

A treatise on inflammatory disease of the uterus, and its appendages, and on ulceration and enlargement of the neck of the uterus : in which the morbid uterine manifestations and functional derangements are explained and illustrated / by E. Small.

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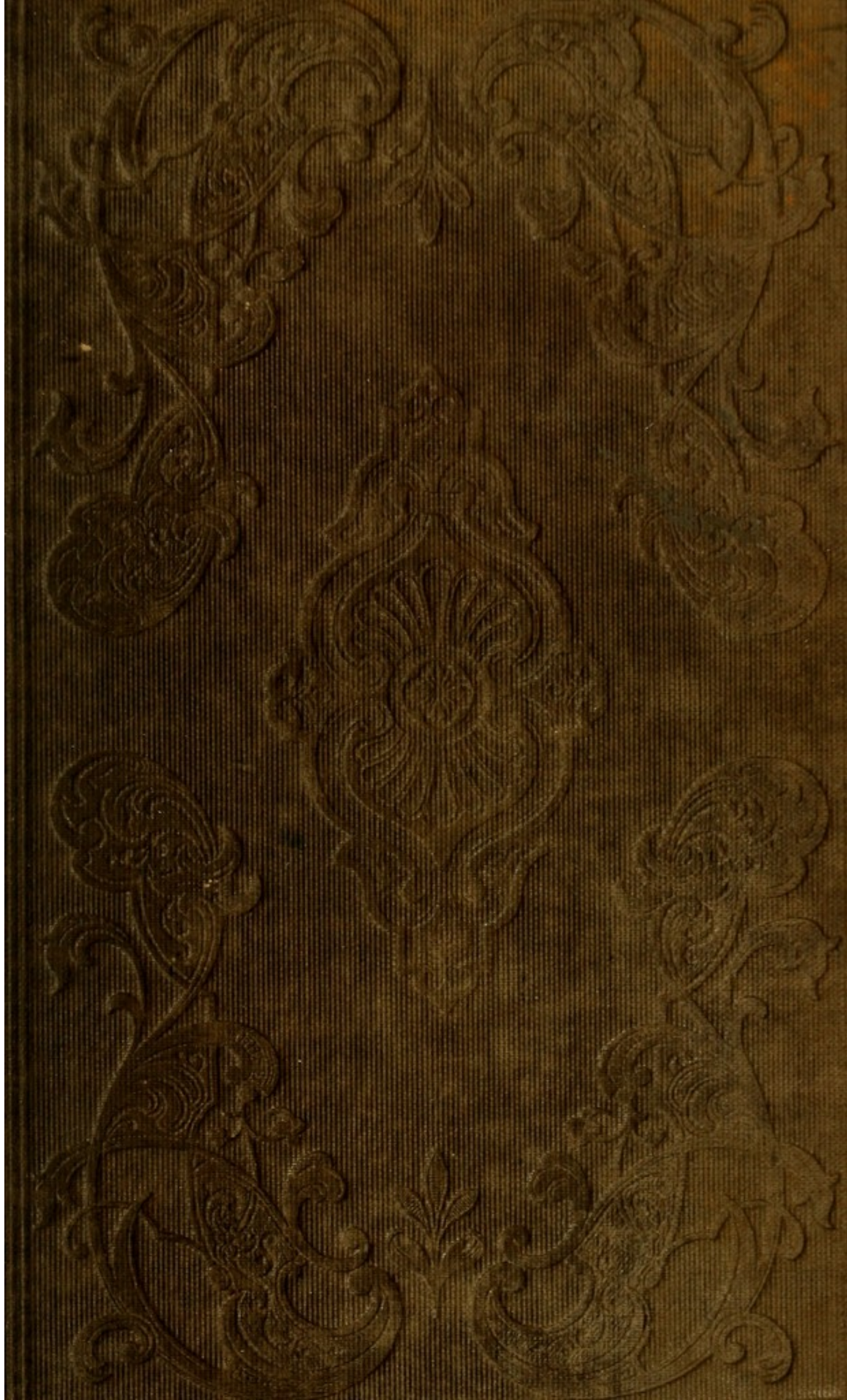
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A TREATISE
ON
INFLAMMATORY DISEASE OF THE UTERUS,
AND ITS APPENDAGES,
AND ON
ULCERATION AND ENLARGEMENT
OF
THE NECK OF THE UTERUS,
IN WHICH
THE MORBID UTERINE MANIFESTATIONS AND FUNCTIONAL
DERANGEMENTS ARE EXPLAINED AND
ILLUSTRATED.

BY E. SMALL, M. D.

SECOND EDITION, REVISED AND ENLARGED.

BOSTON:
PUBLISHED BY SANBORN, CARTER & BAZIN.
1856.



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BY E. SMALL, M. D.

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BAZIN & CHANDLER, PRINTERS,
No. 37 Cornhill, Boston.

TO THE
LADIES OF AMERICA,
THIS VOLUME
IS RESPECTFULLY DEDICATED,
BY THEIR SINCERE FRIEND,
THE AUTHOR.

PREFACE TO SECOND EDITION.

THE first edition of the present treatise is exhausted ; and the favorable reception it has met from the public, has induced me to offer a second edition, revised and enlarged.

Since publishing the first edition, more than three years has elapsed, which time I have devoted entirely and assiduously, to the investigation and treatment of Uterine disease, carefully noting all the diversified phases of the disease, that I might be the better able, in the second edition, to confirm or correct, as the case might be, the doctrine or sentiments contained in the first.

During this three years, my practice has been extensive, thus affording ample opportunities for observation and research. And the result has been, that with two exceptions, hereinafter named, I am prepared fully to endorse the sentiments of the first edition, as essentially correct.

The exceptions relate to chronic inflammation, and the use of astringent injections. Corrections upon these two points will be found in this edition in the proper place.

I have discovered deficiencies in the first edition which I have endeavored to remedy in this.

Two chapters have been added, — the first is on diet, containing full dietetic rules for patients ; and the physiological principles on which these rules are based. The second is miscellaneous remarks, explaining the phenomena of Uterine disease, or the cause of many of the prominent symptoms which the disease produces, but which are not generally understood by ladies.

Other additions, as well as revisions have been made, which, it is believed, will be interesting and beneficial.

This work was not written for the eye of the critic, but for the benefit of the suffering invalid, and that it may prove a blessing to such, is the sincere and ardent wish of

THE AUTHOR.

Boston, August, 1856.

PREFACE TO FIRST EDITION.

THIS little volume has been written expressly for the instruction and benefit of Females. Fifteen years study and investigation of Uterine disease and its phenomena or manifestations, has not only convinced me that the common theory of writers upon Uterine Pathology is incorrect, as I have endeavored to show in this work, but also, as a matter of course, that females, suffering with the disease, entertain the most vague and erroneous views, as to its true nature and mode of action, in producing such an amount of physical and mental suffering, and general debility and languor, as uniformly attends the disease.

Being painfully impressed, by what I have witnessed in my daily practice, of the evils resulting to females, from a want of correct knowledge upon this subject, has prompted the effort to lay before them the following brief treatise.

Correct knowledge upon this subject, may be regarded as a desideratum with females, and that this desideratum will be, in some measure, supplied by the present volume, the author ventures to indulge the hope.

This work has been written amidst the labor and care of an extensive practice. That it is free from errors, I cannot flatter myself. But that the doctrine taught is essentially correct, I have the fullest reason to believe.

In preparing this work I have studied simplicity of language and style, and have either entirely rejected the use of technical terms, or, when used, have been fully explained. And should any lady, who may peruse the following pages, indulge the feeling, that, by the simplicity of style, I had not complimented her knowledge of medicine,—let such remember, that although to her, the rejection or explanation of medical terms is unnecessary, yet her less favored sisters will not be offended, to find the book free from terms, the meaning of which, to them would be unknown, and their place supplied by plain language which they can fully comprehend.

I am aware, that some parts of this work may present the appearance of repetition, from the varied manner in which I have attempted to explain and illustrate particular points which I have wished to make clear and forcible. I hope, however, that the attempt to convey instruction upon the subject of medicine, without the use of medical terms, will be a sufficient apology for any seeming repetitions.

Finally, this volume, such as it is, is cheerfully committed to the hands of females.

That it may be the means of their becoming better acquainted with the nature and effects of that most common and painful of all affections—inflammatory Uterine disease,—and may be the means of mitigating their sufferings by directing them to a rational and efficient mode of cure, is the ardent wish of their friend,

E. SMALL.

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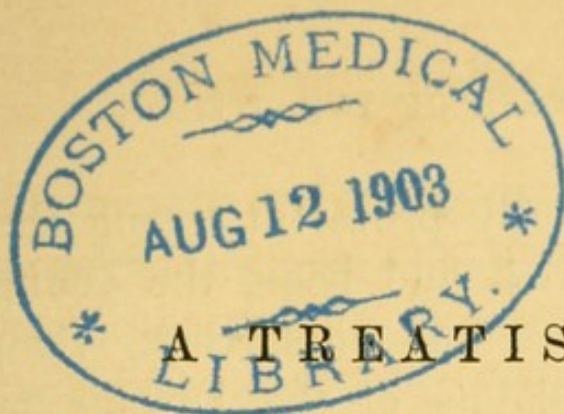
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A TREATISE

ON

Inflammatory Disease of the Uterus AND ITS NECK.

CHAPTER I.

PRELIMINARY REMARKS.

FREQUENCY AND EXTENT OF UTERINE DISEASE — ITS OBSCURITY. — FACTS BROUGHT TO LIGHT BY NEW MEANS OF INVESTIGATION.

OF all the numerous diseases which afflict the human family, none are so common, nor are there any which produce so great an amount of suffering, as disease of the Uterus and its appendages. Nor is there any which renders so many females confirmed invalids, whose life is a continued scene of bodily and mental suffering, of greater or less intensity, varying according to the severity of the disease, and the strength and constitution of the sufferer. Nor is any class of community exempt from this fearful scourge of the female

sex. It is equally prevalent among the high and low, the rich and poor, the young and old, the married and unmarried. So prevalent are complaints of the Uterine system, that in cities and large towns, scarcely less than one-half of adult females are constantly suffering under their influence ; although in a large proportion of cases, the disease is unrecognized, and the suffering and debility produced by it, are attributed to other causes.

Not only has this disease been so prevalent among all classes of community, but perhaps no branch of the healing art has been shrouded with so much doubt and uncertainty, from time immemorial, as the various forms of Uterine disease. Nor is there any branch in which erroneous theories have led to a more irrational or injurious course of medical treatment. To such an extent is this true, that for centuries the disease has been permitted to progress unchecked, nay, often greatly aggravated by the very means employed for its relief. Thus the fairest and best portions of humanity are falling before the silent and insidious approach of this fatal disease, until the female portion of community, particularly in large cities, have become little less than a

race of invalids, illy prepared for the discharge of the high and responsible duties imposed upon them by their Creator, or to become the true companion of man in the high sense originally designed.

The truth of this statement has been painfully felt and freely acknowledged by the most distinguished practitioners and professors of medicine of modern times. Dr. Whitehead, a distinguished English writer, says, "There is no department in medicine less understood." And the thousands of unrelieved, and often unrecognized cases of Uterine disease, which exist in all our cities and large towns, wearing away, by slow degrees, the life of the sufferer, is ample proof of the truth of the above quotation.

But it is matter of consolation, that, while we are compelled to admit the truth of the above, we can assert with equal truth, that of all the various branches of the healing art, over which light has recently been thrown by physical means of investigation, Uterine disease stands pre-eminent.

The recent adoption, in the Hospitals of London and Paris, of careful instrumental examination of the true nature of disease of

the Uterus, has opened an entirely new field to practice, and must sooner or later, lead to a complete revolution, both in the theory and treatment of disease of the Womb and its appendages.

I trust, that a careful perusal of the following pages will convince any unprejudiced mind, that the important results which are to be attained by this improved means of investigation of Uterine disease, are by no means over-rated.

Having devoted the last fifteen years to the investigation and treatment of the various forms of Uterine disease;—and having carefully examined, and tested in practice, the various theories and teachings of writers on Uterine Pathology; and having also, within the last few years, fully investigated, and thoroughly tested, in an extensive practice, with success before unknown and unthought of, the new means named above, the author flatters himself that he shall confer a benefit upon the female sex, by placing in their hands the following brief treatise. And let it be remembered, that what is here stated, is not the result of theoretical speculation, but is the expression of facts, truly ascertained and faithfully recorded.

CHAPTER II.

ANATOMY AND PHYSIOLOGY OF THE UTERUS.

It is by no means my intention in this work, to give a minute description of female organism, nor to treat of the great variety of disease to which that organism renders the female liable. Such works, from able pens, are already before the public. Nor is it my intention to describe minutely the anatomy and physiology of the Uterus; but merely to present those important features of its structure and functions which bear closely upon its diseased condition, and explain the new and important facts which I wish to lay before my readers.

I shall briefly describe the anatomical location of the organs, the disease of which will form the subject of the present treatise; and shall also describe their functions, both in a healthy and diseased state, so far as the elucidation of the subject may require.

THE PELVIS.

The bony rim surrounding the lower part of the body and lying beneath the walls of the abdomen, or bowels, is called the *pelvis*, and constitutes the frame-work, which contains, supports and protects the complicated apparatus of the generative organs — the Womb and its appendages.

THE UTERUS OR WOMB. — Directly back of the bone in front, called the os peubis, and rising a little above it, in the cavity of the pelvis, is situated the Uterus or Womb. It is supported in its position by what are termed the broad or lateral ligaments, the round ligaments, and its connection with the surrounding parts, with the urinary bladder in front, or anteriorly, and the rectum behind, or posteriorly.

The Uterus is an organ of a very peculiar nature, its substance is very firm, and is composed of veins, arteries, lymphatics, nerves, and muscular fiber, curiously interwoven, and united by cellular membrane. It is about three inches in length, two broad at the upper part, and one at the lower part, and in shape somewhat resembles a pear, with the little end

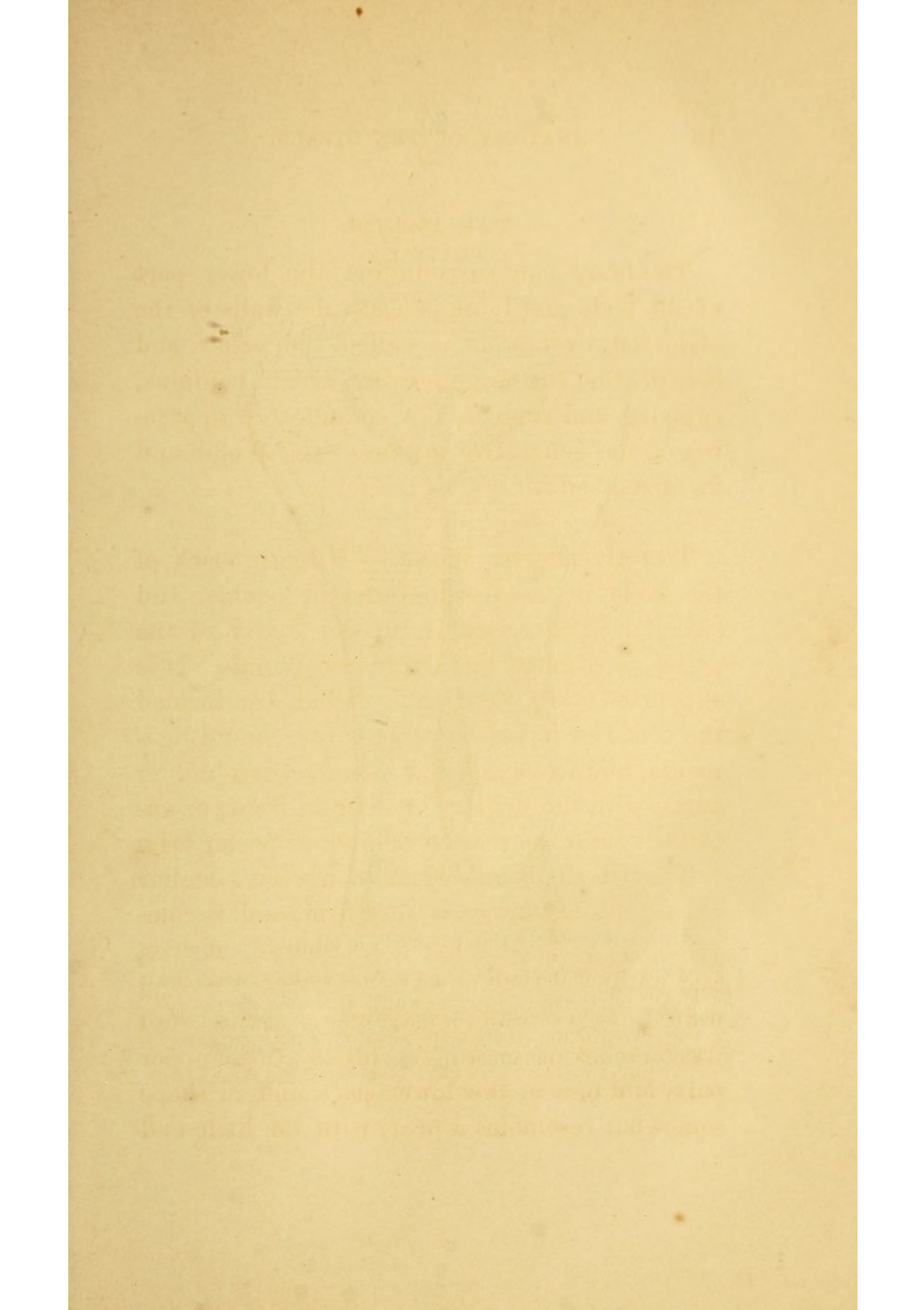


PLATE I.

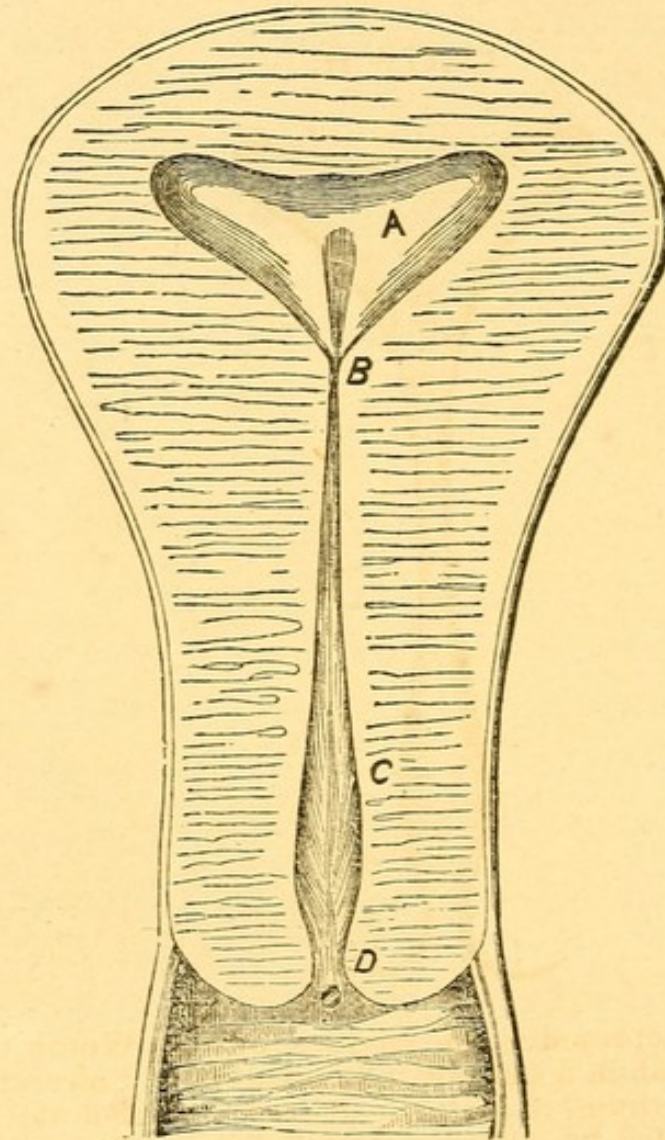


PLATE I—Represents the Uterus in a healthy state and natural size.

- a.* The cavity of the body of the Uterus.
- b.* The os internum, or stricture which separates the cavity of the Womb from the cavity of the neck of the Womb.
- c.* The cavity of the cervix uteri, or neck of the Womb.
- d.* The os uteri, or mouth of the Womb.

PLATE II.

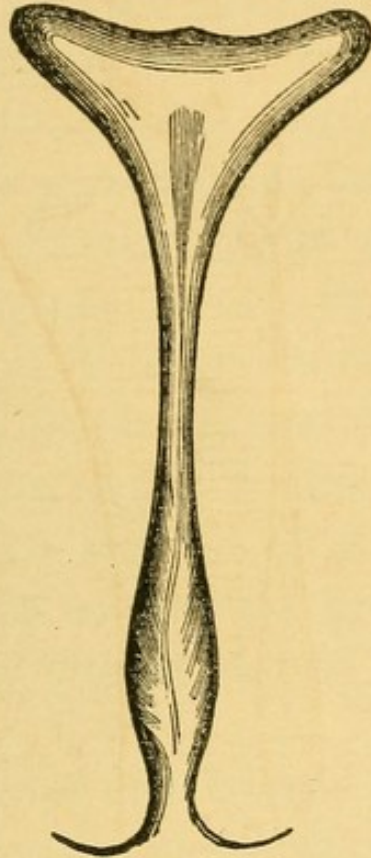


PLATE II. — Represents the cavities of the Womb, and neck of the Womb in a state of inflammation and ulceration; with the os internum, or natural stricture between the two cavities, obliterated by disease. It will be seen by this cut, that the two cavities, that of the neck of the Womb, and that of the Womb, form one continuous cavity, and is much enlarged or expanded by disease.

down. The lower end is called the cervix uteri, or neck, the upper end the fundus uteri; and the intermediate part, the *body*.

The cavity of the Uterus is not, as is generally supposed, a single, but a double cavity; one belonging to the Uterus itself, and the other to the cervix uteri, or neck of the Uterus, (see plate 1, page 20.) At the union of the two cavities, there is, during life, a natural stricture, which closes the cavity of the Uterus. This stricture, termed the os internum, which is not mentioned or described by anatomists, exists, I find, always, or nearly always, in the absence of disease, and is sufficiently great to prevent even a small probe entering the Uterus, unless considerable force be used.

The cavity of the Uterus is triangular, and is so small, owing to the thickness of its parietes, or sides, that it is incapable of containing but a few drops of fluid. The termination of the cavity of the cervix uteri, at the lower end, is called the os uteri, or mouth of the Womb, and in a healthy state, is about the size of a crow's quill.

On each side of the Uterus, are the ovaries and fallopian tubes, contained between the

lateral folds of the peritonæum, or broad ligaments.

THE OVARIES, — are flat oval shaped bodies, about an inch long, and placed about an inch from the Uterus on each side, nearly in the groin.

Each of the ovaries includes or contains a number of small vesicles or eggs, which are the germs of future human beings.

THE FALLOPIAN TUBES. — From each side of the inner surface of the Uterus, near the fundus, a tube passes through the Uterus, and extends along the broad ligaments, beneath the ovaries, to the edge of the pelvis. The whole tube is about as long as the Uterus, very small in the Uterus, and increases in diameter towards the ends. Their use, as is generally believed, is to convey the principle of impregnation to the ovaries, at the time conception takes place, and also to convey the ovæ, when impregnated, to the interior of the Uterus.

THE VAGINA. — The passage or canal leading to the Uterus, is called the vagina. It is from four to six inches in length, about two

inches broad at the upper end, into which is projected the cervix uteri, (or neck of the Uterus) in the manner in which the finger might be pressed an inch or so, into the bottom of an India rubber or leather bottle. The vagina is composed of two coats, the inner is velvet-like, interspersed with many excretory ducts, and contracted into small transverse folds, particularly at the fore and back part. These are lessened and generally obliterated by child-bearing. The outer coat is firm, somewhat contractile, and surrounded by cellular membrane which connects it to the neighboring parts. In a healthy state, particularly in the virgin, its contractile power assists greatly in supporting the Uterus.

The vagina is between the urethra before, and the rectum behind, to both which it is firmly attached by strong cellular membrane.

THE HYMEN is a membrane situated at the entrance of the vagina. It always exists, and closes the vagina during childhood, but after the age of puberty it is, in most cases, obliterated, being ruptured by various causes.

THE EXTERNAL LABIA, OR LIPS. — The lower end or orifice of the vagina, is closed by what

is called the labia externa, which are two broad folds of adipose and membranous substance.

There are two smaller labia, enclosed within the first, sometimes called the nymphæ, the only known use of which appears to be, to direct the flow of the urine from the Urethra.

THE CLITORIS, is a small prominent organ about the size of a large bean, placed in the upper part of the opening, between the external lips. It is a very sensitive organ, and is the principal seat of sexual feeling, and is subject to a variety of diseases.

THE BLADDER. — This is an elastic and muscular vessel, of an egg shape, and capable, when distended, of holding nearly a pint of fluid. It is situated above and behind the os pubis, and in front of the Uterus.

The duct, or passage from the lower end or neck of the bladder is called the Urethra, and in the female is about two inches in length. The bladder and urethra often partake largely of disease of the Uterus, and are then the seat of great pain, as will hereafter be explained.

THE RECTUM, OR TERMINATION OF THE LARGE INTESTINE, is situated behind the vagina, and between it and the back bone. Its lower end

or extremity is called the anus. It is often deeply implicated in inflammatory disease of the Womb, and is then the seat of much severe pain and suffering.

THE PERINEUM, is the part between the vulva (entrance to the vagina) and the anus. It is of muscular structure, and assists in supporting the Womb.

FUNCTION OF THE UTERUS.—The most important function that the non-pregnant Uterus has to perform, is that of menstruation. This function consists in the periodical discharge of a quantity of blood from the cavity of the Uterus. It is now pretty generally believed that this excretion or discharge of blood from the Uterus, coincides with the separation of a mature ovum from the ovary.

The periodical return of menstruation in a healthy female, takes place at the lunar month, or about every fourth week, and continues four or five days. This important function, as we shall see in the course of this work, is liable, by a diseased state of the Uterus, to a great variety of derangements and modifications.

CHAPTER III.

INFLAMMATION THE PRINCIPAL CAUSE OF MORBID UTERINE
PHENOMENA. — DIVISION OF THE SUBJECT.

THAT inflammation and its sequelæ — ulceration, induration and enlargement, is the principal cause of the morbid manifestations of the Uterine system, it will be my object in the following pages to demonstrate and illustrate. I shall also endeavor to show that inflammation is the key to the study of Uterine Pathology, and that the doubt and obscurity which have long enshrouded the subject, can only be explained by recognising and taking into consideration the phenomena which it occasions. And it certainly does appear singular at first sight, that a class of disease of such every day occurrence as Uterine inflammations in reality are, should have remained almost wholly unrecognised until within the last few years; and that for ages, the symptoms which they present, should have been so

misunderstood and misinterpreted, as to have been made the foundation of false theories and erroneous medical practice. Such, however, is the case;—for centuries, the same errors have been perpetuated, owing to causes which are easily explained by reverting to the past history of Medicine, and to anatomical and physiological facts connected with the Uterus.

The occult or hidden position of the Womb, lying, as it does, entirely beyond ocular investigation, has presented a formidable barrier to a knowledge of its real condition in a diseased state. This difficulty is further increased by the fact, that inflammatory ulceration of the cervix uteri, which, as we shall hereafter show, is by far the most common form of Uterine disease, presents no symptoms sufficiently marked in their character, to distinguish it with any degree of certainty, from other forms of Uterine disease.

Hence the inestimable value of the recent invention of the Uterine Speculum, by Dr. Recamier, an eminent French physician to one of the hospitals of Paris. By the aid of this instrument, which is very simple, both in its nature and use, and which will hereafter

be fully explained, the exact condition of the Uterus, and the true nature of its disease, are ascertained with extreme accuracy, and the appropriate medical treatment applied with a degree of certainty and success, that without it would be utterly impossible.

I am aware, that in nearly all the modern treatises on disease of the Uterus, inflammation is considered a disease of *rare occurrence*, and its entire description occupies but a few pages, while almost the whole work is devoted to the consideration of functional affections, prolapsus, or falling of the Womb, and other displacements of the Uterus, tumors, cancers, &c. — a fact which I can but regard as proof that the real Pathology of the Uterus has been completely overlooked.

To those whose knowledge of Uterine disease is obtained from treatises on Uterine Pathology of the present times, I doubt not that the doctrine that inflammation and ulceration of the Uterus, in a vast majority of cases, is the *real cause* of the morbid Uterine changes and symptoms, may appear quite singular. But that such is the case, a little reflection will show. We find inflammation acting the principal part in the diseases of all the struc-

tures and organs of the animal economy. Such is the fact in disease of the lungs, the brain, the kidneys, the liver, &c. How much would be left, were we to take from a history of the disease of these organs, all that relates to inflammation?

And can the Uterus, an organ exposed to so many morbid changes, be regarded as an exemption to the law that obtains in all other important organs in the animal economy? The truth is, that inflammation is quite as common in the Uterine system, and plays as important a part in Uterine disease, as in other similarly organized organs; only its existence has not been recognized because its symptoms are obscure, and its diagnosis rendered difficult, and impeded by various causes.

I shall now proceed to an investigation of the phenomena presented by inflammation of the Uterus, in doing which I shall give the result of my experience in practice, aiming only to portray what I have seen, my descriptions being drawn from actual observation of the disease.

I shall first examine inflammation, and its sequelæ — ulceration and enlargement, in the

cervix uteri, (neck of the Womb,) and shall then examine inflammation in the body of the non-pregnant Uterus, in both the acute and chronic form. But as inflammatory ulceration of the neck of the Uterus is by far the most common of all the morbid manifestations of that organ, I shall devote a chapter of some length to its consideration. And as the causes, symptoms, and results, vary according to the functional state of the Uterus at the different phases of female life, it will be necessary to examine the disease under each of its different aspects. I shall, therefore, after studying its causes, symptoms, and progress, generally, describe it specially,

1st. In the virgin female.

2d. In the female during pregnancy.

3d. As a concomitant of Uterine Polypus.

I shall then investigate the effect of inflammation and ulceration of the cervix uteri, upon what is usually regarded as functional diseases of the Womb—leucorrhæa, dysmenorrhæa, amenorrhæa, menorrhagia, sterility, and general debility; also, prolapsus uteri, and other displacements of the Womb. I shall also briefly investigate Uterine cancer.

Inflammation, Ulceration and Enlargement of the
Cervix Uteri.

GENERAL AND LOCAL SYMPTOMS.

Inflammatory ulceration of the neck of the Womb, is characterized by pain and weakness in the small of the back, through the hips, and sometimes extending down the lower limbs, with weakness and trembling of the knees; pain and soreness in the sides of the bowels just forward of the hip bones, in the region of the ovaries; obstruction, and burning or scalding distress in passing water, with an inclination to pass it often; bearing-down distress, throbbing or pulsation in the region of the Womb, and small of the back; pain and soreness in the lower extremity of the spine; the bowels are usually, but not always, costive; there is usually a cold state of the system, especially of the hands, feet, and lower limbs, with a feeble and sluggish circulation. In most cases, there is a discharge of mucous or pus, from the vagina, which will be more particularly noticed hereafter. The pain in the back is somewhat peculiar, being a dull heavy ache, accompanied with a peculiar weak-

ness, — the patient sometimes saying that she feels as if her back were broken. Bearing-down, or a dragging sensation, when standing or walking, is a very common and distressing symptom, particularly with married women who have had children.

Its effect upon the nervous system is very marked, and is often most severe and distressing. Indeed, there is no malady which afflicts the human family, that so completely, and to such an extent, deranges and prostrates the whole nervous system, as Uterine disease in an advanced stage.

Its effects upon the mind also, acting through the medium of the diseased nerves, are no less direful than upon the body, sometimes causing a degree of gloom and depression of spirits which are indescribable, and which, to the sufferer, often appear insupportable.

She will sometimes have distressing forebodings of some severe calamity which she thinks is about to befall herself or some of her friends, and such are sometimes the gloom and depression of spirits, and mental suffering, that she feels an inclination to weep, and gives vent to her feelings by an effusion of tears. But should the inquiry be made, “Woman, why weepest

thou?" she would be unable to give an answer, or to assign a definite cause for her feelings. Sometimes, in this distressed state of mind, she indulges great fear of becoming insane, and this fear is by no means groundless, for many a case of insanity has its origin in a diseased state of the Uterine organs. This is proved by the fact, that in such cases removing the Uterine disease, restores the patient to her right mind.

Several such cases have come under my treatment, some of which I shall narrate in the course of this work.

In addition to the above, the following symptoms are often present, and sometimes are very severe,—such as a faint sinking feeling at the stomach, palpitation of the heart, a sense of fulness and pain, and sometimes dizziness of the head, impaired digestion, loss of memory, mental anxiety and restlessness, impatience, fretfulness, despondency, restless sleep, frightful dreams, numbness, or insensibility of the limbs, or one side of the body, weakness of the eyes, &c.

Some ladies of amiable disposition, under the depressing influence of inflammatory Uterine disease, become morose, suspicious, and censorious.

It must not be supposed, however, that all, or even the greater part, of the above-named symptoms are present in every case. Such is by no means the fact. In some cases, there may be but two or three prominent symptoms, while in others, most, or all may be present. Some may feel little or none of the local symptoms, that is, symptoms in the region of the Womb, but may feel great general debility which they may be unable to account for, but which is in fact, the effect of sympathetic reaction of disease of the Uterus upon the system generally, which will be hereafter explained. Others may feel but little general debility, but the local symptoms may be marked and severe; while others may present all the symptoms, both general and local.

There is one symptom which is very decisive, even in the absence of all others. It is *general debility* and *lassitude*, without any known cause, especially if accompanied by severe debility of the digestive functions.

I am aware that in such cases, the general debility is usually regarded, both by writers and practitioners, as a primary disease, existing without any definite or tangible cause. But with all due deference to those who enter-

tain this opinion, which certainly has the sanction of antiquity, I would assert, without fear of successful controversy, that the female frame *does not* become weak and languid, without *an adequate cause*, any more than the male; and where such lassitude exists without a known cause, it will be found, in nine cases out of ten, by a careful investigation of the case, that the debility is the result of inflammatory disease of the Uterus, reacting upon the vital energies of the system. Cases of this description frequently come under my treatment, in which females have been under medical treatment for years for general debility, and gradually sinking and becoming more and more debilitated and emaciated, without any suspicion being entertained that the debility was the result of local disease reacting upon the system.

A proper investigation of such cases, usually reveals a vast amount of inflammatory Uterine disease which has remained unrecognized, and which has been the cause of all the mischief.

Dysmenorrhæa (painful monthly illness) is another very decisive symptom of a diseased state of the Uterus.

When menstruation which was formerly easy,

becomes painful, or when, originally but slightly painful, becomes excessively so, it may be regarded as proof of existing disease. Such a change *does not take place without a cause*, and that cause is, generally speaking, inflammation and ulceration of the neck of the Womb.

I have just closed the treatment of a case which clearly illustrates this fact.

A lady, thirty years of age, a resident of this city, had been failing in health for some years, and menstruation, once easy, had become so extremely painful, that for sometime previous to coming under my treatment, at the recurrence of each month, she was in an agony of distress for four days and nights, which reduced her so low at each monthly turn, that it required two or three weeks to recover from it. On investigating her case, I found it to be inflammatory ulceration of the neck of the Uterus. I applied the appropriate treatment, and in three or four months completely removed both the inflammatory disease, and the pain caused by it, and menstruation is now easy and regular.

This subject will be resumed and further examined, when treating of functional derangements of the Uterus.

Inflammation of the neck of the Uterus, is, as I have before said, an exceedingly common affection, and in connection with ulceration and enlargement, is of infinitely more frequent occurrence than any other form of Uterine disease.

It is also the principal cause of other morbid states of the Uterine system; as for instance, prolapsus and other displacements of the Uterus; leucorrhæa, painful, scanty, profuse, and irregular menstruation; sterility, laborious pregnancy, abortions, and general debility.

With some females, the Uterus seems to be naturally a weak organ. The difficulty with which menstruation is at first established, indicates this peculiar delicacy of the Uterine system.

It is also indicated by the irregularity of the menses during the first years; its scantiness or abundance, and leucorrhæa before and after menstruation, which is an indication of congestion of the Uterine system. It is indicated also, by the existence of pain, either for the first few days of menstruation, or for the entire period.

These peculiarities of menstruation, although apparently morbid, are evidently natural with

some females, and quite compatible with the absence of disease of any kind. They characterize a class of females, who, in the course of their Uterine life, are more liable than others to inflammatory diseases of the Uterus, and to the various accidents which arise from these diseases.

Causes.—The causes which give rise to inflammation of the cervix uteri are numerous, and vary according to the epoch of the Uterine life, the most prominent of which I shall now proceed to examine.

The Uterus, previous to menstruation, appears to be very little exposed to inflammatory action. It is then in a dormant state and its vitality is low. A very different state of things obtains, however, when once menstruation has commenced.

The Uterine system then becomes more vitalized, and remains in a state of congestion during a portion of each lunar month;—and in all parts of the animal economy, long-continued congestion, that is, distension of the parts with blood, is a predisposing cause of inflammation. The Uterus, then, for one or two days previous to menstruation, during the period, and for a day or two after, that is,

nearly one-third of each lunar month, is in a condition that immediately precedes and strongly disposes to inflammation — that is, a state of congestion. This congested state of the Uterus, however, cannot be regarded as predisposing to inflammation, so long as it remains strictly within physiological, or healthy limits; it is then a concomitant of a natural function. Unfortunately, however, the congestion of menstruation is far from invariably remaining within these boundaries. The menstrual secretion is liable to be prevented, diminished, increased, or suddenly arrested, by a great variety of causes, and whenever this is the case, the natural uterine congestion may become morbid, and thus give rise to inflammation.

This accounts for the fact that virgins are not unfrequently attacked with inflammation and ulceration of the neck of the Uterus, as also their liability to other inflammatory affections of the Uterus which we shall hereafter examine.

Other fruitful causes of inflammation of the cervix uteri, necessarily arise, when the female enters the married state, even when conception does not take place. The excitement and congestion which accompany intercourse,

if too frequently renewed, may give rise to inflammation.

The Uterine system, in some females, appears to be so extremely sensitive, that inflammation seems to be the immediate result of intercourse, even when proper bounds have been regarded. Hence, many young females are attacked with inflammation of the cervix uteri within a few weeks of marriage; and such usually remain sterile. If they do conceive, successive abortions is usually the result. Hence, the repeated abortions that often take place during the first years of married life, and prove the source of so much embarrassment, as well as debility.

Another fruitful cause of inflammation and ulceration of the cervix, as might be presumed, is parturition, or childbirth. As the cervix is the part of the Uterus most exposed during parturition, it is liable to be lacerated more or less extensively during labor, which may result in inflammation. Hence, many a female, by whom I am consulted, dates the origin of the Uterine disease with which she is suffering, back to her last confinement, or to a previous abortion.

Perhaps the most efficient procuring cause,

and that which produces a greater amount of inflammatory ulceration of the cervix, than any other cause, is exposure of the feet, and lower limbs, to cold and dampness, by improper dress, and also by going from warm rooms, in a state of perspiration, into the cold and frosty air of winter, and thus becoming chilled: especially is this the case with young females. And many a young woman, before she has arrived at mature womanhood, has thus laid the foundation for severe bodily and mental suffering, and a premature grave.

The various predisposing causes of inflammation which have been enumerated, are all connected with the functional state of the Uterine system. Inflammation of the cervix may also be the result of the extension of inflammation of the vagina, or it may occur spontaneously, without being traceable to any particular cause.

When the inflamed cervix is brought into view by the speculum, it is found to present a vivid red tinge, instead of the pale rosy color of health. It may offer any of the shades between the livid tinge of venous blood, and the bright red of arterial blood, according to the state of the circulation.

In the first stages of inflammation, before any morbid discharges have commenced, it may be difficult to distinguish between congestion and inflammation, but this difficulty seldom presents itself in practice, as similar treatment is required for both.

Changes Produced in the Cavity of the Cervix, or
Neck of the Uterus, by Inflammation.

In the healthy state, the os uteri, (mouth of the Womb) is closed to such an extent as to only admit a moderate-sized probe or bougie, which opens it in passing. This contraction exists the whole length of the cavity of the cervix, to the os internum. But when inflammation of the cervix takes place, the cavity, on the contrary, expands, becoming more or less open, as does also the mouth of the Womb. It may be difficult to account satisfactorily for the change which is thus produced by inflammation in the cavity and mouth of the cervix uteri, but the fact is certain, — an expanded or open state of the cervical cavity, is the invariable result of inflammation.

This morbid dilation, however, generally ceases before it reaches the os internum, which, it would seem, opposes a kind of barrier to the

extension of inflammation to the cavity of the Uterus. Such, however, is not always the case. The inflammation of the neck of the Uterus may extend to, or exist simultaneously in, the cavity of the body of the Uterus, and in that case, the os internum, or distinction between the two cavities of the Uterus,—that of the neck, and that of the body of the organ, no longer exists, as a general thing, being obliterated by the disease,* so that the uterine sound or probe, passes easily the whole length of the cavity, both of the cervix and the body of the organ. The natural division, however, between the two cavities of the Uterus, is again established as soon as the inflammatory ulceration is removed by appropriate treatment.

I have recently had such a case under treatment. Mrs. M——, a married lady, twenty-eight years of age, has had one living child and one abortion, since which, about a year ago, she has been mostly confined to her bed, in a state of severe suffering, with the usual symptoms of Uterine disease, pale and emaciated, with copious leucorrheal discharges.

*See Plate 2, page 21.

She had been suffering for five years with disease of the Uterine organs. On investigating her case, I found the os uteri and Uterine cavity, greatly enlarged, and filled with adhesive matter of a purulent character, issuing in great abundance from the os uteri. On introducing the probe, it passed, without the least resistance, to the depth of about three inches, and the whole extent of the Uterine cavity appeared to be in a state of inflammatory ulceration. Under appropriate treatment, in eight weeks, the ulceration was entirely healed, and the morbid expansion of the Uterine cavity, which was uncommonly great, was perfectly removed, the natural separation of the two cavities of the Uterus again appeared, and a small probe would not enter even to the depth of half an inch without considerable force being used. The menses, which had been suspended since her last confinement, again appeared, the leucorrhœa entirely ceased, and the organ again assumed its physiological or natural state.

When the cavity of the cervix is inflamed, the mucus membrane that lines it, presents a livid red hue, which when brought into view with the speculum, may be traced with the eye to considerable depth.

On being touched with the probe, this inflamed surface bleeds easily, especially if at the same time it is excoriated or ulcerated; whereas in a healthy condition the probe may be passed gently into the cavity of the cervix as far as the os internum without the least appearance of blood.

The mucus membrane of the cavity of the cervix, when inflamed, also secretes a thick viscid matter, in a greater or less abundance, which, in some cases, appears to be a mixture of pus and mucus. In other cases, the cavity of the cervix is often completely filled with a glairy, transparent mucus, which has precisely the appearance of the white of an egg. Much has been said by writers on female discharges, relative to this glairy mucus, and it has been regarded as the result of general debility, and is supposed to be secreted by the Uterine organs generally. Such, however, I am fully satisfied is not the case, but that it is secreted by the lining membrane of the cavity of the cervix, and its presence, in large quantities, may always be regarded as proof of existing inflammation. It is sometimes very abundant, and either alone, or mixed with other secretions, forms the principal discharge called "whites."

INFLAMMATORY ULCERATION. — Although inflammation of the cervix and its cavity may exist for years, without producing any other morbid manifestations, yet such is not usually the case, for, let it be remembered, ulceration is a common product or result of inflammation in all portions of the animal economy, and in no part is it more so than in the Uterus.

The lining membrane of these regions, especially that part near the mouth of the Womb, appears to be peculiarly inclined to ulcerative action; hence, in a vast majority of cases, inflammation is soon followed by ulceration, which usually makes its appearance near the mouth of the cervix, on the outside, or just within its cavity, or both.

Medical writers describe many different forms or species of ulceration, but I am unable to see the necessity or advantage of such a course.

It is true that ulcerations may present a great variety of modifications, from minute granulations to the livid vegetations of an unhealthy sore, but these modifications of an ulcerated surface, in reality require no classification or division, nor would any practical benefit arise from it. In ulcerations of the

cervix, the granulations may be firm, of a vivid red hue, seldom bleeding, or they may be large, fungus, livid, and bleeding profusely on being touched with the probe. A torpid circulation in the organs, is usually connected with these fungus ulcerations, in which case there is usually a great degree of congestion of the cervix and vagina, which presents a livid venous appearance. The ulceration generally assumes this fungus form in pregnant women, and the granulations sometimes form a luxuriant sore of a purely inflammatory character. This form of ulceration bleeds freely whenever slightly irritated, and when brought into view with the speculum, if touched with the probe, will partly fill the instrument with blood as often as it is wiped away.

The ulceration of the cervix is usually situated around the os, or mouth of the Womb, extending into its cavity, and spreading to a greater or less extent on the outer surface. In some cases, however, the ulceration is situated wholly or principally within the expanded cavity of the cervix; and this enlarged open state of the os uteri is much greater when ulceration exists in connection with inflammation, than when inflammation alone exists,

and is also much greater in women who have had children, than in those who have not. Ulceration seldom exists externally, or on the outside of the cervix uteri, without penetrating more or less into its cavity, and often extends as far as the os internum. But should it not exist in the cavity of the cervix, it will usually be found to be inflamed, whenever ulceration exists externally.

The natural stricture of the os internum, in ulceration, as in inflammation, appears to present a barrier to its extension into the cavity of the Uterus.

Cases are occasionally met with, however, which are exceptions to this general rule, in which the os internum appears to be obliterated by the disease, and ulceration occupies the whole extent of the cavity, both of the cervix and of the Uterus, and by the aid of the speculum, the eye will detect the existence of ulceration to some depth; but beyond the point which the eye can reach, we must judge as to the existence of ulceration by the nature of the discharges and the expansion of the Uterine cavity.

DISCHARGES. — On all ulcerated surfaces, wherever located, there is a secretion of puru-

lent matter. The pus may be thin and sanious, or it may be thick and of a yellowish color, according to the state of the ulceration. It may be pure pus, or it may be mixed with a good deal of mucus. It may be abundant, or the secretion may be small.

When the pus is secreted scantily, and is unmixed with mucus, it may not appear at all externally, being absorbed away in the vagina, particularly if there is much heat in the parts.

In such cases the female may have extensive ulceration, and yet have no discharge from the vagina.

But if the secretion of pus is very abundant, or if not abundant, but mixed with a large quantity of mucus, more or less is discharged from the vagina, and the patient is then said to have the "whites," a term used to designate all vaginal discharges that are unmixed with blood. If the secretion is purely pus, it is seldom very abundant, and is usually thick and yellow.

The mucus secreted in these cases, is the result of congestion or inflammation of the mucus follicles of the cervical cavity, and of

the vagina, and varies in quantity according to the intensity of the congestion, and in nature according to the seat.

The thick, ropy, transparent, white-of-egg mucus, which is so common in these cases, when found in large quantities, is nearly always proof of the existence of inflammatory disease in the cavity of the cervix.

The white milky mucus, is secreted on the exterior of the cervix, and is the product of mere congestion, whatever its cause. Thus, many females who have no disease whatever of the Uterus, have these white discharges for two or three days before and after menstruation, which is the result of the natural congestion of the Uterus, that always occurs at that period.

The various morbid secretions above named, in case of inflammation and ulceration of the neck of the Womb, are sometimes very abundant, and usually continue during the entire interval of menstruation, appearing externally in large quantities, and on the introduction of the speculum, are found in abundance in the vagina, completely concealing the cervix from view, until wiped away. These secre-

tions when thus abundant, are nearly always partly pus and partly mucus, however great the congestion and inflammation.

In ulceration of the cervix, the discharges are not unfrequently tinged with blood. The exudation of blood, in some cases, will continue for several days after each menstrual period, and sometimes will continue from one monthly period to another. It is seldom, however, that it appears in large quantities in these cases, and evidently escapes from the ulcerated surface, and is usually mixed with other secretions. These bloody discharges, more especially occur after any exertion or after intercourse. Sometimes severe hemorrhage of pure blood may take place, but this is not common, and when it occurs, evinces extensive ulcerative disease. Laborious confinements, abortions, and miscarriages, which are often followed by sanguinolent, or bloody discharges, lasting frequently without intermission for months, are nearly always caused by ulceration of the neck of the Uterus, or of the Uterine cavity. This important subject will be resumed and examined more fully in a subsequent part of this work.

Inflammatory Hypertrophy, or Enlargement.

Important changes in the size and form of the cervix uteri, usually follow inflammatory ulceration, one of the first effects of the disease being to produce congestion and swelling of the neck of the Womb, the cervix becoming larger, but remaining soft and elastic. This state may long continue without any other change taking place. The cervix may remain for years enlarged, swollen and congested, but perfectly soft, when the disease is limited to the cavity of the cervix, or to the vicinity of the os uteri. Such however, is not generally the case. The cervix not only becomes enlarged, but becomes indurated, or hard. The extent of the inflammatory enlargement of the neck of the Womb, in some cases, is truly surprising, the size of the cervix uteri varying from that of the end of the thumb, to that of a hen's egg.

In women who have never had children, and in virgins, the cervix uteri seldom becomes very much enlarged, though it is often indurated.

There are occasional exceptions to the rule. The enlargement and induration which are

generally confined to the cervix uteri, in some cases extend to the body of the Uterus, which at the time, must be the seat of inflammation. This is a complication more difficult to remove by medical treatment than to overcome inflammatory enlargement of the cervix uteri alone.

Fortunately, however, the enlargement and induration are usually limited to the cervix, notwithstanding the anatomical connection of the two regions.

It will be recollected that the os uteri, or mouth of the Womb, in a healthy state, is nearly a circular orifice. But when the cervix is indurated and enlarged, the external orifice of the cervical cavity, or mouth of the Womb, opening and expanding, presents a transversal form, so that instead of a circular orifice, there is a deep fissure, presenting well defined lips. When the induration and enlargement are accompanied by extensive ulceration, this peculiarity is more marked and severe. The ulceration and enlargement may be confined to one lip, which may be many times larger than the other, or they may be equally enlarged. Sometimes one lip alone, will be enlarged, so as to project one or two inches

beyond the other, forming a kind of tumor. This condition of the cervix when deeply ulcerated, is sometimes mistaken for cancer of the Uterus.

I have recently had a case of this description under treatment, which I shall briefly narrate as an illustration.

Mrs. —, thirty-two years of age, of rather robust constitution, the mother of one child, had an abortion eighteen months prior to consulting me, since which time there had been an entire suppression of the menses. The lady had been under the care of a physician several months prior to coming under my treatment, but the diseased condition of the cervix uteri was wholly unrecognized, adequate means to ascertain its condition not having been resorted to, and the case was regarded as one of purely functional derangement, without any suspicion of the existence of organic lesions. Her physician had directed his entire efforts to the reproduction of the menstrual flux.

On bringing the cervix into view with the speculum, a vast amount of disease was revealed. The enlarged cervix was divided by a deep fissure, the superior, or upper lip of which, greatly enlarged, projected an inch and

a half beyond the other, and both were covered with a dark, livid ulceration, which extended into the cavity of the enlarged cervix, as far as the os internum, occupying the entire cavity. Under appropriate treatment the lady has rapidly improved. The menses has appeared, the inflammatory enlargement and ulceration have been removed in the short space of twelve weeks, and the lady restored to her usual good health.

REMARKS.—This is one of the numerous cases which show the importance of careful instrumental investigation. Neither the lady nor the physician had the least suspicion of the real condition of the Uterus, nor was it possible that it could be known without the use of the speculum; and equally impossible to have employed the appropriate treatment, which alone could have removed the disease, and restored the lady to health.

DISPLACEMENT OF THE CERVIX UTERI.—Pro-lapsus, or falling of the Womb, to a greater or less extent, is the usual concomitant of inflammation. But, as I intend to fully investigate this subject in a subsequent part of this work, in a chapter devoted to the consideration of the connection existing between inflam-

mation, and the functional derangements, and displacements of the Uterus, I shall here dismiss it with a single remark. The effect of inflammation upon the Uterus is, as we have seen, to produce enlargement, and consequently to increase the weight of the organ, and also to produce a weak and relaxed state of the uterine ligaments.

The Uterus, in a healthy state, is a light organ, weighing only two ounces and a quarter, and is merely suspended in the cavity of the pelvis, not firmly supported by its ligaments. Hence, a slight increase in the volume and specific gravity, or weight of the organ, causes it to prolapse or fall, in proportion to its increased weight, and is thus brought nearer the vulva, or lower part of the vagina. The prolapsus, however, it will be seen, is merely the *effect* of disease, not the disease itself, as is usually believed.

EXTENSION OF INFLAMMATION TO THE VAGINA, AND VULVA. — The vagina usually partakes, in a greater or less degree, of the inflammation of the cervix uteri. If the cervix is but slightly inflamed, it may extend only to the upper portion of the vagina, which will present a livid red hue.

But if the inflammation of the cervix is severe, the entire vagina and vulva become inflamed, tender and swollen.

The vulva is sometimes inflamed, when the vagina is free from inflammation. In such cases, the external labia and nymphæ are often the seat of a very distressing symptom — that of *intense itching*. I am aware that this itching has generally been regarded by medical writers, as a disease of itself, and has been treated as such.

But it will nearly always be found, upon careful investigation of the case, to be the effect of internal disease — ulceration of the neck of the Uterus, and the itching to be produced by the irritation of the acrid and poisonous discharges. Hence, the treatment usually resorted to is powerless, either to remove the symptom, or mitigate its severity.

The true cause being unrecognized, and the disease of the Uterus permitted to continue, any means applied to the seat of the distress, can, of course, have but little effect, however energetic the treatment. In some cases, the itching is so severe, as to be perfectly agonizing, rendering sleep impossible for whole nights, and the sufferer, in almost

a rage, will rub the inflamed parts until covered with blood. This distressing form of inflammation, gives way at once when the inflammatory ulceration of the cervix uteri is cured. This, and this alone, will effect a radical cure of this most distressing symptom.

I have recently cured a case of this description. A lady, thirty-nine years of age, had been suffering about eight years with uterine disease. She had been under medical treatment by a physician, who, regarding her case simply as that of prolapsus, about three or four years since, pronounced her cured,—as he said he had restored the Womb to its natural place, the displacement of which was all the disease she had. A few months since, the lady applied to me for advice, and informed me that for about eight months she had been suffering with intense itching and distress of the external labia. She represented it as being most agonizing,—often keeping her awake whole nights. There was a copious and constant discharge of a purulent character. She had recently consulted her family physician, and described to him her condition, who pronounced it a case of inflammation of the neck of the bladder, and ordered a wash to be used, which, of course, proved useless.

I at once expressed to the lady the opinion that her severe suffering was the effect of ulcerative disease of the neck of the Uterus, the acrid discharge from which produced the itching and irritation. This was an idea entirely new to her, and she wished for an investigation of her case, stating that she could not live in that condition. The use of the speculum brought into view a deep and inflamed ulceration, spreading over the neck of the Uterus, about the size of a dollar, and extending into, and occupying the entire cavity of the cervix, from which was issuing a large quantity of muco-pus.

I applied the appropriate treatment to the ulceration, which, changing the character of the discharges, immediately relieved the itching, and in about two weeks entirely cured it. The ulceration commenced healing, the inflammation subsided, and the treatment was continued a few months, which effected a perfect cure, the ulceration being entirely healed, and the discharge having wholly ceased.

EXTENSION OF INFLAMMATION TO THE BLADDER AND RECTUM. — The anatomical connection of the Uterus, the Bladder, and Rectum, is so in-

timate, that one cannot suffer long from severe inflammation without affecting the other to a greater or less extent. Hence inflammation of the neck of the Uterus, when severe, frequently extends to the bladder and urethra, and to the rectum; or, if not actually inflamed, a morbid influence is exercised over them. The rectum is more frequently affected than the bladder, indeed, it seldom escapes the effect of severe chronic Uterine disease. When the bladder and rectum are thus implicated, the suffering of the patient is greatly increased and is often extreme. Inflammation increasing the volume of the body of the Uterus, it falls back and rests on the inflamed rectum; the result of which is very distressing. The fæces, or contents of the bowels, thus obstructed in their passage, accumulate, distend the bowel preternaturally, and produce severe constipation, and keep up a state of extreme congestion and irritation of the rectum, which is indicated by the great sensibility, and the mucus discharged with the fæces. Thus the natural contractility of the rectum, or lower bowel, is destroyed, and obstinate constipation is the result. In such cases, the movement of the bowels is attended with great pain, the con-

tents of the bowels having to lift up, or press back, as they pass, the inflamed Uterus, which obstructs their passage. This is more particularly the case when the body of the Womb, instead of the cervix, is inflamed, the former being far more sensitive when inflamed, than the latter.

It is truly surprising to what an extent the bowels may become implicated in this inflamed state of the Uterus. In some cases the rectum and colon become so inflamed that copious discharges take place from the bowels, of a skinny membranous substance, together with large quantities of thick mucus or jelly. This membranous substance has very much the appearance of the scrapings of sausage skins. Its origin has been a matter of dispute among physiologists, some asserting that it is the mucous membrane of the intestines, destroyed by inflammatory disease, and thus passes off, while others maintain that it is a false membrane formed on the inner surface of the intestines, and is analogous to the coating of the tongue in a case of fever or disease of the stomach.

Without attempting to decide as to its origin, I would state, that it is doubtless the result of inflammation, and the amount discharged

is sometimes wonderful, and is matter of great alarm to the patient. Sometimes, though not usually, the discharges are streaked with blood. These discharges are usually attended with great weakness and soreness of the bowels, and general debility and languor, and add greatly to the prostration and suffering attending inflammatory uterine disease. These discharges usually take place at irregular intervals, sometimes being absent for weeks, then returning again and continuing for some days or weeks, being several discharges a day.

Another frequent complication of the disease we are describing is, hemorrhoids, or piles, and prolapsus ani, (falling of the rectum,) which are produced by the obstinate constipation above named, and the straining which it occasions, and also the relaxed and debilitated state of the bowel and its mucus membrane.

The piles are usually most severe at the period of menstruation, there being at that time a greater degree of irritability and congestion, and these attacks very frequently add greatly to the distress and discomfort of the sufferer.

When the neck of the Womb is the seat of inflammatory disease, the bladder and urethra, as well as the rectum, are liable to suffer from

their anatomical connection with the Uterus. They may become inflamed and irritable, causing pain behind the os peubis, in the region of the neck of the bladder, attended by a desire to pass water frequently, to difficulty, or obstruction in passing it, and a scalding heat as it passes.

This irritability of the neck of the bladder is not, however, always the effect of inflammation extending to it from the cervix uteri. It is sometime the result of the morbid state of the urine itself. This morbid state of the urine, however, is the secondary effect of inflammatory Uterine disease, produced by its intense reaction, through the sympathetic nerves, upon the digestive functions, causing a depressed state of digestion, assimilation, and general nutrition.

The nutriment elaborated from the food while the digestive organs remain in this depraved state, is crude and impure, unfit to supply healthy nutriment to the system, being loaded with salts held in solution, of an irritating character, as the oxalate of lime, phosphate of ammonia, urate of ammonia, &c., which are eliminated, or thrown off in abundance by the kidneys, which greatly irritate the mucus mem-

brane lining the urinary organs, — the kidneys, bladder, and urethra, particularly the two latter. When the irritation of the bladder is produced by the acrid substances contained in the urine, there is usually a copious sediment of a muddy brick color, deposited in the vessel as the urine cools. Sometimes the urine, on cooling, becomes turbid and viscid, and presents a whitish appearance. As the irritation now under consideration, is the result of the functional derangement of the digestive organs; and as the depraved state of these organs is produced by the reaction of uterine disease; we must look upon the latter affection as the primary cause, which must be cured before we can expect to remedy the urinary irritation. In some cases, where the irritability has existed for a long time, the bladder becomes permanently contracted, so as to be able to retain but a small quantity of urine, and has to be passed every hour or two. The probability of a cure is very doubtful in such cases.

This irritation of the bladder and urethra, is most commonly attributed by medical writers, to displacement of the Uterus. I once entertained the same sentiment, but am now satisfied that in most cases, the sentiment is erro-

neous, although I admit that cases may occur in which it may have such an origin.

Thus it will be seen by the foregoing, that the vesical irritation (irritation of the bladder) originates from two distinct causes,—one from the extension of inflammation of the Uterus to the bladder and urethra, the other from the contact and irritation of a morbid urinary secretion. If it is occasioned by extension of inflammation from the Uterus to the bladder, the irritation is usually greatest at the time of the menstrual periods, and there is not only pain on passing water, but often obstruction or even complete retention. As the inflammation subsides during the interval of menstruation, the pain and distress diminish. In these cases the urine is usually clear and free from sediment. When the irritation is produced by the contact of morbid, acrid urine, the pain, on passing water, may not be so great, but it is usually more permanent, and the urine is of a dark brown color, and the sediment also is of a dirty pink hue.

PAIN AND ITS LOCATION.—In a previous part of the present chapter I have given the general symptoms of inflammatory Uterine disease, by

which it will be seen that the pain or distress which it occasions, is not usually felt in the diseased organ, but is nearly always felt at a distance from the seat of the morbid action, in regions which are perfectly healthy, as the back, ovarion regions, the stomach, head, &c.

This fact is one of the chief causes that has hitherto kept the frequent existence and real nature of Uterine disease in a state of obscurity.

Extensive ulcerative disease of the cervix uteri may exist for a long time, even for years, and yet the patient feel little or no pain in the organ diseased, the principal evidence of its existence, especially to one unacquainted with the disease, being functional derangement of the Uterus, and the sympathetic reactions which we shall soon investigate. The pain produced by inflammatory ulceration of the neck of the Womb is seldom felt behind the os peubis, the anatomical location of the diseased organ, but in the right or left ovarion regions and the back, and other parts still more distant from the Uterus.

In some cases, however, there is pain in the region of the Uterus, and when it exists, it is not only felt behind the os peubis, in the region

of the Womb, but radiates all over the lower part of the bowels. The pain in the back is a dull, heavy ache, sometimes scarcely perceptible, except, perhaps, after fatigue, and may be regarded by the patient simply as "weakness." In many cases, however, the pain is very severe, and is sometimes perfectly agonizing, rendering the patient incapable of any exertion. This pain may exist alone, or it may exist conjointly with the pain in the ovarion regions, and may be produced by inflammation alone, or by inflammation with ulceration. The pains, however, are much more severe, and more constant, when ulceration co-exists with inflammation. An important feature in the character of these pains is, that the patient is seldom or never free from them. They may be better at some times and worse at others; better during the interval of menstruation, and after rest; worse at the menstrual period, and after fatigue, but they always exist to a greater or less extent, and although under excitement, the patient may forget, for a time their existence, yet, if she will analyse her sensations, she will nearly always find that the pains have not left her.

The pain which is the effect of general debility only, is essentially different, being felt

only after exertion and fatigue, and entirely disappearing after rest.

We shall now proceed to examine the two great functional symptoms of the Uterus,—Menstruation and Impregnation.

MENSTRUATION.

Inflammation, either chronic or acute, nearly always deranges, to a greater or less extent, the function of any organ of the system which it attacks ; and the Uterus, as might be anticipated, is not an exception to this general rule, inflammation and ulceration of the neck of the Womb seldom existing for any length of time, without affecting unfavorably this important function. I am aware, that owing to the great variations that naturally exist in healthy females, as to the degree of pain, duration and amount of menstrual discharge, no precise standard can be established, by which we can judge with certainty, as to the existence or non existence of inflammatory disease of the neck of the Uterus, by the state of menstruation of any given patient.

We may assert, however, as a general rule, that when inflammation exists in the region of the Uterus, menstruation usually becomes painful, scanty or abundant, and irregular both as to period and duration. And whenever menstruation which had previously been easy and regular, becomes painful and irregular, we may be assured of the existence of inflammatory disease. In such cases, the pain is most severe for the first few hours, or the first day or two, and sometimes continues during the entire period, and even for some time after. In some cases it is most agonizing, rendering sleep impossible for several days and nights, causing nausea and vomiting, and some degree of general fever. In these extreme cases, the lower part of the abdomen is often so sensitive as scarcely to bear the pressure of the bed-clothes. The sensibility is usually greatest in the ovarion regions. The pain is often so extreme as to induce the sufferer to drink freely of ardent spirits, or to take large doses of opium. (See the case, page 38.)

The severe increase of pain during menstruation occasioned by inflammatory ulceration of the neck of the Womb, is owing to two causes, — first, the natural congestion that accompa-

nies menstruation, becoming morbid, and distending to an unusual degree the sensitive tissues of the inflamed Uterus ; and secondly, the temporary increase of the local inflammation. The increase of pain at this period, is analogous to the pain produced in an inflamed finger, if held down until the inflamed tissues are distended with blood.

And here is an explanation of the cause of the severe pain in most cases of dysmenorrhea, (painful monthly illness) which is usually regarded as merely functional derangement.

Inflammation of the cervix uteri frequently exercises a decided effect upon the periodicity of menstruation, the menses, in such cases, either returning too frequently, or are retarded in their appearance.

Thus instead of appearing at the lunar month, or once in four weeks, the ordinary healthy time, they appear every two or three weeks, or are delayed for several weeks or even months. Inflammation and ulceration of the cervix, also exercise a morbid influence upon the *duration* of the menstrual flux, causing it to continue almost from one month to another, leaving but a few days cessation ; or, it may

continue to flow but one or two days. Sometimes it ceases for a day or two, and then returns again for an indefinite period. It is also sometimes prolonged for several days, by an exudation from the ulcerated surface.

I have a case of this kind now under treatment, the lady, a married woman, twenty-six years of age, had been flooding with little cessation for four years. A large portion of the time she had been under medical treatment, but her case being regarded and treated as one of general debility, and the real cause of the profuse and almost constant menstrual flux being neither recognized nor treated, she of course received little or no profit from medical prescriptions. On investigating her case I found it to be that of chronic inflammation and enlargement of the anterior or front part of the body of the Uterus, the enlargement being in size as great as the Uterus itself, very sensitive to the touch, with strong pulsation. The appropriate treatment immediately arrested the flooding and the lady now, after about four months treatment is nearly well, menstruation having become perfectly regular.

Inflammatory disease of the cervix modify unfavorably, the quantity, as well as the dura-

tion of the menstrual flux ; the quantity being in some cases so great as to constitute flooding, and in others so small as merely to be perceptible for a day or two.

In most cases of inflammatory ulceration of the cervix uteri, the morbid congestion that accompanies and follows menstruation, exerts an unfavorable influence on the disease. The ulcerated surface will be found more irritable and more tumefied, presenting an angry appearance ; and sometimes one or two weeks will elapse, before the diseased parts will return to the state in which they were prior to the commencement of menstruation, leaving but one or two weeks out of the four for treatment. In some cases, even of great severity, on the contrary menstruation appears not to produce the slightest unfavorable effect, the curative process going on as rapidly as at any other time. I think however, that it will be found on investigation, that in the last named cases, the inflammation had previously subsided, or terminated, in ulceration. And where ulceration of the cervix alone existed, I have seldom found menstruation, to retard the curative process, however severe the ulceration might be.

That inflammatory disease of the Uterine

system is the real cause of the morbid menstruation above considered, is proved by the fact, that when the inflammation and ulceration are cured, menstruation, as a general thing, again becomes easy, natural and regular.

IMPREGNATION.

The object of the important function of menstruation, appears to be, to prepare the Uterus to receive and nourish the principle or product of conception. The Uterus, like all other organs, can duly and faithfully perform its functions, only when in a healthy condition. Thence we are led to the conclusion, that inflammatory disease of the cervix must exercise an unfavorable influence on this, the most important function of the Uterine system; and experience proves that such is really the fact. The most common cause of sterility, is inflammation of the cervix uteri, both in women who have previously had children, and in those who have not.

The majority of married females by whom I am consulted, who have never been pregnant, present some inflammatory affection of the Uterine neck, which can be usually traced to an epoch antecedent to marriage, or immediately

following it. Inflammatory disease appears to strike with sterility not only those who have never conceived, but even women who have previously borne children, may be rendered by it sterile for a time, and some even permanently so.

To such an extent will this hold true, that when a female who has previously borne children, suddenly stops child bearing without a known cause, and if her general health fails, or if there is the slightest symptom of Uterine disease, it will almost always be found, upon investigation, that there is inflammatory disease of the cervix. This effect of Uterine disease, is among the most common facts I am constantly meeting with in my every day practice.

I have two ladies under treatment at the present time, both of whom, when first married, about twenty years ago, had one child, since which, their health has been poor, but neither of them were aware of the real condition of the Uterus, the diseased state of which has been the principal, if not the only cause, both of sterility and ill health. On an investigation, I found a deep ulceration occupying the entire cavity of the neck of the Womb, in a chronic state, which had doubtless existed for many years.

Although the general effect of inflammatory ulceration of the Uterine neck is to render sterile those whom it attacks, yet there are exceptions to this general rule.

Some females appear to possess so great a susceptibility to conception, that inflammatory disease, even when quite extensive, seems to present no barrier. In such cases, however, pregnancy is usually painful, and generally terminates in an abortion.

This cause of sterility, originating as it does in inflammatory disease, may be removed by curing the inflammation. Conception, however, may not always follow the removal of Uterine inflammation, yet in a large proportion of cases it does ; and sterility which had existed for years in young married females, is often removed by curing the local disease which evidently occasioned it. I am continually having patients, who, in consequence of inflammatory disease of the cervix, had ceased child bearing for years, who soon become pregnant when the local disease is removed ; and some patients become pregnant even before they are quite well, and while under treatment.

UTERINE INERTIA, OR INSENSIBILITY.—Another important functional symptom of inflammatory Uterine disease, is the *absence of all sexual feelings*.

This symptom is very common, and indeed is nearly always present when the disease is severe, and is often the first indication of the existence of the disease.

In some cases there is not only an entire absence of all natural sensations, but even feelings of loathing and disgust are inspired, and that too in the absence of all pain. Great unhappiness in married life often ensues, in consequence of this change in the feelings not being understood. It is attributed to loss of regard and affection, whereas it is purely the result of Uterine disease.

I could relate cases of interest of this description which have come under my treatment; cases in which I have not only had the satisfaction of removing the Uterine disease, but the greater satisfaction of removing the unhappy suspicions that existed, by explaining to the parties the true nature of the case.

This unhappiness is most likely to occur when the local symptoms are obscure, as is so frequently the case. The Uterine system, how-

ever, gradually returns to a natural state, as the inflammatory disease is subdued by treatment, and this may be regarded as conclusive evidence of a radical cure.

Another effect of inflammatory disease of the Uterus is to render intercourse painful. The pain may be felt at the time, or a few hours after, or it may not be felt until the following day. The pain may be experienced in the region of the Uterus, or it may be merely a recurrence or increase of the pains which have previously existed in the region of the ovaries and in the back. In some cases the only effect experienced is general weakness or mental depression.

When there is considerable ulceration, the discharge of a small quantity of blood, or even considerable hemorrhage may follow intercourse.

Sometimes, however, intercourse is unattended with pain, although the Uterus is extensively diseased. In some cases, on investigation, the Uterus has presented a mass of ulcerative disease, and yet the patient had lived with her husband without any inconvenience, up to the time of consulting me.

This fact exists, however, in other forms of

Uterine disease, as Uterine tumors, polypus, cancer, &c.

SYMPATHETIC REACTION.—One of the most important features of inflammation and ulceration of the neck of the Uterus, and which has not hitherto been elucidated by writers on Uterine pathology, or at least till very recently, is the constitutional reactions which it produces through the sympathetic system of nerves.

The Uterus is an organ which is abundantly supplied with nerves, and these nerves belong almost exclusively to the sympathetic system, as the researches of modern anatomists have proved. In consequence of the intimate connexion existing between the Uterus and other important organs of animal life, all of which, like the Uterus, are under the control of the sympathetic system of nerves ; it is evident that so important an organ as the Uterus, cannot long be diseased without depressing the functions of the organs with which it is thus connected.

This fact I regard as the key to the true nature of inflammatory Uterine disease, and its constitutional reactions. Nearly all the *general* symptoms produced by inflammation and

ulceration of the cervix uteri, indicate impaired activity of the functions of organic life.

DIGESTION.—That there is an intimate nervous connexion and sympathy existing between the Uterus and the stomach, is a fact pretty generally known. The sickness which often exists during the first months of pregnancy is a familiar illustration of it.

Hence we cannot be surprised to find that the sympathetic reaction of inflammatory disease of the Uterus upon the functions of digestion, are the most common, marked and important, of any we have to examine.

It must not be supposed, however, that the same amount and intensity of Uterine disease will derange the digestive functions alike, or to the same extent in all individuals. The natural strength and firmness of constitution of some females enables them to withstand the reaction of Uterine disease upon the digestive functions, for some length of time, while in others of less strength and weaker constitution, it is soon weakened, and in a majority of cases, gradually becomes more and more disordered, a host of morbid symptoms supervening. In some cases the dyspeptic symptoms become so

intense as to render all others obscure, and entirely mislead both the patient and her physician as to the real nature and cause of her sufferings. In such cases the appetite may be diminished, or it may be increased. In the latter case there is usually a faint sinking sensation at the pit of the stomach, and a craving for food, which nothing appears to satisfy. The patient is often troubled with nausea, particularly at the menstrual period.

The presence of food in the stomach produces a sense of weight and oppression, and may be followed by eructations of flatus or gas with which the stomach is often distended. There is frequently a dull aching pain in the region of the stomach, which may be felt in various parts of the chest, on the left side, under the false ribs, in the pit of the stomach, or in the region of the heart. The seat of the pain is usually quite sensitive, and the patient, at times, can scarcely bear the pressure of her stays.

When the stomach is thus diseased, the tongue is usually covered with a yellowish or white fur, is dry and parched, the sleep is disturbed by disagreeable and frightful dreams, the rest is unrefreshing, and the patient often complains of heaviness and headache.

RESPIRATION. — In some cases there are pains underneath the sternum (breast bone.) These pains are occasionally so severe as to interfere with the action of the lungs, and cause respiration to be painful and difficult.

This is a source of great anxiety to the patient and her friends, who are thus led to suspect the existence of pulmonary or cardiac disease, (disease of the lungs or heart,) especially if relations or members of their families have died with these diseases. But if the heart and lungs are found, upon examination, to be in a healthy state, the pains may always be regarded as sympathetic, and nearly always give way when the Uterine disease is removed.

NUTRITION. — As we have seen, the sympathetic reaction of inflammatory Uterine disease, deranges and weakens the digestive function. The consequence is, that only a limited amount of nutriment is elaborated from the food, and that small amount is crude, imperfect, and unfit to yield healthy nutrition to the system. Hence the patient becomes weak, emaciated, pale, sallow and languid. So generally does this weak and debilitated state exist, as the result of sympathetic reaction of inflammatory

disease of the cervix uteri, that it may be said to characterise it. Hence the term "weakness" has been and still is used, not only by females, but by medical writers, to designate obstinate leucorrhœa, which usually accompanies this state, and which, in reality, is but the effect, as it is a symptom of existing Uterine disease.

CEREBRAL AND SPINAL SYMPTOMS. — Inflammation of the cervix reacts on the cerebral and spinal nervous system, (nerves proceeding from the brain and spinal marrow) as well as upon the sympathetic nerves, and often with great severity, producing intense headache and great depression of spirits. The pain is most common at the top of the head and forehead, and the patient sometimes feels as if a heavy weight was pressing on the top of the head. The mental depression is often extreme, and accompanied by delusions, or hallucinations, and the fear of insanity. Nor is this fear of insanity unfounded. The Uterine disease, if not cured, sometimes produces a temporary wreck of the mind, especially when there is an hereditary predisposition to it.

Insanity thus produced, like all other symptoms, usually gives way when the local disease is cured, and the patient restored to health.

A case of this description came under my treatment a few years since. The lady, forty years of age, had long been suffering from Uterine disease, which had so deranged the mind, that she threw herself into Charles River, with the intention of self-destruction. She was, however, discovered and rescued, and subsequently, under appropriate treatment, was restored to health, when her mind became perfectly regular. I have had several cases of partial insanity, in all of which the aberration of mind gave way in the same ratio that the Uterine disease was removed.

As a general thing, the mental depression is much greater for one or two days prior to, and during the period of menstruation, and with some is experienced only at that time. Slight general debility, with lowness of spirit during menstruation, are nearly all the symptoms of Uterine inflammation that some patients present.

As we have previously intimated, persons laboring under a severe form of inflammatory Uterine disease obtain but little sleep. Especially is this the case when the digestion is much impaired. The disease, reacting on the brain, interrupts sleep, and occasions frightful

dreams and night-mare, and the patient sometimes awakes screaming in an agony of dread and apprehension. The dull aching pains of which we have spoken as characterising this disease, existing during the night as well as during the day, effectually "murder rest." Sometimes, on the contrary, the sleep is too prolonged and heavy.

I have now described the most prominent symptoms, both local and general, to which inflammatory ulceration of the neck of the Uterus may give rise. But as I have before stated, not all, or even the most of these symptoms are to be found in every patient. It is sometimes the case, but frequently only a few, and sometimes only one or two are present. And it is this fact that frequently renders it impossible to recognise the real condition of the patient without resorting to a careful instrumental examination. In some cases the local symptoms may be marked — pain in the back and ovarion regions, bearing down, vaginal discharge, &c., and yet the patient may be in apparently good health, the disease having reacted but slightly upon the constitution. Such cases, however,

are rare; and when they do occur, must be regarded as proof of a strong constitution, which resists the influence or reaction of the disease.

On the other hand, the Uterine disease may manifest itself by its sympathetic reaction upon the constitution, the local symptoms being mostly or wholly absent. So frequently is this the case, that when a female's digestion and general health become poor without some known adequate cause, I feel warranted in *suspecting* the existence of inflammatory Uterine disease, even if the Uterine or local symptoms are very obscure.

PROGRESS.—As we have already seen, the manifestations of inflammation of the cervix, vary greatly in different persons. The ulceration sometimes spreads rapidly, and the neck of the Womb speedily becomes enlarged, the inflammation soon extends to the bladder and rectum; the disease reacting also upon the constitution, the patient soon falls into a state of extreme debility and suffering.

On the contrary, years sometimes elapse before the general health is seriously affected, even where the local disease is extensive. In-

deed, inflammatory ulceration of the cervix may exist for a great number of years in some females, without destroying life, although it will reduce them to a valetudinarian state, and they will drag out a life of great suffering.

TERMINATION. — Not unfrequently, however, this disease terminates the life of the patient. This it does *indirectly*, by the debility produced by the reaction of the diseased Uterus on the functions of organic life, which, in connection with the irritation and pain produced by the local disease, may, no doubt, be carried to such an extent that the patient finally sinks and dies.

Such a termination, however, need not take place. The appropriate treatment, faithfully and perseveringly applied, will nearly always arrest the disease and restore the patient, however low she may be reduced, provided the disease is not complicated with some other incurable and fatal malady.

The low state to which the disease under consideration, reduces the powers of the constitution, renders the patient extremely liable to an attack of any accidental disease or epidemic that may prevail, and less able to resist its at-

tacks. Also any hereditary predisposition to disease which may exist in the constitution, is very likely to develop itself under these circumstances.

A question that is often asked by patients is, whether this disease is liable to terminate in cancer.

To this inquiry I would reply, that I do not consider that there is any immediate or necessary connexion between inflammation and cancer. In persons, however, in whom there is an hereditary predisposition to cancerous affections, inflammation, by depressing the organic vitality of the patient may lead to its development.

I am aware that most writers on Uterine disease, represent cancer as being a common affection of the Uterus. But it is evident to me, that the disease we are now studying, — inflammatory ulceration and enlargement of the neck of the Womb, is often mistaken for cancer, especially if the ulceration and enlargement are great. I shall revert to this subject in a subsequent part of this work.

PROGNOSIS, (*Prediction.*) — When this affection is clearly recognised and is under appropriate medical treatment, we may nearly always

look upon the result as favorable ; unless the patient is laboring under some other incurable disease. No matter how great the emaciation, exhaustion or debility, or how severe the local irritation, or how intense the sympathetic reaction. In time, they may all be removed and the patient fully restored to health. Indeed, there are few severe chronic diseases, in which appropriate medical treatment is capable of effecting a greater or more favorable change in the condition of the patient. Females who have been reduced to a state of extreme weakness and exhaustion, and who have been tortured with aches and pains for years, gradually recover and become fresh and blooming again. The disease being subdued, and the incubus thus taken off the system, digestion and nutrition again become healthy, and the patient is thus gradually restored to health and vigor. In some very severe chronic cases, however, the recovery is sometimes a slow process, and may require a long time to accomplish it.

DIAGNOSIS, (*Distinction of Diseases.*)—The diagnosis of inflammatory disease of the cervix uteri would always be easy, if in every patient, were to be found all the symptoms which I

have described. This, however, as we have before seen, is by no means the case. I will here notice some of the principal errors of diagnosis to which the symptoms of Uterine disease have given rise. Perhaps the most general and the most inveterate of all the errors upon this subject, and that which, for centuries, has received the sanction of eminent medical writers, is the belief that the vaginal discharges which accompany inflammatory ulceration of the Uterine neck, is the result of constitutional weakness. This error is founded on the utter disregard of the laws of pathology, and every-day experience. The absurdity of such an opinion is more apparent when the discharge is of a purulent character, and not mucus merely. The discharge of pus is conclusive evidence of the existence of inflammatory disease. And yet the general sentiment of physicians seems to be, that the discharge of pus from the vagina even in large quantities, is merely the result of weakness!

We cannot better shew the absurdity of such a sentiment than by applying it to other organs of the system. Where can the physician be found, who, for one moment, would think of attributing the constant expectoration of pus from the lungs to mere debility?

It is generally supposed, that the sensation of weight and bearing down which accompanies inflammatory enlargement of the neck of the Uterus, is the result of the Womb falling, from the weak and relaxed state of its ligaments. This error is as disastrous as it is common. It not only leads the physician to neglect the appropriate course of treatment, but to employ an erroneous course, such as pessaries and other physical means of support, which aggravate the disease, and do much mischief, by irritating the inflamed organs.

I once removed from a lady, who consulted me, a large glass ring pessary, which, she informed me, she had worn, for fifteen months, without being removed.

Since writing the first edition of this work, an unmarried lady came to my office to consult me, wearing a large glass pessary, which, she informed me, she had worn nearly all the time for *seven years*, the severe irritation of which, as might be anticipated, had produced severe chronic inflammation and enlargement of the back side of the Uterus and vagina, of which, it is doubtful, if she can ever be fully cured.

The pains in the hips, back, and lower limbs, — the effect of inflammatory disease of the cer-

vix, are mistaken for indications of constitutional debility. And as these pains always accompany the vaginal discharges, which are also the effect of inflammatory ulceration of the cervix, they have become popularly connected with leucorrhea. This opinion has long existed, and the "whites," existing with the pain and weakness of the back, are considered, not only by ladies, but by physicians and writers, as the effect of constitutional weakness.

When the inflamed and enlarged Womb presses upon the rectum or lower bowel, (see page 62,) obstructing the passage or movement of the bowels, this obstruction has been mistaken for a stricture of the rectum, and by attempts to dilate the supposed stricture, females have been martyred for a long time, when no such stricture existed.

The irritation and pain in the bladder and urethra, has been mistaken for gravel or stone, and patients are often examined and treated for these affections, when the only cause of their suffering is the diseased state of the neck of the Womb. I am often consulted by ladies who inform me that they have long been under treatment for disease of the kidneys and bladder, when in fact no such disease was present.

Such are the principal errors of diagnosis ; and it is by no means strange that such errors should exist, as the symptoms actually represent a disordered state of the liver, stomach, heart, brain, spine, bladder, &c. Hence, if we confine ourselves to these symptoms, and carry our investigations no farther, we shall inevitably be deceived, as an extended investigation will show that the morbid condition of these organs is but the sympathetic effect of serious disease in other organs.

It is because the foregoing facts relative to inflammatory ulceration of the Uterine neck have not been recognised, that the opinion has so generally existed, *that the female is liable to sink into a state of general debility without any absolute disease.* Although such an opinion is in direct contradiction to the laws of pathology, yet it is generally adopted by medical writers.

CHAPTER IV.

Inflammation and Ulceration of the Neck of the Uterus in the Virgin Female.

ITS CONNEXION WITH FUNCTIONAL DERANGEMENTS OF THE UTERUS, PARTIAL PROLAPSUS, ETC.

THE general description which I have given in the preceding chapter, of inflammation and ulceration of the neck of the Uterus, is intended to apply more directly to married females, especially those who have had children. But this disease, as I have before stated, may exist at every phase of female life, presenting symptoms peculiar to each. We will now proceed to a brief investigation of it in the other phases of female existence, commencing with the unmarried or virgin female. The experience I have had in the treatment of Uterine disease, has convinced me, in the most satisfactory manner, that inflammation and ulceration of the cervix uteri, in the virgin, is not an uncommon disease. And it is equally evident to me,

that the severe forms of dysmenorrhea, (painful monthly illness,) which prove so unyielding to treatment; and cases of inveterate leucorrhea in the virgin, connected with great general debility and prostration, originate in, and owe their existence to this form of Uterine disease.

CAUSES.—Perhaps the most important predisposing cause of inflammatory ulceration of the neck of the Womb in the virgin, is the natural and peculiar tenderness and susceptibility of the Uterus, which I have several times mentioned, as existing in those who, from slight causes, are attacked with Uterine inflammation. With young females, in whom this peculiar Uterine delicacy becomes apparent, menstruation, on its first appearance, is often irregular, and subsequently becomes painful, too scanty or too abundant, the morbid congestion of the Uterus causing a discharge of the whites for a day or two before and after each monthly turn.

SYMPTOMS.—The symptoms of inflammatory ulceration in the neck of the Womb are essentially the same in the virgin as in the married female. They are: pains in the back, ovaries, hips, lower limbs, weight and bearing down,

the discharge of a white or transparent mucus, or yellow pus, sometimes mixed with blood. A glairy or a purulent discharge in the virgin, as in the married female, may be regarded as proof of existing inflammation, and probably of ulceration also. It must be recollected, however, as previously stated, that the absence of these discharges, at least in large quantities, is no proof that inflammation and ulceration do not exist, as in some cases, when the secretion is not great, and there is considerable heat in the vagina, it may be absorbed in the vagina, and not appear externally.

The local pains, although much more severe during the period of menstruation, generally continue, in a mitigated form, during the entire interval of menstruation. The bearing down sensation is not often so great in the virgin as in the married female, owing to there being less enlargement of the Uterus, and more contraction of the vagina, which gives support to the Womb, and prevents its prolapsing or falling; as the partial prolapsus which does sometimes take place, is owing partly to the relaxed state of the vagina, and the loss of its tone, and partly to the increased weight of the enlarged cervix, produced by inflammation.

Hence the use of pessaries and supporters, recommended by medical writers, and resorted to in the blindest manner as a curative means, only aggravate the inflammation, and produce the most disastrous results.

As I have before stated, the extreme and obstinate cases of dysmenorrhea, and deranged menstruation, which are so unyielding to treatment, and which are only palliated by narcotics, and regarded as hopeless, will be found, upon investigation, to be the effect of inflammatory ulceration of the neck of the Womb.

Indeed, it may be regarded as a rule, that the local pains attending menstruation, are much aggravated by inflammation, whether they have previously been slight or severe ; and in some cases the patient is in an agony of distress for two or three days. Sometimes the breasts are affected sympathetically, and become painful, tender and swollen.

Perhaps the most decisive general symptom of inflammatory disease of the cervix uteri in the virgin, as well as in the married female, is the *extreme debility* and *languor* which are often present. So generally is this true that I seldom meet with cases of extreme general debility and weakness, accompanied with leucorr-

hea, without finding, on careful investigation, the existence of inflammatory disease of the neck of the Uterus.

The sympathetic reactions of the local disease on the general health, in the virgin as in the married female, produces great mental depression, nervous agitation, spinal irritation, a disordered condition of the digestive system, loss of rest, hysterical symptoms, &c.

In some patients, all the symptoms, both local and general, are met with, while in others only one or two symptoms are present. As I have before stated, experience has taught me that severe inflammatory ulcerative disease of the neck of the Uterus, is often met with in the virgin female, and that its existence is the cause of great disorder in the functions of the Uterine system, and of extreme general debility.

The amount of suffering caused by inflammatory disease of the Uterus in unmarried females, is far greater than is generally supposed. Not less than one-third of my patients are unmarried females.

An unmarried lady, twenty-two years of age, has just left my office, who has come about two hundred miles, to consult me, and to place her-

self under my treatment. For four years she has been completely prostrated with what her physicians pronounced "falling of the womb." On investigating her case, I found it to be that of extreme chronic inflammation and enlargement of the body of the Uterus, the organ having attained the size that is usual at the commencement of the fourth month of pregnancy, and was also extremely sensitive. The vagina, also, I found to be in a high state of congestion and inflammation, presenting a livid red hue. Notwithstanding the symptoms in this case were so prominent, yet it appears they had been entirely overlooked by her medical attendants, and she had been treated for supposed "falling," while the real disease, inflammatory enlargement, remained unrecognized, and of course untreated. Thousands of young ladies are in a similar condition, and under treatment equally erroneous, and which will prove equally unavailing in the restoration of their health.

CHAPTER V.

Inflammation and Ulceration of the Neck of the Uterus during Pregnancy.

ITS INFLUENCE AS A CAUSE OF OBSTINATE SICKNESS — LABORIOUS PREGNANCY, HEMORRHAGE, DEATH OF THE FÆTUS, ABORTIONS, ETC.

I AM aware that the mere contents or heading of this chapter, will be read by many with surprise ; as the existence of inflammatory ulceration of the neck of the Uterus, as the cause of nearly all the morbid symptoms and accidents of pregnancy, is a doctrine entirely new, no work on the diseases of women, or on midwifery, till very recently, containing the most distinct allusion to the existence of such a disease during the state of pregnancy. And I am not aware at the present time, that the sentiment is to be found, save in the writings of two recent European authors, Dr. Bennet and Dr. Whitehead, to whom, with M. Boys de Loury, of Paris, may be attributed this important discovery.

The facts which I wish to lay before my readers in the present chapter, although they may appear new and strange, are not the result of speculation, but of ocular investigation, and demonstration.

The discovery of the frequent occurrence of inflammatory ulceration of the neck of the Uterus during pregnancy, is the key to the diseases of the pregnant state, and is the most common cause of abortions, obstinate sickness, laborious and painful pregnancy, hemorrhage, and miscarriage. In most cases where ulcerative disease of the cervix exists during pregnancy, a careful inquiry into the previous history of the patient, will show that it existed prior to pregnancy. Although as I have before stated, inflammatory disease of the cervix uteri, often presents a barrier to conception, and is the most common cause of sterility, yet there are many exceptions to the rule, especially in females who have borne children. Although the disease, when it attacks young females at the commencement of married life, generally produces sterility, it does not so frequently prevent conception, in those who have had children before the attack of inflammation.

SYMPTOMS. The local symptoms during pregnancy are nearly the same as those which characterise inflammatory ulceration of the neck of the Uterus in the non-pregnant state. They are pain in the small of the back, in the region of the ovaries, and lower part of the bowels or abdomen, a purulent discharge from the vagina, bearing down, &c. These symptoms are modified and rendered more or less obscure, by the changes that take place in the Uterus during the period of pregnancy.

On examining with the speculum, it is found that the neck of the Uterus is congested, voluminous, of a livid red hue; and on the cervix, or neck of the Womb, is seen an ulceration of greater or less extent, and penetrating more or less into the cavity of the os uteri, or mouth of the Womb, and in some cases is covered with large fungus granulations, which bleed very readily upon the slightest touch, and are generally covered with a quantity of mucus and pus. These fungus ulcerations, may present to one unacquainted with the disease, the appearance of cancerous ulceration of the Uterus.

The pains in the back are usually very severe and continued. Unlike the pains occasioned

by exertion or fatigue, which are intermitting or occasional, disappearing entirely when the patient becomes rested; *these* pains are always present, night and day.

The pains in the region of the ovaries, and lower abdomen, are also severe and ascend high in the abdomen. The vaginal discharges are often profuse, but as the pus from the ulcer is usually mixed with white mucus from the congested cervix and vagina, the appearance may be merely that of a white leucorrhœal discharge. In the first stages of pregnancy there may not be any discharges, the secretions from the ulcerated surface being absorbed in the vagina.

Patients in this situation not unfrequently suffer with hemorrhage from the ulceration, which may occur periodically, and thus lead the patient to suppose it to be the return of the menses. In some cases the hemorrhage may be regarded by the patient as the presage of an abortion. And it is true that flooding usually precedes and accompanies an abortion; but in a large proportion of cases in which hemorrhage repeatedly occurs during the first months of pregnancy, without being followed by abortion, it will be found upon investigation, to be caused by, and to proceed from ulceration of

the neck of the Uterus. In such cases the hemorrhage is usually slight, occurring after fatigue or intercourse ; whereas the hemorrhage which precedes abortion, is more severe and continuous, and is accompanied by severe pains in the Uterine organs.

The sympathetic reaction of the diseased Uterus upon the general health, are no less severe in the case under consideration, than in the forms of inflammatory disease which we have already investigated. The patient, tortured with continued pains, becomes pale and thin, loses her appetite, strength and flesh, suffers from palpitation of the heart, constipation of the bowels, headache, and want of rest. In this condition the patient lies down a large proportion of the time, feeling easier in that position, and awaits the period of her confinement, as the only possible termination of the sufferings which she attributes to pregnancy alone ; but which in reality, are the effects of inflammatory ulceration of the neck of the Womb, which, in most cases, may be speedily cured by appropriate treatment. In some cases the sickness, which is often present during the first months of pregnancy is extremely aggravated by inflammatory ulceration of the cer-

vix, defying all medical treatment, and reducing the patient to the very brink of the grave.

Inflammatory ulceration of the neck of the Uterus, I have found to be the most frequent cause of abortions. Indeed, I have no doubt that the disease under consideration, is the real, though the unsuspected cause of a vast majority of the abortions and miscarriages that occur. And it is reasonable to suppose, that inflammatory ulceration of the neck of the Uterus, would incapacitate the organ for the healthy performance of the important function of utero-gestation, or pregnancy.

I have recently cured a lady in this city, twenty-three years of age, of inflammatory ulceration of the neck of the Womb, who had been married only three years, and who, in that short period, had miscarried five times, and once at the end of the sixth month of pregnancy.

In some cases, however, the patient goes her full time, and passes safely through her confinement, notwithstanding the neck of the Uterus is inflamed and lacerated. But in such cases, pregnancy is more painful and laborious, and the patient is more liable to accidents at the time of, and subsequent to confinement.

It may be thought that in cases of inflammatory ulceration of the cervix, pregnancy must present a barrier to successful treatment. Such however is not the fact. Indeed, in some cases, the ulceration seems to heal more readily in the pregnant than in the non-pregnant state, owing, perhaps, to the increased vitality of the organ. Under appropriate treatment, the ulceration soon assumes a healthier appearance, and finally heals. When the ulceration has fairly commenced healing and the congestion and irritation have been subdued, there need be but little fear of abortion taking place. But until this has been effected there is imminent and constant danger of an abortion. In some instances the disease has progressed too far before it is recognized and treated, and, in spite of all effort abortion takes place.

I am almost daily consulted by females who have long been in feeble health, who have had several miscarriages and abortions, and who, from their own history of themselves, have long presented symptoms of Uterine disease. On investigating the condition of the Uterus, I have almost uniformly found severe inflammatory ulceration of the neck of the Uterus.

CHAPTER VI.

Uterine Polypi or Tumors.

THEIR CONNEXION WITH INFLAMMATORY ULCERATION OF THE
NECK OF THE UTERUS.

UTERINE Polypus, or Tumor, consists in the growth of a foreign body in the Womb or vagina. It varies in size from that of a small nut to that of a child's head. There are two kinds of Uterine Polypus, the vascular and the fibrous.

The color of the vascular polypi is usually of a dark red, while that of the fibrous polypi is a light red, and sometimes of a whitish color. The vascular polypi is quite soft and spongy, while the fibrous is usually hard like gristle. They are generally solid, but sometimes are found hollow. The polypus is a morbid growth, and the cause that produces these tumors is but little known.

The vascular polypi usually originates from some point within the cavity of the neck of the Uterus, or at the os uteri, to which it is connected by a pedicle or stem; while the fibrous polypi are formed in the cavity of the body of the Uterus, and are either found in the cavity of the organ, or, expelled from it, are found in the vagina, connected with the cavity of the Uterus by a long pedicle, which passes out through the cavity of the cervix. The irritation created by the contact of the pedicle with the mucus membrane of the cervical cavity, often produces inflammation and ulceration. In most cases, after removing the fibrous polypi, by ligature, or by instruments, I have found the mouth of the Womb open and ulcerated, the ulcer being evidently of a chronic character and produced by the irritation of the polypus.

When inflammatory ulceration of the cervix uteri is produced by fibrous polypi, it is one of the principal causes of the pains, and leucorrhœal discharges, as well as the sympathetic reactions of the disease upon the general health. And as the ulceration, if not recognized and treated, still remains after the polypus has been removed, the patient does not

rally or recover entirely, and the symptoms, which were attributed to the polypus, remain, after the removal of the latter, although in a mitigated form.

When a fibrous polypus exists in the *body* of the Uterus, in addition to the local and general symptoms to which it gives rise, it tends to keep up a congested and irritable state of the whole Uterine system, which increases the growth of the fibrous tumor.

The ulcerations connected with fibrous polypi, are not always produced by the contact of the polypus with the mucus membrane, it may have existed from other causes, before the polypus was expelled from the cavity of the Uterus.

The vascular polypi is very common, and is almost always accompanied by inflammation and ulceration of the neck of the Uterus. The pedicle, by which they are suspended, is usually connected to the neck of the Womb near its mouth, or it may be connected to any part of the cavity of the cervix uteri. In some cases the polypus is embedded within the cavity of the Uterus.

The polypi are easily removed by a ligature, or by a long pair of scissors, or the speculum

forceps. But the patient is not cured by removing the polypus. The cause of the irritation which produced the inflammatory ulceration is removed, but the distressing Uterine symptoms will continue until the ulceration has been treated and cured. In some cases, however, the ulceration may doubtless heal spontaneously, when the irritating cause which produced it has been removed.

The facts which I have briefly detailed above, relative to the connexion existing between inflammatory ulceration of the neck of the Uterus, and Uterine polypi or tumors, are of great importance, inasmuch as they have a direct practical bearing on the treatment of these diseases. The first thing in the treatment of such cases is to remove the polypus, but the patient is then but half cured if extensive ulcerations are permitted to remain. When the tumor is embedded within the cavity of the Uterus, and beyond the reach of instrumental means, its farther increase can be arrested only by subduing all inflammation of the Uterine organs, and thus bringing them into a quiescent state.

The following case will illustrate the above. A few months since, a lady, a resident of this

city, called at my office to consult me relative to her health, which she said had been poor for three years. She informed me that she had been under the treatment of several physicians, some of whom, after several months treatment, dismissed her, saying that it was useless for her to remain under their care longer, as their medicines had no beneficial effect upon her, and they did not understand her case, &c. By interrogating the lady, I discovered symptoms of Uterine disease, although they were somewhat obscure. I stated to her my conviction that Uterine disease of some form, was the cause of her suffering and ill health, and proposed an examination as the only means of ascertaining her real condition, and on investigating her case, the speculum brought into view a fibrous polypus about two inches in length, hanging out of the mouth of the Uterus by a pedicle, evidently attached to the surface of the Uterine cavity.

I informed the lady of the existence of the polypus, and proposed to remove it by an operation, to which, after reflection, she gave her consent. With a pair of speculum scissors, I brought away the polypus without any pain to the patient, and without flooding. After re-

moving the polypus, I brought the cervix uteri into view with the speculum, and found it in a state of inflammation, with ulceration around the os uteri, and dipping into its cavity, which, by appropriate treatment, was soon removed, and the lady thus restored to her usual health. This case not only shows the effect upon the general health, of the existence of Uterine polypus, and its connection with inflammatory ulceration of the neck of the Uterus, but it shows also the great value of the speculum in the investigation of Uterine disease. This lady's condition was not known to her physicians, for the reason that adequate means had not been employed to ascertain her condition; hence, she had suffered three years under unavailing medical treatment, for the want of correct knowledge of the case.

Uterine polypus is often mistaken for other forms of Uterine disease, as displacements and dropsy of the Womb, pregnancy, &c.

A few years since, an intelligent gentleman, a lawyer, consulted me in relation to his wife, whom he represented as being in a very peculiar and distressed condition. He stated that she had long been afflicted with falling of the Womb, and that for the last year, the organ

had fallen so low that it was entirely out of the body, hanging like a sack between the limbs, and that her general health had become greatly reduced, &c., and requested my immediate attention. I visited the lady without delay, found her sitting in an easy-chair, feeble and distressed, and under considerable nervous excitement. I repeated to her the statement of her husband relative to her condition, and she affirmed that such was really the case — that the Uterus had been out of the body for more than a year — that she could not make it stay up in place, and that it had caused her a great amount of suffering, &c. As they were persons somewhat in years, and had brought up a family of children, I supposed that they must of course have some knowledge relative to these matters, and remarked to the lady that if such was her condition, the first thing to be done was to return the organ to its place, and employ adequate means to sustain it there until the ligaments and surrounding parts should regain their tone. Accordingly, getting things in readiness for the operation, I proceeded to the task, when, lo, and behold ! instead of the Uterus, a large vascular polypus was pending from the vagina some

two or three inches in length, which I found, by passing the finger along on the pedicle, was attached to the end of the cervix uteri.

I informed the lady of her mistake, and of her real condition, which very much frightened her. I assured her, however, that she need not be alarmed, that it was nothing dangerous, and could easily and safely be removed. I applied a ligature, and in four days the polypus came away without pain or trouble, and under appropriate treatment the lady subsequently regained her former health.

CHAPTER VII.

Functional derangements and displacements of the Uterus, the result of inflammatory enlargement and ulceration of the Uterus and its neck.

LEUCORRHEA, DYSMENORRHEA, AMENORRHEA, MENORRHAGIA,
ABORTION, STERILITY, PROLAPSUS, ANTEVERSION,
RETROVERSION, ETC.

IN the preceding chapters, I have endeavored to illustrate the connexion existing between inflammatory disease of the Uterine neck, and the morbid condition and functional derangements of the Uterus, named at the commencement of this chapter. But as these displacements and functional derangements of the Uterus have been treated of by writers on female diseases, and consequently regarded by females themselves, as *distinct diseases*, without the least suspicion that they generally originate in inflammatory disease of the Uterus ; I shall briefly recapitulate, and somewhat enlarge upon what has been stated in the

foregoing chapters, hoping thereby to render the subject more lucid and forcible.

It is certainly reasonable to suppose, that a diseased state of the Uterus, would derange the various and important functions which that organ has to perform. And to assert that such is the fact, is only stating what is true of all other organs of the system. In a case of dyspepsia, the stomach fails to perform the function of digestion, for the simple reason that it has been weakened by disease, and consequently is *unable* to perform its functions. And it is the seat of *pain*, for the reason that it is the seat of *disease*. A person also, becomes bilious, for the reason that the liver becomes diseased, and being diseased, *cannot perform its healthy functions*. So of the lungs, the kidneys, and in short of every organ in the system. When in health they perform their various and respective functions with fidelity and without pain. But when diseased, they fail to perform their office, for no other reason than, that disease has debilitated them, and rendered them unable to perform their functions.

What is true, in this respect, of other organs of the system, is also true in relation to the

Uterus. When in a healthy state, it performs its functions duly and without pain. But when diseased, its functions are either suspended, or partially and painfully performed, for no other reason, than, like other organs, it is *incapable* of performing healthy functions, when weakened and debilitated by disease.

LEUCORRHEA, (Whites.)

This term is generally used to designate discharges from the vagina of every description that are not either pure blood, or a mixture of blood; whether of transparent mucus, or white mucus, or pus, or of all combined.

In a perfectly healthy state, there is a slight secretion of a transparent, and slightly glutinous fluid, secreted by the mucus follicles of the vagina, and Uterine neck. This is the natural secretion of the sexual organs of the female, the design of which, as on all mucus surfaces is, to lubricate the parts and thus prevent chafing and irritation. While in a healthy state, this secretion is never so abundant as to constitute a discharge. It is however, usually more abundant for a day or two before and after menstruation in consequence of the physiological, or natural congestion which exists at that time. But this is of no

consequence, so long as the organs are free from inflammation, as it gives rise to no unfavorable symptoms, either local or general. But when the discharge becomes abundant, and continues through the entire interval of menstruation, there is good reason to suspect the existence of inflammation. And in such cases an investigation will generally show that the neck of the Uterus and usually the vagina, are in a state of congestion and inflammation. If the discharge is mixed with pus, the existence of inflammation is certain. But this is not the only symptom. In such cases, there is always more or less local pain and general debility. In nineteen cases in twenty, when there is continual leucorrhœal discharge, an investigation will show extensive inflammatory disease of the Uterine neck. Where there is no inflammation, the patient will feel no inconvenience, and consequently will attach no importance to the discharge.

The ropy, white-of-an-egg discharge, is secreted in the cavity of the neck of the Uterus, and its existence in large quantities is certain proof of inflammation. When this discharge is present, the mouth of the Uterus is open, red, and inflamed, and often ulcerated.

When the discharge is of a purulent char-

acter, or a mixture of pus and mucus, it indicates severe inflammation, and usually ulceration of the Uterine neck, and is nearly always attended with pain and weakness.

It is generally the case in inflammatory ulceration of the cervix uteri, that these different forms of vaginal discharges — the white, the transparent, and the purulent, are all combined. But, as we have previously stated, ulceration may exist, without any leucorrheal discharge, it being absorbed in the vagina.

So various is the character and origin of vaginal discharges, that their exact nature, as a general thing, can be known only by a careful instrumental examination. This will not only determine their precise character, but will also be a guide to the correct mode of cure.

As I have before stated, the general sentiment, in reference to leucorrheal discharges is, that they are the effect of weakness, and are produced by general or constitutional debility. This sentiment doubtless had its origin in the fact, that the inflammatory disease which produces the leucorrhea, also produces debility and weakness.

Hence, physicians overlook the real cause, and treat the imaginary one, sometimes for

years, without, as might be expected, any beneficial results.

I am often consulted by females, who have been under treatment for a long time, for obstinate leucorrhea, and I always find in such cases, extensive inflammatory ulcerative disease, from which the discharge proceeds. Nothing can be more irrational, or more in contradiction to the laws of pathology, than the supposition that pus may be produced by mere weakness and debility.

The proof of the correctness of the views here taken of the nature and origin of leucorrhea, is found in the fact that the cure of the inflammatory ulcerative disease, uniformly cures the leucorrhea, however intractable to treatment it might have been before. In short, to sum it up in a few words, continued leucorrheal discharges, of whatever nature, is proof of existing Uterine disease, and can be effectually cured, only by removing the disease by which they are produced.

MENSTRUATION.

In a large proportion of cases, as we have previously seen, disturbed or deranged menstruation is the result of inflammation and ulceration of the neck of the Uterus, both in

the married and unmarried female. This important fact appears to be but little known, the morbid symptoms being regarded as merely functional derangements. We will now proceed to examine the various forms of deranged menstruation.

DYSMENORRHEA, (Painful Menstruation.)

My experience in the treatment of Uterine disease has fully satisfied me, that dysmenorrhea, in a vast majority of cases, is the result of inflammatory Uterine disease, particularly that of the cervix uteri, rather than a functional derangement. Dysmenorrhea, no doubt may, and often does exist as a functional derangement in those females in whom the Uterus appears to be naturally a weak organ, and predisposed to congestion. With such females, menstruation is attended with more or less pain from the first dawn of its appearance, lasting sometimes, for the first day or two, and sometimes through the entire menstrual period.

But when menstruation which was once easy becomes painful, or when slightly painful it becomes excessively so, it will be found nearly always, upon careful examination, that there is inflammatory ulceration of the neck of the Womb. This is true of the virgin as well as

the married female. Indeed the most severe cases of dysmenorrhea that I have met with in practice have been in virgins or married females that remained sterile.

Dysmenorrhea may also exist as the result of contraction of the cervical cavity, or of the os internum. This physical imperfection of the Uterus may be the result of inflammation, or it may be congenital, (existing from birth.)

In the latter case, the pain, however severe during the period of menstruation, entirely ceases during its interval. If, on the contrary, dysmenorrhea is the result of inflammatory disease, the pains will not only exist at the menstrual period, but will be felt more or less through the entire interval of menstruation.

AMENORRHEA, (Suppressed Menstruation.)

This form of deranged menstruation, I have usually, but not always, found connected with inflammatory disease of the cervix uteri. In such cases, menstruation may be delayed only a few days or weeks, or it may be delayed for several months, and it may entirely cease. If amenorrhea has existed for years, as the result of inflammatory Uterine disease, menstruation does not always return, when the local disease

has been removed. Much depends on the age of the patient. The younger she is, the more probable will be the return of the menses. I have recently had two cases of amenorrhea under treatment, one of which I have spoken of in a previous chapter. The other is a married lady, twenty-nine years of age. At the age of twenty-one, she had a severe attack of acute inflammation of the Uterus and bowels—the result of an injury received by a fall. The acute form of inflammation subsided, but the menses has never returned. On investigating her case, I found portions of the Uterus and of the vagina in a state of inflammation, and very sensitive, and the neck of the Uterus indurated, and the os uteri and cervical canal ulcerated to some extent. Under appropriate treatment for inflammatory ulceration, the lady has been restored to entire health, in about three months, not a symptom of the disease, either general or local, remaining. Menstruation has not yet returned, although there are decided symptoms of its appearance at each month.

As the treatment has just terminated, and as her general health is entirely restored, there is ground to hope that menstruation may yet appear.

MENORRHAGIA, (Profuse Menstruation.)

The common opinion of both ancient and modern Uterine pathologists, is, that, in the absence of cancers and tumors, prolonged and profuse menstruation is the result, soley, of a congested state of the Uterus.

This opinion, however, is evidently founded on ignorance of the common existence of inflammatory Uterine disease. In the absence of inflammatory disease, the menstrual secretion is seldom increased so as to constitute flooding, and the menstrual periods are seldom shortened, except at the final cessation of menstruation. This assertion is the result of careful observation, not of theoretical speculation. It is true, that congestion of the Uterus exists in menorrhagia, but it is nearly always produced by inflammation of the neck of the Uterus. It may be difficult to solve the problem, that inflammation and ulceration of the Uterine neck, in some patients, cause menstruation to be profuse and too frequent, and in others, scanty, and too rare; but such is the fact, as daily observation abundantly proves. And indeed, there is no form of deranged menstruation, that may not be produced by

inflammatory and ulcerative disease of the cervix uteri.

It is true, that profuse menstruation does occasionally occur as the result of congestion of the Uterus, independent of inflammatory disease, but such cases are rare, except at the change of life. The congestion that precedes menorrhagia is nearly always produced by some organic lesion of the Uterus.

It must be borne in mind that these remarks are not applicable to those females in whom there is naturally great susceptibility of the Uterine organs, and with whom profuse menstruation is a natural condition, and who often have a show from some accidental cause, such as violent exertion, mental emotion, &c.

These facts are of the greatest practical importance, as they reveal to us at once, the real cause of the patient's sufferings, and show that nearly all the cases of profuse and protracted menstruation is the result of disease, to which therapeutic (curative) means must be directed, in order to subdue the hemorrhage to which it gives rise. By thus *bringing to light and treating* the disease which causes the mischief, the morbid condition of the Uterus is removed, and menstruation returns to a natural state.

At the period called "the change of life," when menstruation is about to cease, it often becomes irregular, and profuse flooding may take place from congestion of the Uterus alone, in the absence of any inflammatory disease. In such cases, the patient will sometimes go for two or three months, without the appearance of the menses, when it will return again with great profusion.

This state of things, however, seldom continues long, at this period of life, in the absence of tumors or cancers, unless the neck of the Uterus is in a state of ulcerative inflammation. And I nearly always find, on examination, that obstinate flooding, at the change of life, is the result of inflammatory ulcerative disease of the Uterine neck. The severest cases that have come under my observation have been of this description. And what proves that continued flooding is caused by inflammatory ulceration, is, that when it is cured, the flooding ceases.

STERILITY.

Sterility is not unfrequently the result of chronic inflammation of the Uterus. Inflammation may prevent conception taking place, by reducing the vitality of the Uterus, or, perhaps, by closing the fallopian tubes, and thus pre-

venting the passage of the principle of impregnation to the ovaries.

Inflammation and ulceration of the Uterine neck, may not only occasion sterility, by deranging the functions of the Uterus, but it may also present a physical obstruction to conception.

The mucus and pus—the product of inflammatory ulceration, may so close up the cavity of the Uterus, as to prevent the impregnating principle entering the Uterus. Enlargement of the central tissues of the cervix uteri, occasioned by inflammation, closing up the cervical cavity, also the contraction of the os internum, may prevent conception in the same way.

Some females, however, conceive under the most unfavorable circumstances, and seem to possess such an aptitude to impregnation, that none of the morbid conditions, above named, seems to prevent. Such females become pregnant, when suffering from the most severe Uterine disease, and even cancer of the Uterus, does not always prevent such females from becoming pregnant.

Chronic inflammation of the Uterus not only renders some females sterile from the onset of marriage, but it often causes sterility in those

who had previously borne children. Both classes of sterile females, however, often become fruitful, when the inflammatory disease is subdued, but such is not always the case.

Sterility produced by inflammatory ulceration, in females who have had children, is usually removed by the cure of the inflammatory disease. Illustrations of this fact is one of the most common results of my practice. And I am sorry to say, that my patients do not always wait till they are entirely cured, but sometimes become pregnant while under treatment. Such, however, seldom miscarry.

It must not be supposed by what is here stated, that I disregard, or do not appreciate the physiological, or natural causes of sterility. Impregnation is, perhaps, the most capricious of all the functions of the human system. And there are causes in operation, no doubt, which may produce sterility, the nature of which always have been, and doubtless will always remain concealed. Some women have children by their first husband, but not with the second; or by the second but not by the first; while both the husbands may have had children by former companions. Some women remain sterile for a long series of years, and

then have children by the same husband, while others have children at variable intervals.

I have no doubt, however, that these peculiarities and anomalies, are often the result of inflammatory disease of the Uterine system, and susceptible of being remedied.

ABORTION.

As we have seen in a previous chapter, inflammatory ulceration of the cervix uteri, often occasions abortion. It may produce this effect in various ways. Inflammatory disease of the cervix may so reduce the vitality of the Uterus at the first period of pregnancy, that the foetal germ dies. Or the patient may go until the third or fourth month, when the inflamed Womb becomes irritable, flooding ensues, the membranes separate, the foetus dies, and is expelled from the Uterus.

Abortions frequently occur, no doubt, from accidental causes alone, or from a constitutional taint, as syphilis, scrofula, &c., in the absence of all inflammatory disease. In a great majority of cases, however, in which abortions are preceded or followed by morbid uterine symptoms, or when it occurs without any evident cause, it will be found upon investigation, to be

occasioned by inflammatory disease of the cervix uteri. And abortions which repeatedly and quickly succeed one another, proceed from the same cause.

UTERINE DISPLACEMENTS.

—PROLAPSUS, (Falling.)

Nearly all writers on Uterine disease, both of ancient and modern times, have regarded the various displacements of the Uterus, and especially prolapsus, as the result of a weak, relaxed state of the Uterine ligaments and muscles, independent of any disease of the Uterus itself.

Such are the views of the writers and practitioners of medicine of this country at the present time, with but few, if any exceptions. It is also assumed that these displacements of the Uterus, are the cause of nearly all the distressing symptoms and morbid manifestations of the Uterine organs, which produce such an amount of suffering, and render so many females confirmed invalids. From this *theory* of Uterine disease, which I shall endeavor to show is founded in error, has originated the use of supporters and pessaries as curative means.

I wish here to state, that I entertain the

greatest respect for the scientific attainments of the physicians whose opinions upon this subject I have here and elsewhere quoted, and it is with pain and diffidence that I feel obliged to dissent from them.

For several years after directing my attention to the investigation and treatment of Uterine disease, I entertained similar views. But at no period of my researches, has this theory explained to my satisfaction the phenomena of Uterine disease; and more extended investigations and researches of late years, has resulted in an entire change, both in theory and practice, relative to diseases of the Uterine system. I therefore feel it a duty to enunciate the result of my researches, for the benefit of females, and can assure physicians, whose views now differ from my own, that a similar course of investigation on their part will lead to the same results.

I shall therefore enter at some length into the subject, and shall endeavor to show that the leading doctrines of the present time upon this subject, are fundamentally wrong, and lead to serious errors in practice.

The Uterus, in the virgin and unimpregnated state, is a small and light organ, and is retained

in its natural position as much or more, by the pressure of the surrounding organs, and contraction of the vagina, as by the Uterine ligaments. The Uterus is slightly poised in the pelvis, not bound fast in its place or position, like the liver, the heart, the kidneys, &c. Being thus suspended, the Uterus yields to the slightest pressure, and is easily moved upward or downward, backward or forward, or sideways.

This anatomical fact accounts for the displacements of the Uterus which occur when any *one* region of the Womb become increased in size and weight.

Should the neck of the Uterus become enlarged and increased in weight, as it often does when it is the seat of inflammation, the increased weight of the organ, causes it to descend, or fall in the vagina, in proportion to the increase of its weight, and thus brings the neck of the Uterus near the vulva, or external orifice of the vagina, and this constitutes prolapsus.

In a healthy state, the vagina is a contractile and closed organ, and by closing upon the Uterus, affords as much support to the organ, perhaps, as the ligaments themselves. The con-

tractility of the vagina in virgins is great, consequently, prolapsus with them is seldom carried to a great extent.

In women who have had children, the vagina is less contractile, and with them, the Uterus, when enlarged, is often considerably prolapsed, sometimes reaching the external parts, and occasionally the entire organ protrudes externally, and hangs like a sack or tumor, between the limbs. This form of prolapsus is called *procidencia uteri*.

I have just concluded the treatment of a case of this description. The Uterus had been entirely out of the body for more than a year, not even returning at night, as it often does in such cases. I found the organ swollen and enlarged, with an ulceration about the size of a half dollar on the neck of the Uterus. In such cases, the vagina and vulva are in a state of complete relaxation, affording no support whatever to the prolapsed organ, and such I found to be the case with this lady. On returning the Uterus to its place, the vagina appeared as relaxed, and open, as if she had just been delivered of a child. Under appropriate treatment, the ulcer healed, the swelling abated, the vagina gradually regained its tone, and the lady

now walks about town with little or no inconvenience, with the Uterus in its natural place. In this form of prolapsus the Uterus is generally ulcerated to a greater or less extent, and often swollen and inflamed.

This extreme form of prolapsus is the result of increased weight of the Uterus, a relaxed state of the ligaments, and an entire loss of the contractile power of the vagina, all combined and existing at the same time.

The effect of inflammation, is to increase the volume and weight of the Uterus, and to produce a relaxed state of the Uterine ligaments and vagina, upon which the Uterus depends for support, and a vast majority of cases of partial prolapsus of the Uterus is owing to this state of the organs, produced by inflammatory disease.

Such being the nature of the case, what course of treatment shall be instituted? Shall we direct our efforts to the removal of the inflammatory disease which is the cause of the prolapsus, or shall we resort to mechanical means, and introduce a hard substance in the form of a pessary, against the inflamed and sensitive tissues of the Uterus, under the idea of giving support to the organ, thus treating the imaginary, and overlooking and greatly aggra-

vating the *real* disease? The class of females who have been tortured in this manner for years is innumerable. Such, usually find themselves in a worse condition after years treatment, than they were at the commencement, although they might have been perfectly cured in a few months, had the appropriate treatment been adopted.

The only rational, indeed, the only possible means of cure in such cases of prolapsus, is to remove the inflammatory disease which has produced it, and when this is effected, the Uterus will, of itself, return to its natural position.

In more than three-fourths of the cases that come under my treatment, I find the disease to be that of inflammatory enlargement, and ulceration of the neck or body of the Uterus, and in nearly all such cases, I find the organ more or less prolapsed, and in some cases, it falls so low, as to come very near the external parts. But I never even *think*, in such cases, of replacing the Womb, and of using pessaries, and of other means of support.

I direct my efforts to the cure of the inflammatory and ulcerative disease; and almost always find that the Uterus rises in the vagina,

in the same ratio that the inflammatory disease is removed.

I often have patients, in whom the Uterus is from two to three inches higher in the vagina, at the close of treatment, when the ulcerative disease has been removed, than it was at the commencement of treatment. In such cases, the bearing down pains cease, the pain in the back and sides gives way, the sympathetic reactions upon the general health abate, and the patient *feels* that she is cured. There are exceptions, however, to what is stated above. In cases where inflammation has long existed, the vagina and uterine ligaments may become relaxed and weakened to such an extent, that some length of time may be required, after the inflammatory disease has been removed, for the parts to fully recover their natural healthy tone. And such patients need feel no alarm if they should for months, occasionally realize a sensation of weight and bearing down. These sensations, however, will gradually disappear, as the parts regain their natural tone and strength.

RETROVERSION AND ANTEVERSION.

Retroversion is a displacement of the Uterus by its falling backwards, so that the body and fundus, or top of the Womb, rest on the rectum.

Anteversion is a displacement of the Uterus, by its falling *forward*, towards the front bone, and resting upon the bladder. These two forms of displacement, it will be seen, are precisely the reverse of each other, one being backward, the other forward.

These forms of Uterine displacement, like that of prolapsus, which we have just been studying, has been misunderstood and misinterpreted by writers on Uterine disease. By them, these displacements are represented as being, *in themselves*, a serious disease, and the cause of the distressing symptoms which attend these displacements, whereas, in fact, both the displacement and the painful symptoms, in a vast majority of cases, if not always, are the result of inflammatory disease of the Uterus.

Perhaps I cannot better convey to the reader the views I wish to express, than by the following simple illustration:

Take a pear, and with the little end down, pass a small wire through the centre—I mean the centre of gravity, so that the weight of the pear will rest upon the wire. One side we will call the back side, and the other the front side. Now it is evident, that if, by any means, the size and weight of the *back side* of the pear

should be increased, the top and body of the pear would fall backwards, and the lower end would be thrown forwards. If the *front side* should be increased in size and weight, it would fall forwards, and the neck, or lower end, backwards.

This pear aptly represents the Uterus, suspended or poised in the pelvic cavity. When the *backside* of the Uterus becomes the seat of inflammation, the size and weight of that part are consequently increased, and the top and the body of the organ fall *backwards*, or is *retroverted*, and the neck of the Womb is thrown forward.

Should the inflammatory enlargement be on the *front* side of the Uterus, the consequent increase of size and weight would cause the top and body of the organ to fall *forwards*, which would constitute *anteversion*, and the lower end, or neck of the Womb, would be thrown backwards.

Such is the result of my experience, as to the nature and cause of these forms of Uterine displacements. And if the above is a correct interpretation of the morbid phenomena, it will readily be seen, how useless must be the attempt to replace the retroverted, or anteverted

organ, as a means of cure. The Womb is displaced, *because* it is diseased. And if it should be replaced a hundred times, it would a hundred times again fall out of place. But let a course of treatment be adopted, that will remove the inflammatory enlargement, and the Uterus regains its natural position without artificial aid.

I do not wish to be understood, as asserting, that Uterine displacements are always the result of inflammatory disease. It may be, and sometimes is, produced by other causes, such as fibrous, and other morbid growths, in the cavity of the Uterus. In the first month of pregnancy, the Womb is liable to displacements, from its change in size and weight. The forms of Uterine displacements, which we are now studying, may also result from accidental causes. But displacements of the Uterus, *in whatever direction*, if it take place gradually, and is not carried to any great extent, seldom occasions painful symptoms, *if there is no inflammation* present. Nature has so organized the Uterine ligaments, that they readily yield, or give way to gradual traction, without pain or uneasiness. The changes that occur during pregnancy, illustrate this fact.

In the absence of all inflammatory disease, these displacements seldom occasion much pain or uneasiness, unless they are carried to such an extent as to interfere with the functions of the organs compressed.

The painful symptoms, which have been regarded as the result of the displacements, are, in reality, the symptoms of inflammatory disease, which occasions the displacement. To regard the displacement, in these cases, as the disease, is an utter delusion, and is substituting cause for effect.

What is here stated, in regard to Uterine displacements, is the expression of facts obtained in practice.

In treating such cases, I recognise, and take into consideration, the displacement,—but regarding it as merely a symptom of the inflammation, or of the enlargement caused by it, I direct my efforts to the removal of what I regard the cause of the displacement, that is, the inflammatory enlargement. That such a course of treatment is right, is proved by the fact, that the displacement usually disappears, when the inflammatory disease is removed. Or, if the Uterus should not entirely regain its natural position, owing to its having contracted

adhesions to the surrounding parts, while displaced, or to its remaining permanently enlarged, as it sometimes does, after all inflammation is subdued, there is, generally speaking, an entire absence of all pain, or uneasy sensation.

The errors which have existed, relative to these Uterine displacements, are easily explained. A physician, unacquainted with the very common existence of inflammation, would naturally be inclined to attribute the pain and suffering of his patient to the displacement, not being aware that the real cause,—inflammation,—existed.

Retroversion of the Uterus is sometimes mistaken for stricture of the rectum. This mistake originates in the fact, that the Uterus, when retroverted, rests upon, or against, the rectum, thus presenting an obstruction to the passage, or movement of the bowels. Instances of this kind are sometimes met with, in which patients have long been under treatment, for supposed stricture, and have been tortured by attempts to dilate the constriction, when in fact no such stricture existed.

Retroversion is sometimes, but less frequently mistaken for pelvic abscesses.

Retroversion originating in pregnancy, seldom occurs before the third month, nor can it take place after the fourth month, the Womb, at that period having arisen from the pelvic cavity. Retroversion may take place at an earlier period of pregnancy, but in such cases the patient is seldom aware of any change in the position of the Uterus having taken place, and usually remains free from all distressing symptoms, at least in the first stages of the displacement. When, however, retroversion is known to exist in the pregnant state, no time should be lost in restoring the Uterus to its natural position, as delay might be attended with serious consequences.

By the above details it will be seen, that, in my opinion, Uterine displacements of every description, in the absence of Uterine tumor and pregnancy, are mere symptoms of inflammatory enlargement of the Uterus, and that I almost entirely reject the doctrine of writers upon this subject. I think that in the various forms of Uterine displacement, the great error has been, of attributing to displacement, the symptoms of inflammatory disease of the Uterus, which accompany the displacement, and by which it is produced. I admit, however, that

this is a question somewhat difficult, in every respect fully to determine, and that the vast importance of the subject requires that investigations should be made. It is certainly of the greatest importance, that the true nature of Uterine displacements should be ascertained, as without this knowledge, all treatment must be mere guess-work and haphazard experiment. Should the doctrine of mechanical treatment prevail, which regards the Uterus as a joint capable of being dislocated, it is impossible to conceive, the amount of suffering that females are destined to bear: I flatter myself, however, that facts already ascertained, as recorded in this work, will do something towards averting this suffering, by leading to an appropriate and efficient mode of treatment.

As I have several times, in the preceding pages, spoken of the common sentiment of medical writers, relative to Uterine displacements, it may be proper for me here to make a few brief quotations from some of the most popular authors on Uterine diseases, to show that I have not misrepresented their views upon this important subject.

Dr. F. Hollick, in his work on diseases of women, (page 40,) says, "The different female

organs are liable, from a variety of causes, to be displaced. The Womb is most frequently found out of its proper situation, and its deviations will therefore first engage our attention.

This troublesome affliction (falling of the Womb) is found at almost every period of life, and under almost all circumstances. It is, in fact, so general, that it may be considered a kind of heir-loom, to which every female may consider herself born, and from which she may think herself extremely fortunate if she escapes. It is, in fact, a very *rare occurrence* to meet with any adult female, particularly if long married, who is not troubled with it, or has not had it." On page 41, speaking of the causes, he says, "Falling of the Womb is more frequently produced by loss of tone in the muscular system, than by anything else ; it is, in fact, nearly always a result of debility."

Dr. Hollick is an author for whom I entertain respect, yet I cannot suppress the conviction, that, with all his researches, he has failed to ascertain the true nature and real cause of Uterine displacements. Not a word is intimated by him, that inflammatory enlargement has anything to do in producing a displacement, which, he says, is so common that an adult fe-

male is rarely found who is not troubled with it. Again, had the Doctor studied Uterine inflammation and its sequelæ, as thoroughly as he evidently has many other important diseases, he never would have uttered the sentiment, that falling of the Womb, "is nearly always a result of debility." On page 42, however, he *approximates* the cause of prolapsus, although he does not arrive fully at it.

He says, "A heavy engorged state of the Womb itself, also generally accompanies this disease, (falling,) and predisposes very much to it, by its mere weight. This explains why young persons are more exempt than married ones, because the Womb is lighter in them. It also explains how retention of the menses, or any other derangement which increases the *weight* of the organ, leads to the same result." Now if increased *weight* of the organ leads to the same result, that is, to falling of the Womb, it certainly does seem very singular that it never occurred to the Doctor that increased *weight* of the organ by inflammatory enlargement, "might lead to the same result." Had he been aware that nearly all cases of prolapsus is the result of inflammatory enlargement of the Uterus, he never would have advised the

use of such a profusion of pessaries, as a therapeutic or curative means ; as these hard substances, which are formed of glass, wood, ivory, &c., pressed up against the inflamed and sensitive tissues of the Uterus, cannot fail to greatly aggravate the disease and augment the pain and suffering of the patient.

The Doctor, however, is consistent with himself in this respect. He advances the theory, that the displacement, or falling of the Womb is the disease. And as the organ is unable to support itself, it must be held up by pessaries, the same as a lame man is held up by crutches. Hence he has a long article on pessaries in which he recommends the use of what he calls, "The globe pessary, the egg-shaped pessary, the flat oval pessary, the ring pessary, the figure eight pessary, the stem pessary, spring pessaries, the elytroid pessary, the canoid pessary, the cup-shaped pessary, &c."

All these various forms of pessaries, the Doctor thinks possesses their good qualities, the different forms being adapted to the various cases of the disease. But what is the result of the use of this great variety and profusion of pessaries : Does it cure the disease ? We will let the Doctor answer for himself. On page

62, he says, "Frequently the evils resulting from its use (the use of the pessary) are greater than those it is intended to cure, and it is very questionable whether the benefit derived from its introduction have been greater than the injuries." A fine remedy, indeed! How long would a lady need to use such a remedy to effect a cure?

In a work entitled, "Woman, her diseases and remedies," by Charles D. Meigs, M.D., Professor of Midwifery, and Diseases of Women and Children, in the Jefferson Medical College at Philadelphia, on page 139, he says, "Prolap-
tion of the Womb, commonly in the world spoken of as falling of the Womb, and bearing down of the Womb, is so frequent an occurrence in married women who bear children, and is attended with so much distress and vexation for many of them, that I am sure that no man can long practice physic without being appealed to for counsel and relief from this form of disease."

On page 155, he says, addressing his class, "You may safely make up your minds that, if you are to have anything to do with the management of these cases, (falling of the Womb,) you will be obliged to condescend to the use of

the pessary. A man might as well treat fractures without the splint, as these affections without some mechanical stay and support on the inside, not the outside of the body."

By the above quotations from these two popular authors, it will be seen, that I have not misrepresented medical writers, as to the common theory and treatment of Uterine displacements, as what is here quoted, fairly represents the theory and sentiments of writers in general upon the subject.

CHAPTER VIII.

METRITIS, (Inflammation of the Uterus.)

THE term Metritis is employed by writers to designate inflammation of the entire Uterus, both the body and the neck of the organ.

Having in previous chapters investigated inflammation and its sequelæ in the neck of the Uterus, we shall now proceed to a consideration of the disease in the *body* of the organ.

Inflammation of the non-pregnant Uterus may be either acute or chronic, occupying a part, or the substance of the entire organ; it may also attack the mucus membrane which lines the cavity of the Uterus, producing what is termed internal metritis. We will examine each of these forms of Uterine inflammation, commencing with

ACUTE METRITIS.

This form of Uterine inflammation is of rare occurrence in the non-pregnant Uterus. This, I believe, is a fact generally admitted by writers on Uterine disease.

SEAT.—As a general thing, acute metritis affects the entire body of the Uterus, although it may be limited to only a portion of its tissue. I have seldom seen a case, however, in which the entire organ did not seem to be affected.

CAUSES.—A prominent predisposing cause of acute inflammation, is that peculiar weakness and susceptibility of the Uterine organs, which I have previously described, as characterising so many females from the commencement of menstruation, who, in after life, are attacked with uterine inflammation in some of its various forms.

The causes that more immediately give rise to acute metritis, are arrested or obstructed menstruation, extension of inflammation from the neck of the Womb, sexual excesses, irritating injections, forcing medicines, pessaries, solitary vices, &c.

SYMPTOMS.—Acute inflammation of the Uterus gives rise to symptoms the most distressing and severe, the most prominent of which are intense pains above and behind the os peubis (front bone,) in the region of the Womb, extending into the region of the ovaries, and sometimes down the limbs; a disagreeable sen-

sation of weight and uneasiness in the pelvis, and generally severe pain in the small of the back. The lower part of the abdomen is very sensitive to the touch, the patient being scarcely able to bear the pressure of the bedclothes. The patient always inclines to lay on the back, the Uterus, in that position, pressing least on the surrounding organs. The passage of the fæces through the rectum, pressing upon the inflamed Uterus, causes great pain, particularly is this the case when the bowels are constipated. There is also usually irritation about the bladder and urethra, accompanied by more or less distress in passing water.

In the first stages of acute inflammation, there is but little or no discharge from the vagina, but as the inflammation declines, a copious discharge often takes place, of variable nature, sometimes mucus, or pus, or both mixed together, at other times it may be thin and transparent, like gum water, or the white of an egg, or it may be of the consistence and color of cream, or the discharges may be mixed with blood, and sometimes there are discharges of pure blood. I have recently had a case under treatment, in which for two or three days, there was considerable discharges of unmixed blood.

In acute metritis there is always considerable general fever, the skin is hot, the pulse quick, the tongue is covered with a white fur, the patient complains of nausea, headache, thirst, restlessness, and constipation of the bowels. In some cases the breasts become swollen and painful.

All the symptoms which I have enumerated, are not present in every case, nor, are they in all cases equally intense.

PROGRESS AND TERMINATION.—Acute metritis under appropriate treatment, usually terminates by resolution, (subsiding without producing ulceration,) in from five to ten days. It also often terminates by passing to the lateral ligaments and forming an abscess. Should it not terminate by resolution, or by extending to the lateral ligaments, it becomes chronic, and in the chronic state usually occupies but a limited portion of the Uterus. Acute inflammation of the unimpregnated Womb, seldom terminates fatally. If not treated with sufficient energy, however, it may pass into the chronic state, and prove the source of much suffering and prolonged evil, as few diseases occasion such an amount of protracted suffering as chronic inflammation of the Uterus.

DIAGNOSIS. — Acute metritis is a disease of easy recognition, yet its existence is frequently unperceived, and the physician is satisfied with knowing that there is inflammation somewhere in the lower part of the bowels, and calling it “inflammation of the bowels,” treats it on general antiphlogestic principles.

Thus the disease is but partially subdued, being treated upon such obscure notions of the real condition of the patient, and there is left behind the seeds of future and more intractable disease.

CHRONIC METRITIS.

SEAT. — Unlike acute metritis, chronic inflammation of the body of the Uterus, is nearly always confined to one part of the organ, and occupies a limited extent of its tissues. And in nine cases out of ten, it is located in the posterior wall, or back part of the Uterus. It is sometimes found to exist, however, in the anterior, or front wall, or it may be seated in the sides of the Uterus.

CAUSES. — Chronic metritis may exist as the termination of acute metritis, as we have before stated, or as the result of chronic in-

flammation of the neck, extending to the body of the Womb, or it may be produced by the existence, for years, of Uterine congestion.

SYMPTOMS. — Chronic metritis is a most distressing and wearing affection. The intensity of the symptoms are greatly increased by menstruation, coming on a day or two before, and continuing during the period, and for a day or two after. During the interim of menstruation, or some portion of it, the patient may have comparative freedom from pain, even when there is considerable disease, the local symptoms being much mitigated.

The general symptoms, at that period, may be confined to the stomach, nerves, and general nutrition, — the result of sympathetic reaction of the diseased Uterus, on the system at large.

As menstruation again returns, the inflammation, which had remained latent, re-appears, and the symptoms, both local and general, manifest themselves with renewed intensity.

Chronic inflammation of the Womb, on whatever part of the organ it may be located, produces a constant, dull, aching pain in the lower portion of the abdomen, just behind and

above the os peubis—the region of the Womb, and in the right and left ovarian region. There is also a dull, aching pain in the small of the back, which is more constant than the pains in the abdomen. These pains extend round and through the hips, and down the inside of the limbs, with a distressing sensation of weight and bearing down in the pelvis. They are greatly increased by walking, or motion of any kind, especially going up and down stairs, and riding in a carriage. As before stated, these pains and aches are greatly aggravated at the menstrual period, and are often quite agonizing, rendering motion of any kind insupportable.

As a general thing, that portion of the Uterus which is the seat of chronic inflammation becomes tumified, or enlarged, and extremely sensitive; and the enlargement, as we have seen, in a vast majority of cases, is on the posterior, or back part of the Womb, adjoining the rectum. And when thus enlarged, the Uterus becomes retroverted or falls back, and rests directly on the rectum, presenting a mechanical obstruction to the passage of its contents, which, accumulating above the Uterus, produce obstinate constipa-

tion, and severe bearing down. Hence, when the bowels are moved, there is extreme pain, sometimes accompanied with sickness ; owing to the fæces pressing upon the inflamed Womb as they pass. In this state, and owing to the same cause, a little water injected into the rectum, will cause severe pain. In this state of things, the rectum also, becomes congested and inflamed, and sometimes large quantities of mucus and pus are passed along with the fæces. There is also, in some cases, considerable irritation and pain in the bladder and urethra.

In some cases there is little or no discharge from the vagina, in chronic metritis. As a general thing, however, there is more or less discharge, varying in different females, and in the same female at different times.

There is usually more or less of a white or transparent leucorrheal discharge, sometimes a mixture of mucus and pus, or there may be a sanguineous (bloody) discharge. I have a case of chronic metritis under treatment at the present time, in which there has been nearly all the time for five years, a bloody discharge, and at times copious flooding. In this case, the inflammation was seated on the anterior

wall of the Uterus, which had enlarged the organ to about twice its natural size. The lady is now nearly restored to health.

GENERAL SYMPTOMS.—As a general thing, in chronic inflammation of the Womb, the countenance is pale and sallow, and marked with an expression of pain and languor; particularly so at the period of menstruation, when, as we have seen, all the Uterine symptoms become more intense.

In some patients, however, the slightest excitement or emotion will change the pallidness of the countenance to intense flushing, and the countenance for the time, presents to a superficial observer, the hue of health. There is usually, but not always, considerable emaciation.

One of the most severe symptoms of severe chronic inflammation of the Uterus, is nausea, which in some cases, exists almost continually, but, like all other Uterine symptoms, is greatly increased at the monthly period. The nausea is seldom so great as to produce vomiting, but not unfrequently is attended with loathing of food.

In addition to the above symptoms, the

patient may present the symptoms which usually attend other forms of Uterine disease, or such as are observed when the health has been broken down by any chronic affection: — such as weakness and trembling, severe headache, loss of appetite, foul tongue, heart-burn, flatulence, want of sleep, disagreeable dreams, constipation of the bowels, palpitation of the heart, flushing of the face, and sometimes feverishness. In short, the sympathetic reactions of the inflamed Uterus, seem to affect the functions of all the organs of the system.

The most marked and severe of these sympathetic reactions, however, is evinced by the stomach, in consequence, as we have seen, of the intimate nervous connection existing between it and the Uterus. The stomach and Womb, depending alike on the sympathetic system of nerves, furnishes a clear illustration of this important fact.

PROGRESS AND TERMINATION. — Chronic inflammation of the Uterus, is not only a most distressing and wearing disease, but it manifests a decided tendency to perpetuate itself indefinitely.

The congestion and inflammation which

accompany menstruation appear to prevent chronic metritis from terminating spontaneously by resolution. Indeed it may be questioned whether it ever terminates in this manner during the continuance of menstruation. Chronic inflammation of the Womb, no doubt, may terminate by spontaneous resolution when menstruation has finally ceased.

Under the influence of appropriate treatment, however, resolution is one of the ordinary terminations of chronic metritis, the enlargement of the Uterine tissues gradually melting and disappearing. Chronic inflammation of the Uterus may *possibly* terminate in cancer, though I think that such a termination rarely occurs; and when it does take place, must be regarded as the development of an hereditary predisposition to cancerous affections brought into action and localized by Uterine inflammation.

PROGNOSIS.—Although chronic metritis does not directly endanger the life of the patient, yet our prognosis cannot be very favorable with reference to the probability of a speedy cure. I regard chronic metritis as the most unyielding or intractable to treatment, of any

form of Uterine disease. It may terminate fatally, by developing in the surrounding organs or tissues, acute inflammation, or by the development of cancer of the Uterus. The most probable source of danger, however, exists in the extreme depression of all the powers of the system, produced by the sympathetic reactions of the diseased Uterus. Patients who have long suffered from chronic metritis, are generally so weak and feeble, from the numerous functional derangements which the disease occasions, particularly those of digestion and nutrition, that they have but little vital power to ward off, or resist the attacks of disease, or the development of any hereditary or constitutional predispositions to disease.

Hence we find persons becoming consumptive or dispeptic, and sinking under the influence of disease which they would have resisted, had not their constitution been weakened under the depressing influence of chronic Uterine disease.

Still, in most cases we may indulge hope, provided the patient is able and willing to attend to a judicious and energetic course of treatment for a sufficient length of time, unless,

as is sometimes the case, the disease has existed too long, and obtained too firm a hold, to be susceptible of eradication, or at least, during the continuance of menstruation.

When the disease has long continued, unrecognized and unmitigated by treatment, it seems to become an integral part of the economy of the patient, and in all such cases it is always exceedingly difficult to effect a radical cure.

The above description of chronic inflammation of the Uterus, is what is contained upon that subject in the first edition of this work. But I am now able to state, that since writing the first edition, I have discovered means of curing this form of Uterine disease, which renders it little more to be dreaded than any other form. I am aware that my descriptions of the disease in that edition were very discouraging to females thus suffering; but I wrote what I then regarded as honest truth. But the more extended investigations which I have since made, enable me to assert that most, if not all cases of chronic enlargement, may be cured with as much certainty, as any other form of disease of the Uterus, and in many cases in as short a period.

INTERNAL METRITIS.

SEAT. — Inflammation of the mucus membrane lining the cavity of the Uterus, is called internal metritis, or, by some it is denominated Uterine catarrh.

Internal metritis is a rare disease, although by some writers it is represented as being very common. It must have been considered common, however, only because it has been confounded with inflammation of the cavity of the cervix, or neck of the Womb, which, as we have seen, is a very common disease.

CAUSES. — Internal metritis may arise from any or all of the causes which produce acute or chronic metritis. It may exist, also, as the result of inflammatory disease of the cavity of the cervix, extending into the cavity of the Uterus. When internal metritis originates in the manner last named, the os internum is usually obliterated by the disease, and the two cavities, that of the neck of the Uterus and that of the Uterus, become one, (see plate 2, page 21,) and the Uterine probe passes without resistance, into the cavity of the Womb. I have had several cases of this description under treatment within the few months last passed.

One of the most prominent causes of internal metritis, is the inflammations that often occur after parturition or abortion; the surface to which the placenta was attached being peculiarly liable to inflammatory action.

SYMPTOMS. — The symptoms of internal metritis are generally rather obscure, the disease being usually complicated with other forms of Uterine disease, especially that of the inflammation of the cervix.

If the os internum is open or obliterated, so that the Uterine probe passes without obstruction into the cavity of the Womb; or if the cavity of the Uterus is very sensitive and increased in size; and if also, there is abundant discharge of bloody mucus, accompanied by a dull, deep-seated pain in the region of the Womb, and some febrile reaction, we may conclude for certainty that internal metritis exists. We may perhaps, regard this sanguinolent (bloody) discharge as the most important of these symptoms, although it is not always present where there is inflammation of the cavity of the Uterus. Sometimes the discharges are merely mucus, or a mixture of mucus and pus.

This form of Uterine inflammation is usually accompanied by a dull, aching pain in the back, and in the region of the ovaries; the Uterus is rather swollen and sensitive to the touch, and the entire organ is in a congested and irritable state.

Menstruation is usually deranged, generally occurring too often, and too abundant in quantity, lasting longer, and attended with more pain than usual; and, in some cases, is so profuse, as to constitute flooding.

The menstrual secretion, with some patients, on the contrary, appears to be diminished. But in either case, this, like all other forms of Uterine disease, is aggravated by the appearance of menstruation. The general sympathetic reactions, attending other forms of Uterine inflammation, are also observed in this.

Internal metritis is sometimes followed by ulceration. In such cases, large quantities of mucus, blood and pus, are discharged.

TERMINATION. — In the acute form, internal metritis often terminates by resolution, but sometimes it passes into the chronic form, in which form, if not arrested by medical treat-

ment, it may perpetuate itself indefinitely. Internal metritis, like other forms of Uterine inflammation, may occasion death indirectly, by the constitutional debility it inflicts upon the patient, through severe sympathetic reaction, and by rendering her, thus weakened and reduced, unable to resist the attacks of accidental affections.

CHAPTER IX.

CANCER OF THE UTERUS.

It is not my intention to give an extended description of cancer of the Womb, for several reasons.

The first is, that fortunately, it is a disease of somewhat rare occurrence; and the second is, that a real malignant Uterine cancer is a disease, in my opinion, entirely beyond the reach of medical or surgical treatment; and a third reason is, that there is but little known, or agreed upon, as to the true nature of cancer; what is said by writers upon the subject, being little more than the expression of contradictory opinions.

I think, however, that in *one* particular, there can be but one opinion entertained by both writers and practitioners,—and that is, that when a cancer of the Uterus has so far advanced as to become an open ulcer, there

can be no hope of a cure, and that death alone can terminate the sufferings and wretchedness of the patient.

A more deplorable condition can scarcely be imagined, than that produced by Uterine cancer. And what can be more distressing to a physician, than to be compelled to announce to his patient the existence of such a disease? It is enough to make his heart sink within him. To assert the existence of a cancer, is to prognosticate the death of his patient.

Cancerous growths of the Uterus usually commence in the neck of the Womb, in the form of scirrhus, or hard cancer. In this stage, the neck of the Uterus is hard, and in lumps, or knots, very irregular in form, and when brought into view with the speculum, presents the appearance of a yellowish white color. The pains in the Uterus are lancinating and twinging, and are often very severe. A cancer may remain in the scirrhus state for years, before it becomes an open, running ulcer, or it may become an ulcer in a short time. But when it has finally become an open ulcer, the ulcerated surface is hard, and presents numerous tubercles and ridges of the utmost irregularity. In this stage, the Uterus becomes

immovable in the pelvis, having formed attachments to the surrounding organs. The discharges from the ulcerated surface of the cancer are often very abundant, and peculiarly offensive to the smell, the fœtor being intolerable, and, in nearly all cases, the odor alone is sufficient to decide the true nature of the case. The discharges are thin and watery, and very acrid and corroding. In cancerous ulceration, instead of there being enlargement of the cervix uteri, as there is in inflammatory ulceration, there is a *loss of substance*,—an excavation of the ulcerated surface, being eat away by the cancer, with a hard margin, of greater or less depth, in proportion to the advanced stage of the disease.

The *general* symptoms of the Uterine cancer, are much the same as those attending inflammatory ulceration of the cervix. They are a yellow tinge of the skin, emaciation, irritation of the bladder and rectum, pain in the back and sides and lower part of the bowels, general debility, languor, &c. I think it possible that cancer of the Uterus may be cured in the scirrhus or forming stage, by a judicious and energetic course of treatment. But Uterine cancer is seldom seen in the scirrhus

state, females seldom applying for medical aid, until the disease has advanced to an open foul ulcer. Several cases of Uterine cancer have come under my care; all in an advanced and ulcerated stage of the disease.

The utmost that I have been able to do in such cases, has been merely to mitigate the intensity of the sufferings of the patient, without being able to impart one word of encouragement as to a final cure. Such cases I would wish never again to see. To witness the bodily distress, and mental forebodings and anguish of the patient, with conscious inability to afford any permanent relief, or to impart one word of encouragement in the future, and with the conviction that the sufferings of the patient can terminate only with life;—it distressing beyond description.

The only forms of Uterine disease which are liable to be mistaken for cancer, are fibrous tumors, chronic metritis, and inflammatory ulceration of the neck of the Womb. The symptoms attending these forms of disease, are similar, in some respects, to those of cancer; but the distinguishing characteristic symptoms of cancer are sufficiently marked, to enable any physician, at all acquainted with the various

forms of Uterine disease, to decide at once, as to the existence of cancer in any case in which he may be consulted.

In regard to the treatment of Uterine cancer, as I have before stated, little can be done, beyond the administration of such palliatives, as will mitigate the pain, and console and comfort the patient.

The foetid ulcerative discharges from the cancer, should be cleansed away several times a day by a free use of the syringe, with tepid castile soap-suds,—in doing which, care must be used, not to irritate the ulcer by pressing the syringe against it.

The bowels should be kept gently open, by mild laxatives. Opiates must be had recourse to, to allay the deep-seated pain, which prevents the patient from obtaining rest, and which wears away and breaks down the constitution. The best articles for this purpose, are the hyoscyamus and conium. But as these frequently are not sufficiently powerful, recourse must be had to opium in some form. The opiate should be prepared and used in the following manner:—To three or four table-spoonfuls of clear starch, or slippery elm mucilage, add from twenty-five to forty-five drops of laud-

anum, or eighteen to thirty drops of black drops, or from two to four tea-spoonfuls of solution of morphia, to make an injection for the rectum or bowels. This injection may be repeated two or three times in twenty-four hours, should the suffering of the patient require it. Opiates taken into the bowels by injection are far more efficient in allaying pain in such cases, than if taken into the stomach.

Taken at night, the anodyne injection will often procure several hours of comparatively refreshing slumber, when without it, the pain and suffering of the patient might deprive her of all rest.

The food should be light, with meat once a day, or every alternate day. Beef steak or chicken is most suitable.

CHAPTER X.

Treatment of Inflammation of the Uterus and its Neck.

I am free to admit that I approach this part of my subject with some degree of embarrassment.

This feeling does not arise, however, from want of knowledge of remedial agents adapted to the cure of the various forms of Uterine disease, which have formed the subject of the preceding chapters.

Perhaps no severe chronic disease to which the human family are subject, is more under the control of appropriate medical treatment, than Uterine disease, and there are few diseases, the treatment of which affords more satisfactory results.

No one who has carefully perused the preceding pages, can fail to see that inflammatory Uterine disease far surpasses almost all other diseases, not only in the amount of bodily pain and mental suffering which it produces, but in the prostration of the vital energies of the whole system, and the functional derangement of nearly every organ in the body. Add to this the fact that the disease is occult and insidious in its nature, requiring many years research of those educated in medicine, to comprehend its true nature, and appropriate mode of cure, and it will be seen how embarrassing must be the attempt to convey instruction upon this subject to those who have not obtained a knowledge even of the rudiments of medical science. Were I writing for the benefit of *physicians*, instead of females, this embarrassment, of course, would not exist, as I could then give minute instruction relative to the nature and use of the powerful remedies required to reach a disease so deeply seated, all of which would be readily comprehended.

In short, to cure the severe forms of Uterine disease, requires all the care, the judgment and skill of physicians who have long concen-

trated their researches and investigations to this one subject.

What I have to say, therefore, upon this subject, will be in reference to the treatment of the milder forms and incipient stages of Uterine disease, and instruction as to *prevention*, as well as cure.

And here I would remark, that if the directions which I shall give, were strictly regarded, by all classes of females, the number of cases of *severe* Uterine disease would be comparatively few.

I shall reverse the order of the first part of this work, and commence with the treatment of

ACUTE METRITIS.

Acute inflammation of the Uterus is a disease which requires prompt and energetic treatment, and should be such as will most quickly reduce the inflammation. The patient must be kept in a gentle perspiration, the hands and feet kept warm, and the bowels must be kept freely open. In some cases a vapor bath will be very beneficial in producing perspiration. Fomentations of hops must be applied to the abdomen, and if the pain is great,

poppy leaves should be added to the hops. The patient must be kept as still as possible, and if the vapor bath is used, it must be given under the bed-clothes, so as to prevent the necessity of moving the patient. She should lie in the most comfortable position, which she will find will be on the back, with the knees raised.

Injections of decoction of poppy heads, with a little slippery elm flour stirred in, should be used, both to the vagina and bowels. If the pain is intense, half a tea-spoonful of laudanum should be added to the injections for the bowels. A mustard poultice will often relieve the pain, but I do not think it so good as the fomentations above named.

Some recommend the use of blisters, but I think they produce too much irritation for a disease of this nature. General and local bleeding is advised by some writers, particularly the application of leeches and cups, but I am satisfied that the disease can be subdued by milder means.

The patient should take but little food till the inflammation subsides, and then it should be very plain and principally fluid, and of a mucilaginous character. She should drink what is called "crust coffee," and tamarind

water. The patient must be kept perfectly quiet, and her room frequently ventilated.

A faithful use of these means, in most cases, will subdue the inflammation in a few days; but the greatest care must be taken, till all symptoms of it are gone, and the soreness entirely removed, as there is great danger of a relapse, even from a slight cause. The patient should keep her bed until she *feels* that she is well.

The life of the patient is not very much endangered by acute metritis, provided the treatment be sufficiently energetic and prolonged. But if the inflammation is not subdued, there is great danger of its passing into the chronic stage, or of its passing to the lateral ligaments and giving rise to abscesses; thus causing an untold amount of suffering, besides endangering the life of the patient.

If the bowels become inactive, and the patient suffers from severe headache, and night sweats, and if the pain becomes intense, and concentrated to one point, there is good reason to suppose that an abscess is forming.

The abscess, when formed, usually breaks and discharges its contents from the vagina or rectum, and the quantity of pus discharged is

often very great. Sometimes the abscess opens through the abdomen, or groin, and sometimes, though rarely, through the bladder. Generally speaking, these abscesses open into the vagina or rectum.

The patient is usually reduced very low by the pain and suffering attending the formation of an abscess, and when it breaks she immediately sinks. If, however, she can be supported till the matter is all discharged, she may perfectly recover, although, without great care, there is danger of a relapse, and the formation of another abscess.

If the acute inflammation does not subside by resolution, or by the formation of an abscess, it passes into the chronic form, which constitutes

CHRONIC METRITIS.

Chronic inflammation of the Uterus, although less distressing than acute, is a disease much to be dreaded, as it is most intractable to treatment, particularly when confined to the posterior or back side of the Womb.

As I have previously stated, this may be regarded as the most severe form of Uterine disease, and requires the most skilful and thorough course of treatment for its removal.

The patient may derive benefit from the use of cold water injections to the vagina, with a little castile soap added. These injections should be used several times a day, and a large quantity, say two or three pints, should be used at a time, with a syringe adapted to the purpose. The pipe should be passed into the farthest part of the vagina, so as to wash the whole length of vaginal canal. It should be permitted to pass off as soon as thrown up, the patient standing or sitting over some convenient vessel.

Injections to the vagina, of flax-seed tea, or slippery elm mucilage, two or three times a day will be found very soothing. They should be used cold, and retained ten or twenty minutes, the patient lying on the back with the hips elevated.

If the bowels are costive, and especially if the patient is troubled with piles, great benefit may be derived from the use of a small quantity, say a gill of cold water as an injection to the bowels, once or twice a day, immediately *before an attempt* to evacuate the bowels. It should be retained, if possible, five or ten, minutes. It not only assists in removing the heat and inflammation, but it produces an easy evacuation of the fæces, which have been so

far softened on the surface, as to permit their passage without the least straining or irritation. If the quantity of cold water named, should fail to produce an evacuation, it may be increased to half a pint. These injections should be perseveringly used. If the bowels are very costive, a mild laxative may be used, but active purges should be avoided.

Benefit, may also be derived from the use of hip baths, provided they are employed at the right temperature, which should be from 65 to 85 deg. Fah. according to the feelings of the patient, and the season of the year. The bath may continue from five to fifteen or twenty minutes according to the feelings of the patient.

These means, however, as before intimated, will prove merely as palliatives, and the patient will require the aid of a physician thoroughly skilled in the treatment of Uterine disease.

Indeed, I feel compelled to utter my conviction, that chronic metritis, and internal metritis, are diseases too deeply seated, and too unyielding in their nature, to admit of a cure, save by the judicious treatment of a physician who fully understands the nature of these severe forms of Uterine disease.

And I occasionally find cases of this form of Uterine inflammation, that I am satisfied has gone beyond the reach of any remedial means.

It must be recollected that what is here stated in relation to inflammation of the Uterus, has reference solely to the disease in the non-pregnant state, and that the severity and danger are greatly increased, when the inflammation is connected with pregnancy and childbirth; or to express it in better language, Uterine inflammation is far more severe and dangerous in the puerperal, than in the non-puerperal state, and of course, requires a more vigorous and energetic course of treatment, in proportion to the increased severity of the disease.

Treatment of Inflammation of the Neck of the Womb.

We come now to speak of the treatment of that form of Uterine inflammation which is by far the most common of all the morbid manifestations of the Uterine system.

Inflammation of the neck of the Uterus, in its incipient stage, before enlargement or ulceration has taken place, may generally be cured, by the use of injections, baths, rest and attention to the general health and state of the bowels

INJECTIONS.—Injections to the vagina form an important part of the treatment of inflammatory disease of the cervix uteri. They may be medicated, or they may consist of pure cold water, with a little castile soap. Water alone is very beneficial as an injection to the vagina. If frequently used, it washes away the impure and irritating secretions from the inflamed surface, and keeps the mucus membrane of the parts in a clean and cool state. Cold water, used as a vaginal injection not only washes away the impurities, but it acts as a tonic and astringent. It should be used in large quantities, say two or three times in the course of twenty four hours. The water should not be so cold as to produce a chill, or to leave lasting unpleasant effects. If however, the patient can bear it, the colder the water, the greater the benefit derived.

I have said that vaginal injections should be used cold, which is an expression, I am aware, that requires some qualification. The use of a thermometer is the only way of indicating the exact degree of temperature of water; but as patients have not that instrument always at hand, I shall give directions, which I think will be sufficiently explicit without referring to that instrument.

By *cold* water, I mean the temperature of water standing in the patient's bed-chamber during a summer day and night. Most patients will find no inconvenience in using water at that temperature, while some can bear it much colder.

The safest way is, to commence with tepid water, and gradually reduce the temperature until it is as cold as can be borne without a chill or uncomfortable sensations.

I have occasionally found patients, who, in consequence, perhaps, of some constitutional peculiarity, could not bear injections of a lower degree of temperature than blood-heat (98 deg. Fah.) without producing distress, and seeming to aggravate rather than relieve their sufferings. Such should never use cold water, but should raise the temperature to suit their feelings.

When *medicated* injections are employed, they may be anodyne or emollient, according to the state of inflammation. When there is considerable irritation and inflammation about the vulva, and in the vagina, emollient injections should be used, to soothe the irritation. The emollient injections may consist of flax-seed tea, slippery-elm mucilage, milk and

water, or a decoction of marsh-mallows. They should be used tepid, or cold, and should be retained ten or twenty minutes, the patient lying on the back, with the hips elevated. When the inflammation is accompanied by considerable pain, the injection may be anodyne. It may consist of a decoction of poppy-heads, or twenty or thirty drops of laudanum may be added to plain water.

Much greater benefit, however, will be derived, if the anodyne preparation should be injected into the *bowels*, instead of the vagina.

Let it be remembered, that vaginal injections will be of little benefit, unless properly and efficiently used. In using the cold water injections, the patient should stand, or sit over a vessel, and let it pass off as soon as thrown up. But when the medicated injections are used, the patient must lie on the back, with the pelvis elevated, so as to prevent the escape of the fluid, which should be retained ten or twenty minutes, or longer. Care should be taken to prevent the fluid, as it escapes, from wetting the patient's dress.

In the first edition of this work, I advised the use of astringent injections; but by more extended and careful observation, I have seen

cause to change my views. I have become satisfied that in most, if not all cases, their use is productive of more injury than benefit. They often produce pain and irritation, and increase the suffering of the patient without affording any subsequent beneficial results. I would advise in their stead, a decoction of camomile flowers.

It may be proper for me here to remark, that I have less confidence in the use of medicated injections of all kinds, than I had three years ago, at the time of writing the first edition. Excepting in special cases, I *now* seldom advise the use of any injection, except tepid or cold castile-soap-suds, or in some cases, clear cold or tepid water. Injections of this kind can hardly be used too often, as it is very important that the acrid and irritating secretions, which are constantly taking place when the patient is under treatment, should be often cleansed away.

But no form of injection to the vagina should be used during the menstrual period, unless, as is sometimes the case, there is a lingering discharge, after it is time for it to cease. In such cases, tepid soap-suds injections should be used freely, which will usually check the discharge, as well as cleanse the parts.

And here I wish to speak of what I fear is too little thought of by ladies generally—that is, the importance of keeping the Uterine organs thoroughly cleansed, both internally and externally,—internally by the use of the syringe, and externally by the frequent and thorough use of the sponge and soap-suds. This is *always* necessary, but especially so after menstruation, as portions of the menstrual fluid often lodge in the vagina, and unless cleansed away with soap-suds injections, become putrid, produce an offensive odor, and irritate and injure the parts. In all cases of leucorrhœa, also, the parts should be frequently cleansed in the same way; and when napkins are worn, they should be changed often.

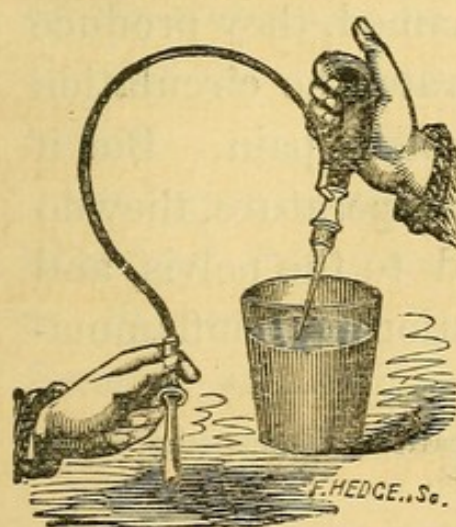
Injections to the bowels, of cold water, with a little castile soap, should be used, as directed on page 179, for chronic metritis. I cannot too strongly urge the use of this form of injection. It may appear simple, but the amount of benefit derived from it is great, especially if the patient is afflicted with piles, which is a common complication of Uterine inflammation.

THE BEST FORM OF SYRINGE. — As injections are indispensable in the treatment of Uterine

disease, it is highly important that the patient should procure a syringe which is well adapted to her peculiar wants. Indeed, there is no one thing that will contribute more to her comfort, and aid more essentially in the restoration of her health. Water must be used freely per vaginam, several times a day, to remove the vitiated secretions. Hence a syringe must be procured that can be used with facility without an assistant, or the injections are liable to be omitted, or used less frequently than the case really demands.

A great variety of syringes are in use at the present time, most of which I have used in my practice. But the best syringe I have yet found, and which I regard as a great improvement on all others, is one recently introduced by Dr. Mattson, of Boston.

That the reader may fully understand its mechanism, I have been at the trouble of procuring a cut, which is here annexed, and by which it will be seen that the instrument is in the form of a pump, but has no piston, and fills itself through atmospheric pres-



sure. The great trouble which has heretofore existed on the score of pistons is entirely obviated. The instrument requires but one hand to work it, as the figure indicates. Hence, it may be used without an assistant, and is admirably adapted to all the purposes of a male and female syringe. Its lightness and portability also serve to recommend it very highly. It can be used with children as well as adults.

Still another recommendation of this syringe, is the *MANUAL OF DIRECTION, OR FAMILY GUIDE*, from the pen of Dr. Mattson, which accompanies each instrument. It is an illustrated volume of 164 pages, and is designed principally as a Family Guide.*

BATHS. — Benefit may be derived from the use of the *hip bath*, as directed on page 180. At the temperature there named, they produce a sedative effect, and moderate the circulation of the pelvis, and often subdue pain. But if frequently used at a *higher* temperature, they do harm, by drawing the blood to the pelvis, and thereby increase the congestion and inflamma-

* For the accommodation of my patients I keep the above syringe constantly on hand. Price \$3.

tion. Occasionally, however, as a remedy against pain, and at the commencement of menstruation, a warm hip-bath may be used at a temperature of about ninety-five degrees, which often affords relief.

Entire Baths may be used with benefit, but more as a general, than local remedy. If used warm, and employed often, they are weakening, and, therefore, should be avoided.

Cold, or tepid baths, may be used to advantage in the summer, but in winter they are disagreeable to many, and cannot be used with benefit. In summer, however, a tepid bath is very agreeable, and may be used with great advantage, as often as every third or fourth day, and in some cases every day.

Shower Baths can be employed with benefit, both summer and winter, as the temperature of the water can be raised to meet the condition of the patient, and the exigencies of the season.

But great care and discrimination should be exercised in the use of so powerful an agent as the cold, or tepid shower-bath. Many females are reduced, by Uterine disease, to such a state of debility and weakness, as to be

unable to bear their effects, whatever the temperature. The vital energies of the system having been reduced so low, that proper reaction fails to take place, and the shower-bath is followed by chills, headache, and languor. Cold, or tepid sponge-bathing, may sometimes agree with the patient, and be used to advantage, when the shower-bath cannot be used.

But whatever the form of the bath employed, the patient should use friction, with a coarse towel, after the bath, and, if possible, produce a warm and pleasant glow over the whole surface of the body. She should then immediately dress warm, and remain in a warm and comfortable room.

Benefit may be derived, in some cases, by wearing a broad bandage, wet with cold water, around the lower part of the bowels. It relieves the burning sensation, and pain, and has a favorable effect upon the internal inflammation. I should advise the use of the bandage, in all cases where there is much burning sensation on the surface of the bowels, and small of the back.

The means above directed, if faithfully employed for a few weeks, will seldom fail to reduce inflammation of the neck of the Womb,

and the vagina, in mild cases, and in the incipient stage of the disease. It is not only *possible* to remove inflammation of the cervix uteri, when slight, and unaccompanied by ulceration, with the above treatment; but even *slight* ulceration, if not accompanied by inflammatory enlargement of the cervix, will sometimes yield to the influence of these means. It is only in very slight cases of ulceration, however, that these means will succeed, — not being efficient enough to subdue the disease, when deeply seated in the substance of the Uterine neck, and can reasonably be employed as the sole means of cure, only when there is doubt as to the existence of ulceration, and in order, if possible, to avoid the necessity of instrumental treatment.

The inefficiency of the above treatment to cure ulceration, is owing, no doubt, in a great measure, to the fact, that the ulceration almost always penetrates into the cavity of the os and cervix uteri, where the injections cannot reach. Hence, although the patient may improve under the treatment, in consequence of its partially subduing the local inflammation, yet it is not cured, and the patient again relapses into

her former state, as soon as the treatment is suspended.

Even in cases of considerable severity, the patient may improve for a while, under the above treatment, and may think she is getting well, but after repeated disappointments, and continual relapses of the disease, she is compelled to yield to the conviction, that the treatment is powerless to reach a disease so deeply seated, and that a more efficient course must be adopted. In such cases the time spent in attempts to cure the disease by the above treatment, may be regarded as nearly lost, and the patient is obliged at last to resort to a very different, and the *only* efficient mode of curing deep seated inflammatory ulceration of the Uterine neck.

Hence it will be seen, that although the patient and her friends can use the means above directed, and thereby remove inflammatory Uterine disease in its first stages, and in the milder forms, but that when the disease has become deeply seated a course of treatment is required to effect a cure, which can only be applied by a physician who has made himself thoroughly acquainted with the disease and the appropriate means of cure.

When I am consulted in cases in which the symptoms are obscure, and especially if the patient is an unmarried female, I usually first resort to the means above directed, with the view of avoiding, if possible, a course of treatment that might be regarded as more unpleasant; but in such cases, after more or less expense and loss of time, I am often, I may say nearly always, obliged to resort to a careful investigation, and thereby obtain a knowledge of the real condition of the patient, and then find that want of success under the milder course of treatment, is owing to the existence of deep seated inflammatory disease, which requires a more efficacious and energetic treatment.

DISPLACEMENTS OF THE UTERUS.—The principal displacements of the Uterus, as we have seen, consist of prolapsus, anteversion, and retroversion; and these displacements, as I have previously explained, are nearly always the result of inflammation and consequent enlargement and increased weight of the Uterus, and not, as generally supposed, the result of a relaxed state of the Uterine ligaments. Hence it will be seen, that all attempts to remedy these displacements by pessaries and other me-

chanical means, are both irrational and injurious, as they must unavoidably aggravate the inflammation, which almost always *causes* the displacements, and greatly increase the sufferings of the patient by irritating the inflamed tissues. Pessaries, also, by dilating the vagina, destroy its natural contractions, from which the Uterus naturally obtains so much support. In short, it may be doubted, if there is one case in fifty in which the patient is not injured, instead of being benefitted by the use of pessaries.

The only rational course of treatment of partial prolapsus, and other Uterine displacements, is to ascertain the nature and extent of the inflammatory disease which has caused the displacement, and then, by appropriate treatment, remove the inflammatory disease, and in most cases when this is accomplished, the vagina recovers its natural contractile power, and the Uterus regains its natural place without artificial aid. Or if the Uterus should remain slightly displaced, after the inflammation has been subdued, the patient seldom complains of pain or bearing down sensations, unless after over exertion or fatigue, and in such cases, care, and the use of injections, is all that is required.

I never think of using pessaries in such cases, the only effect of which can be to increase the irritation of the inflamed tissues and distress the patient. The use of pessaries will even cause inflammation, when previously absent, and, in my opinion, their use is justifiable only in case of *complete* prolapsus, or procidentia uteri, in which case, the Uterus has fallen entirely out of the vagina. And in such cases nothing should be used harder than a soft fine sponge. And even this may be dispensed with in many cases, although as a general thing, its use is advisable, in addition to the treatment above directed.

Even in the absence of all inflammation, a pessary can afford only artificial support, like a crutch to a lame man, it can impart no beneficial influence to the prolapsed organ, which returns to the full extent as soon as the pessary is removed.

Abdominal Supporters, have been used of late years, to a very great extent, in the treatment of Uterine disease, and it appears to me, that they have been used in the blindest manner. Nearly all the females who consult me, who have been under medical treatment, inform me that their physician has advised the

use of a "supporter," and that too in many cases, without the least investigation of their case to ascertain whether the Womb was in a state of inflammation or not, and many, after paying eight or ten dollars for a supporter, have found its pressure against the inflamed and sensitive Uterus, rendered the "supporter" insupportable, and consequently have abandoned its use.

If benefit is derived from the use of supporters in any case, it is generally in those in which the abdomen is large or loose, the weight of which may be sustained in part, by the mechanical pressure of the supporter, and this *indirectly* affords relief to the Uterus by removing the pressure from above. In such cases the supporter may be used to advantage, especially if the patient is much of the time on her feet.

As a curative means, in Uterine disease, or displacements, I regard them not only as useless, but pernicious, and therefore never advise their use. As I have before intimated, when inflammatory disease is removed, the patient will not feel the need of artificial support, and while the disease continues, the supporter can be of no benefit, but on the contrary, will aggravate the disease. The truth is, Nature has

provided the very best, and ample supporters for the Uterus, while in a healthy state, and if they become exhausted by disease, no artificial means can possibly be made to supply their place.

Retroversion and Anteversion of the Uterus, as I have previously explained, are usually the result of inflammatory enlargement of one part of the Uterus, increasing the weight of that part and thereby producing the displacement. (See pages 136, 137.) If such is the cause and nature of these displacements, it is evident that the cure consists in a course of treatment adapted to remove the inflammatory disease, and experience proves that such is the fact. I have now under treatment several cases of inflammatory enlargement of one side of the Womb, and in every case I find that the increased weight of that side has caused the Womb to fall over in that direction.

PAIN.—I have previously stated, that the various local pains, produced by inflammatory ulceration of the cervix uteri, are generally very much increased at each return of the menstrual period.

With many females thus diseased, the pain

and suffering are intense, and continue in some cases, from one to two or three days and nights without cessation, and their monthly recurrence are looked upon with constant dread.

These pains generally disappear when the inflammatory disease of the cervix is cured. But unfortunately, thousands of females in this condition, failing to obtain appropriate treatment, still suffer on. Such females will find the most prompt and efficacious remedy for these pains, by the use of injections to the bowels, of a small quantity of warm water, with from one-half, to a tea-spoonful, of laudanum added, to be retained. These injections may be repeated in the course of an hour, if the desired effect is not obtained. The effect is far more decided than if the opiate were taken into the stomach. In these cases of extreme pain at the menstrual epoch, the patient should be in bed, and jugs of hot water should be put to the feet, and back, and bowels, and perspiration should be induced and continued till the pain abates.

To aid perspiration, the patient should drink freely of herb-tea, such as peppermint, sage, pennyroyal, &c. These means, faithfully applied at the *beginning* of the menstrual period,

will prevent much pain and suffering. But a complete *cure* of these pains, can only be effected by a removal of the inflammatory disease which produces them.

GENERAL TREATMENT.

From what has been stated in the preceding chapters, it will be seen that inflammatory ulcerative disease of the Uterus, produces debility and prostration of the system generally, by its sympathetic reactions upon the functions of organic life. This is seen in disordered digestion, nutrition, and circulation; palpitation, headache, constipation, languor and weakness, irritability of the nervous system, &c. These symptoms being entirely sympathetic—the result of local disease, it is reasonable to suppose that when the cause of all this trouble is removed, the system will gradually rally, even unassisted by medical treatment, unless the reactive energies have been too far prostrated by disease, which, fortunately, is seldom the case. In most cases, the system appears to retain the power of rallying from the depression produced by many years of Uterine disease. I have patients constantly under treatment, who have been prostrated with Uterine disease, from five

to fifteen or twenty years, and almost always find, that the general health improves in proportion as the local disease is removed. Much may be expected, therefore, from the latent strength of the economy alone, when the inflammatory disease has been subdued, independently of what can be done by medical treatment, to assist the curative efforts of Nature.

Much, however, can be done by hygienic and medical means of treatment, in the restoration of the general health, when the inflammatory disease of the Uterus has been cured.

The most marked symptoms attending chronic inflammatory disease of the Uterine neck, is *weakness*, and it is evident that the stomach participates greatly in the general debility; the result of which is, the loss of power to transform the food into chyle, the digestive process being laborious, slow, painful, and imperfect.

And here, I apprehend, is one of the great and common errors in the treatment of Uterine disease. As I have before stated, the weakness and debility, attending, and caused by Uterine disease, has been regarded as a *primary disease*. Consequently, the course of treatment pursued with patients thus suffering, is, because they are weak and debilitated, to administer stimu-

lants and tonics, and a nutritious course of diet. Hence they are gorged with meats and wines, and other stimulants, while the *real cause* of the debility remains, unrecognised and untreated. Such a course must be injurious, instead of beneficial, and that it is so, daily experience demonstrates. I am often consulted by ladies who, for years, have been treated as above, for general debility, nervousness, &c., and who instead of being built up by good living and tonics, have been gradually sinking, and becoming more and more emaciated and debilitated. In such cases, the food, instead of affording healthy nutriment to the system, passes off in a crude, undigested state, giving rise to irritation of the whole alimentary canal, while the small quantity of chyle elaborated from the food, is so imperfect and impure, that as soon as the lacteals convey it to the blood, the impurities are thrown off by the kidneys in the urine, in the form of oxolate of lime, urate of ammonia, &c., at the same time giving rise to restlessness, nervous irritation, palpitation, headache, nightmare, restless sleep, &c.

The patient should ever bear in mind that taking large quantities of nourishing food into the weak and debilitated stomach, is not con-

veying nourishment to the system, nor does the temporary excitement of wines and other stimulants impart strength to the system.

The amount of nourishment obtained does not depend upon the quantity or quality of food taken into the stomach, but upon its being thoroughly digested, and affording pure and healthy chyle, thus enriching the blood, and repairing the waste of the system.

It is for this reason, that some patients will rapidly improve on a light diet, such as rice and milk, or on any light articles of food, which the stomach can digest, and which contains the proper elements of nutrition, while another may lose flesh, and become weak, on a diet of meat, ale, &c.

The same may be said in relation to the use of powerful tonic medicines. While the local disease continues, which has produced this state of the digestive system, active tonics can do no good, but will do positive harm, causing flushing, headache, and restlessness, and really increasing the debility they are designed to cure. If tonics are used at all, in this morbid state of the stomach, I would prefer the vegetable bitters. All such stimulants as wine, spirits, malt liquor, &c., should be avoided;

they are decidedly injurious, as they increase the depraved condition of the stomach, and diminish its ability to elaborate healthy chyle from the food.

The constant use of opium, and other narcotics, in order to soothe pain, has the same pernicious effect. The real cause and nature of the debility and pain not being understood, stimulants, tonics, and opiates, fail to subdue, or permanently to mitigate the morbid symptoms.

If the preceding views be correct, it is plain, that the stimulating, and tonic course of treatment, usually adopted to cure general debility, and functional derangement,—the result of unrecognised chronic inflammation of the Uterus, must be essentially wrong. This course is pursued, under the idea, that the debility is a primary disease, and evidence of low vital action, which is to be remedied by tonics. Nothing, however, can be more erroneous than these views, which evidently have their origin in ignorance of the existence of local inflammatory disease. And as strange as it may appear, these errors are constantly committed by the most eminent physicians. Females, thus suffering from chronic inflammatory disease of the Uterus, and consequent derangement of

the digestive function, are plied with rich food, and dosed with stimulants and tonics, and tortured with exercise, to cure the debility, which is regarded as a primary disease.

The only rational course of treating this deranged state of the digestive system, is, first, the Uterine disease which occasions these morbid conditions, through its sympathetic reaction on the stomach, should be removed, so that the morbid reaction may cease, and then the tone of the stomach should be restored, and the system repaired by a mild course of treatment, and light and nourishing food.

Thus we see, that the defective nutrition, and consequent emaciation, which so often accompany chronic Uterine disease, can only be remedied, by removing the original cause of the evil. The only remedy is, to annihilate the morbid sympathetic reaction of the diseased Uterus, by curing the Uterine disease. Until this is effected, the digestion will continue to be defective, the chyle, or nutriment elaborated from the food, will be impure, and the general nutrition will become more and more deteriorated. The diseased Uterus, exercising a depressing, sympathetic action upon the digestive functions, the patient loses flesh, becomes pale,

thin, and sallow, and sinks into a state of general debility. As I have previously stated, however, all the morbid symptoms, both general and local, usually disappear, when the Uterine disease has been cured, which produced them. There are exceptions, however, to this rule. In some cases, the general health has been so long deranged, and the constitution has received so severe a shock, that some time is required, after the Uterine disease is removed, to allow the system to rally, and fully recover from the morbid depression that has been produced.

Eventually, however, in nearly all cases, the morbid symptoms disappear, the general health rallies, as the Uterine disease gives way, and the patient is finally restored to health.

The nature and duration of the treatment, of course, vary according to the extent, nature, and severity of the Uterine disease.

One of the most marked and satisfactory results of the treatment and cure of Uterine disease, is the complete removal of that nervous, irritable, fretful, gloomy, and hysterical state of mind, which so often attends it, particularly in the more refined and higher classes of society.

This state of mind, from which the most in-

tellectual females are not exempt, is the result of the reaction of Uterine disease on the nervous system. Such are its effects, that the patient becomes capricious and irritable, when, perhaps, neither she, nor her friends, entertain the slightest suspicion, as to the true cause of the change that has taken place. In this state, she often meets with censure, instead of the sympathy which she merits, for her feelings are often beyond her control. As the local disease subsides under treatment, the nervous irritability abates, the mind becomes calm, the gloom and foreboding cease, and she looks around in vain for the mighty mischief which she so much dreaded.

CHAPTER XI.

DIET.

In the present chapter I intend to give full and minute dietetic rules by which patients should be governed while under medical treatment for Uterine disease. In what I have to say upon this subject, I shall not be governed in the least by rules laid down by writers on dietetics, but shall give the result of my own experience in the great diversity of cases, which have come under my treatment.

In the first edition of this work, I laid down general principles only, relative to diet; but having had, since that time, many females under my care, who have been rendered dyspeptics by the sympathy existing between the diseased Uterus and the stomach, I have felt, most forcibly, the necessity of giving, in this edition, such directions and rules on diet, as the good of such patients require.

The sympathetic reaction of the diseased Uterus upon the stomach, of which I have previously spoken, produces dyspeptic symptoms varying in degrees of intensity according to the general health and constitution of the patient. Some may be but slightly affected at first, while in others the digestive function is soon enfeebled, and in others, totally prostrated.

Such being the case, a proper course of diet is absolutely necessary to the full recovery of the patient. An improper quality or quantity of food, habitually taken into a weak and exhausted stomach, cannot fail to produce prostration from which the system is unable to rally. In dyspepsia thus produced, the appetite is variously affected. In some, it is morbidly increased, and the patient has a craving for food which nothing will satisfy, while in others there may be a total loss of appetite. In the first case there is usually a faint, sinking, gone sensation, which food fails to remove and often greatly aggravates. In some cases the food lays heavy and seems like a weight or load upon the stomach. In this state, the tongue is of a dark red color, and is usually covered with a white or yellowish coat. In

such a condition the patient sometimes has a craving for articles of food, which, if indulged, would prove very injurious, and farther increase the depraved state of the stomach,—such as vinegar, salted meats, spices, &c.

The principle on which this deranged state of the digestive function should be treated, is two-fold:—First, the Uterine disease, the sympathetic reaction of which has occasioned these morbid conditions, should be subdued by local treatment, in order that the morbid reaction may cease, without which the general treatment is vain. Secondly, the stomach should be taxed as little, and allowed as much rest as possible.

It should be recollected that the stomach is a muscular organ and requires rest, even in health. How much more necessary, therefore, must rest be to the stomach in a diseased and debilitated condition. And yet this is the very state that is chosen by some, to pour into it, at short intervals, irritating stimulants and animal food, the latter of which require from three to five hours for digestion, *in a healthy stomach*

Of what use can it be, to introduce into the stomach, in this diseased and exhausted con-

dition, articles of food of such quality, and in such quantity, as it is utterly unable to digest, and which must be got rid of by passing off in a crude undigested state, thereby giving rise to irritation of the whole alimentary canal, causing headache and feverish flushing and restlessness of the whole system.

It should be recollected, that by the labor of the stomach, the wants of the system must be repaired. The rational course, therefore, is, to impose upon it as little labor, and allow it as much time for rest as possible.

I am aware of the difficulty, perhaps I should say the impossibility, of giving rules on diet adapted to meet the demands of each individual case. I think, however, that out of the variety that I shall lay down, suitable articles may be selected to supply the wants of all. The first direction I shall give, is, that the diet should consist of three meals a day, taken at intervals hereafter named.

For breakfast — light stale bread and sweet butter, with weak black tea, or thin cocoa made with part milk. To this may be added a soft boiled egg, or what is better, an egg beaten fine and added to one gill of new milk with a little salt, all well mixed and simmered

a moment till the egg is cooked. For most invalids the bread is better if sliced and toasted.

For dinner — surloin or rump beef-steak, or roasted surloin, baked lamb or mutton chop, or poultry, with vegetables, such as squash, turnip, potatoes and peas. The dinner may be completed with some light plain pudding, as sago, tapioca, bread or rice. For drink, cold water, or milk and water. If the digestion is very much disordered, the patient should confine herself to a small quantity of poultry or tender steak, with a slice of toasted bread and a little butter, with a baked mealy potatoe added if desired.

In the evening, a little weak tea may be allowed, with a small quantity of any slight food. All kinds of stimulants, together with strong tea and coffee, should be avoided as a beverage. They are decidedly injurious to a weak and exhausted stomach, and irritable nerves, and with many persons thus diseased, give rise immediately to palpitation and spasms, and a restless, irritable state of the whole system.

In addition to the above-named articles of food, the following may be used as a change: Boiled rice, cracked wheat pudding, farina

pudding, rye-meal pudding, to be served with milk, fruit, jelly, thin cream, or sugar. Also, ripe and mild fruit, such as sweet or pleasant sour apples, pears, peaches, strawberries, blackberries, &c.; also, plain apple and custard pies. But the above articles, especially the fruit, should be used with moderation, and when used, should always constitute a part of the meal.

The following articles should *never be used* by the invalid, viz.: pork, either salt or fresh, veal, goose, duck, sausage, lobster, oysters, rich preserves, cheese, hot buckwheats, donuts, or any thing cooked in lard or butter, mince pies, hot biscuit, hard cooked eggs, &c.

Milk, with some invalids, is a wholesome article of diet, while to others it is very injurious. With some, it produces a costive state of the bowels, but the greatest objection to its use, is its liability to produce in the stomach what is termed *lactic acid*, which proves a source of great irritation to the stomach and bowels.

Milk cooked in the following manner, forms a good and nutritive article of diet:—Two parts new milk, and one part water, scalded, and thickened with flour, and ate with crackers or stale bread.

Hours for meals.—The proper regulation of the hours for meals, is of great practical importance. Breakfast should not be given to invalids or dyspeptics, either in bed or immediately on rising. The better way is to wait a little and thus allow the stomach time to recover itself, as hunger is seldom experienced, nor is the stomach in a condition to receive and digest food immediately on waking. As a general rule, one hour after rising is a suitable time. Thus, if a patient rise at six, she should breakfast at seven; or if she rise at seven, she should breakfast at eight.

The hour for dinner should be from one to two, according to the time of taking breakfast.

From five and a half, to six, is a suitable hour for supper. Patients should never indulge in the practice of eating luncheon between meals. Food thus taken, by mixing with food in the stomach already partly digested, must derange the process of digestion, and consequently do harm. Also, as before stated, the stomach itself needs time for repose, and the action of the other organs of the system require the blood and nervous energies which must be given to the stomach whenever food is digested. Food between meals also takes

off the edge of appetite for the following meal, which should be keen, that the food may be highly relished and well and easily digested. Neither should food be taken into the stomach for some hours before going to bed.

Some patients fall into the error of not taking enough fluid. But it should be recollected that fluid is equally necessary to carry on the operations of the animal economy as food, and that ordinarily not less than two pints in some shape, should be taken in twenty-four hours.

Acidity of the stomach is a very common and a very serious trouble with many females suffering with Uterine disease. And it is truly surprising to what an extent acid is sometimes generated in the stomach and bowels. In some cases the acid of the stomach is so exceedingly acrid and irritating as to excoriate the mucus membrane of the stomach and throat, and cause rapid decay of the teeth. Diluted muriatic acid could scarcely prove more acrid and injurious. But the irritation produced by this acid state of the stomach, is not the only evil.

It must be recollected, that out of this acid

mass in the stomach, is derived the nutriment from which is formed, not only the blood, but all the fluids and solids of the body. And who cannot see, that blood formed of such acid and acrid materials, must be exceedingly impure, and instead of imparting a healthful and pleasurable stimulus to the system, must prove a source of great irritation, causing headache, flushing, eruptions of the skin and great excitement of the whole nervous system, and causing an acid state of the blood and all the fluids of the body. This state of the stomach may, and often does, exist, and the patient be wholly unconscious of it. In such cases, the tongue is of a dark or livid red color, with a thin white or yellowish coat. The appetite is usually poor. Such patient should use such articles of food as are least liable to become acid. It should be recollected that acetic acid (the acid most commonly formed in the stomach) is produced by the fermentation of vegetable matter. It follows, of course, that a purely vegetable diet will be the most liable to produce and keep up this acid state of the stomach. In such cases the patient should abstain, in a great measure, from vegetable diet, and use a large

proportion of animal food, which is not, like vegetable, liable to ferment and become acid.

I am the more particular in these observations and directions, for the reason that patients often err upon this subject.

A few months since, I was called to see a lady who was wholly confined to her bed with Uterine disease which had produced an extremely dyspeptic and acid state of the stomach. In answer to my inquiries, she informed me that she took no food but a little gruel, and *that* she said distressed her exceedingly,—that she did not dare to take any animal food, as the gruel caused so great distress. I informed her that the gruel was a bad article of diet for her, and ordered an entire change in her diet, directing her to leave off the use of gruel, and as a substitute, take tender beef-steak and toasted bread and a little weak tea. She followed my directions, and in about three weeks, without the use of any medicine, the acid and dyspeptic state of the stomach disappeared, and the appetite became good and regular.

The following is a suitable diet for such patients:—For breakfast, an egg cooked in milk as directed on page 210, and a slice of light stale domestic bread toasted; and for drink, hot

water and milk, or cold water if preferred and agrees. For dinner, beef-steak or chicken, with toasted bread or boiled rice. For supper, a little dry toast, with thin cream or a little good butter.

The patient should abstain from every thing *acid* or *sweet*, as *either* will increase the acidity of the stomach. She should not even use sugar in her tea or drink, nor should she use fruits of any description that are in the least acid. An acid taken into the stomach of such a patient, increases the quantity of acid already there, while a saccharine substance is liable to ferment and become acid.

For medicine, the following compound will be found valuable for this acid state of the stomach: — To one tea-spoonful of Turkey rhubarb, powdered, add four tea-spoonsful of super-carbonate of soda, and one tea-spoonful of peppermint herb, fine, and three-fourths pint of boiling water. Mix well and bottle for use. When it can be borne, one or two table spoonsful of best French brandy may be added.

Directions for use — From one to three tea-spoonsful may be taken five or ten minutes after each meal.

I will here make a quotation from the interesting experiments of Dr. Beaumont, on digestion, a full account of which may be found in works on physiology. No other individual it is believed, ever enjoyed so favorable an opportunity for experimenting on the various articles of diet, as Dr. Beaumont.

TABLE showing the mean time of Digestion of the different articles of Diet.

ARTICLES OF DIET.	MODE OF PREPARATION.	TIME FOR DIGES'N.	
		H.	M.
Rice,	Boiled,.....	1	
Tripe, soured,.....	Boiled,.. ..	1	30
Eggs, whipped,.....	Raw,	1	30
Trout, Salmon, fresh,.....	Boiled or fried,....	1	30
Apples, sweet and mellow,	Raw,	1	30
Sago,.....	Boiled,.....	1	45
Topioca,.....	Boiled,.....	2	0
Milk,.....	Boiled,.....	2	0
Liver, beef's fresh,.....	Broiled,	2	0
Egg's, fresh,.....	Raw,	2	0
Codfish, cured, dry,.....	Boiled,.....	2	0
Apples, sour and mellow, .	Raw,	2	0
Milk,.....	Raw,	2	15
Eggs, fresh,	Roasted,	2	15
Turkey, domestic,.....	Boiled,.....	2	25
Gelatine,.....	Boiled,.....	2	30
Turkey, domestic.....	Roasted,	2	30
Lamb, fresh,.....	Broiled,	2	30
Hash, meat and vegetables,	Warmed,.....	2	30
Beans, pods,.....	Boiled,.....	2	30
Cake, sponge,.....	Baked,.....	2	30
Parsnips,.....	Boiled,.....	2	30
Potatoes, Irish,.....	Roasted or baked,..	2	45
Chicken, full grown,	Fricassee,	2	45

Custard,	Baked,.....	2	45
Beef, with salt only,.....	Boiled,.....	2	45
Apples, sour and hard,....	Raw,	2	50
Oysters, fresh,	Raw,	2	55
Eggs, fresh,	Soft boiled,.....	3	0
Beef, fresh, lean, rare,....	Roasted,	3	0
Beef steak,	Broiled,	3	0
Pork, recently salted.....	Stewed,	3	0
Mutton, fresh,	Broiled or boiled,..	3	0
Chicken soup,.....	Boiled,.....	3	0
Cake, corn,.....	Baked,.....	3	0
Dumplin, apple,.....	Boiled,.....	3	0
Oysters, fresh,.....	Roasted,	3	15
Pork steak,	Broiled,	3	15
Pork, recently salted,	Broiled,	3	15
Mutton, fresh,	Roasted,	3	15
Bread, corn,.....	Baked,.....	3	15
Sausage, fresh,.....	Broiled,	3	20
Oysters, fresh,.....	Stewed,	3	30
Beef, with mustard, &c.,..	Boiled,	3	30
Butter,	Melted,	3	30
Cheese, old, strong,.....	Raw,	3	30
Soup, mutton,.....	Boiled,.....	3	30
Oyster soup,.....	Boiled,.....	3	30
Bread, wheaten, fresh,....	Baked,.....	3	30
Turnips, flat,.....	Boiled,.....	3	30
Potatoes, Irish,.....	Boiled,.....	3	30
Eggs, fresh,	Hard, boiled or fried,	3	30
Green corn and beans,....	Boiled,.....	3	45
Beet,.....	Boiled,.....	3	45
Salmon, salted,.....	Boiled,.....	4	0
Veal, fresh,.....	Broiled,	4	0
Fowl, domestic,.....	Boiled or roasted ..	4	0
Ducks, domestic,	Roasted,	4	0
Pork, recently salted,....	Fried,	4	15
Soup, marrow bones,....	Boiled,.....	4	15
Pork, recently salted,	Boiled,.....	4	30
Veal, fresh,.....	Fried,	4	30
Cabbage, with vinegar, ...	Boiled,.....	4	30
Pork, fat and lean,.....	Roasted,	5	15
Tendon,	Boiled,.....	5	30

This table is very interesting, but the results must not be too much relied upon. Digestion is greatly influenced by the interval which has elapsed since the preceding meal, the amount of exercise taken, the keenness of the appetite, the state of the health, the completeness of mastication, and a variety of other circumstances; and above all, the quantity of food taken in proportion to the gastric juice secreted.

It must be recollected that the above experiments were made on a healthy stomach, not on one weakened and exhausted by disease. Let the patient carefully look over this table and she will see, that while some articles of food may be digested in one hour, others require five hours, and fifteen, or thirty minutes *in a healthy stomach*.

As a general rule, animal food is more easily and speedily digested than vegetable, and contains a greater amount of nutriment in a given bulk. It is also more stimulating and heating.

In closing these remarks on diet, I would say to the patient, *eat slowly, masticate the food thoroughly, and be moderate in quantity*.

CHAPTER XII.

MISCELLANEOUS REMARKS.

THIS chapter I shall devote to the consideration of a variety of subjects which could not properly be included in any of the preceding chapters. So great is the variety of symptoms and phenomena produced by Uterine disease, that ladies suffering with the complaint, are often greatly perplexed to understand the real cause of the numerous distressing sensations they endure.

The cause of the most common and prominent of these symptoms I shall endeavor to explain.

The first which I shall name, is the morbid effect produced upon the blood while passing through the inflamed Uterine organs in its circulation through the system.

The blood can never circulate through a diseased organ, without its healthy qualities being

impaired. Hence it follows, that in passing through the Uterus while in an inflamed state, the blood is morbidly affected, and becomes itself more or less inflamed. In this condition it passes from the Uterus through the healthy tissues of the body, carrying with it, and inflicting upon these tissues, the morbid influence which it had received from the inflamed Uterus.

The effect is, nervous irritation and a variety of distressing sensations, and in course of time the whole mass of blood becomes greatly affected from this cause, which adds much to the suffering of the patient.

Another source of injury to the blood and the system, and one of far greater magnitude than the one we have been considering, is the absorption of *pus* from the ulcerated mucus membrane of the Uterus. The process of absorption is always in active operation upon all mucous surfaces. Hence the pus, which always exists around the neck of the Uterus in cases of ulceration of that organ, is liable to be absorbed and carried back to the blood, and thus circulated through the whole system, the result of which is disastrous, causing rigors or chills, lassitude and general irritation of the system.

The presence of but a small quantity of pus in the blood has a most injurious tendency ; as it possesses the power of materially altering the elementary constituents of the blood, destroying its nutritive qualities, and producing a disposition favorable to the formation of abscesses, biles, &c.

The celebrated physiologist, Dr. Carpenter, observes, “ There is great reason to believe, that when pus is introduced into the blood, it may induce such a change in the character of the fluid, as speedily to impair its vital properties. In this manner the whole system will be seriously affected, and there will be a tendency to deposits of pus in various organs, especially in those which, like the lungs and liver, serve as emunctories (outlets) to the system.*

The presence of pus in the blood predisposes the system to violent attacks of disease from comparatively slight causes, against which it possessess little power to contend.

Pus thus circulating in the blood, is sometimes thrown upon the surface by the action of the exhalents, producing eruptions on various parts of the body.

* Principles of Human Physiology, 3d edit., paragraph 806.

The presence of pus in the blood is also favorable to the formation of abscesses on the internal organs, as the lungs, stomach, bowels, kidneys, &c.

The absorption of pus from an ulcerated surface and its return to the circulation, is no new doctrine in medicine. It has its illustration in that fatal disease, consumption. It has long been known that in ulceration of the lungs, the absorption of pus is a prominent, if not the principal cause, of the high fever and hectic flush that so often attend consumptive patients.

THE LIVER.—The morbid state of the blood which has been considered, is often the cause of serious injury to the liver. The function of this organ is the secretion of bile from the blood, which is constantly circulating through it for that purpose. A morbid effect is thus produced upon the liver, which greatly deranges its healthy action, causing a torpid state of the organ, and bilious derangement, which is evinced by a dark, sallow complexion, and a deranged state of the stomach and bowels.

In nearly all cases of Uterine disease of long standing, this bilious state of the system becomes apparent, and in many cases portions of

the face are covered with a dark yellow scurf, which greatly impairs the beauty of the skin. This state of the liver requires special treatment, in connection with the treatment for Uterine disease which has caused it; and appropriate treatment nearly always removes this bilious appearance, and restores the skin to its healthy natural hue, and the liver to its healthy functions.

THE KIDNEYS, as well as the liver, are morbidly affected, by this impure state of the blood, and these impurities, separated from the blood by the action of the kidneys, may often be seen in the urine, imparting to that fluid a thick, viscid appearance, and acrid, irritating qualities.

The facts above stated should operate as a caution to ladies not to delay appropriate treatment until the inflammation has assumed a chronic form, or passed into a state of ulceration, thus contaminating the blood and poisoning the streams of life.

Some ladies greatly err, and cause themselves much unnecessary anxiety and disappointment, by cherishing the thought that health and vigor will be restored to the system

immediately upon the removal of the local disease. They seem to entertain feelings similar to those expressed by an Irish woman, whom I once cured of Uterine disease. On visiting the patient, I found her in a state of great weakness and exhaustion, confined to her bed, and her back, with the Uterus mostly out of the body, inflamed and ulcerated. In about three months I removed the local disease, and she was able to walk about the house, and give some attention to her household affairs ; but had not, of course, had time to fully regain her general health and strength. On my stating to her that the disease was removed, and that she would need no further treatment, she cast upon me a look of surprise, and exclaimed, " Why, Doctor ! I thought that when you had done treating me, I should go *dancing all over the house !*"

Similar expectations seem to be entertained by some ladies who have been reduced, by Uterine disease, to a state of extreme debility. But it is unreasonable for such patients to expect, that the removal of the Uterine disease which had caused this debility, will at once restore them to robust health and vigor. As well might a patient, reduced by a fever, to a

state of great debility, expect that the removal of the fever would restore him at once to his former strength. It is true that the *cause* of the debility, the *fever*, is removed, but the weakness which it had produced still remains, and can be removed only by a sufficient length of time and other appropriate means.

The same is true of Uterine disease. The local disease may be removed, but the *effects* of that disease, *debility*, may continue, though usually in a mitigated form, for some length of time after the disease which had produced it is removed, and *time* may be required for the system to rally from the depression which had been inflicted upon the general health and constitution.

MUSCULAR WEAKNESS.—I have previously remarked that weakness and debility are among the most common effects of inflammatory Uterine disease. The cause of this weakness, which is not, I think, generally understood by ladies, I shall attempt to explain. And I would first remark, that *inflammation* and *fever* are essentially the same; the only difference being that one is local, and effects only a limited portion of the system, while the other is general,

affecting the whole system. Hence a fever, of whatever name or type, is but a general inflammation, and an inflammation of any part or organ of the system, is but a local fever. The immediate and most prominent effect of fever or inflammation, is to prostrate the strength;—of the whole system in case of a general fever,—of a portion of the system when a part only is inflamed. Persons are often reduced, in a few days, by a general fever, from their full strength to utter helplessness. In like manner, the Uterine organs, when they become the seat of inflammation, soon lose their tone and become weak and relaxed. And when we take into consideration the fact, that the muscular strength of the whole system is often completely prostrated in a few days, by a general fever, we cannot be surprised that the Uterine organs, which are often the seat of intense inflammation, either in the subacute or chronic form, for many years, should also become extremely weak and relaxed, and the seat of the distressing sensation of weight and bearing down of the organs.

This extreme weakness of the Uterine system usually produces a like weakness in other organs, and parts of the system, in consequence

of the nervous connection and sympathy existing between them and the Uterus.

These facts explain the cause of the almost universal weakness and bearing down of the Uterine organs in case of inflammation of the Uterus. These sensations are not produced, as is generally supposed, by displacements of the Uterus, but by the weak and relaxed state of the Uterine ligaments and muscles,—the result of inflammation.

The weakness and bearing down of the stomach and bowels is attributable to the same cause.

The enquiry is often made by patients, on the first investigation of their case, how long time it will require to effect a cure? To this interrogation it is difficult, in many cases, to give a definite answer. The length of time required, depends very much upon the state of the blood, as to its purity or impurity, and also on the constitution of the patient, and her social condition. Some patients may be cured in two or three months, even where the disease is somewhat severe, while others may require six, nine or even twelve months treatment. In most cases, however, from three

to five months treatment will effect a thorough cure.

Patients often enquire as to the amount of exercise they can take while under treatment. To this enquiry I would reply, that, as a general rule, it is injurious to take much exercise, for the reason that exercise chafes and irritates the Uterine organs, and thereby aggravates the inflammation. The following is a safe rule:—The patient can take any amount of exercise which *does not cause pain, weakness, trembling, or distress*. Any exercise that will cause these sensations, is injurious, and should be avoided.

Patients should be careful not to damp the feet, nor stand on the damp cold ground. Such exposure will often cause pain and distress in the Uterine organs in a few minutes, and may do much harm.

A question of much interest to ladies, and one often proposed, is, whether Uterine disease when once cured, is liable ever to return. In answer to this query, I would say, that disease of the Uterine organs is not, in this respect, unlike disease of other organs of the system.

When the disease is removed, and the organs allowed time to recover their natural healthy

tone, they are in the same condition that they would have been, had they never been diseased,—that is, in a state of health. In this state they are no more liable to become diseased than they would be had they always remained in a healthy condition.

But there is one very important consideration which I wish deeply to impress upon the mind of ladies. It is the fact that inflammatory disease, *debilitating* the Uterine organs, renders them more susceptible to any unfavorable influence or exposure, than they would have been, had they not been thus weakened. Therefore, ladies should bear in mind, that although by treatment the disease has been removed, yet due caution, as to exposure, must be used, until the organs have had time to recover fully from the debility that had been inflicted upon them by the disease. I would farther state, that I have had but a few cases in which the disease has returned to any extent, and those were cases in which pregnancy took place either during treatment or immediately after, before the organs had recovered sufficient strength for the performance of so important a task. In a few such cases, I have found some disease a few months

after childbirth, but such have usually required but a short course of treatment to restore the organs to a healthy state.

From the foregoing it will be seen, that ladies need not fear a return of Uterine disease when it has once been removed, provided due caution is used until the organs regain their healthy tone.

APPENDIX.

THE SPECULUM.

As I have repeatedly, in the preceding pages, spoken of the Speculum, and its great advantages, in the investigation and treatment of Uterine disease, it may be proper here to give a brief description of the instrument and its use. I deem it the more necessary, from the fact, that many females have erroneous notions relative to its use and utility. I can say in truth, however, that I do not recollect a single instance, in which a female, suffering from Uterine disease, has objected to its use, when the nature and utility of the instrument have been fully explained to her. On the contrary, females at once see the vast benefit of the speculum, and as a general thing gladly avail themselves of the advantages to be derived from its use.

I apprehend that the chief objection to the use of the speculum, by those unacquainted with it, is the erroneous supposition that the person is necessarily exposed to view, when instrumental investigation or treatment is adopted.

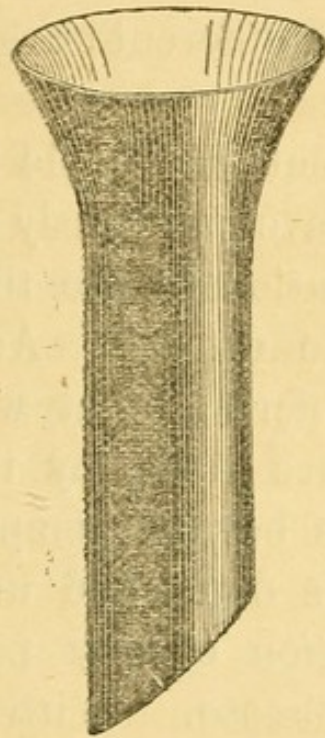
Such an idea, however, is incorrect; the patient is not in the least exposed, being entirely covered. Most of my patients, who were unacquainted with instrumental treatment, have expressed themselves very agreeably disappointed, when they have proved its utility in their own case.

There are many forms of the speculum in use, but the one in most common use, is what is called the Tubular or Conical Speculum. It is a tube made of glass, and covered with a brilliant metal, and that again is covered with a black polish.

It is introduced into the vagina, and the neck of the Womb is thus brought fully into view. The brilliancy of the inner surface of the speculum, throws a strong light into the parts, and the mouth and neck of the Womb, and other parts, can be as plainly seen as if they were on the external parts of the body, and the nature and extent of the disease thus clearly ascertained.

This instrument enables the physician to apply the remedy *directly to the diseased parts*, and *no where else*, thus curing the disease without injuring other parts, which it would be impossible to do without the aid of the speculum.

PLATE III.



TUBULAR, OR CONICAL SPECULUM.

There are other forms of the speculum, made of silver and other metals, some of which are made in four parts, which, when closed, overlap one another, and thereby make it small, so that it may be introduced without

inconvenience, and then opened after it is introduced. Another form, called the *bivalve* speculum, is made in two parts, and works on a joint, and is also closed when introduced. All the different forms of the speculum, possess their peculiar advantages in different cases; but as before stated, the conical speculum is the one in most common use. They are also made of different sizes to suit different cases.

This instrument, so simple in its nature, is destined, as I have previously stated, to make an entire revolution in the theory and treatment of Uterine disease. And the amount of pain and suffering, that will be saved to females in future years, by the invention of the speculum, is beyond computation. Without its use, all is doubt and uncertainty, as to the *real condition* of any patient suffering with Uterine disease. With its use, every doubt is removed, and the exact condition of the Uterine organs is clearly ascertained, and the correct mode of treatment thereby indicated.

The following very judicious remarks on the use of the speculum, are taken from an article on Leucorrhœa, by Dr. M. C. Roberts, pub-

lished in the New York Journal of Medicine :
“The lesions of the vagina and Uterus, with which we have shown that leucorrhea is so invariably connected, are not sufficiently appreciable, and seldom curable, without the aid of the speculum, an instrument as indispensable in the treatment of the diseases of these organs, as the stethoscope in those of the heart and lungs, and to the non-use of which the errors of our predecessors on the subject of Uterine catarrh are referable. It is not, even now — for two obvious reasons, the disagreeable nature of the investigations, and the natural repugnance of both physician and patient to its use — the custom to employ it in the treatment of leucorrhea. But if the physician can but become assured of its value, and necessity in these cases, he will, in justice to his patient and himself, recommend and employ it. Its use will then become custom, surprise at its proposal will soon cease to be felt; nay, surprise may even be expressed if the *usual* means of full investigation be not resorted to, and the sufferer with leucorrhea will look to be examined with the speculum with as much certainty as the phthisical one does to be percussed and auscultated. The objections to its

use must yield to the sense of its *necessity and utility*; and when conscientiously and properly urged, there will be found, after all, few sensible and right-minded females who will object to its employment; when properly used, few will refuse to consent to a repetition. We trust that no other than a conscientious belief in both, founded upon our ideas of the nature and cure of the affection and the opinion of others, impels *our* advocacy of it in the disease in question; and whenever it shall come to be generally employed, much suffering will be speedily obviated, many errors in diagnosis corrected, many a barren woman will become the joyful mother of children, and many a case of ultimate degeneration into incurable malignity will be prevented."

It must not be supposed, from what is here stated, that the use of the speculum is necessary in *all* cases of Uterine disease. Such is not the fact. Mild cases and the first stages of the disease, may be cured, as a general thing, without the aid of the speculum. But a large proportion of the severe forms of the disease it is impossible to cure without its use.

It is quite certain, from the early history of

Medicine, that the speculum, or an instrument similar in its nature and use, was known to the ancients; and that, by them, ulcerative disease of the Womb was detected and treated by instrumental means. The speculum was in use, probably, more than two thousand years ago, although the fact is not generally known. And its having subsequently fallen into disuse, and the information which had been obtained by it having been lost, is a singular fact, and can be explained only by reference to the peculiar changes through which the science of Medicine has since passed.

Paulus Ægineta, who lived in the seventh century, and whose writings were mostly compilations from the ancients, in various parts of his works, speaks of the *dioptra*, evidently a sort of bivalve speculum, as an instrument in common use. He states that ulceration of the Womb is to be detected by the dioptra, and in a section on abscesses of the Womb, he has a long description of the manner in which the instrument is to be used.

It is evident, from this writer, that the ancients were quite familiar with this mode of investigating and treating Uterine disease. And that they had extensive knowledge of

inflammatory ulceration of the Uterus, is proved by the fact that we find in the section of this work on "Ulceration of the Womb," a full description of the causes, the various forms, the symptoms and treatment of inflammatory ulceration of the neck of Womb, which knowledge, he informs us, is obtained by the use of the *dioptra**

A WORD TO HUSBANDS.

An inspired writer has said, "So ought men to love their wives, as their own bodies. He that loveth his wife loveth himself."

Let it not be supposed that I am about to write an essay on ethics, or on conjugal duty. Neither let it be inferred from the above quotation, that I indulge the opinion, that there is generally, with husbands, a want of regard and affection for their companions. While I disclaim such a sentiment, as well as any intention to interfere with domestic matters, I hope to be pardoned for the few words of advice I wish to give; and as an apology for which, I

* See the Sydenham Society's edition of the works of Paulus Ægineta, vol. 1, pp. 624-5, and vol. 2, pp. 385-6.

would say, that I have repeatedly been consulted by gentlemen, as to what *was*, and *what was not proper*, while their wives were suffering with Uterine disease. To avoid the unpleasantness and trouble, on the part of husbands, of such inquiries, I will give my views upon the subject, which they can peruse at their leisure.

It will, of course, be inferred, that the fifteen years which I have devoted to the treatment of Uterine disease, has given me some knowledge of the sentiments and feelings of husbands, whose wives have come under my treatment. And while it is with pleasure that I state, that, in most cases, I have had abundant reason to believe the husband has possessed all the tenderness and sympathy for his companion that could be desired, I have occasionally become acquainted with cases, in which it was not as clearly seen, that the "husband loved his wife as his own body." In such cases, however, charity has inclined me to believe, that the improprieties, on the part of the husband, were mostly, if not wholly, for want of correct knowledge upon the subject.

Whoever has perused the preceding pages, has seen, that Uterine disease, by its sympa-

thetic reactions upon the economy at large, deranges the functions of every portion and organ of the system, but particularly the nervous system; and through the medium of the nerves, the mind becomes deranged, usually, in a proportionate degree. And as the bodily sensibilities are morbidly increased by the disease, so are the mental susceptibilities increased, and sometimes, to an extent of which the most intimate friend can have but little conception. The result is, that, in most cases, the feelings and inclinations of the patient, are either entirely changed, or greatly modified, and what was once pleasurable, becomes painful, and, in some cases, what was formerly pleasing and desirable, becomes disgusting and loathsome.

Now, it is evident, that should the husband fail to comprehend, and duly regard, the nature and cause of this change in his wife, physical and mental suffering must be the result. No "husband can love his wife as his own body," who, with a knowledge of these facts, can wish for his own momentary gratification, at the expense of the present and future suffering of his wife. He must be a *monster*, instead of a husband, who, for a mo-

ment, would contemplate such a thing. Yet it is to be feared, that suffering, from such a cause, is not of very rare occurrence; and, that Uterine disease is thereby aggravated, and perpetuated, in many cases, I am sorry to be obliged to believe.

In a word, let it be remembered, that whatever causes, or increases physical pain and distress, or subsequent debility and mental depression, cannot fail to aggravate and increase the severity of Uterine disease, and if under treatment, must prevent, or retard the recovery of the patient.

Again, husbands should ever bear in mind, that the nervous irritability, and depression of spirits, manifested by their wives when suffering with Uterine disease, demand their tenderest and kindest sympathies. Husbands should remember, that these manifestations of mind and feelings, are the result of physical disease, and that however great these manifestations, their wives are no more deserving of censure, than is the madman, for being a maniac.

In such cases, let the husband manifest his affection and sympathy for his companion, by kind and soothing words of encouragement and hope. Let him kindly excuse any impro-

priety of word or action, into which her feelings may betray her, and let him assure her, that he is aware that it is the *disease* which has produced the change in her, which he and others discover, and that it is not attributable to any want of goodness in her. In short, let her bodily and mental sufferings draw out the deep sympathies of his heart, in a constant stream of overflowing kindness and affection.

The following remarks, from the writings of Dr. Hollick, are so consonant with my own sentiments, that I shall take the liberty to transcribe them:—

“It should be borne in mind, that the female is always subject to certain powerful influences unknown to the other sex, which modify her whole character, and which makes it necessary to judge her with charity, and treat her with kindness and indulgence.

I have known many an apparently severe indisposition, which have defied all medical skill, yield immediately to the condolence of trusted friendship; and, in numerous cases, I have seen kindness and sympathy effect a thousand times more than pills and potions! Nor need such a circumstance excite any special wonder, or unjust suspicion, when the peculiarities of the female system are recollected.

With them, the extensively connected organs are constantly exerting a paramount influence on the nervous system, either for their own functional activity, or by the stimulus they receive through the brain. Woman is, therefore, essentially a creature of impulse and intense feeling, and in justice should be so treated. With her, an unhappy feeling, a capricious fancy, or a wrong idea, should be considered as real a cause of disease, as a *Tumor, or a Cancer*.

This is true of woman, at all ages, and in all conditions, though sometimes more so than others. With her, also, *moral* treatment is often more efficacious than medical, and is, therefore, more appropriate. A kind look, or expression of sympathy will light up the languid eye, send a healthy gush through the veins, and impart a wholesome stimulus to the whole system, while drugs will only produce greater prostration of the vital energies. The *nature* of many female diseases, therefore, particularly those of a nervous character, is essentially different from any experienced by the other sex, and their *treatment* should, of course, be different also.”*

* Hollick's Diseases of Woman, Page 233.

It should be remembered, that husband and wife are one, and that what affects *her* unfavorably, will, by a reflex action, affect him equally so. This, no doubt, is the sentiment intended to be conveyed in the assertion, "He that loveth his wife, loveth himself."

THE HYMEN.—(See page 25.) My object in the following remarks is, to correct the errors which I find exist very generally, relative to what is supposed to be the *proof* of virginity. And my first remark is, that upon no subject, perhaps, are there so many wild and vague notions, and so much error and ignorance — ignorance, too, which is often the cause of much unhappiness.

The hymen, as I have previously said, is a membrane situated at the entrance of the vagina, and always, or nearly always, exists during the period of childhood, and closes the vagina, excepting in some cases there is a small opening through the membrane.

The design of this membrane, and the office it performs in the female structure or organism, is not well known; but whatever that may be, it is perfectly evident that nature never designed that it should exist after the years of puberty (the beginning of menstruation), as its

existence would be utterly incompatible with the due performance of the functions of female organism.

Hence we find in a vast majority of cases, that the hymen is obliterated after the age of puberty. This may be done in a variety of ways, such as lifting, jumping, coughing, sneezing, falling, &c., or it may be done by inflammatory disease of the uterine organs.

The hymen is a thin membrane, requiring but little force to rupture it, and when once ruptured, it is soon obliterated, and the parts then appear as if it had never existed.

The common sentiment is, that the hymen always exists in unmarried females, and that its non-existence is proof that the principles of virtue have been violated. Nothing, however, can be farther from the truth, and nothing can do females greater injustice than such a sentiment.

And many a young husband, ignorant of this fact, has accused or suspected his wife, — pure as an angel in this respect, — and thus, for want of correct knowledge, has false suspicion sprung up to mar the happiness which otherwise might have been as pure as that of Eden.

Although in most cases the hymen is obliterated after the female arrives at mature age, yet it is not always so. I sometimes find it whole with the exception of a small opening for the menstrual fluid to pass. And here, again, husbands, unaware of this fact, have supposed that they have been deceived, and have married a wife in whom there was a malformation of the female organs.

A few years since, a gentleman consulted me relative to what he called a very delicate case, which was as follows:—He stated that he had a sister who had been married three years, and whose husband, ignorant, of course, of the above facts, had come to the conclusion that his wife was not like other women, and was threatening a divorce on the ground that he had been deceived, &c.

I stated to the gentleman that I presumed it was a case of impurforate hymen, and if he would bring his sister to me I would soon remove the trouble. He did so, and I found her condition as I had supposed, the hymen being very firm. I ruptured the hymen, which I found to be the only impediment, and thus saved the husband the trouble and expense of a divorce, and the lady and her friends much mental suffering.

Let young husbands learn to be cautious in their decisions in these matters, and not, through their own ignorance be guilty of gross injustice to their wives.

A WORD TO MOTHERS.

MOTHERS are not only the natural guardians of their daughters, but nature has admirably fitted them to be their best instructors, particularly in what regards their health, and future happiness and well-being. But I am sorry to say, that there is a great dereliction of duty on the part of many mothers, relative to the proper and timely instruction of their daughters. The consequence is, that daughters grow up in utter ignorance of what they must expect at a certain age in life, and the danger to which they are thereby exposed, unless they should get some vague knowledge of it from their associates, or from the reading of some book. Many a girl has been greatly surprised and frightened at the first appearance of the menses, and being mortified at the occurrence of what to them is so mysterious an event, to avoid exposure, have gone into the water to wash

their clothes, and thereby laid the foundation for subsequent disease, and a premature grave, all of which would have been avoided, by timely and suitable instruction from the mother.

A few years since, I had under my treatment, for Uterine disease, a young lady, about twenty-six years of age, who informed me that the disease from which she was then suffering, was the result of the ignorance, and consequent exposure, above described. She stated that her mother had never intimated to her what she must expect at a certain age, and at its first occurrence, she was frightened and mortified, and for fear of detection, waded into cold water to wash her clothes, and took a severe cold, which, settling upon the Uterine organs, had ruined her health, and caused her a great amount of subsequent pain and suffering. Such neglect on the part of mothers, is not only unnatural and culpable, but it is *cruel*. For mothers to expose their daughters, at that tender and interesting age, to such mortification and danger, for the want of a little instruction on their part, to say the least, evinces great thoughtlessness, and merits severe reprimanding.

Every mother should cultivate such a degree

of familiarity with her daughters, from early childhood, as to enable her to converse upon all necessary subjects, without the slightest embarrassment either to her or her daughters. Mothers should not only apprise their daughters of what they may expect at a certain age, but should also explain to them the danger and liabilities accompanying menstruation.

They should explain to them, the increased susceptibilities of the system, at that time, to any exposure, especially to cold and dampness; and also the danger that a female incurs by taking cold at the menstrual period. The mother should also give instruction, and see that her instruction is obeyed, relative to *dress*, and see that the feet and lower limbs are warmly clad, and thoroughly protected from the cold and dampness, especially at the approach, and during the period of menstruation.

But the duty of mothers to their daughters, does not stop here. The commencement of menstruation, is but the beginning of important events and changes in the life of a female. And who can explain the nature of these events, better than a mother, and give instruction to the daughter, as to the necessary preparation for, and proper course of procedure on her part, at the occurrence of such events.

But I have perhaps said enough, and will only add, that if mothers will faithfully discharge their duty to their daughters in these respects, they will not only have the consciousness of having done their duty; but they will be a thousand times rewarded, in the health, happiness, personal beauty, and bodily and mental vigor of their beloved daughters, and in seeing them thus fitted for important stations in life, and in due time, in their turn, assuming and faithfully discharging the responsible duties of a mother.

But if mothers will wantonly, may I not say wickedly neglect the duties above referred to, they may have their hearts rent with anguish, in beholding the suffering, and emaciation, and premature decay, and shattered intellect of their daughters, and vainly regret that their own unfaithfulness has been the means of such suffering.

Mothers! pardon the freedom and plainness with which I have addressed you,—*but think on these things*. As I have stated in the first chapter of this work—the female portion of the community has become little less than a race of invalids; and if ever a reform is realized, much, *very much*, depends on mothers for its accomplishment.

A WORD TO YOUNG LADIES.

It will be seen by what precedes, that celibacy affords no exemption from Uterine disease; and that the single, as well as the married female, is liable to attacks of the most severe forms of this dreadful malady. But it is not this fact that I wish to dwell upon, as I have devoted one chapter of this work to the consideration of the disease in the virgin female. I simply wish to give a few words of advice to young ladies who find, by the perusal of this book, or otherwise, that they are suffering with Uterine disease. And I feel the more inclined to do so from the fact, that I have repeatedly been consulted by young ladies thus diseased, who were in doubt as to the propriety of the course they were contemplating, and very properly sought information, that they might not ignorantly take a step which they might afterwards regret, but from which there was no receding.

And, to come directly to the point, I would unhesitatingly, and *most decidedly* advise any and every unmarried female, *not to enter the married state*, while they are suffering with

Uterine disease. And any female thus diseased who may form the marriage relation, will most assuredly regret it, as she will find that she has placed herself in a condition in which her sufferings are liable to be greatly increased, and the chance of a cure as greatly diminished. Ladies must bear in mind, that when they enter the married state they assume solemn and important obligations,—that they *then* have a husband to please, who cannot fail to feel that injustice has been done him, by the one whom he has chosen as a companion for life, if he has not been apprised of her condition prior to marriage. And it is easy to see, that the mutual disappointment of the parties, in failing to realise all the happiness anticipated, may cause regrets, and censure, which may end in direful consequences.

But the question will arise — what shall young ladies do? Shall they always live in a single state, because they have had the misfortune to be afflicted with disease? I answer, *no, by no means*. My advice is, first, to get cured of their disease, and then *get* MARRIED; which they can then do with a reasonable prospect of being happy themselves in the married relation, and of making their companions hap-

py. But I shall be told in reply, that they have been under medical treatment for months or years, but have received no benefit, and if they wait to be cured, before entering the married state, they shall always remain as they are. I admit that this is a discouraging circumstance. But let me say to such, that if they have carefully perused the preceding pages, they cannot fail to see that the reason why they have not been cured, is, not that the disease is incurable, but that the true nature of the disease has not been recognised, and of course the appropriate treatment has not been adopted. But such may rest assured that there is a mode of treatment of which they may avail themselves, which will remove their disease and restore health ;—and this leads me to another particular upon which I wish to give a word of advice. The most severe cases of Uterine disease, become such, by delay of an appropriate course of treatment, until the disease assumes a chronic form ; and in that form, especially if it be chronic inflammation of the Uterus, it requires a somewhat lengthy course of the *most thorough* treatment to effect a cure, whereas, at the commencement of the disease, a perfect cure might have been effected in a few weeks.

I am aware that, in consequence of the unpleasantness of medical treatment, young ladies often delay making application for medical aid, under the fallacious hope that the disease will eventually disappear of itself. But such are almost always disappointed in their expectations. Instead of improving by delay, the disease becomes more and more deeply seated, its debilitating and prostrating effects are extended to all parts of the system, and after years of suffering and after the disease has passed into the chronic stage, and has become firmly seated, they are at last compelled to pursue a course of medical treatment, proportionate in duration to the extent and severity of the disease;—whereas, had the appropriate treatment been applied in the first stages, the disease would have been perfectly removed in a few weeks, and the patient restored to health.

I will briefly narrate two cases that have lately come under my treatment, as illustrations of what is here stated. A few months since, a young lady, seventeen years of age, and naturally of good health and constitution, applied to me for medical aid. She informed me, that for about three months, she had been suffering with what she supposed to be disease

of the Uterus, as she had been told so by a lady who had been under my treatment for the same disease. She stated that it caused so much weakness and debility, that she could scarcely walk the streets, and was obliged to relinquish her business, which was the profession of music. She also stated that she had applied thus early for medical aid, fearing the consequences of delay. I found the disease to be sub-acute inflammation of the Uterus and vagina. I interrogated her as to the cause, but she knew no cause. I asked if she had not exposed the feet and limbs to cold and dampness by thinly dressing, to which she gave a negative answer, assuring me that she had always dressed warm, especially the feet, but very innocently remarked that sometimes when she had taken long walks, and got very warm, she had put her feet into cold water to cool them, adding that she did not suppose there was any harm in that. And here, I would remark, is a fair sample of the thoughtlessness of a large proportion of young ladies of her age. I, of course, apprised her of the impropriety and danger of such an act, and that it had probably been the cause of all her suffering. Under appropriate

treatment, this lady was restored to entire health in about four weeks.

Here is a fair sample of the utility of an application of medical treatment, at an early stage of Uterine disease. Had she delayed treatment six months or a year, it would probably have required several months treatment to have effected a cure.

The other cases above referred to, is a lady twenty-three years of age, from a neighboring State. She informed me that she had been a great sufferer for six years, and most of that time had been under medical treatment for what her physicians called falling of the Womb; but as the treatment had done her little or no good, she had come a long distance to see me, &c. On investigating her case, I found it to be the most severe form of chronic inflammation and enlargement of the body of the Womb;—the organ having attained the size of a child's head a year old. And instead of "falling," the Womb had actually risen so as to be perceived above the front bone (*os peubis*,) as in the fourth month of pregnancy. The probability of an entire cure of such a case, is very doubtful, even under the most energetic and prolonged course of treatment.

It will be seen, by referring to the ages of these two young ladies, that they were attacked with inflammatory disease of the Uterus, at the same age. In the first case, the disease having continued but three months, yielded very readily to treatment, and I know of no cause to doubt that had the latter case been subjected to the same treatment at the third month of its existence, it would have as readily yielded, and instead of six years pain and suffering, and her present almost hopeless condition, she might now have been in the possession of good health.

In concluding these remarks to young ladies, I would say, that whenever you find that there is disease of the Uterine organs, do not delay an appropriate course of treatment, with the hope that the disease will subside without treatment. In nineteen cases out of twenty, it will increase instead of abating.

Remember that, by delaying, you hazard everything that is dear in life ;—for what is all else worth when health is gone. As in the case last described, if you allow the disease to become seated, and to pass into the chronic stage, you run the risk of its assuming a form that may be incurable.

What is here stated, relative to the danger

of delaying treatment in the early stage of the disease, is equally applicable to the married, as to the unmarried female.

A WORD ON DRESS.

I am not about to censure, indiscriminately, the mode of attire adopted by females. I believe, that with the exception of cases in which it is thoughtlessly or wantonly abused, it is as good as can be adopted. While it allows the body and limbs free and easy exercise, when properly adjusted, it also affords ample protection from the cold and inclemency of the weather. It is proper, graceful, ornamental, and comfortable. But like all good things, it is liable to be perverted by the gay and thoughtless. And when thus perverted, is often the cause of a vast amount of sickness and suffering. Young ladies are the most liable to errors and improprieties in dress. With them it is the result, in part, of the want of correct knowledge upon the subject, but mostly, it is to be feared, from their blind devotion to foolish and wicked fashions in dress. The primary object in dress, is to protect the body from unfavorable atmospheric

influences, such as cold, dampness, &c., and no dress, or mode of dress can be proper, that fails to meet this demand of the system.

The principal faults, or improprieties in dress consists in two or three particulars, which I will briefly notice.

One is, the custom of dressing the feet and lower limbs in damp and cold weather, with thin shoes and thin hose, which renders the female thus exposed, liable to take cold, which being often contracted at a critical period, settles directly upon the female organs, causing painful inflammation and congestion, and suppression of the natural functions of the organs, and in a large proportion of cases, from that moment, health and happiness take their flight forever, and the wretched subject commences her dreary march to the grave, crushed at every step, with some or all of the symptoms which have been enumerated in preceding chapters.

The use of corsets, tightly laced, is ruinous, both to health and personal beauty. They interfere with the circulation, and with the functions of the different organs. The dress around the body should be perfectly loose, so as to allow a free circulation of the blood, and easy movements of the body.

Another impropriety of dress is, the use of low necked dresses and bare arms. On the score of delicacy alone, such a custom is censurable. Such exposure of the chest and lungs, is often the cause of consumption and other diseases.

Another great error with females in this changeable climate, is the want of care in adapting the dress to the exigency of the sudden changes in the weather. This is a subject worthy of attention, especially by invalids. This caution is particularly necessary in the spring of the year, when the changes from heat to cold are so frequent and extreme in consequence of east winds. Every one acquainted with the climate of Boston and vicinity, is aware of the fact, that very often, the forenoon is uncomfortably hot, and the afternoon as uncomfortably cold, the change taking place in an hour or two. Now, it is evident that should the invalid fail to change her dress as often as the temperature of the weather changes, she must of necessity expose herself to chills, and severe colds. This fact, I think, has not been sufficiently regarded. Last spring, I directed a patient in this city, to change her dress as often as the weather changed, if it should be half a dozen times in

a day. She did so, and subsequently, since recovering her health, has remarked to me, that she had never heard the necessity of such a change before suggested, but she had derived great benefit from it.

There is one other impropriety in dress, to which I wish to call particular attention. I refer now to the custom of wearing from one to three or four, or half a dozen, heavy skirts fastened so closely around the waist, as to derive their entire support in that way. It appears to me, that a moment's consideration must convince any one that such a custom must be ruinous to the health of any female.

It not only impedes the circulation of the blood, and obstructs, or suspends nervous action; but by a constant pressure upon, and dragging down of the bowels, it irritates and weakens the Uterine organs, and thereby often does immense mischief, and lays the foundation for much suffering and debility. Every article of dress should be *suspended from the shoulders*, and should be perfectly loose and comfortable around the waist. And let every lady remember, that she violates a law of health whenever she dresses otherwise, and that sooner or later she must pay the penalty of a violated law.

DR. E. SMALL,

GRATEFUL for the very liberal patronage he has received for several years past, would respectfully inform the public that he is still located in Boston, and devotes his entire attention to the investigation and cure of Uterine disease.

His Office is in Mercantile Building, corner of Summer and Hawley streets. Entrance from Hawley street.

Dr. S. can be consulted at his Office from 9 o'clock, A. M., to 1, P. M., each day, Sabbath excepted.

Every lady wishing his advice, may be assured that the utmost sympathy and moral delicacy shall be observed in investigating the nature of her disease.

Dr. S. can be consulted by letter from any part of the country, and he will also attend to calls in the country, where he can travel by railroad.

Letters for advice should contain a post office stamp for the return letter.

BOARDING HOUSE.

Dr. Small would also give information that he has opened a Boarding House for the accommodation of such patients as may need board while under medical treatment.

His boarding house is out of the city, in a quiet and healthful location, and patients will here find a pleasant home with every attention their case may require until restored to health.

The expense for board and medical treatment will vary from \$7 to \$10 per week, according to the rooms occupied and attention required. Patients unable to leave their rooms, or requiring extra nursing, will be charged accordingly. Boarding patients will bring their towels, and patients coming to the office for treatment, will bring a small towel or napkin.

