be traced back to a rather remote period; this is still more remarkably true of the disorders of the middle and later periods of female life. For they are not only themselves frequently of long duration, but as I have already stated, frequently also originate in a

state of disorder which had affected the patient long before.

The class of disorders which are incident to the later periods of female life, comprises, therefore, disorders existing during youth ; some morbid affection experienced during the period of child-bearing, or to similar disorders occurring later in life ; and to these, must be added, those disorders which occur at the period of the cessation of the catamenia, and in the decline of the vital powers in old age.

It may then be observed, in the first place, that those disorders of the general health which have been described in the first part of this volume, although they may be removed for a time, leave in the system a tendency to the formation of a similar morbid affection, less marked in form and degree, perhaps, in the later periods of life. Such a disorder is to be traced, not only in the appearances of the complexion and tongue, but in various affections of the head, heart, side, bowels, and uterus.

Similar remarks may be made in regard to the occurrences which may have taken place during the

period of child-bearing. The general health and strength are frequently left in a shattered state, and the patient remains the subject of symptoms and disorders which result from intestinal derangements, or from exhaustion. The state of general disorder not unfrequently presents the appearance of a modified chlorosis, or of an affection comprising some of the states of complexion and of the general surface, described in the third, fourth, and fifth chapters of the first part of this work, and pourtrayed especially in Plates V. and VI. With these appearances are conjoined, as in almost every case of disorder of the general health, various affections of the head, and heart, and of the functions of the intestines and uterus.

There are two circumstances which add further peculiarities to these affections of the general health, in the later periods of female life. The first is, at once an augmented capacity and torpor of the large intestines, in consequence of which they are, more than before, apt to become the seat of accumulated fæcal matters. The second is a greater danger, in neglected cases, of attacks of organic affection of several important viscera.

Besides the two circumstances just mentioned, which obtain very generally, we frequently find other effects of a protracted state of disorder of the general health, observed in derangements of the catamenial function of the uterus. These derangements chiefly assume the form of menorrhagia, and of leucorrhœa.

It is principally to a state of disorder of the general health, that these derangements which occur in the appearance of the uterine discharges, and the consequent further derangements of the health, which occur at the period of the cessation of the catamenia, are to be traced.

Such is the state of things which obtains at the first climacteric period of female life, and upon which the attention of the physician must be fixed in reference to its diseases. It is at this very period that the danger of apoplectic affections of the head, and of scirrhus affections of the uterus or mammæ, principally exists. And the prevention of these terrible diseases depends, as I have already observed, upon a careful and continued watching over the state of the general health, taking this term in its most extensive

sense. It is not sufficient to refer this state of derangement of the health to the stomach merely; it is important to take into the consideration, at once, the state of the intestinal tube, of the uterine system, of the vital powers, and, in a word, of the whole, and of every part, of the frame.

The next climacteric period is that which has been termed the decline of life. This state has been admirably described by Sir Henry Hallford, who has the merit of having called the attention of the profession to this and some other examples of the state of sinking of the vital powers.¹ I am enabled to state, that even in this case, the process of sinking may be arrested by a watchful attention to the general health, and that life may not only be rendered more comfortable, and less helpless, but that it may, also, humanly speaking, be protracted. When the season and other circumstances are favourable, this morbid state is often arrested, and the patient, for some time, enjoys a state of health which is free from suffering, and even from extreme

¹ Transactions of the College of Physicians, vol. iv. p. 316 and vol. vi. p. 198.

weakness. In this state of climacteric disease there is again danger of apoplexy, and, amidst other affections, there are frequently a clogged state of the bronchia, an impacted and flatulent condition of the intestinal canal, and retention of urine.

CHAPTER II,

OF DISORDER OF THE GENERAL HEALTH.

THERE is not one of the disorders of the general health, described in the first part of this work as incident to female youth, which may not occur in the middle or later periods of female life. I have seen the acute form, and the chlorotic form, of this disorder, most distinctly marked at this period; and yet it is far more usual to find the disorders of the middle age strongly modified by the changed condition of the constitution, which has been gradually effected during the lapse of, perhaps, twenty years.

Not only are the appearances of general disorder modified, but tendencies to organic disease of certain organs have supervened. This remark applies chiefly to the head, to the liver, and to the uterus and mammæ; but also to every organ of the human frame.

In describing these modifications of disorder

of the general health, in the later periods of female life, I shall have constant occasion to refer to the plates which have been fully described in the former part of this volume ; and in doing so it will be necessary continually to point out the modifications of appearances which have been superinduced. I adopt this plan rather than surcharge this work with other plates, which it was my first intention to have added.

I am disposed to think that the morbid states of the complexion, in disorder of the general health, in the later periods of female life, are less marked and distinct than in youth. I have especially frequently observed a varied conjunction of the complexions pourtrayed in Plates V. figures 1 and 2, and VI. figure 2. and have also very frequently observed a form of complexion different from any of these, and for which I can find no other epithet than that of squalid : it is very distinct, and will be at once recognised when it has been once observed. When the acute form of disorder of the general health occurs in the later periods of life, it is attended by its wonted appearances of the complexion.

But the condition of the tongue is, if possible,

still more characteristic than the appearances of the complexion. Physicians have, I think, been too long led by the appearance of cleanness of the tongue, to conclude that there was no derangement of the digestive organs. Except in cases of acute disorder of the general health, the tongue has, in most instances, become clean, from the separation, gradual or sudden, of its load. It, however, possesses the other characteristics of the tongue, already described, and especially as portrayed in Plate II. in a more marked degree even than those represented figure 3. The tongue is, in fact, sometimes smooth and clean; sometimes affected with enlarged papillæ; sometimes with lobules and deep sulci, which admit of being separated and expanded, in a most remarkable manner, by the two fingers pressing upon its surface, and drawing it in contrary directions. In some instances the tongue, cheeks, and gums are liable to be affected by aphthæ, either of the solitary or of the diffused kind.

I should observe that I have frequently seen a conjunction of the pallid complexion with the icterode hue, and with slight pallor of the prolabia and of the tongue, which have had, in a slight

degree, the appearances portrayed, Plate IV. figure 3. In other instances there is the icterode hue with the dark ring occupying the eye-lids, in the most marked form ; and with these the prolabia and tongue are, in general, not pallid.

The general surface is frequently dry and exfoliating, and the nails are not unfrequently brittle and cracked, and, in a word, affected in the manner represented, Plate VII. figure 3.

With these appearances of the complexion, tongue, and general surface, and with the state of the intestinal canal which they indicate, there are frequently many symptoms of affection of the head, and especially head-ache and vertigo. These symptoms cannot be said to be destitute of danger even in youth ; but in the later periods of life, of which we are now treating, they are incomparably more dangerous. It is at these periods that apoplexy and paralysis are so apt to occur, a remark which is quite sufficient to demonstrate the paramount importance of sedulous watchfulness in cases of disorder of the general health, in these circumstances. Safety consists in the duly evacuated state of the bowels, and in guarding the general system against either plethora, or exhaustion.

The heart is not less apt to be affected than the head ; but there is, according to my observation, far less danger in this case than in the former. I think the textures of the heart seldom take on diseased action and structure, from disorder of the general health, at this period of life, how much soever its muscular function may be perverted.

This remark does not apply to the liver. With the lobulated tongue, I have frequently observed enlargement of this viscus ; indeed, so frequently, that I never see this character of the tongue, without examining the condition of the right hypochondrium. I do not say that the liver is always enlarged with this appearance of the tongue ; but I can affirm, that if the physician is led, by this state of the tongue, invariably to examine the hepatic region, he will sometimes detect an enlargement of the liver, which had been to that moment, perhaps, overlooked. It may be difficult to explain this phenomenon ; but it is not less so to explain the tumefaction of the tongue itself, from disorder of the general health ; and we know that this disorder is not unfrequently attended by icterus. All these phenomena may,

perhaps be satisfactorily ascribed to the influence of a long-continued loaded condition of the large intestines.

The intestinal canal is always liable to become impacted with scybalous and otherwise disordered fæces. This is frequently made obvious, to the surprise of the patient perhaps, by the exhibition of the warm water injection. Nor is this loaded state of the bowels at all incompatible with a state of diarrhœa; the irritation of hard and morbid fæces frequently, indeed, induces fluid discharges. There is also, in many instances, much flatus, and consequent distension of the bowels; and, in some, there are discharges of blood. In one patient there were repeated attacks of hæmatemesis.

Another consequence of a loaded condition of the large intestine, is hæmorrhoids. These are apt to be exasperated at each return of the catamenial period, and to induce, in their turn, vaginal discharges. This affection is often increased by the improper exhibition of purgative medicines. It is much relieved by the warm water injection.

With this state of disorder of the general

health, the catamenial function participates, and the returns, flow, quantity, and colour of this discharge are variously deranged: most frequently the discharge is scanty, and dark coloured, and endures but for a day or two; sometimes it is preceded and attended by pain; sometimes it is in excess; sometimes there is much leucorrhœa.

The question is, perhaps, anxiously asked, whether these changes denote the final cessation of the catamenia. No reply can be given, if the general health be greatly deranged. And it is of no consequence; for in every case our objects are simply, to restore the general health, and to promote the return of the discharge.

In these two points, indeed, the treatment of the change of life, as it is termed, consists. And when we recall to mind, the numerous instances of scirrhus of the uterus or mamma, which form at this period of life, we cannot be impressed too strongly with the importance of attention to this subject.

The existence of this disorder does not appear to prevent conception; but it often renders the patient incapable of bearing the drain of

lactation, or of furnishing milk of a healthy quality.

I have noticed (p. 91.) a peculiar form of dropsy arising out of disorder of the general health. I have frequently had occasion to observe this in the later periods of female life.

I purpose now to illustrate this morbid affection by a few short cases, and shall then proceed to the mode of treatment.

Mrs. —, aged 48, consulted me in the month of January, 1827. There were four remarkable circumstances in this lady's case: the state of the complexion, prolabium, and tongue; the state of the bowels; an affection of the head; and an affection of the heart.

The complexion was distinctly icterode, with slight paleness; the prolabium and tongue were as obviously more pallid than natural; and the tongue was slightly indented and sulcated, and, for the most part, clean. The affection of the head consisted in attacks of head-ache and vertigo; and it alternated with palpitation or fluttering, or irregular or suspended action of the heart. This affection of the heart was attended by the utmost alarm. Mrs. — would sit up in bed,

expecting every moment that the affection would terminate in dissolution ; nothing could exceed her alarm and that of her husband on these occasions. The bowels had been allowed to remain in the most unnatural state ; they were positively confined for three successive days, and on the fourth a drastic medicine was required, and taken so as to produce a full effect ; so that it would be difficult to say whether the previous constipation, or the too active operation of the medicine, necessarily attended, as it must be, by exhaustion, was the more injurious of the two ; from both, a disposition to flatulency was created, which was extremely distressing.

On making distinct inquiries into the history of this case, it was found that a state of chlorosis had obtained in early youth ; the constipated state of bowels had existed many years ; the attack of affection of the head and heart had also long existed ; and the patient was in despair of obtaining relief. The catamenia were said to be natural.

All the difficulty in relieving the bowels was overcome by the use, every third, or every second and third day, of an injection of two pints and a half of warm water. The mildest medicine, as a

draught consisting of infusion and tincture of rhubarb, with manna, would then operate, and sometimes the bowels would be moved spontaneously ; formerly, the day of taking her medicine was always one of necessary seclusion from her friends, but now the bowels were moved without inducing the slightest feeling of weakness or indisposition.

To this plan were conjoined, a light but nutritive diet, a very little meat being directed to be taken three times a day,—pills containing small doses of the sulphate of iron and of the sulphate of quinine, with *extractum hyoscyami*, and a regular system of exercise, in the open air.

By a steady perseverance in this plan, Mrs. —— is now, in 1830, perfectly recovered in every respect. There were however, during the first year of the treatment, various reverses, characterized by returns of the affection of the head, but especially of the affection of the heart. Once or twice there have been attacks of uterine hæmorrhage or menorrhagia. But at present Mrs. —— is the picture of health, and free from all complaint.

Mrs. ——, aged 45, was affected with disorder of the general health, characterized by a ring of

deep darkness round the eye-lids, and a little icterode hue of the complexion, united with a full colour of the face and prolabia. There were many of the symptoms which usually occur in this affection ; but Mrs. —— had chiefly suffered from attacks of violent pain of the head, accompanied by a sense of constriction in the neck. For this pain, blood-letting, leeches, and a seton had been recommended by various practitioners, but in vain.

This pain had continued to recur for many years, inducing the fear of some attack of an apoplectic nature. It yielded, at length, to a persevering use of efficient purgative medicines. During the progress of the treatment, the pain was apt to be reproduced, like all the complications of disorder of the general health, by various causes, as mental anxiety, the fatigue of company, &c. with, or alternating with, vertigo ; there were sometimes pain of the stomach, and sometimes a flow of tears.

That I may not unnecessarily increase the size of this work, I shall only add two cases more, in this place, illustrative of the occurrence of melæna, and of anasarca, in disorder of the general health, to which I have alluded above.

Mrs. ———, aged 40, and mother of a family, had been seriously indisposed for some weeks, when I was consulted ; during part of this time she had been confined to her bed, and she had become extremely weak, and had lost much flesh. The principal symptoms had been great irregularity and intermission of the pulse, with a severe sense of fluttering in the chest, which had led to the suspicion of disease of the heart, and there had been diarrhœa and frequent returns of melæna.

On inquiry, I soon learnt that this affection was of no recent formation, and that Mrs. ——— had been insidiously losing her complexion, flesh, and appearance of health, for four or five years, and that she had repeatedly experienced an irregularity in the action of the heart, and observed the appearance of blood in the alvine evacuations.

The countenance was pale, and the complexion icterode ; the prolabia and gums pale ; the tongue formed into lobules ; the hands and general surface pale and dry. There was some affection of the head ; and a degree of hurry in the respiration, with slight cough.

This affection was soon relieved by mild doses of calomel, and gentle purgatives ; and the general

health and the complexion were greatly improved by a continuance of the same plan, under proper regulations, and with a strict attention to diet, air, and exercise.

Mrs. —, aged 48, began to lose her complexion and health ten years ago. She suffered at first from constipation of the bowels, dull pain of the head, pain of the left side, palpitation of the heart, nausea, and sickness, and some difficulty in micturition.

At the time I was consulted, I made the following report. Mrs. — has lost all of a good complexion, the countenance being now affected with a variable sallowness and icterode hue, the tunicae conjunctivæ remaining untinged; both eyelids are affected with a puffy swelling, and with a yellow black hue. The lips and gums are pale. The mouth is clammy; the tongue loaded at the back part, but less so towards the point, indented at its sides, and somewhat affected with swelling. The skin is always free from perspiration, and morbidly dry; on the hands it is yellowish, opaque, and somewhat puffy; the nails have become brittle, and break on the slightest occasion; the ankles swell

towards evening. There are head-ache, susceptibility of hurry and fluttering, and palpitation of the heart. There are sometimes fits of violent coughing which continue for half an hour, sometimes with retching, but without expectoration. There is no dyspnœa. The pulse is generally 96. The catamenia are regular in their periods, but without colour, and scanty ; at each successive period the colour and quantity diminish, and the flow is attended with increased nervousness. There is no dysury now, but the urine is scanty. The appetite is various ; she is fond of chewing tea-leaves ; the bowels are constipated.

Purgatives, with calomel, rhubarb and aloes, were prescribed, and five weeks after the former report, the following note was made. The complexion is greatly restored ; the hands are become moist ; some flesh has been gained ; and all the complaints are relieved.

The medicines were continued. In three months afterwards, it was observed, that Mrs. ——'s complaint had varied, being better and worse, but that they had become aggravated upon the whole, and especially recently. The paleness of the countenance was augmented, though

there was less of the icterode hue ; and there was much œdema, and even anasarca ; the pulse was more frequent, being about 108 ; the tongue was pale, white, swollen and indented ; the catamenia continued to appear regularly, but were colourless.

I am now persuaded, that all this aggravation of Mrs. ——'s disorder, was owing to the undue continuance of purgative medicines. For, on adopting milder measures of the same kind, she recovered completely, and even quickly, and permanently. This was indeed, the first case which taught me the necessity of conjoining slight cordials with an aperient of the mildest character, insuring its action by other measures.

The same principles are to guide us in the treatment of this affection, in the later periods of life, as in youth. But there are peculiar reasons why we should be more than ever anxious to secure an evacuated state of the bowels, in the first instance, and to guard against the use of too active and too constant purgative medicines, in the second.

In the first place, I think the patient cannot be pronounced to be out of danger from

apoplexy or paralysis, unless the bowels be unloaded. In the second place, too continual and incautious action upon the bowels endangers the patient, by exposing her to an attack of paralysis, from exhaustion, but especially to the supervention of dropsy.

The true principle of treatment, in this affection, is to preserve the bowels free from load, by means of cordial aperient medicine, and, at the same time, to supply the stomach with mild nutritious food ; and to adopt every measure to invigorate the general health and the system at large,—especially chalybeates, the free exposure to the open air, with much gentle exercise, and still more especially, sea-breezes and sea-bathing.

In some cases, not the least important part of the treatment consists in subduing the apprehensions of the patient. This is particularly necessary in cases of palpitation, fluttering and irregular actions of the heart. I know of no effectual means of preventing or of subduing these attacks ; they continually recur during the gradual recovery of the patient's health and strength, and then, and then alone, cease. During this interval, therefore, it is necessary

to appease the patient's mind ; and this is, I think, best done by repeatedly reminding her that such attacks invariably do take place, in this morbid affection, even during the general recovery, and by assuring her again and again of their total freedom from all danger. It is happy that we can do this with the utmost truth. I have never yet known an instance of fatal termination of this affection, except when there has been some shock or fresh source of exhaustion, as in the case amply detailed in Chapter V.

CHAPTER III.

OF UTERINE DERANGEMENTS, ESPECIALLY MENORRHAGIA AND LEUCORRHŒA.

A DEFECTIVE flow of the catamenia is much more frequent in youth than in the later periods of life : a gradual failure is the usual effect of disorder of the general health, attended by loss of colour in the countenance ; a more prompt cessation, that of organic disease.

An excessive flow of the uterine discharges, either in the form of menorrhagia or of leucorrhœa, may occur in early youth, but it is far more common in the middle and later periods of life.

The causes of these affections are various sources of derangement of the general health, or of exhaustion. One of the most frequent of these is undue lactation, of which I purpose to treat in a subsequent chapter. Bodily fatigue and mental anxiety are also frequently productive of derangement of the uterine discharges.

I think the term menorrhagia should be re-

stricted to that form of complaint which begins with the discharge of a fluid which does not coagulate. When coagulation takes place from the first, the disease is more properly termed uterine hæmorrhagy. I mention this circumstance because the two diseases are certainly different in their causes and nature. Not every case in which the discharge coagulates is uterine hæmorrhagy in this sense of the word ; there are few cases of excessive flow of the catamenia, on the other hand, which do not, in some part of their course, present the appearance of clots of blood.

Some females naturally menstruate profusely. This has appeared to me to be connected with a state of the uterus which is indisposed for conception.

Females who are corpulent, who indulge much in the luxuries of the table, and who inhabit a hot climate, or warm apartments, are apt to become subject to menorrhagia, and, indeed, to leucorrhœa also.

Local excitement is also apt to induce a premature return of the catamenia ; and even to occasion menorrhagia.

But, perhaps, the most usual causes of menorrhagia, are, as I have already noticed, disorder of the general health, and undue lactation, or any other source of exhaustion which is slow and insidious in its operation.

Precisely similar remarks apply to uterine leucorrhœa ; only the reflective effects of these two affections upon the system are different.

From menorrhagia we generally observe, at first, the effects of exhaustion with re-action ; from leucorrhœa, on the contrary, are produced the symptoms of pure exhaustion and debility, with defective re-action. When the patient is stout, menorrhagia may recur often, or leucorrhœa may continue long, without inducing symptoms of exhaustion ; but at length the system suffers in the intervals of the menorrhagic discharge, and from the operation of the protracted leucorrhœal drain.

The patient, in the former case, becomes pale, and affected with throbbing of the temporal arteries, and palpitation of the heart, alternating with vertigo and faintishness, and with many varied symptoms, which I think it quite unnecessary to repeat. At length the exhaustion

may become extreme, and there may be an attack of apoplexy or paralysis, or the more slow accession of dropsy, as in other cases of exhaustion. The patient is sometimes corpulent under these circumstances ; but there is real weakness. This affection sometimes continues for years disregarded. It is very frequently attended, I would rather say produced, by a state of disorder of the general health, such as is described in Chapter II of the second part of this volume.

In the case of leucorrhœa the complexion becomes pale and yellowish, but it has a very different appearance from those observed in Plate V. figures 1 and 2. : it is not mere pallor ; neither is it icterode. The former of these appears to me to arise from the condition of the blood, which is comparatively destitute of the red particles, and from a distended state of the capillary vessels, and, perhaps, of the cellular membrane ; the latter has its seat in the cutaneous textures. But in that form of complexion which attends leucorrhœa there is neither the distended state of the capillaries, nor the morbid affection of the cuticle and cutis ; but the vessels are probably bloodless, and the pale yellow sebaceous glands

are discerned through the skin, to which they impart their own peculiar hue.

Neither is there, necessarily, the conditions of the tongue, which belong to those forms of disorder of the general health, though there is frequently the conjunction of leucorrhœa with those disorders.

Leucorrhœa is at length attended by great paleness, debility, thinness, nervousness, and frequently by œdema, by which the face is observed to be unequally puffed in the morning, and the ankles are swollen in the evening. There are vertigo, palpitations, breathlessness, faintishness, coldness of the extremities, a feeble, frequent pulse, deranged digestion, and a constipated, flatulent, or relaxed state of the bowels, with very offensive, insufficient evacuations.

At a later period there are the still more formidable symptoms of feverishness, increased breathlessness, and cough, and other symptoms of slow and insidious exhaustion.

In the preceding observations, I have presumed that the leucorrhœa is uterine. It is plain that I have excluded all coloured or pale discharges of a different character, and arising from local

causes, as inflammation or other diseases. There is, I think, a want of discrimination on this point in the otherwise interesting little work by Mr. Jewel.

In the treatment of these affections, the cause is first to be attended to, the general health is to be restored, the infant is to be removed if the patient be nursing, and all local excitements, and all causes of exhaustion, or of general indisposition are to be avoided.

The next object is to give tone and strength to the system in general, by a mild, light, cordial, and nutritious kind of diet, by gentle exercise in the open country, and, if possible, in the sea air, by sponging the surface with salt and water, &c.

The bowels must be strictly regulated, avoiding, at once, a loaded state of them, and too great relaxation. No single remedy is of such importance as the warm-water injection. This, however, should not be repeated too frequently; and the draught with infusion and compound tincture of rhubarb, and manna, will, with the occasional adoption of this remedy, be generally found sufficient for moving the bowels.

But with due discrimination and preparation, the *secale cornutum* appears to me to possess the greatest efficacy in menorrhagic and leucorrhœal discharges. I cannot do better than insert a letter¹ which I addressed to Mr. North on this subject:

‘ The bearer of this communication is the patient whom I promised to send to you, and whose case was promptly relieved by the ergot of rye. She will herself describe the truly deplorable state in which she had long been, before she began the use of this remedy; but I believe the following particulars, which I transcribe from my notes, will be found accurately to coincide with the account she will give you.

‘ From August 1824, after a protracted labour, to September 1828, she became subject to profuse menorrhagic discharges, during which large coagula of blood were continually expelled; after which there was the most profuse leucorrhœa. She became, of course, as blanched, thin, and feeble as a young person could be expected to be from such excessive drains upon the vascular system. The leucorrhœa only ceased, to yield

¹ Medical and Physical Journal, No. 35, New Series, p. 379.

to the hemorrhagy, and the latter gradually to pass into leucorrhœa; so that the patient could never be without the usual bandage for the reception of uterine discharges: sometimes the case ceased to be menorrhagic, but only because the hemorrhagy itself was protracted for many weeks, once four, once six, without intermission. From March 1827, to September 1828, however, the periods were quite regular.

‘ In September 1828, this patient began to use a cold lotion, applied over the uterine region. The next catamenial period occurred a few days afterwards; it was attended by excessive hemorrhagy for twelve days, a faintly tinged discharge for three days more, and then by profuse leucorrhœa.

‘ At the latter end of October, five grains of the ergot of rye were prescribed to be taken three times a day, in pills, beginning after the catamenia had flowed three days. Little effect was observed. The medicine was increased to four times a day, at the beginning of the ensuing catamenial period. The discharge was evidently checked. The ergot being continued, it greatly abated the leucorrhœa.

‘ The ergot having been omitted, was resumed at the commencement of the next expected catamenial period. The flow was retarded in its appearance for four days, was altogether moderate in its quantity, free from coagula, unfollowed by the faintly-tinged discharge, or by leucorrhœa.

‘ This was observed in December. Three months have elapsed since that period. The patient has been free from all menorrhagia, and all undue flow of the catamenia, and from leucorrhœa. The medicine has been regulated by herself, being omitted and resumed at intervals. The colour, the strength, and the flesh are restored, and the symptoms so characteristic of vascular exhaustion have gradually, but totally subsided.

‘ I have not since had occasion to try the effect of the ergot in menorrhagia ; but I have prescribed it in many cases of uterine leucorrhœa ; in all, with the most prompt and decided advantage. The benefit which accrues from the ergot is indeed frequently experienced, in the most marked manner, in the space of five days ; and I have generally recommended this medicine to be taken for a somewhat longer period than this, then to be abandoned for a few days, and again to be resumed.

In the first case of leucorrhœa in which I gave it, the patient had suffered for several years from returns of this affection, and, for three weeks previously to her visit to me, it had subsisted in such a degree as to incapacitate her for her occupation as a servant: she had become pale and weak, and affected with sad headache. After an aperient, this patient took five grains of the ergot four times a day: she was better in three days, much better after the lapse of a week, and perfectly well at the end of a fortnight. Nothing could be more marked than the prompt efficacy of the remedy.

The other cases it is quite needless to detail.

It will, of course, be necessary to give the ergot with discrimination. We could expect no good from it in cases of an inflammatory or organic nature, or in vaginal discharges not uterine. It is not every sanguineous or white discharge which can be expected to be remedied by the ergot. The former should, I think, be distinctly catamenial or menorrhagic, or at least independent of inflammation or organic disease; the latter uterine, and not merely vaginal, and, of course, not dependent on any continued cause,

as undue lactation. In such cases, well marked and distinguished, I believe the ergot of rye will be found to be a most useful remedy.

It is quite plain, contrary to the opinion of a late writer on the virtues of the ergot of rye, that this substance exerts its power over the state of the uterus in other circumstances besides that of approaching parturition. A state of what may be deemed undue relaxation or want of tone in this organ, seems to be under the immediate influence of the ergot.

To these remedies must be added, after a due interval, the sulphate of iron and sulphate of quinine, in small repeated doses.

Lastly, an injection of green tea, or of a solution of sulphate of zinc, or of alum, into the vagina, will assist in restraining the discharge; to this end, a lotion of alcohol and water, applied over the pubes and pudenda, will also be found to conduce materially.

The remedies are obviously the same in menorrhagia and in uterine leucorrhœa. I have not thought it necessary, therefore, to treat of each of these distinctly.

In every case of vaginal discharges, it ought

to occur as a question, Whether there be local organic disease? This subject has been so well treated of by Dr. C. M. Clarke, that it is only necessary for me, after stating the caution, to refer to his excellent work.

In some instances in which the ergot has been given, the discharge has immediately augmented. The cavity of the uterus was, in fact, distended with fluid which the contraction induced by the remedy, caused to be evacuated.

One caution more. The urine is, in some cases, expelled by gushes, and the affection may be mistaken for a uterine discharge. There are various modes of ascertaining the true nature of the case: 1. by a careful examination of the fluid; 2. by inserting a sponge into the vagina; and 3. by wearing a catheter in the urethra for a time sufficient to determine the question.

CHAPTER IV.

OF MENORRHAGIA AND ITS EFFECTS AS IT
OCCURS IN INDIA.

THE morbid influence of the climate of India upon the system in general, and upon the functions of the liver and of the alimentary canal, is well known ; but it appears to me, that the effects of a residence in India upon the functions of the uterus, have not received the degree of attention which they demand.

It is a well-known fact, that the catamenia occur earlier in warm than in temperate climates. Dr. C. M. Clarke mentions the interesting case of a European child, who went to the West Indies at the age of six years, in whom menstruation took place at the ninth year, and continued to recur regularly for three months ; but the child then returning to a more temperate climate, the secretion ceased, and had not returned when the child was twelve years old.¹

¹ Observations on Diseases of Females, Part I. p. 12.

The catamenia not only occur early in life, but the flow is apt to become profuse, and there is, in many instances, great tendency to menorrhagia, and uterine hæmorrhagy, and even to abortion and to leucorrhœa.

The result of this state of things is, that the patient becomes affected with extreme exhaustion, and is often compelled to return to Europe. This change of climate is generally of the utmost service in restraining the uterine discharges ; but the effects of the previous drain and losses of blood do not so soon cease, and the patient presents all the symptoms of exhaustion, either in that form which is attended with re-action, or in that in which the symptoms of re-action do not manifest themselves. In addition to exhaustion, there are also very frequently the effects of intestinal irritation, the bowels being extremely apt to become confined.

The subjects of the effects of intestinal irritation, and of loss of blood, are treated far more at length in my work on that subject. I shall, therefore, in this place, merely give the outlines of the cases of two ladies, who had been compelled to quit the intemperate climate

of India, and to return to England. These cases, alike in respect to their causes, presented very different aspects to the cursory observer, one of them involving the more active sufferings of intestinal irritation, and of exhaustion with re-action; the other, the more passive, but scarcely more tolerable suffering, of exhaustion with lowness rather than re-action.

The first patient, the mother of three children, returned from India for the recovery of her health, in 1820, having suffered much from the exhausting effects of the climate, and from repeated losses of blood, from what was termed debility of the uterine vessels. For some months after her return to England, the general health was certainly much improved, the catamenia having become small in quantity. At this time, this patient was exposed to the influence of anxiety, fatigue, and exposure to damp and cold, and became alarmingly ill, with severe pain of the head, accompanied by great intolerance of light and noise; the feet were cold, but the skin dry and hot, the tongue dry and furred, the pulse one hundred and thirty, the bowels costive, the catamenia irregular and

interrupted ; fourteen ounces of blood were taken from the arm, and opening medicine, and the saline draught, were administered. The blood being cupped and buffed, the bleeding was repeated on the following day to syncope ; and the bowels being torpid, calomel and antimonial powder were given every six hours, and the sulphate of potassa every four hours, and afterwards a powder composed of jalap and cream of tartar ; these medicines at length procured several very dark and foetid motions. The head was now relieved, but the exhaustion was extreme.

The pain of the head, and the intolerance of light and sound, returns at times, but not with so much violence, and the relief which followed the evacuation of the bowels was so great, that the patient was at all times anxious to resort to opening medicine. There was a gradual diminution of sufferings, but the state of exhaustion was such as to confine the patient to her bedroom for three months.

After this time, this lady returned, in some degree, to her wonted occupations ; but the state of her health was extremely variable, and she would one day appear well, and another be entirely

laid aside ; the pain of the head recurred and disappeared suddenly ; and whenever it was present, all noises were insupportable, and there were great soreness of the scalp, and the feeling as if the head were bound with an iron hoop, the spirits being greatly depressed ; the bowels were always torpid. The pain of the head being referred to fulness of the blood-vessels, the patient was enjoined the most abstemious diet ; she, however, always asserted, that the pain of the head was relieved, rather than increased, by taking food.

The patient was, at this time, put upon a plan of efficient but cordial aperient medicine, with a generous diet, whenever the bowels had been observed to be well moved in the morning, under the impression that the affection arose from intestinal irritation and exhaustion. From this mode of treatment, the countenance and general health were greatly improved, strength and flesh were gained, and the pain of the head became less frequent and severe. The patient was, indeed, very long in regaining her strength, and was long apt to suffer from any effort or anxiety, but her freedom from affection of the head kept pace exactly with her returning general health ; and she

has since borne a child with every favourable circumstance, the strictest attention having been paid to the state of the bowels and of the strength.

In regard to this case, I would observe, that, if the bowels had been promptly evacuated on the first attack, I am enabled, by my experience, to say, that the blood-letting would have been unnecessary, and the patient would have escaped her three months' suffering and confinement.

The other patient had been subject to be constipated before her departure for India. When there, she was induced to take injurious doses of calomel, and she became subject to too copious a flow of the catamenia, and to leucorrhœa. After this period, this lady married, and, in about a year, had a nearly natural confinement. She suckled nine months, was regular during six months, and then again became pregnant. But, at this time, she began to suffer from uterine hæmorrhagy, which returned on the slightest emotion or exertion, and even on assuming the upright position, so that she was obliged to keep constantly upon a couch. She miscarried in the fifth month of pregnancy, the third of this uterine hæmorrhagy, and lost much blood. The

hæmorrhagy still continued to recur on the slightest exertion, and at last the debility was extreme, so alarming and urgent, indeed, that the patient was conveyed on board a vessel bound for the Cape, long before it sailed.

At the Cape, the uterine hæmorrhagy still continued to recur, and there was much leucorrhœa ; still the health was much restored by a residence there of three months, when this lady left the Cape for England.

When in England, the menorrhagia and leucorrhœa still continued, with much bearing down of the uterus. These were also increased by any exertion ; and, on one occasion, the strength of the patient was greatly lowered by anxiety and fatigue, during the sickness of her little daughter. On another occasion, all the uterine complaints were greatly aggravated by the effort of ascending a hill ; and, on a third, by writing many letters.

It is remarkable that, in this patient, with extreme debility, there were none of the symptoms of re-action ; no pain of the head, no throbbing, no intolerance of light or noise. But on several occasions of anxiety and fatigue, during which I

had an opportunity of watching their effects, there were distinct attacks of feverishness, with frequency of the pulse, heat of the skin, dryness of the lips, whiteness and load of the tongue, torpor of the bowels, and uncomfortable nights; exactly such attacks, indeed, as were experienced by the former patient, the affection of the head excepted. It is highly important to be aware of these effects of anxiety and fatigue in cases of extreme weakness; for they are otherwise apt to suggest the idea of strength and increased action, and to be treated by depletion, the bad consequences of which have already been pointed out.

The patient, whose case has been briefly given, was directed to regulate the bowels by cordial aperients, to take the sulphate of quinine, to observe a mild, nutritious diet, to check the uterine discharges by the application of a cold lotion and the injection of a strong infusion of green tea, to observe the most perfect quiet both of body and mind, to keep very early hours, and, in a word, to adopt every measure to restore the healthy state of the functions and the strength of the system at large. And this plan has proved slowly but decidedly efficacious. Recovery is, however, apt to be

sadly interrupted by a thousand occurrences which involve either fatigue or anxiety.

It is plain, from these two cases, that it is of the utmost consequence to be fully aware of the injurious consequences of undue exertion and of anxiety, in cases of exhaustion, both in order to avoid them, and to recognise them when they do occur. We should otherwise be apt to treat the affection of the head for inflammation, as was done in the first case, or for fever, and so further to reduce the strength of the patient and add to the original disorder.

In all such cases, the bowels must be ascertained to be evacuated, and be kept in a good state; then some cordial and tonic may be given with advantage; the strength is to be kept up by a mild and light diet of a nutritious kind; and the patient is to be kept in a state of perfect quiet.

To these remedies gentle exercise in the open air, perhaps sea-breezes, sponging the surface with salt and water, the lotion applied to the uterine region, and the injection within the vagina, warm clothing, and especially keeping the feet warm, and early hours, are to be

variously added according to circumstances. The head may be relieved by a lotion, or a blister, or, if necessary, by a few leeches; the feverishness by saline medicines and quiet; in all cases observing carefully to evacuate the bowels.

CHAPTER V.

OF THE EFFECT OF PREVIOUS DISORDER, IN THE
PUERPERAL STATE.

THIS is a most important and interesting question. A state of disorder of the general health, if long continued, and attended by much pallor or pale icterode hue, involves in itself a state approaching to that of loss of blood ; and it has been sufficiently shown, that this form of general disorder itself depends upon a deranged state of the functions of the intestinal canal and of the other digestive organs ; so that it is obvious that such a condition, before confinement, predisposes to the effects both of intestinal irritation, and of exhaustion.

I need not remark how important it is, in such cases, to devote an especial attention to the restoration of a healthy state of the system. The state of the bowels should be watched daily, a mild but invigorating diet should be enjoined, and the tonic effect of gentle exercise in the open

air, should be secured during the whole period of pregnancy,—for conception is not generally prevented by this state of disorder, even although the catamenia be suppressed.

In extreme cases, the bowels become loaded, and there is a state of the vascular system approaching to bloodlessness. In neglected cases of this description, death has quickly and unexpectedly ensued, from a far less shock than that of parturition.

In some cases a series of painful symptoms has succeeded to parturition, which have perhaps exhausted the patient finally, though very slowly. In other cases dropsy has supervened with loss of powers, and the patient has died more promptly after delivery. Lastly, there are cases in which death has taken place still more promptly after the parturition, with all the symptoms of sinking from exhaustion, or even suddenly, although there may have been no excessive loss of blood. In many other instances such sad events have been prevented by a timely and appropriate attention to restore the general health.

Mrs. —, aged 28, had long had all the

symptoms of disorder of the general health, with a pale icterode hue of the complexion. For some time before her confinement, she suffered from aphthæ, with irritability of the stomach and bowels, and there was some œdema of the ankles and of the face.

After delivery there was a considerable flow of lochia; the tendency to diarrhœa continued, with light yellow fœtid stools; and the pulse was frequent. The countenance was extremely pale; and there were great pain of the head, fluttering, and tendency to faintishness.

Soon after delivery, the aphthæ, which had somewhat disappeared, were again observed on the inner part of the under lip, in the form of vesicles clustered together, and one or two were situated on the tongue, which was clean and pallid. The face was pale, the prolabia exanguious; there was repeated bleeding from the nose, the blood becoming pale and aqueous; there was frequent pain of the head; the pulse was frequent, often 110; the bowels loose. She was much relieved by taking the tinctura opii, pure opium, the pilula hydrargyri, &c.

On the 24th of May, 1819, twenty days after

delivery, and after a gradual amendment for a fortnight, she experienced in the night a fit of palpitation of the heart, which, however, soon went off.

On the 26th, Mrs. —— had taken a little mutton, and her room was particularly close ; under these circumstances she became affected with great anxiety and agitation, an overwhelming internal feeling not to be described, and tendency to fainting, all increased on attempting to be moved ; the pulse was small, and 156 ; the heart, carotids, and indeed, the head, chest, and bed-clothes, were affected with throbbing and palpitation. Thirty drops of the tinctura opii were given, and repeated with great relief.

The next day, the 27th, the pulse continued at 132, and the movement of the heart, carotids, head, chest, and bed-clothes, was still great ; the pulse was fuller, the general expression and feelings more tranquil. There had been some sleep ; but on awaking, there was a temporary confusion of mind. The bowels had been gently moved by the Rochelle salt.

On May the 30th, the symptoms remained nearly the same. The pulse 140 ; the beating

of the carotids still visible ; the palpitation greatly increased, and faintishness induced on moving. The countenance was pale, and rather tumid ; the tongue and teeth appeared as if besmeared with syrup, and the breath had the odour of new milk ; the bowels were confined ; the urine plentiful. No tenderness of the abdomen, cough, or head-ache, or tendency to complain.

May the 31st. A mild purgative and an enema were administered yesterday, and evacuated large portions of hardened fæces, after which a draught with thirty drops of tinctura opii was given. The pulse fell to 100 ; and all the symptoms were mitigated. In the evening the pulse was about 104 ; there was still a little throbbing of the head, but the palpitation and beating of the carotids were much diminished ; the bowels unmoved to-day ; urine plentiful ; fluunt catamenia. No pain nor tenderness of the abdomen.

June the 3rd. Since the last report, there have been repeated attacks of sickness and vomiting, with more throbbing of the head, carotids, and heart ; and the alvine evacuation has been occa-

sionally costive. To-day, the countenance is pallid, and more swollen with œdema ; there is throbbing at the occiput, with pain, and beating of the heart and carotids ; a degree of labour in the breathing, and cough ; tenderness of the epigastrium, sickness, and constipation. The manner appears rather changed ; speaking requires greater effort ; there are greater hurry and exhaustion ; and greater repugnance to food and medicine.

June the 7th. Since the 3rd, the principal symptoms have been sickness and vomiting, medicine having been quite rejected, and sometimes food. There have been once or twice deep breathing, and a sort of blowing, apparently implying a sense of want of air ; there is an occasional hacking cough ; some throbbing of the head ; the pulse has been from 100 to 110. The countenance is pale, but the lips have a little more colour. There is much loss of flesh. The bowels have been kept open ; the appetite is better. There has been good sleep.

June the 8th. The countenance is much as before ; there is less throbbing in the head ; no delirium ; pulse 108 and rather irregular ; some

sighing and deep breathing,—hacking cough,—sickness and vomiting; some tenderness of the right hypocondrium, and beating of the abdominal aorta.

June the 9th. Less throbbing of the head; pulse 116; much pulsation over the aorta; the sickness has recurred several times.

June the 10th. This evening there is increased sickness, with dyspnœa, consisting of deep, sighing breathing; pulse 120; the throbbing, palpitation, and pulsation of the abdominal aorta, are less; no cough noticed; the sickness continues; the bowels open twice.

June the 11th. The deep breathing has been very urgent. The nose is cold and livid; the lips dry; the eyes deathly; the pulse 100 and feeble. Mrs. —— expired on the 12th about 2 P. M.

On examination, on the 13th at noon, three or four ounces of water were found in each cavity of the pleura, and one ounce in the pericardium. In every other respect, the thoracic and abdominal viscera were most healthy. The heart, the stomach, the bowels, and the liver, were free from the slightest appearance of disease. The uterus was collapsed to its natural size.

It may happen that the patient was not known to the physician before the period of her confinement. It will then be found important to have studied the external characters of disorder of the general health, as they are given in the first part of this work, and especially the appearances of the complexion, the tongue, and of the hand, pourtrayed in Plates II. IV. V. VI. and VII. the state of the alvine evacuations, &c.; and much will, of course, be ascertained by a careful inquiry into the history of the case.

It is of the utmost importance to conjoin aperient and perhaps chalybeate medicines, with a cordial and nutritious kind of diet. I am persuaded that the strength is far more apt to fail in these cases, than is generally imagined, and especially in that variety which is attended by extreme pallor, which, in fact, denotes a state approaching to bloodlessness and exhaustion. I think it highly important to renew the caution contained in this observation, both in reference to the puerperal state and other cases of shock, exhaustion, or fatigue.

CHAPTER VI.

OF THE MORBID EFFECTS OF UNDUE LACTATION.

THE morbid effects of undue lactation only constitute another form of exhaustion, upon which so much has already been said in this work.

The first of these effects is general debility of the whole system. There is soon a defective state of sanguification and nutrition, and of the nervous powers, inducing paleness, thinness, and nervousness. The stomach soon becomes enfeebled, and unable to bear the necessary food; the bowels become constipated, flatulent, and apt to be affected with diarrhœa.

As farther consequences, the head, the heart, the lungs and the uterus suffer, and there are various morbid affections of these organs.

Amongst the first effects of undue lactation, as I have just observed, is a deranged state of the stomach and bowels,—the former being easily oppressed by food, and the latter, constipated or irritable. With this derangement of the alimentary

canal there are general weakness, paleness, and sallowness of the countenance, some loss of flesh, and, generally, a pain of the left side, just below the cartilages of the false ribs. Shortly afterwards the head is apt to become affected with aching or vertigo; there is sometimes a decided attack of mania, or rather of melancholia; there are frequently cough, palpitation and nervousness; menorrhagia and leucorrhœa; and, at length, œdema of the feet, and, perhaps, of the face. With these symptoms there are sometimes chills, succeeded by feverishness, and the pulse becomes accelerated.

In this state of things, the patient is apt to try to support her strength by a generous diet and wine. This, however, is a vain thing. For the tone of the stomach is already enfeebled, and this organ is therefore altogether incapable of bearing the increased burthen thus put upon it; and the wine only induces feverishness, or, at best, a false and temporary appearance of strength. Besides, this oppressed state of the stomach, together with the disordered, and perhaps, constipated state of the bowels, is very apt to induce severe pain and affection of the head, to which the state of lowness would also appear

to constitute a predisposition. There is, however, this difference, I think, between the affection of the head arising purely from a disordered or loaded state of the stomach or bowels, and that arising from exhaustion ; in the former there is more pain, throbbing, and intolerance of light ; in the latter a sense of pressure, vertigo, or confusion of ideas, with less throbbing ; and these are apt to alternate with faintness.

The affection of the head occurs, I think, at an earlier period in the effects of undue lactation, than the affection of the chest. The latter comes on also more slowly. It is characterized by shortness of breath, and a dry cough, with paleness, emaciation, incapability of exertion, general nervousness, and it is usually attended with leucorrhœa, which is often profuse, and with some œdema of the ankles.

Undue lactation is not necessarily protracted lactation. Sometimes the patient does not recover her strength after her confinement, from the exhausting influence of suckling. Many are incapable of nursing longer than three or four months, when the symptoms of undue lactation begin to show themselves.

In regard to the nature of the effects of undue lactation, the following conclusions appear to me to be deducible from the various observations which I have made upon the subject.

I have already noticed, that among the first effects is a disordered state of the alimentary canal. This appears to consist in loss of tone or power. Thus the stomach is easily loaded or oppressed by food, and the bowels do not yield to the stimulus of their contents, and therefore become disordered, flatulent, constipated and loaded, a state which may lead to, or alternate with, diarrhœa.

The effects of this state of the bowels are frequently experienced in the affection of the head, combining pain, vertigo, or a sense of weight, with intolerance of light, perhaps, but more frequently of sound. This affection of the head is most effectually relieved, not by blood-letting, not by active purgatives, not by abstinence, but by carefully correcting the disorder, and regulating the evacuations, of the stomach and bowels, whilst we enjoin a mild diet administered frequently, great quiet, and the strictest exemption from fatigue, hurry, or disturbance.

From all this it would appear that this affection does not consist in mere fulness of the blood-vessels of the brain: it is, however, more than probable that the due balance of the circulation is not preserved in the arterial and venous systems; and it has already been observed, in this work, that a state of general exhaustion is not compatible with congestion within the head. Leeches and cupping, cold lotions to the head, and blisters to the nape of the neck, are, therefore, often of the greatest service; only they must be employed with a due regard to the exhausted state of the system at large.

When the head is affected more by the state of exhaustion than by the disordered condition of the alimentary canal, the symptoms are vertigo, a sense of pressure, and occasional faintishness, rather than throbbing, and intolerance of light; and in the more protracted cases, the chest is frequently more affected than the head. It is important to repeat, that even in this case, the state of the circulation within the head is so far deranged, that paralysis has occurred during the state of exhaustion, as apoplexy has occurred in the exhaustion from loss of blood; and it

has already been observed that undue lactation sometimes leads to mania or melancholia.

That the affection of the head, ascribed to the influence of a loaded state of the stomach and bowels, with exhaustion, does, indeed, depend upon that cause, is proved, I think, by the mode of treatment usually found to be most efficacious, but especially by the fact that such a state of affection of the head is sometimes immediately produced on the patient's taking indigestible food. In one case the attack was almost instantly produced by eating pork ; and many such facts must be known to every experienced physician.

The pain of the side also depends, I think, upon the state of the contents of the large intestines. It is usually felt in the left side, just under the false ribs, though it is occasionally seated on the opposite side, about the same region. It is one of the earliest symptoms of the effects of undue lactation, as well as of disorder of the general health from other causes. At a later period it is apt to be conjoined with cough, breathlessness, thinness, feebleness, hectic, and other symptoms of consumption.

The case of undue lactation, if neglected

altogether, further issues in a state characterized by an impaired condition of the functions of the whole nervous and secretory systems. The bronchia become affected with an increased secretion of mucus, and the intestinal tube, with flatus. There is a general tendency to dropsical effusion ;—I think this may take place into the ventricles or upon the surface of the brain, and into the cellular substance of the lungs, as well as from the serous membranes, and into the cellular membrane, generally. There is at the same time a disordered secretion from the internal surface of the uterus, so that the catamenia are either excessive and menorrhagic, or pale and discoloured ; and there is often leucorrhœa.

It is not my present intention to multiply the cases of this morbid affection. But the following instances of it are so characteristic that I cannot refrain from inserting them.

Mrs. —, aged 25, was confined four months ago. Before her confinement she had been subject to attacks of pain of the head, from a constipated state of the bowels, for which leeches were applied. She thinks she nursed too much, and was too much fatigued by the infant, during

the first month after her delivery, and she never regained her strength well. After that time, she began to take a full diet, with ale, porter, or wine. The bowels were all along much disordered and constipated. She required much medicine, and was subject to severe attacks of pain of the head, and of the left side, just under the short ribs, especially once, immediately after eating some pork. She was first obliged to have recourse to leeches about the fifth week after her confinement ; afterwards leeches were applied repeatedly, and she was once bled from the arm ; the bowels were purged ; and once she took an emetic at her own request ; the full diet was abandoned.

Notwithstanding these measures, the head became more and more affected, sometimes with much throbbing, and a sense of weight, sometimes with vertigo, once with intolerance of light, but more generally with intolerance of sound, and a little faintishness. Her strength at the same time failed much, and she was enjoined to wean her infant.

The head still became more severely affected, and there were morning and evening chills,

followed by feverishness, and throbbing, and increased suffering ; the stomach was much oppressed with flatulence, and the alvine evacuations were offensive.

At this time, the *pilula hydrargyri* was prescribed with mild aperients, daily ; a cold lotion was applied to the head, and, in a day or two, a small blister to the nape of the neck, and strict quiet, a light nutritious diet, and fomentations of the feet were enjoined. Under this mode of treatment the acute symptoms gradually subsided in the course of a week.

On this case, I would observe, that the first attacks of suffering were most probably chiefly owing to the loaded and oppressed state of the stomach and bowels ; they occurred before confinement, and recurred afterwards on attempting a full diet. They were not, however, removed by the depletory and purging plan ; they were, on the contrary, kept up by these very remedies themselves, concurring with the state of lowness induced by continued suckling.

The affection was effectually relieved, and finally removed, by combining mild aperient medicines with a mild but nutritive diet frequently given, and

great quiet. The cold lotion was always grateful, except when the chills recurred. The slightest disturbance did great harm.

Mrs. ———, aged 30, of a delicate constitution, mother of four children, has suckled thirteen months. During the last three or four months she has complained of a degree of head-ache and vertigo, with restless nights, or disturbed sleep; pain of the side, breathlessness on any exertion, a dry cough, palpitation of the heart, and faintishness; the bowels are irregular, but mostly confined. She is pale and rather sallow in her complexion, with darkness under the eye; she is thinner, and weaker, and the ankles swell; there are slight shivering, and fever, without perspiration; the appetite is impaired, the stomach oppressed after meals, the bowels flatulent, the urine deposits a sediment, the catamenia are pale and scanty.

Such were the symptoms in this case. They yielded favourably on weaning the infant, regulating the bowels, supporting the strength, and breathing the country air.

In some instances, undue lactation has induced a state of amaurosis.

In others, it has doubtless led to the formation or softening of tubercles, and so to incurable phthisis.

The mode of treatment involves the following particulars: first, the immediate weaning of the infant; secondly, a daily attention to the state of the alvine evacuations, for many days; thirdly, such remedies as may relieve the topical affections, as cupping to the neck, leeches to the temples, a cold lotion to the forehead,—and leeches, cupping, or a liniment, or blister to the side or chest, &c.; fourthly, a mild, light, nutritious diet; fifthly, mild tonic or cordial medicines; sixthly, the gentlest exercise in the open air; seventhly, sponging the surface with salt and water, using afterwards a coarse towel; eighthly, a strict attention to keep the feet warm; ninthly, mild anodyne medicines, as the liquor opii sedativus, or the tinctura hyoscyami, if necessary to allay watchfulness, nervousness, or cough; tenthly, an immediate remedy for leucorrhœa, or menorrhagia, should either of these morbid drains have supervened; and, lastly, the most strict and assiduous attention to quiet of body and mind.

The next point to be mentioned, is the influence of a morbid condition of the general health, upon the secretion of the milk, and of this upon the health of the infant. It has frequently occurred to me to lament that patients have given up all hope of ever being allowed to nurse, from the sad consequences produced upon the infant. This circumstance generally depends upon disorder of the general health of a protracted kind; and it is obviated by proper and persevering efforts to restore the functions to their natural state.

It may be necessary for the infant to be fed, or to have another nurse, if these precautions were not enforced before the approach of confinement; for time is required to subdue the disorder, and change the secretions. But if there be space for effecting the due changes, the plans which have been already recommended for restoring the general health of the parent will generally succeed in enabling her to nurse without disordering her infant.

It sometimes occurs that in the midst of a prosperous lactation the milk fails suddenly. In

this case, it will usually be found that the health has failed also, and that the patient looks pale, feels feeble, and suffers from a constipated and flatulent state of the bowels.

All further suckling is to be suspended. The infant should be fed, or have another nurse, and should only be put to its mother's breast for a minute or two, from time to time, to excite and preserve the mammæ in the state of secretory organs.

Mild draughts with the compound tincture of rhubarb, the infusion of rhubarb, and manna, and, if necessary, with a little Rochelle salt, are to be given every second day to relieve the bowels; the patient's health is to be restored by a mild, nutritious diet, and gentle exercise in the open air; and her strength is to be husbanded by avoiding the drain of lactation, until she is at length fully capable of undertaking the function of a nurse once more.

In this manner we may, except in very feeble subjects, be successful in enabling the patient to continue a nurse. Should her health again fail, I should advise that no further attempt to suckle should be made.

CHAPTER VII.

OF THE PERIOD OF THE FINAL CESSATION OF
THE CATAMENIA.

I AM of opinion that, if the general health were perfectly good, the cessation of the catamenia would always be accomplished naturally, without either disturbance or danger to the patient.

Every kind of irregularity in the return, flow, and appearance of the catamenia, may take place at this period. The question is frequently an anxious one, whether these irregularities portend the final disappearance of the catamenia, or not. The diagnosis and the treatment are at once suggested by an attention to the previous question of the state of the general health.

The remark which I have made in regard to the catamenia, I had also almost made in regard to those diseases of the mamma and of the uterus, which are so apt to occur in the later periods of life. They would probably be far more seldom seen, if the general health were

strictly attended to, before, and after, as well as during the period of this singular and important change in the female constitution.

The same observation applies still more forcibly to the attacks of paralysis, and of some other diseases which are so apt to occur in the later periods of female life.

In regard to the final cessation of the catamenia, I would, therefore, briefly observe, that the general treatment involves two points:—the restoration of the general health, if this be impaired, and, especially, the daily observation of the state of the bowels, and attention to diet, air, and exercise;—and the promotion, by every gentle means, of the flow of the catamenia when they do appear.

In regard to the head, it is to be observed, that the patient, at this period of life, is particularly liable to be affected with flushes, and with attacks of vertigo. In this case, besides a free evacuation of the bowels, and the most restricted diet, blood should be taken from the arm, but especially by cupping from the back of the neck. This is necessary, long after the catamenia have disappeared; for such is the period, during which the patient is most liable

to apoplectic or paralytic attacks. During the whole of this period, too, the patient should wear little or no hair, and wash the head with cold water, frequently; and the feet should be kept carefully warm. Supper should be avoided, and the head should be placed high in bed.

I think the danger by no means confined to the exact period of the cessation of the catamenia. I have remarked that many of the attacks of apoplexy, or paralysis, have occurred several years after this change had been effected. This may have arisen from the gradually increased plethora during this interval. For some time after the disappearance of the catamenia, the person is frequently observed to grow corpulent. The operation of similar causes may, in other circumstances, lead to fulness of the vascular system, and to undue tendencies of the blood to particular organs.

It is during the same period that females are greatly subject to scirrhus formations in the sexual organs, especially the uterus and mamma. In some instances, as in the one noticed by Sir Astley Cooper, and mentioned by Dr. Farre in his late lectures, both the uterus and the mamma become scirrhus in the same subject.

The period including several years before the disappearance of the catamenia, the space occupied by this change, and several years afterwards, may therefore be, with great propriety, termed the first climacteric period of female life; and it is to be carefully watched, for the reasons which have been amply detailed, and in the manner prescribed.

A subsequent chapter, with which this treatise will be concluded, will treat of the second climacteric period of female life, or the period of the decline of the vital powers in old age.

CHAPTER VIII.

OF THE CONSTITUTIONAL ORIGIN OF SEVERAL
DISEASES IN THE LATER PERIODS OF LIFE.

THE local affections to which I allude in this place, and which appear to me to arise from disorder of the general health, and to be particularly incident to the later periods of female life, are apoplexy or paralysis, enlargement of the liver, dropsy, and scirrhus of the uterus or mamma. I have noticed these morbid affections in a general manner already. But I think it important to resume the subject, in order to state more clearly its importance, to notice the danger, and to lay down the modes of prevention and treatment.

It is but too well known, that the later periods of life in females are apt to be rendered helpless by attacks of a paralytic nature. Not only every physician, but even every private individual, is but too well aware of this sad fact. It is surely, then, an interesting inquiry, upon

what circumstances they depend, and upon what principles they are to be averted.

I have already repeatedly observed, that the principal danger arises from a disordered state of the general health, and especially a loaded condition of the large intestines. This is an important statement, for it suggests at once the mode of prevention. In fact, the patient is comparatively safe, if the bowels be unloaded, and the general health be watched.

The latter observation is very important. For if we were to be incautiously led to trust to the free evacuation of the bowels, or rather to carry this principle too far, overlooking the state of lowness and exhaustion which such a mode of proceeding would induce, we might plunge the patient into a danger of paralysis from this opposite cause. It is, indeed, as essential to safety, to preserve the due degree of fulness, and the due tone of the system, as to correct its disorders, and remove the intestinal load. Many causes of weakness may concur to induce paralysis. An attack of this kind sometimes takes place during the treatment or convalescence of a patient who has been seized with

some acute disease ; or it may occur from the influence of other circumstances of exhaustion, as fatigue, or from excessive heat.

There is another cause of apoplexy or paralysis at this period of female life, in the cessation of the catamenia. Dr. Clarke, in the paper¹ which has been already quoted several times, observes, “ whilst this periodical discharge continues, the blood is once in a month, at least, drained to the sexual organs, and the evacuation from the circulating blood, in the performance of this secretion, will have a tendency to lessen any disposition which might exist to accumulation in the head. Besides this monthly determination, it is most probable, that whilst these parts are in a capacity for propagating the species, there will be occasionally derivations of blood to the uterus and its appendages.

“ When these cease, there is nothing to prevent the blood from accumulating in the brain. The peculiarity of sex is lost,” and “ from this time,” females “ become more liable to diseases, which in earlier periods of life attach almost

¹ Transactions of the College of Physicians, vol. v. p. 109.

exclusively to the other sex. Of this kind is apoplexy, which cuts off many woman in advanced stages of life, especially if they have addicted themselves to a too great indulgence in taking animal food, high dishes, and fermented or spirituous liquors."

To this cause of fulness, must once more be opposed causes of the opposite state of inanition or exhaustion, as inducing the danger of apoplexy, paralysis, or mania. I now refer to what has been said of the effects of undue lactation, of menorrhagia, and of leucorrhœa, and of the tendency of these drains to induce apoplectic, paralytic, or maniacal seizures.

It is upon this last principle, especially, that we are to explain the occurrence of paralysis in the very latest stages of life, when the vital powers are about to fail. I think that, in most of these attacks, a loaded state of the large intestine, or an enfeebled state of the system at large, and a congested condition of the brain, and perhaps effusion, have concurred and co-operated together to produce the effect.

The principles of the prevention and treatment

of these sad banes of the later periods of life, will be obviously deducible from the preceding observations. The bowels must be unloaded ; the disorder of the general health must be corrected ; the head must be relieved by cupping at the back of the neck, repeated according to the circumstances of the case ; and the system must be guarded against a state of exhaustion. Such are the modes of prevention. In the treatment, if an attack do occur, active general blood-letting must be added to similar remedies applied in a still more efficient form.

It is quite needless to make any remarks upon the vast importance of the prevention in this case. One attack of this kind generally for ever cripples the unfortunate sufferer, and renders life a burthen both to herself and friends. This observation is quite sufficient to impress an importance upon this subject, which scarcely any other, even in medicine, can be said to possess.

I have already alluded to an enlarged state of the liver, the effect of protracted disorder of the general health, and frequently denoted by the lobulated tongue.

Such a state of enlargement of the liver has been observed by Dr. C. M. Clarke, in conjunction with a mucous discharge from the vagina, arising from increased action of the vessels. This author observes, that "in many of these cases a slow enlargement of the liver takes place, which may be felt by applying the hand to the side. Generally a very small quantity of bile is mixed with the stools; and sometimes these become not only of a clay colour, but perfectly white. The fœtor of these stools is usually greater than that of stools in general, and it resembles more the smell of putrefaction than that of fæces. As the quantity of bile which passes into the bowels becomes smaller, the woman becomes more and more constipated, and the obesity increases. The vaginal discharge increases in quantity, the fluid of menstruation also is secreted more plentifully, and the intervals between the periods are generally shorter than natural: and these symptoms for the most part lead the patient to apply for professional advice. Upon inquiry, it will be found, that fits of giddiness and of sleepiness have attacked the woman; that there has been pain in the head, perhaps indistinct

vision, such as a waving appearance when the eyes are open, or a sensation of sparks when they are closed. These symptoms are sometimes relieved by spontaneous bleeding from the nose. In this way the case proceeds, in some instances disregarded by the woman, until the urgency of the symptoms demands attention.

“ Many years may elapse before any danger is apprehended ; and then all at once the woman may be attacked by a fit of apoplexy, or by some great internal hemorrhage, which may quickly destroy her ; or she may gradually become weaker and dropsical, and at length die. The symptoms will be diminished after each period of menstruation. The mucous discharge probably is, in some degree, useful : hence, if a check be given to it, without employing any means of unloading the blood-vessels, the violence of the symptoms generally increases.

“ The author has examined the bodies of women whom he has seen during life with such symptoms as have been described. He has found the uterus somewhat, but very little, enlarged, and the liver sometimes increased to more than twice its natural size. It has been uniformly

harder than a healthy liver, but there have not been any particular parts of the viscus more diseased than the rest: upon cutting into its substance, it has commonly appeared remarkably yellow.”¹

It appears to me that the cure consists in an assiduous attention to restore the general health, and to keep the bowels free; in the usual local remedies for affection of the liver, but especially repeated cupping, and a seton; in carefully guarding against apoplectic or paralytic attacks and the formation of dropsy, by topical blood-letting, and by a due regard to the state and tone of the general system, in conjunction with those other principles of treatment.

I have already twice alluded² to a peculiar form of dropsy, to which females are liable, under circumstances of derangement of the general health. The following remarks of Dr. Abercrombie, which have been pointed out to me by my friend Dr. Tweedie, appear to relate to this subject.—

“To this class of dropsical diseases is perhaps

¹ On Diseases of Females, part i. p. 302.

² See page 190.

to be referred a dropsical affection of a dangerous and insidious character, which attacks women about the time of the cessation of the menses, and often affects those who were previously remarkable for health and vigour of constitution. It may begin as the period of cessation draws near; but its progress is more rapid after that change has taken place. The disease begins with nausea and oppression of the stomach, especially after meals. The appetite is in general not bad, but it is variable and capricious. The pulse is natural, and of good strength. There is, from an early period of the disease, anasarca of the legs, at first slight, but gradually increasing, and extending upwards on the thighs and the trunk of the body. The patient who, perhaps a short time before, was remarkable for activity, becomes sallow, listless, and inactive. As the disease advances, effusion takes place in the abdomen, and there is a considerable decay of flesh and strength. Sometimes there is difficulty of breathing, with symptoms of effusion in the thorax. The complaint may go on for several months. Diuretics, purgatives, and tonics, may palliate particular symptoms, and retard its progress, but it frequently baffles every mode of treatment. It is

apt to terminate suddenly and unexpectedly, by slight delirium, succeeded by coma. On dissection, effusion is found in all the cavities, but no disease can be detected in any of the viscera. This dangerous and unmanageable disease seems to have been more attended to by continental physicians than it has been in this country. It is by them reported to have been frequently carried off by critical hæmorrhage from the nose; and blood-letting is said to have been used with much advantage. A dropsical affection, analogous in its nature, and in which the same treatment is said to be beneficial, occurs in men about sixty years of age who have led a life of luxurious indolence. By the continental writers already referred to, it is described as a common disease of monks.”¹

Nothing can be more obscure than the question of the causes of scirrhus diseases. I can only suggest that, as this period of female life is particularly exposed to such formations in the rectum, uterus, and mamma, the utmost attention should be paid to the general health, and especially to the condition of the functions of these parts, as the most rational mode of averting such a calamity.

¹ Edinburgh Medical and Surgical Journal, vol. xiv. p. 176.

Besides the more formidable diseases just mentioned, there are several others to which females are greatly liable. The chief of these are hæmorrhoids and varicose veins. The former usually admit of removal. But they are greatly relieved by the use of the warm water injection, and other well-known remedies. The latter are relieved by the injection and a bandage.

Erysipelas, urticaria, purpura and prurigo are other troublesome affections apt to occur in the later periods of life. Whatever may be done for their relief, their cure depends on restoring the health, and tone, and functions of the general system, and of the skin. A free state of the bowels, and the proper use of the warm bath are important parts of the treatment.

CHAPTER IX.

OF THE DECLINE OF THE VITAL POWERS IN
ADVANCED YEARS.

THERE cannot be a more interesting subject of philosophical, as well as medical inquiry, than that of the effects of a gradual sinking of the vital powers. The subject allies itself intimately with the effects of sinking from the various sources of exhaustion; and it is identical with the case of an animal deprived of some parts of the nervous energies, by the division of certain nerves, and so abstracting the influence of the brain and spinal marrow.

But this is not the place for philosophical discussions. I would, therefore, only observe, that the physiological reader will, I think, trace a similarity, if not identity, between some of the interesting experiments of Dr. Philip, the phenomena of sinking from loss of blood, as I have described them in the *Medico-Chirurgical Transactions*, volume xiii. pp. 130—137., and the phenomena of the decline of the vital powers in old age.

The state of sinking in old age has been described by Sir Henry Halford, in a paper which is full of accurate and interesting observation.¹

This state of sinking is apt to come on unattended and unpreceded by the symptoms of reaction. There are transient flushes of the cheeks, and an increased frequency of the pulse; the force of the arterial beat does not, however, pass beyond that of health, but, on the contrary, becomes gradually more and more feeble.

Nothing can be more accurate than Sir Henry Halford's description of this state.² He observes, "It sometimes comes on so gradually and insensibly, that the patient is hardly aware of its commencement. He perceives that he is sooner tired than usual, and that he is thinner than he was; but yet he has nothing material to complain of. In process of time his appetite becomes seriously impaired: his nights are sleepless, or, if he get sleep, he is not refreshed by it. His face becomes visibly extenuated, or, perhaps, acquires a bloated look. His tongue is white, and he suspects that he has fever.

¹ Transactions of the College of Physicians, vol. iv. p. 316.

² Ibid. p. 318—320.

“ If he ask advice, his pulse is found quicker than it should be, and he acknowledges that he has felt pains occasionally in his head and chest ; and that his legs are disposed to swell ; yet there is no deficiency in the quantity of his urine, nor any other sensible failure in the action of the abdominal viscera, excepting that the bowels are more sluggish than they used to be.

“ Sometimes the head-ache is accompanied with vertigo ; and sometimes severe rheumatic pains, as the patient believes them to be, are felt in various parts of the body, and in the limbs ; but, on inquiry, these have not the ordinary seat, nor the common accompaniments of rheumatism, and seem rather to take the course of nerves than of the muscular fibres.

“ In the later stages of this disease, the stomach seems to lose all its powers ; the frame becomes more and more emaciated ; the cellular membrane, in the lower limbs, is laden with fluid ; there is an insurmountable restlessness by day, and a total want of sleep at night ; the mind grows torpid and indifferent to what formerly interested it ; and the patient sinks at last, seeming rather to cease to live, than to die of a mortal distemper.”

The countenance, besides being thinner and paler than before, often betrays a peculiar imbecility both of the muscles, and perhaps of the mind or feelings, by certain peculiar rapid movements observed in the chin and cheeks. A similar debility is observed both in the articulation and in the movements and manner in general. The feelings are, in some instances, very susceptible, and the patient is apt even to shed tears, and is unable, perhaps, to bear society. Besides the head-ache and vertigo, there is sometimes a degree of fluttering in the region of the heart or stomach, and the pulse is apt to be irregular; the breathing is easily hurried by exertion or emotion; the patient is soon fatigued; there are wakefulness and restlessness, with thirst and heat; the ends of the fingers are apt to become of a pale lived hue and cold; the muscular flesh wastes, and the patient is observed to be 'much altered.' The voice becomes husky, the bronchia clogged with mucus, the bowels distended with flatus, the appetite impaired.

In this state of exhaustion, I have several times known an attack very similar to paralysis to take place. In one patient the head fell down upon

the chest, the muscles of the back of the neck becoming all at once affected with such debility as to be incapable of supporting it. From this debility the patient recovered gradually, and was once more able to hold his head erect.—Another patient suddenly lost, in a great degree, the power of articulation and of deglutition. He recovered this power in a considerable measure, but soon passed into a fatal sinking state.

Such is the state of things before that of positive sinking begins ; and from such a state the patient may recover ; but in a short time, if recovery be delayed, that other change takes place, and appears to lead irretrievably to dissolution.

It is at this moment that the care of the physician is required to relieve and assist nature in her attempts at restoration. The bowels probably require to be gently unloaded ; the strength to be cautiously sustained by wine and proper nourishment. I have used these guarded expressions, because I have known the too active operation of medicine obviously to plunge the patient into a state of dissolution ; and I have known an untimely and improper administration

of wine to induce flushing and delirium. The bowels should rather be solicited by the warm-water injection, and then, and not till then, wine should be given with nourishment.

These observations are highly important. For although we may not be able to do effectual good, in these cases, we are not the less anxious to avoid the imputation of having done harm. And the occasion of our present prescription is frequently one of great tenderness, if not of anxiety, in the younger relatives of our patient.

The next stage of this affection is that of decided sinking.

With increased debility of the muscles and of the pulse, there is now slight delirium, with a tendency to dozing; there is rattling in the throat and in the bronchia, with laborious and imperfect breathing; phlegm in the trachea is often the first symptom of sinking from old age; in some instances there is retention, with or without incontinence of urine; the cheeks, hands, and feet become pale, livid, and cold, and the eye is covered with a film of mucus;—after some unusual effort, or, perhaps, just after the bowels have been moved, the patient frequently expires rather suddenly;

otherwise there is the most gradual sinking of the powers of life, perhaps after several unexpected changes for better and worse.

I here insert an enumeration of the symptoms of this sinking state, in the last patient whom I had occasion to see under its influence.

The first symptoms were huskiness of the voice, phlegm in the throat, and an obvious loss of flesh, colour and strength.

Afterwards the huskiness and phlegm increased; the loss of flesh was most remarkable in the muscular parts, as the thigh, or calf of the leg; there were alternate slight paleness and flushing, the pulse being rather frequent, and apt to intermit; the tongue was furred and rough, the appetite failed, and there was a flatulent and constipated state of the bowels.

There was little or no head-ache; but the nights were wakeful and restless, and the muscular debility induced aching pain of the loins.

Sir Henry Hallford observes, "though this climacteric disease is sometimes equally remarkable in women as in men, yet most certainly I have not noticed it so frequently nor so well characterized in females." He adds, "of the various causes

to which this malady may owe its commencement, there is none more frequent than a common cold. When the body is predisposed to this change, any occasion of feverish excitement, and a privation of rest at the same time, will readily induce it. A fall, which did not appear of consequence at the moment, and which would not have been so at any other time, has sometimes jarred the frame into this disordered action ; but, above all, anxiety of mind and sorrow have laid the surest foundation for the malady in its least remediable form."

This affection seems to consist in a state of debility of the nervous system, the remaining powers of which are speedily destroyed by any shock from accident or disease.

Perhaps there is no case requiring such nicety in the treatment, as that of the impending failure of the nervous powers in declining years. The bowels must be relieved ; yet if we do too much, we precipitate the patient into immediate dissolution. The warm water injection, followed by a cordial, and by quiet in the perfectly recumbent position, is highly useful. The powers must be sustained by diet ; but the stomach is easily overloaded, and its feeble powers oppressed.

Light and highly cordial nutriment is therefore required. The feet must be kept warm.

If the head be more affected than usual, a blister should be applied to the back of the neck.

The effect of cold is very apt to be shown in that form of affection of the chest called peripneumonia notha. Blood-letting destroys. Blisters are the only safe, almost the only, remedy.

I have treated the subject of the local affections thus briefly, intending to recur to it on some future occasion, on which I purpose, having in this work treated of the constitutional origin of the diseases of females in different ages, to treat of those diseases more particularly.

THE END.

EXPLANATION OF THE PLATES.

EXPLANATION OF PLATE I.

THE Figures in this Plate represent some of the conditions of the Tongue, in disorder of the general health, in its more acute forms, and are fully explained, pp. 29—31.

Figure 1 represents the tongue loaded, swollen, and œdematous. It has received indentations from pressure against the teeth.

In Figure 2, there are similar appearances conjoined with incipient sulci or creases. This may be denominated the sulcated tongue.

Figure 3. represents the tumid state of the gums. It is usually conjoined with a similar condition of the internal parts of the cheeks.

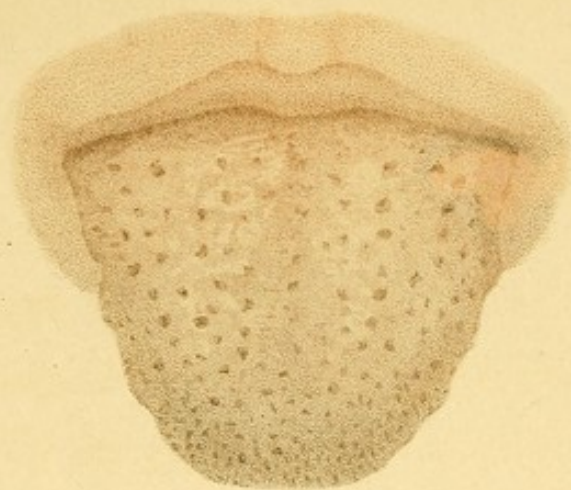


Fig. 1.

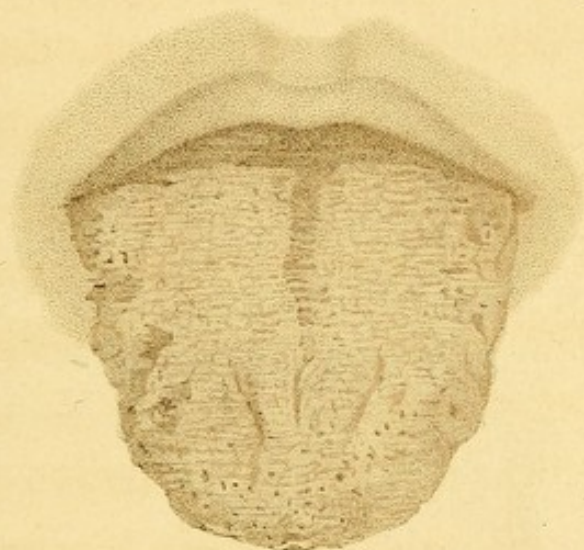


Fig. 2.



Fig. 3.

EXPLANATION OF PLATE II.

The Figures in this Plate represent some of the conditions of the Tongue, in disorder of the general health, in its more protracted form. They are described, pp. 53—56.

The first Figure represents the tongue become clean, but with prominent papillæ.

Figure 2. represents the papillæ not only prominent, but enlarged.

Figure 3. represents the lobulated tongue. Its surface is variously intersected by deep sulci which divide it into lobules. These are best displayed by separating them by the two fore-fingers pressing its surface in opposite directions.

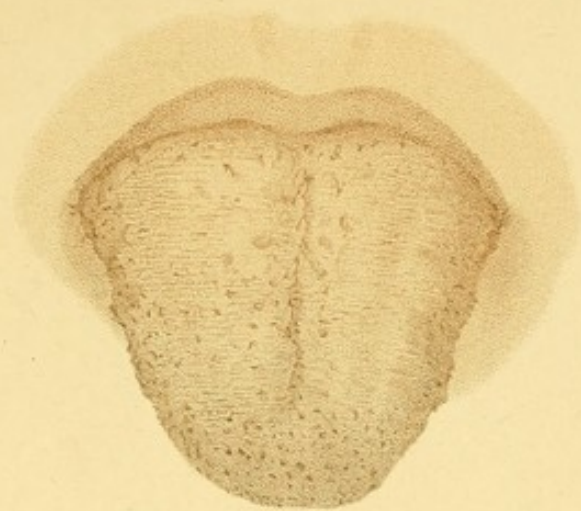


Fig. 1.

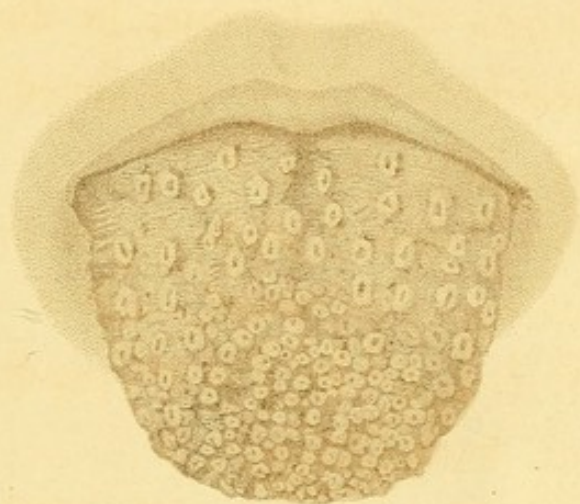


Fig. 2.

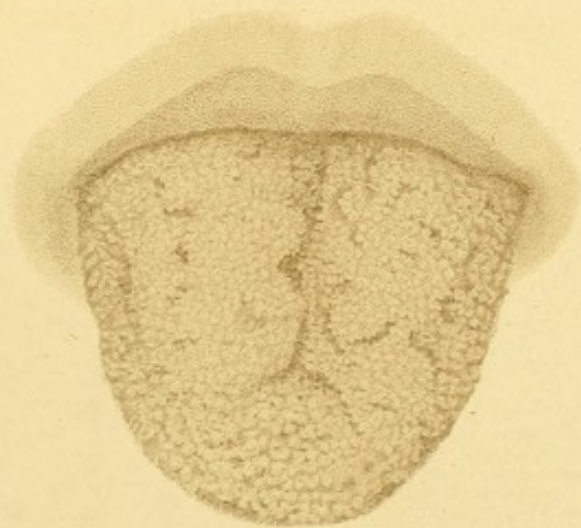


Fig. 3.

EXPLANATION OF PLATE III.

For the drawing from which this Plate is taken, I am indebted to my friend Mr. Heming, of Kentish Town. It is described, pp. 55, 64.

Figure 1. represents an indented, sulcated tongue, the indentations and sulci of which have become sore and ulcerated, and thus, in one or two parts, cicatrized.

Figure 2. represents the peculiar state of the throat in some of these cases.

Figure 3. shews the condition of the tongue, represented in figure 1. in its later stage.



Fig. 1.

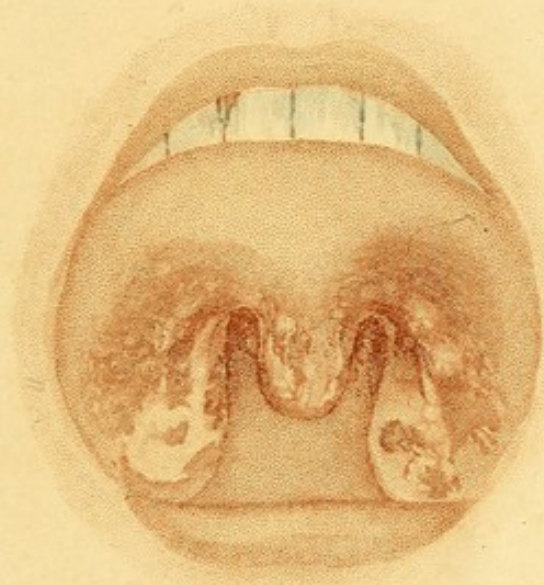


Fig. 2.

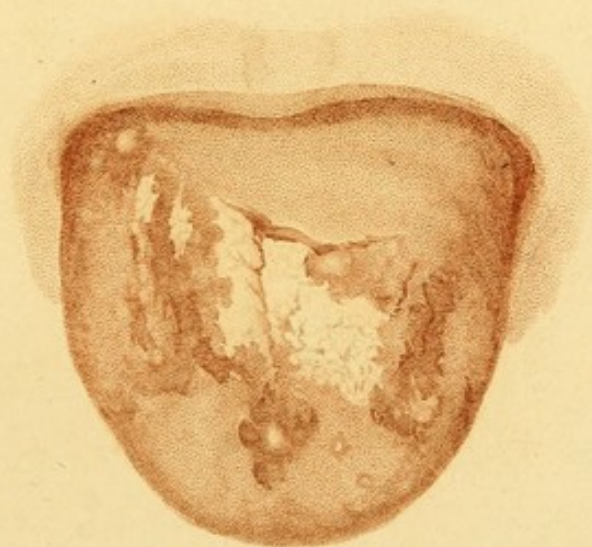


Fig. 3.

EXPLANATION OF PLATE IV.

This plate represents the conditions of the tongue and pharynx, in the incipient and confirmed stages of Chlorosis, described, pp. 73-74.

Figure 1, displays the slightly loaded, slightly pale state of the tongue, in the first stage;

Figure 2, the subnormal and pale condition of the tongue, at a later period;

Figure 3, the bloodless state of the tongue and pharynx, in the confirmed and last stage of this singular morbid affection.

EXPLANATION OF PLATE IV.

This plate represents the conditions of the tongue and prolabia, in the incipient and confirmed stages of Chlorosis, described, pp. 73, 74.

Figure 1, displays the slightly loaded, slightly pale state of the tongue, in the first stage ;

Figure 2, the œdematous and pale condition of the tongue, at a later period ;

Figure 3, the bloodless state of the tongue and prolabia, in the confirmed and last stage of this singular morbid affection.

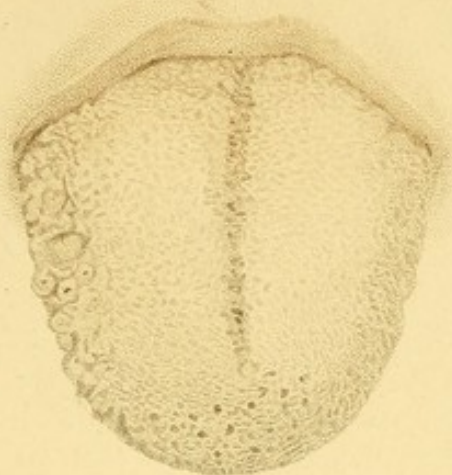


Fig. 1.

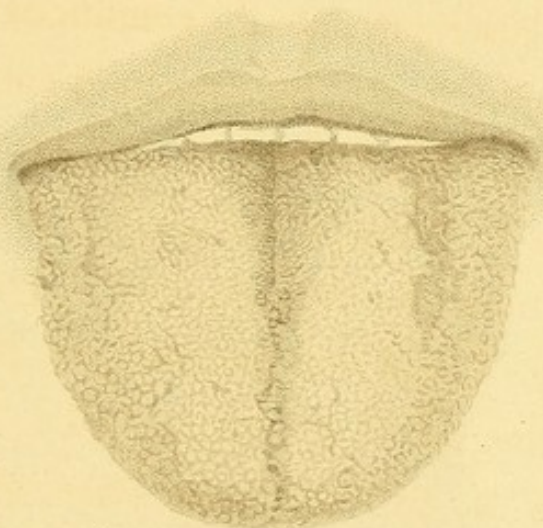


Fig. 2.

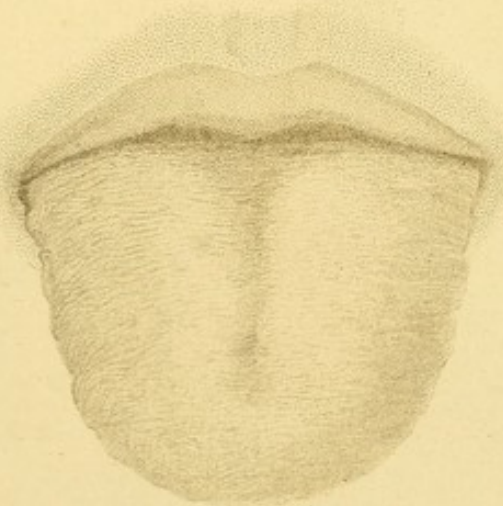


Fig. 3.

EXPLANATION OF PLATE V.

Figure 1. displays the state of bloodlessness of the prolabia, and of the general surface of the countenance, in confirmed Chlorosis. It is described at length, Chapter V. pp. 72, 73.

Figure 2. represents the icterode complexion, described p. 93 ; it is conjoined with a less pale and less bloodless condition of the tongue and prolabia, than is observed in chlorosis.



Fig. 1.



Fig. 2.

J. Stewart sculp.

EXPLANATION OF PLATE VI.

In this Plate, Figure 1. represents the leaden hue of the complexion, and Figure 2. the dark ring occupying the eye-lids, described in Chapter VII, and explained fully pp. 92—94.

The prolabia in Figure 1, are slightly pale.

In Figure 2, the prolabia are of a perfectly natural hue.



Fig. 1.



Fig. 2.

EXPLANATION OF PLATE VII.

This Plate represents some interesting points in the condition of the Hand, in the various forms of disorder of the general health.

Figure 1. represents the bloodless condition of the hand in Chlorosis, described pp. 34, 75 ;

Figure 2, the peculiar cold livid aspect of the fingers, the alternate blue and flesh-coloured hue of the nails, and the opaque state of their tips, mentioned Chapter VI. p. 95.

Figure 3. displays the brittle and sunk condition of the nails, in the most protracted cases of disorder of the general health, described p. 94.

Figure 4. represents a split state of the integuments of the fingers, seen in some very protracted cases of Chlorosis, and pointed out to me by Mr. Manning, of Hounslow Town.

EXPLANATION OF PLATE VII.

This Plate represents some interesting points in the condition of the Hand, in the various forms of disorder of the general health.

Figure 1. represents the bloodless condition of the hand in Chlorosis, described pp. 34, 75 ;

Figure 2, the peculiar cold livid aspect of the fingers, the alternate blue and flesh-coloured hue of the nails, and the opaque state of their tips, mentioned Chapter VI. p. 95.

Figure 3. displays the brittle and sunk condition of the nails, in the most protracted cases of disorder of the general health, described p. 94.

Figure 4. represents a split state of the integuments of the fingers, seen in some very protracted cases of Chlorosis, and pointed out to me by Mr. Heming, of Kentish Town.

Fig. 1.



Fig. 2.



Fig. 4.



Fig. 3.



INDEX.

ALE, Mild, bitter.....	109
Ammonia, Carbonate of.....	91, 105
Amenorrhœa, Several kinds of, 34, 58, 78, 140, 146, 163,	243
Anasarca.....	193, 197
Anodyne, Ammoniated.....	43
Aperient, Cordial.....	42, 65, 89, 198
Apoplexy.....	186, 245, 247, 249
Appetite, Morbid.....	33, 77
Belly, Affections of.....	40, 79, 88, 114
—— Tumour of.....	40
Bladder, Affection of.....	40
Blisters, Abuse of.....	3, 77, 86
Blood, Discharge of, from the bowels.....	39, 80, 193
—— Vomiting of.....	39, 50, 80
Bloodletting, Use of.....	134
—— Abuse of.....	3, 77, 86, 134
Boils.....	58, 59, 69
Bowels, State of.....	33, 58, 77
Boys or Girls, Disorders of.....	67
Cachexia.....	58
Catamenia, State of, 34, 58, 78, 80, 96, 140, 146, 189, 243	
Change of Life.....	189, 243
Chest, Affections of.....	40, 79, 88, 113, 114
Chlorosis, Bloodlessness in.....	82
—— Pathology of.....	79
Clothing.....	46
Coldness of extremities.....	103, 139, 145

- Complexion, Morbid states of, 29, 53, 73, 92—94, 184,
185, 203
- Consumption, Early symptoms of.....138
- Convulsive affection.....40, 112
- Cordials.....44, 65
- Death, Sudden.....85, 223
- Decline of Life.....258
- Delirium.....32, 113
- Diagnosis.....35, 41, 87, 116, 121, 157
- Diarrhœa.....33, 50
- Diet.....44, 66
- Disorder, Acute.....27
- Dropsy, Peculiar.....62, 91, 190, 193, 254
- Epilepsy, Resemblance of.....39
- Ergot of Rye.....206
- Erysipelas.....60
- Exercise.....45, 66
- Exhaustion.....134, 202, 204, 212, 248
- Faintishness.....32, 39
- Flesh, Loss of.....32, 146
- Fluttering.....33, 39, 76
- Gooch, Dr.....8
- Hæmatemesis.....39, 80
- Head-ache.....32, 37, 75, 186
——, Affections of, 37, 48, 75, 79, 87, 113, 117, 186, 190,
193
- Heart, Affections of.....39, 49, 76, 79, 114, 187, 190
- Hysteria, Symptoms of.....111
- Injection of warm water.....50, 188
- Integuments, Sudden affection of.....64

Iron, Sulphate of.....	66, 89, 109
Jaundice.....	40, 50
Lactation, Undue.....	230
—— Morbid.....	241
Leucorrhœa.....	204
Lips, Affection of.....	61
Liver, Disease of the.....	21, 56, 183, 187, 252
Loss of Blood, Effects of.....	82
Mammæ, Affections of.....	17, 168, 245
Melæna.....	39, 80, 193
Menorrhagia.....	202
—— as it occurs in India.....	212
Mercurials.....	43, 89, 96
Mesenteric Disease, early symptoms of.....	145
Mouth, Affections of.....	30, 59, 63
Nails, Morbid states of.....	57, 74
Nerves, Affections of.....	122
Neuralgia.....	40, 49, 120
Nitrate of Silver.....	50, 60, 121
Nose, Affection of.....	59, 60, 64
Œdema.....	58, 78, 197
Pains, Local.....	34, 40, 76, 90
—— Nervous.....	40, 49, 120
Palpitation.....	33, 39, 76
Paralysis.....	186, 245, 247, 249
Paralytic Affection.....	41, 115
Piles.....	188
Puerperal State, Effects of disorder in.....	222
Purgative Medicine.....	41, 65, 89, 197

Purpura.....	59, 80
Quinine, Sulphate of.....	66, 109
Relapse, Causes of.....	47
Sarsaparilla.....	66
School habits.....	2, 24, 67
Sea-breezes	46, 66
Side, Affection of.....	40, 88, 114, 117
Spasmodic affection.....	40, 112
Spine, Diseases of.....	157
—— Pretended disease of.....	3, 114, 118, 157
Sponging.....	46, 97
Steel. See Iron.	
Sterility.....	7
Stomach, State of.....	33
Surface, General.....	31, 56, 94, 186
Teeth, Decay of.....	59, 62
Temper Disease.....	105
Throat, Affections of.....	59, 63
Tongue, Morbid states of	29, 53, 73, 95, 185
—— ——— affection of.....	64
Tremor, Nervous.....	31
Tubercles in the Abdomen, Early symptoms of.....	145
Urine, State of.....	34, 58
Uterus, Affections of the.....	16, 161, 245
Vertigo.....	32, 37, 75, 186
Whitlow.....	58, 60

