

**Influence of India on the health of British women, and on the prevention of uterine affections / by Edward John Tilt.**

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# INFLUENCE OF INDIA

ON THE

## HEALTH OF BRITISH WOMEN,

AND ON

## THE PREVENTION OF UTERINE AFFECTIONS.

BY

EDWARD JOHN TILT, M.D.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS;  
CONSULTING PHYSICIAN TO THE FARRINGDON GENERAL DISPENSARY;  
FELLOW OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY;  
AND OF SEVERAL BRITISH AND FOREIGN SOCIETIES.

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## PREFACE.

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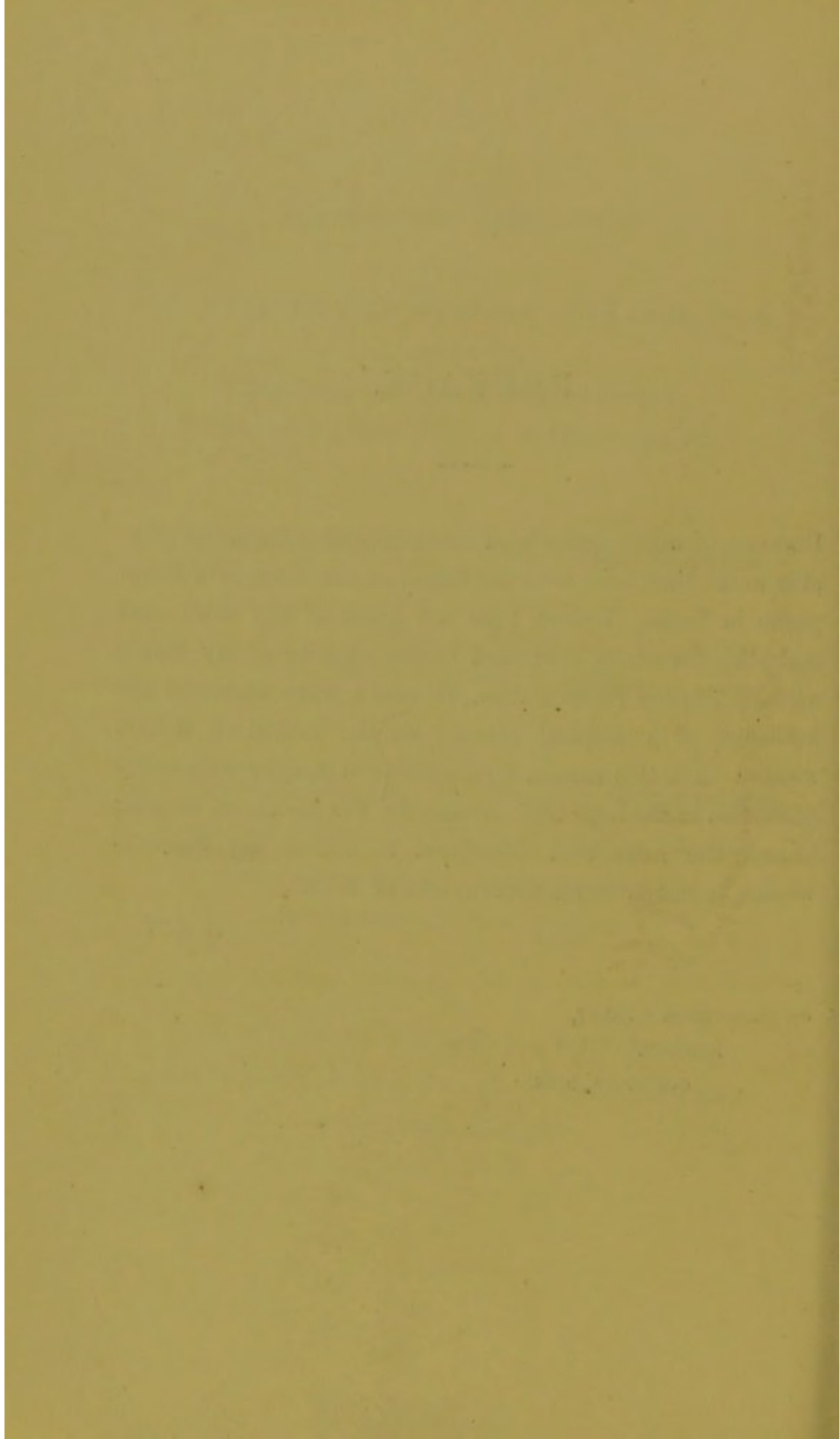
DISEASES of women have been scarcely alluded to, in the valuable works that have been published on the diseases of Europeans in India. Indeed, I do not know of any work that embodies the advice contained in the chapter of my Handbook of Uterine Therapeutics, wherein I have discussed the influence of a tropical climate on the health of British women. For this reason, I republish the chapter with many additions, in the hope that it may be the means of making known the rules best calculated to enable my countrywomen to live in India without loss of health.

E. J. T.

60, GROSVENOR STREET,

LONDON,

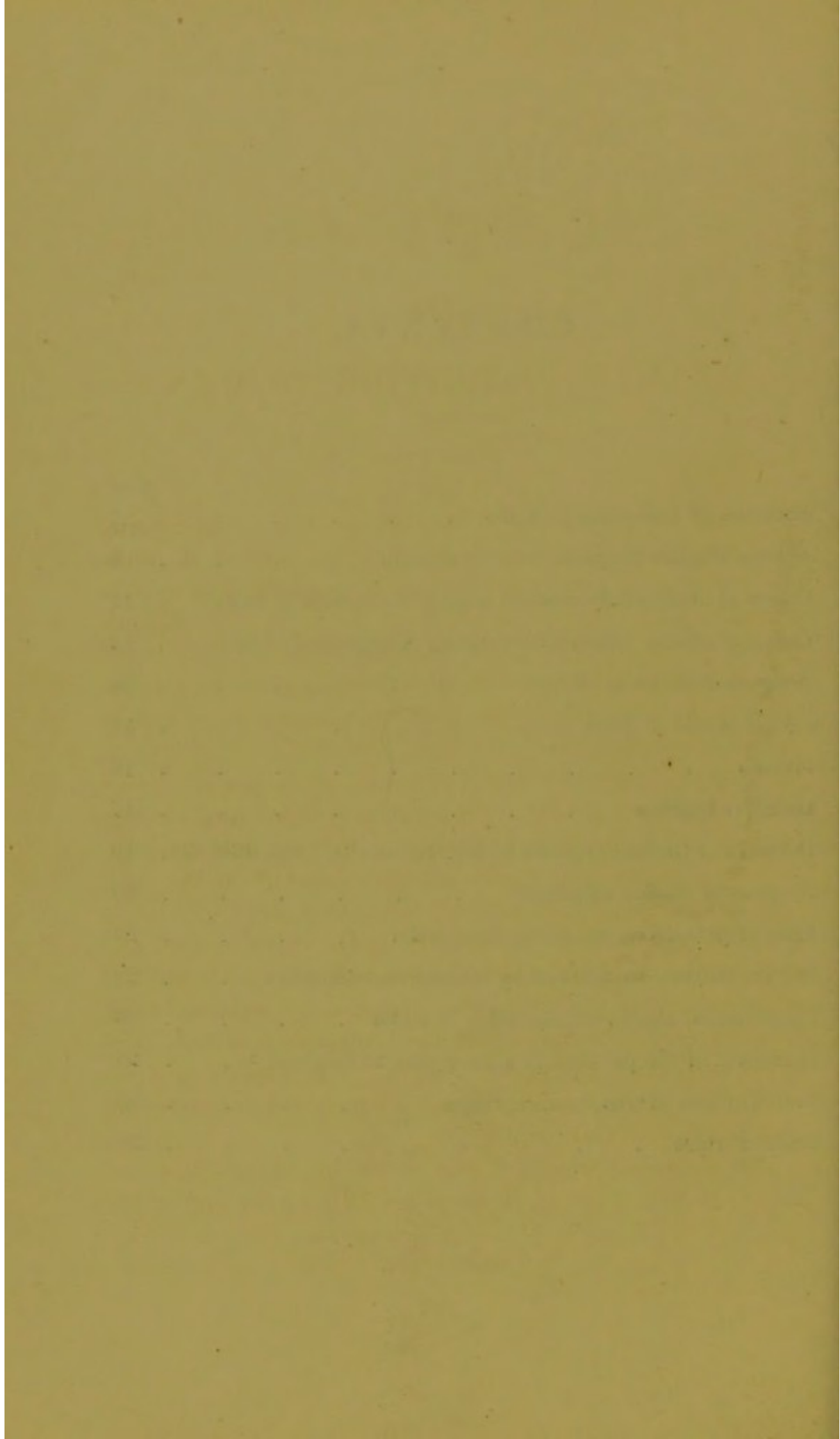
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# INFLUENCE OF INDIA

ON THE

## HEALTH OF BRITISH WOMEN.

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WE have conquered India, but we succumb to its climate. The newly-arrived soldier bears up best against it, while every additional year of his sojourn renders him less able to contend against the Indian climate. So it is with English women; they arrive in India, fresh and rosy, but the first hot season blanches all colour from their cheeks, and the longer they remain, the more subject are they to deranged menstruation and to uterine affection. Children born in India, of British parents, pine after the fourth year, and must be sent to England. This means, that while we have founded Anglo-Saxon empires in America and Australia, we can only garrison India. I gather from Sir R. Martin's papers,\* on the sanitary state of the British Army in India, that there were lately attached to our large garrison in India 19,306 women and girls enumerated as "British-born subjects in India," of whom 9,717 were twenty years of age and upwards, including 7,570 wives, 1,146 widows, and 1,001 unmarried women. 786 wives were under the age of twenty. The number of wives of English origin, under the age of forty-five, scattered all over India, was said to be 7,626.

The mortality amongst the wives of officers does not appear to be very great, if we judge only by the rate of the

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\* *Lancet*, 1868.



mortality of wives and widows on the Madras Military Fund, for, according to the published returns, the casualties among the wives and widows belonging to that Presidency, from the age of 20 to 40, average from 14 in 1000 annually; but then it must be borne in mind that many return to Europe to recruit. The wives and children of the non-commissioned officer and soldier do not fare so well as those belonging to the superior ranks, for they must remain in India, although the provision for their accommodation is very inadequate. Women, including those of English birth and the Eurasians, are exposed to great hardship, and die at the rate of 35 per 1,000. According to the Indian papers, the mortality among soldiers' children, in Northern and Central India alone, during the year 1867, was 96·91 per 1,000! In the Lower Orphan School of Calcutta the mortality was double or treble the English rates; but results greatly more favourable are obtained at the Lawrence Military Asylum on the hills.

The following remarks respecting the health of British women in India, apply also to a great number of our countrywomen who have to live in the West Indies, and in the worst parts of Africa; but before pursuing this inquiry, it is well to ask whether the natives of India are subject to uterine affections?

I am not aware whether our hard-working fellow-labourers of Copenhagen and Stockholm have ascertained the frequency of uterine diseases in the northern latitudes; but, with regard to tropical countries, it appears that organic uterine affections are as frequent and as various as in the temperate regions of the globe. It is erroneous to suppose that these affections are the result of an over-refined state of civilization, for they are frequently found amongst the unirritable women of uncivilized races. Thus my friend Dr. Duncan Stewart, late Professor of Midwifery in the Medical College of Calcutta, and Physician to the Hospital for Native Women, was forcibly struck by their frequency amongst the natives of India,

both of high and low caste, and his statement is confirmed by the native practitioners, who, from being looked upon with less jealousy by their countrymen, have had the best opportunity for observation, and particularly by Madoosudun Goopta, whose record of lesions met with in the dissecting-room of the Native Female Hospital of Calcutta, I extract from Dr. H. Bennet's fourth edition of his work on Inflammation of the Uterus:—

*Memorandum of the Condition of the Genital Organs in the Bodies of Fifty Native Indian Women, who had Died of Various Diseases.* By MADOOSUDUN GOOPTA, S.A.S.

No.	Age	Uterus.	Cervix and Os Uteri.	Ovaries and Fallopian Tubes.
1	46	Natural .....	Natural .....	{ Fallopian tubes obli- terated.
2	50	Small, hard .....	Os rigid and contracted...	Ovaries shrivelled.
3	35	Natural .....	{ Os irregular, a tumour } { on one side .....	Left ovary much diseased.
4	40	Ditto .....	Healthy .....	Healthy.
5	24	Ditto .....	{ Cervix much inflamed, } { os ulcerated .....	{ Left ovary enlarged and inflamed.
6	34	Ditto .....	Os and cervix ulcerated ...	{ Fallopian tubes stric- tured.
7	45	Ditto .....	Os closed .....	Both ovaries absorbed.
8	50	Ditto .....	Fungous tumour .....	{ Left Fallopian tube ob- literated.
9	25	Ditto .....	Os widely open .....	Both ovaries healthy.
10	27	{ Enlarged by re- cent pregnancy, inflamed .....	Inflamed.....	Ovaries, &c., inflamed.
11	50	Swollen and soft ...	Os ulcerated .....	Healthy.
12	30	Natural .....	Os scirrhus, deep ulcers..	Ovaries natural.
13	42	Ditto .....	Cervix swollen .....	{ One Fallopian tube ob- literated.
14	40	Ditto .....	Os ulcerated .....	Natural.
15	30	Large and inflamed	Lacerated ulcers .....	General redness.
16	27	Natural .....	{ Cervix inflamed, os ul- } { cerated .....	{ Tubes and ovaries ad- herent.
17	30	Gravid.....	{ Cervix inflamed, os ex- } { tensively ulcerated ... }	General inflammation.
18	28	Natural .....	Cervix swollen, soft .....	Ovaries sound.
19	50	Prolapsed .....	Not unhealthy .....	Natural.
20	30	Natural .....	{ Cervix ulcerated, os } { raw and open .....	{ Right Fallopian tube obliterated.
21	50	Ditto .....	Os irregular, hard.....	Ovaries absorbed.
22	36	Sloughing .....	Cancerous ulcers .....	Inflamed.
23	27	Natural .....	Cervix and os inflamed ...	Natural.
24	45	Ditto .....	Ditto .....	Ditto.
25	46	Ditto .....	Os obliterated .....	Ovaries absorbed.

*Record of Lesions—continued.*

No.	Age	Uterus.	Cervix and Os Uteri.	Ovaries and Fallopian Tubes.
26	40	Fatty degeneration	Cervix and os ulcerated ...	Ovaries absorbed.
27	25	Natural .....	Tubercles in cervix .....	Ovaries red.
28	30	Ditto .....	Natural .....	Healthy.
29	29	{ Displaced fundus adherent to rec- tum .....	{ Cervix long and large, bent slightly backward }	Natural.
30	30	Natural .....	{ Ulcers within the canal of the cervix..... }	Ovaries very hard.
31	30	Ditto .....	Healthy .....	{ Fallopian tubes adhe- rent.
32	40	Ditto .....	Cervix and os congested...	Healthy.
33	50	Ditto .....	Healthy .....	Hydatids in left ovary.
34	45	Ditto .....	Ulcers in cervix .....	{ Ovaries sound, Fallo- pian tubes obliterated.
35	45	Ditto .....	Healthy .....	Scirrhus of right ovary.
36	65	{ Displaced to right side, hard and swollen..... }	Cervix much ulcerated ...	{ Ovaries congested, Fal- lopian tubes oblite- rated.
37	65	Natural .....	Natural .....	Right ovary atrophied.
38	60	Hard and small.....	Cervix hard, os small .....	Ovaries small.
39	50	Natural .....	Cervix swollen and red ...	Healthy.
40	30	Ditto .....	Natural .....	Ditto.
41	19	Ditto .....	Ditto .....	Ditto.
42	50	{ Fibrous tumour of the fundus ... }	Ditto .....	Natural.
43	40	Natural .....	Os very red, abraded .....	Natural.
44	35	Ditto .....	Natural .....	{ Right ovary very hard and horny.
45	28	Long neck .....	Ditto .....	Healthy.
46	42	Natural .....	{ Cervix fissured and hard; os red, abrasion }	Left ovary corrugated.
47	32	Large and soft .....	Reddish .....	Natural.
48	13	Natural .....	Natural .....	Undeveloped.
49	26	Ditto .....	Ditto .....	Natural.
50	22	Healthy .....	Extensively ulcerated.....	Inflamed.

With regard to the nature of the uterine diseases that come under observation, Dr. Stewart, at Calcutta, and Dr. Scott, the chief medical officer of the Madras Hospital for Diseases of Native Women, assert that, whether it be studied at the bedside or in the dissecting-room, uterine inflammation presents the same appearances in the Hindoo as in the European. Mr. Robert Clarke, who for twenty years was colonial surgeon at Sierra Leone, informs me that amenorrhœa, dysmenorrhœa, leucorrhœa, and profuse men-

struation, are as frequent in negro women as in English, but that hysteria is very rare. Dr. Kirkman Finlay, Superintendent of the Hospital in Trinidad, likewise assures me, that the native women are seldom without suffering from some form or other of uterine disease, and the French creoles aptly indicate their chief cause of suffering by calling it *mal de mère*. Although I shall again refer to the probable causes of uterine disease amongst the natives of tropical climates, my remarks will be especially directed to the several varieties of inflammation of the body and neck of the womb, and to such uterine enlargements and displacements as are often the result of inflammatory action in India.

With regard to the probable causes of uterine diseases amongst the native races of tropical countries, one cause is, the sexual system being called into action long before its full development. In India, this is the result of a positive religious injunction; and in other tropical countries, an equally early indulgence in venery often occurs, on the first impulse of passion, amongst races little restrained by social position or the dictates of morality; and indeed, no matter the latitude, wherever woman is but a plaything in the hand of degraded savages.\* The great liability to abortion, accidentally and often intentionally brought on; the barbarous

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\* "Esquimaux women marry and live with their husbands long before they become menstruated."—*Dr. Richard King's Replies to the Author's Questions.*

"Amongst the aborigines of South Australia, girls are betrothed and live with their husbands from eight to twelve years of age. They practise sexual intercourse from the eighth year upwards. Child-bearing commences at about sixteen years of age, when girls cease to be public property, and live quietly with their husbands."—*Mr. James Hershbach's Replies to the Author's Questions.*

The celebrated Abyssinian traveller Antoine d'Abaddie informed me that the legal age of marriage in Nubia is twelve; that he has known girls married at ten, and others to have been bought and used for sexual purposes long before they were menstruated.

handling of unskilful midwives; the too early rising from the puerperal couch; the want of cleanliness in some races, and in all sudden changes of temperature, owing to the alternation of burning days and cold nights, are the principal causes of uterine disease amongst the native races, to some of which influences European women resident in India are more or less subject.

In estimating the comparative frequency of uterine affections in the European residents of tropical climates, it must be borne in mind, that, whether in India or in our other tropical possessions, European women are generally young. They leave Great Britain at about twenty, and very seldom remain in India after forty, thus passing, in a hot climate, the period of life in which uterine inflammation is most common, even in temperate regions. This remark is made as a safeguard against exaggeration; but I am fully prepared to concur, with those who have practised in tropical countries, that during their residence in India Europeans are unusually prone to uterine disease. Dr. Stewart does not hesitate to say, that eight out of ten of the European female residents are habitually subject to deranged menstruation, leucorrhœa, or to cervical excoriations; and Dr. Tracy, who is in large practice in Melbourne, considers uterine inflammation and ulceration to be more frequent there than in Europe. Although I have not practised in tropical climates, I have frequently had under my care, during the last twenty years, patients invalided by uterine inflammation in the East or West Indies, the Brazils, China, and Australia; for these different climates may be considered to favour the development of uterine disease in the same way, however different may be their pathology in other respects. In addition to this favourable opportunity for studying the influence of tropical residence, on the rise and progress of uterine disease, my intimacy with Dr. Bennet has made me acquainted with his large experience, so that these observations may be con-

sidered as representing his views as well as my own. The inquiry has not received consideration in any work with which I am acquainted; so it seems useful to submit our joint views to the medical profession, and to bring them under the attention of those who are practising in India and in our numerous tropical possessions, in order that they may fill up the deficiencies of what is only offered as an imperfect sketch, although it has received the approbation of Sir Ranald Martin, Dr. Goodeve, and Dr. Duncan Stewart, names that are still household words in India.

Firstly.—Why do tropical climates increase the frequency of uterine inflammation in those born in temperate climates? The conditions of a tropical climate may be summed up in a few words:—Intense long-continued heat, debilitating the system; sudden cold, checking perspiration and producing internal congestion; malaria, poisoning the nervous system and the blood.

With regard to the intensity of the heat: the mean temperature of Calcutta and Bombay is about 67° F. in winter, and 83° F. in summer. In many parts of India the temperature is still higher. At Sangre, for instance, in Central India, during the summer of 1864, the temperature, inside the house, was 110° F., although light was excluded, and the tatties and thermantidotes were brought into play; at night the temperature was 98°. Mr. Chippendale tells me that in many parts of the West Indies he found little or no difference between the temperature of the day and night. The influence of such permanent heat has been well described by Ernest Godard, who was sent out by the French Government on a scientific mission to Egypt. “A mon arrivée au mois de Février, j'étais énergique, courageux au travail; peu à peu mes facultés se sont affaiblies. J'ai senti que mon cerveau s'alourdissait et cette nonchalance, cette paresse invincible n'ont fait que s'accroître. Vers le mois de Septembre et d'Octobre, j'avais de la peine à suivre longtemps la même

idée, et je ne pouvais travailler qu'en passant bien vite d'un sujet à l'autre. Ici le travail physique est encore possible; quant au travail intellectuel il faut y renoncer. Parfois, après avoir écrit quelques lettres sans importance, je m'arrêtais harassé, je ne pouvais plus continuer, et ma tête était horriblement lourde. Je comprends maintenant la nonchalance des Turcs et des Européens. S'asseoir est encore une fatigue; il faut s'étendre, avoir chaque partie du corps soutenue par des coussins. Aussi les gens du pays ne connaissent pas les tables à écrire, ils se couchent à terre sur des nattes, et ils écrivent sur leurs doigts sans jamais se presser." Long-continued heat deteriorates the blood, and causes variable degrees of anæmia, explaining that deep-rooted debility brought on by a more or less prolonged residence in a hot climate, even when the transplantation has been well borne by the European.

All writers agree that, in Tropical Climates, diseases are principally caused by the action of cold on the frame debilitated by heat, and they look on the damp, cold nights as the chief cause of fevers, cholera, dysentery. Dr. Aubert Roche, who practised for four years at Suez, states, that ninety per cent of all diseases were caused by the exposure of the perspiring body to the refreshing winds of evening and night, which are saturated with dew.

Strange as it may sound, a large portion of disease in tropical countries is thus referrible to cold, for the thermometer in the shade at Calcutta, at noon and at midnight during the rainy season, marks a difference of temperature, which is often greater than in temperate countries. If travellers are correct in reporting that, in tropical climates, when the ground is dry and the sky clear, the quantity of dew condensed on the trees is sometimes so great as to fall down like a shower of fine rain, exposure to night air may be well considered dangerous to health. Even during the six months of dry heat in many parts of India, after long hours of dead

calm, about two or three in the morning, there is a sudden fall in the thermometer, the air begins to move so that those who are sleeping outside, or with the windows open, are in a draught just at the time when in the human body there is a minimum of electric tension and vital power. Take Bangalore, one of the best stations in the Madras presidency; for eight or nine months in the year the nights are said to be so cold that a couple of blankets are very acceptable, and in early morning the wind is sufficiently cold to chap the face; but when the sun has risen, it is so hot that it is not reputed safe to move about, except in a carriage. The result is, that many are carried off by chest affections, or suffer from internal congestions and suppression of menstruation. It need not, then, surprise us, that Dr. Boggs should mention, in the thesis he wrote on taking a Paris degree, his having "seen many cases of uterine inflammation caused by sitting opposite or close to punkahs or thermantidotes, which lower the temperature of the room ten degrees."

Thus living in a temperature which, even in the shade, equals, and often surpasses, that of the blood, it is easy to understand that women will seek relief by exposing themselves imprudently to the sea-breeze, to the cold north-wester, or to the icy chill of a raw, dewy night, which is felt to pierce through a frame, inadequately protected by scanty European clothing, more or less saturated by perspiration; while the loose, but ample folds of the trousers and belts, worn by the women of most Eastern nations, are much more calculated to prevent the injurious action of cold on the pelvic viscera. Even the greatest preservative of health in a warm climate—the cold bath—may be abused; and Dr. D. Stewart has sometimes traced uterine disease, to its having been imprudently continued during the catamenial periods. Thus cold, under its many modes of application, tells most on the weakest organ, originating uterine disease in India, as it does in England. Whether the ill effects of the sudden application



of cold to the external surface depend on its checking the cutaneous secretions, or on its disturbing the sympathetic relations which exist between the cutaneous nerves and internal organs, or by altering that electrical status of the system, with which we are as yet so little acquainted, it is difficult to say; but it is certain that the sudden application of cold, particularly raw, damp cold, is the most frequent cause of menstrual perturbations and of uterine disease, in every country, whether it be cold,\* temperate, or tropical.

Debility is not only caused by the physical effects of habitually intense heat, but sometimes by malaria, and always by the comparative inactivity and complete change of habits, which soon imparts a certain amount of oriental indolence to the once hardy Englishwoman. It is well known that this confirmed debility renders the more important viscera very liable to subacute inflammation; and there is no reason why the womb should escape this influence, or why it should not be then more forcibly acted on by its usual exciting causes of inflammation. No wonder, then, if Dr. Boggs should consider anæmia an important "cause of the extraordinary frequency of uterine inflammation among European females in tropical regions." Malaria is more fatal in some parts of India, but it can seldom be avoided. The evening drive is on the banks of a river or of some large tank of stagnant water, and those who sit or drive, inhale malaria with the cool damp breeze.

When we intend a plant to thrive in a soil different from that in which it had grown, it is not only removed carefully, but left for a time in undisturbed repose to take root in its new habitation. There is, however, no such healthful period

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\* "Suppression of menstruation is, perhaps, nowhere so common as in the Feroe Islands. It appears that the nature of the soil is such as to permit women to move about without shoes, and with only a skin wound round the feet, so that they are always damp and cold."—*Returns to the Author's Questions from Dr. Ravn, of Copenhagen.*

of repose for our young countrywomen who are transplanted from England to India. Even when the menstrual function has been habitually regular, it is often disturbed by the sea voyage, and is not allowed to become regular before these emigrants of the upper ten thousand are launched, often for the first time, into the gaieties and fatigues of society, which, in such a climate, are far more fatiguing than at home. In the midst of the excitement caused by this sudden introduction to a strange country, and a new position, they frequently marry, sometimes at too early an age, often before the catamenial function has become regular. Thus placed in circumstances most adverse to health, women find themselves the more sought after, because they are few in number, and they naturally enough give themselves up to the pursuit of pleasure, and set at defiance the laws of hygiene. Several army surgeons have assured me that they have seen English ladies riding and dancing ten days after their confinement. Women cannot live in India, or in any other tropical climate, without being subject to those abdominal disorders which tend to induce uterine disease. The "country fever" may assail them from time to time, lighting up inflammation in the weakest organ; and, before long, the colourless lips and sallow cheeks denote that the blood has been deteriorated, and that the patient suffers from that anæmia, which, even in a temperate zone, often stands related to inflammation of the womb, either as cause or effect. The muscular inactivity to which they think themselves condemned, the unusually abundant loss of blood, occurring during menstruation and after abortion and parturition, increases the anæmia, and explains that deep-rooted debility\* which can only be removed by

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\* My friend Dr. Dundas, who was for twenty-three years medical superintendent of the British Hospital at Bahia, believes that European women feel the depressing effects of warm climates more than men; and he attributes the difference to the greater indolence of the habits adopted by the female residents.

the bracing influences of a prolonged sojourn in a temperate climate. These are the conditions which explain the valetudinarian existence of European women in tropical climates, and the frequency of uterine diseases; and after thus sketching the causes of this frequency, I shall now explain more fully the action of some of these causes.

If when women are transplanted from temperate regions to tropical countries, habitual perturbations of the menstrual function may be expected, even in those in whom that function had been previously regular, it is not surprizing that menstruation, when morbid in England, becomes more so in India, and that, instead of the usual moderate flow, it is entirely absent or very profuse. A patient, who has suffered considerably from congestion of the womb and ulceration of the cervix, tells me, that during the four or five months of the hot season, at Calcutta, she was scarcely ever without a sanguineous uterine discharge, whereas, during the cold season, she menstruated about every sixth week. This lady assures me that many of her friends were similarly affected, the menstrual discharge being more and more pallid, as the patients become more and more anæmic. So great is the tendency to uterine hæmorrhage in India, that it has become a frequent practice for our countrywomen to return to Europe for their confinements, so as to avoid the profuse flooding by which it is so often accompanied in India.\* The fact is thus brought out, that as tropical climates produce uterine inflammation, because habitually intense heat disturbs menstruation in those who were not born under tropical influences; so our countrywomen, when transplanted into India, become more liable to inflammation

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\* "Dysmenorrhœa and suppression of the menstrual flow are common in Demerara, as the result of tertian intermittents."—*Returns to the Author's Questions from Dr. Alleyne, late Colonial Surgeon, Demerara.*

of the womb, as a result of pregnancy, abortion,\* and parturition, than if they had remained in England.

That a tropical climate should be productive of uterine inflammation, in those brought up in temperate regions, is also dependent on the fact that Indian pathology is essentially *abdominal*. Tropical heat increases the activity of the liver and other organs connected with the portal system, rendering all abdominal inflammatory affections more frequent and dangerous. The very intimate connexion that I have shewn elsewhere to exist between congestion of the liver† and uterine congestion, will be found more evident in India by those who will henceforth seek for its occurrence, since nothing in pathology is so sure as that heat causes diseases of the liver. This will partly explain why it is difficult to treat, and still more so to cure, diseases of the womb in India. I have also shewn that the womb and bowels are so intimately connected, by nerves and blood-vessels, that menstruation seldom takes place without disturbing the functions of the bowels, confining them sometimes, but usually relaxing them. I pointed out that diarrhœa is sometimes a symptom of pregnancy; that severe uterine inflammation generally gives rise to obstinate constipation, or to diarrhœa and other functional disorders of the large intestine and rectum; and this explains why, in India, for instance, diarrhœa is a more

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\* "Miscarriages are more frequent among the European residents in India during the hot season, and recovery is more protracted."—*Sir R. Martin on Tropical Climates*.

† Dr. Copeland ascribes the prevalence of liver diseases, amongst the European residents in tropical countries, to the liver being larger and its secretions more copious in the European, than in the Negro and in the Mongol races; but my friend Mr. Robert Clarke, who has been colonial surgeon at Sierra Leone, and who had abundant opportunities of testing the value of this assertion in hospital practice, has not observed any difference in the size of the liver in the Negro and in the European, and Mr. Chippendale's personal observations in the West Indies confirm this statement.

frequent symptom of pregnancy than in temperate countries, and why dysentery often complicates pregnancy, inducing abortion, either directly, or by the treatment necessary for the cure of intestinal affections, and is thus one of the most frequent causes of death during pregnancy and shortly after delivery. Several Indian practitioners, whom I have questioned on this point, state, that diarrhœa and chronic dysentery are frequently met with, either as causes, concomitants, or sequences of uterine disease in those who have taken up their abode in Eastern localities; and Dr. D. Stewart has repeatedly demonstrated by means of the speculum, to his pupils in the Native Hospital at Calcutta, that many cases, admitted as dysentery, were due to extensive ulceration of the neck of the womb, reacting on the rectum. In what has been previously stated, I have had in view those, among our countrywomen, who are placed under the most favourable circumstances; but if the wives of officers accompany their husbands to Upper India, they may have to march at night, travelling twenty miles, on roads that resemble the dried up channel of a mountain torrent, and although the spread of railways over India has rendered locomotion much less detrimental to patients, still the bullock-gharrie and the palanquin must be often used, and their distressing to-and-fro jerking motion aggravates the sufferings attending uterine diseases.

Secondly.—What influence have tropical climates on the march of inflammatory affections of the womb, both before and after a patient's return to a temperate abode?

From what I have been able to observe, both acute and chronic inflammation of the womb tell more forcibly on Europeans when residing in a hot clime, than if suffering from the same complaint in their native country. The muco-purulent discharge and the loss of blood are more considerable both in India and after returning to Europe; the nervous symptoms are more severe and eccentric; debility

and prostration of nerve-force are more intense, and felt at an earlier stage of the complaint. Such are the results of observation, and they harmonize with what might have been anticipated; for, supposing uterine inflammation to have become established in the European resident in tropical climates, from the action of the causes which I have enumerated, it stands to reason that the progress of the complaint will be accelerated by the continually recurring action of the same causes. Its march will be made more rapid owing to the gastro-intestinal affections being so common. The various forms of remittent and intermittent fevers, which constitute the "common fever" of each tropical zone, are seldom avoided, and as these affections single out the weakest organ, they will, for a time, give an additional impulse to the uterine inflammation, while the ever-persistent action of intense heat increases that radical debility which fosters local congestion and a low type of inflammation. Supposing the disease be met by the most judicious combination of constitutional and local measures, they will only be partially successful, so long as the patient remains subject to these climatorial conditions; indeed, practitioners assert that, in India, steel produces so much nervous irritability in women, that its exhibition cannot be continued, however well indicated by theory, and Mr. Chippendale tells me this is true in the West Indies. Dr. John Jackson, formerly physician to the Medical College in Calcutta, and Dr. Stewart inform me that, in India, steel increases uterine congestion, unless it be associated with aperients, which increase the uterine disease by irritating the bowels; this is confirmed by Dr. Kirkman Finlay for Trinidad. They admit, however, that in those anæmic or toxæmic conditions induced by agues, menorrhagia, and other causes, when the lips are colourless, steel in some form or other is absolutely necessary; the best and least exciting form being the syrup of iodide of iron. In like manner quinia is absolutely required when the discharge and the pains of uterine

inflammation are subject to periodical aggravations every third or fourth day, which is reported to me as not uncommon.

If, as frequently occurs, uterine disease remains undetected or without adequate treatment, it is more likely to become worse in a given time, than if the same patient had remained without treatment in a temperate climate. Under these circumstances, women are invalided, and they return home with constitutions much recruited, particularly, if instead of taking the more expeditious but fatiguing overland route, they make the three months' sea voyage round the Cape. This improvement in the general health does not always tell favourably on the uterine disease, which is even sometimes aggravated by the return to a colder climate. My experience thus coincides with what has been noticed by Dr. J. Johnson and Sir Ranald Martin, with regard to the effects of a return home on other complaints; for, however plastic may be the powers of the system, it cannot accommodate itself to a sudden change of climate, and the constitution may be so debilitated by tropical influences, that a return to a cold climate may cause a renewal of morbid activity on the part of a previously diseased organ, be it womb or liver; but I have noted nothing peculiar in the pathological aspect of the inflamed uterine tissues in those who return to England from tropical climates. The local appearances are the same, but more marked, considering the length of time the disease has lasted. In like manner, the symptoms are often worse than one would have anticipated from the duration of the inflammatory attacks, which is more intractable than usual.

Having pointed out that the progress of uterine inflammation in tropical climates is accelerated by the frequent recurrence of complicating diseases, it might be inferred that, in attending the uterine affections of those who have returned home from tropical climates, one is liable to find treatment interfered with by the remains of partially subdued tropical complaints, such as ague, remittent fever, liver derangement,

and chronic dysentery. The tendency to hepatic disorders after a return from the tropics is proverbial; chronic dysentery is scarcely less frequent, the colon and rectum being often thickened and hyperæmiated, even when not ulcerated. The pertinacity of that unknown condition of the nervous system, which responds by a fit of ague to any morbid stimulus, is another notorious fact, and the long-forgotten jungle-fever may be brought back after the lapse of many years by getting the feet wet in London mud. I need scarcely remind the reader of the pertinacity of anæmia in those invalided in India, if it has resisted the bracing influence of the long sea-voyage. This question of the complications by which the progress of uterine disease may be affected is not at all peculiar to the pathology of tropical climates; it arises daily in consultation practice. In the worst cases, disease has not only to be detected, but the best treatment determined on will be rendered more or less ineffectual by the intercurrent of complicating affections. Uterine disease, under some one of its various forms, may be clearly defined; but this may be only one element of the case, associated with other pathological conditions, which increase the difficulty of curing the patient.

3rdly. What modifications are required in the treatment of uterine inflammation in tropical climates and in tropical invalids?

1. **Treatment of Uterine Inflammation in Tropical Climates.**—It is obvious from what has been previously stated, that, on arriving in India, or any other tropical region, young women should lead a quiet life, and learn to so adapt themselves to the climate as to obviate its inconveniences and to ward off its dangers, before subjecting their constitution to any fresh trial of strength. It would be wise to seek to re-establish the regularity of the menstrual flow, and not to allow marriage to take place until this be accomplished. European habits of activity should be kept up so



far as experience teaches them to be consistent with health. Riding and driving at dawn and sunset are evidently indicated. It is for those who practise in hot climates to decide how far exercise under solar influence is or is not prejudicial to European women, but I fully believe, what I am told by the Rev. G. P. Badger, so well known in India, not only as chaplain to the army, but as an accomplished Arabic scholar and valuable political agent, that when Englishwomen, in India, endeavour to busy themselves about their households, and otherwise keep up their active home habits, they generally enjoy the best health. Anglo-Indian ladies first get indolent, then debilitated; and by way of acquiring strength, they frequently have recourse to exhilarating beverages, which produce an artificial enlivenment for a time, but tend eventually to weaken the system more than ever. So far as the male sex is concerned, exercise is not followed by the evil results which might have been anticipated; for it has been remarked by the well-known writer on military medicine, Dr. Robert Jackson, that, in the East and West Indies, European troops were never so healthy as when actively engaged under solar influence, and never so sickly as when reposing in barracks. The healthiness of the European troops engaged in the late siege of Delhi, under tremendous heat, was a matter of wonder. As far as my experience goes, dry heat is tonic, damp heat relaxing—just the difference between a hot air bath and a vapour bath—and I never felt stronger than during the ten days spent in crossing the desert from Gaza to Cairo, in the saddle all day, at the end of May, the thermometer ranging from 100° to 120° Fahr. But the last day's march to Cairo lay through lower ground, better watered and more cultivated; and although the thermometer was actually lower, still the heat was overpowering, and thirst intolerable.

With regard to diet, it should approximate to that of the natives; both sexes, but particularly women should take

more water than wine, and eat less meat than vegetables; it is by so doing that many Europeans have maintained good health during a very prolonged residence in India. If women will not follow their example, they must expect to be subject to habitual constipation, varied by more or less frequent attacks of dysenteroidal diarrhoea.

The strengthening influence of the cold bath or cold shower-bath is so well known that, except at menstrual periods, the practice should never be relinquished; indeed I should not insist on what seems to me so obviously useful, if I had not been told that, in India, some army surgeons advise their patients not to use the cold bath, for fear of increasing uterine congestion. Swimming is also admirably calculated to invigorate the inhabitants of a hot climate. The native men and women swim, so do the European male residents, and measures should be taken to enable their wives to enjoy the same healthful exercise. Even when European women are not suffering from uterine inflammation, it would be well if, during a residence in tropical regions, they were to impart to the womb a portion of that bracing influence so largely given to the skin by the daily use of cold water injections, by means of a vulcanized india-rubber syphon syringe; and in case one should get out of order, it is well to have a second at command. I have been told by medical men who have practised in the East and West Indies that, even when not inflamed, the womb is often in an irritable condition, and that the uterine and the vaginal secretions are unusually abundant; and Dr. D. Stewart even believes that there is a morbid condition of these secretions, which so reacts on the womb as to bring on inflammation. Under these circumstances it is evident that the habitual use of cold water vaginal injections is the best preservative against uterine complaints, and the best means of enabling European women to prolong their residence in a hot climate. A change to the hills or a sea-voyage are excellent modes of preventing uterine ailments

when they are brought on by failure of constitutional strength. I cannot withstand the conviction that many Anglo-Indian women might keep uterine disease in check, if while following their treatment they led a quiet life, during a two or three months' residence in a hill station. They are much more likely to be benefited than the invalid soldiers, whose irregular habits and want of occupation prompt their descending into the valleys, under pretence of butterfly or stick hunting.

With regard to the treatment of uterine inflammation in India, Dr. Stewart, Dr. Scott, and many other practitioners, fully adopt the principles of treatment which have been carefully explained in my Handbook of Uterine Therapeutics. They do not believe that the womb escapes from the general rules of pathology, and maintain that uterine diseases require local or surgical measures, as well as constitutional remedies. Indeed, they consider constitutional remedies, like quinia and steel, less useful in India than in England, and rather build their hopes of recovery upon the application of the nitrate of silver or stronger caustics to the inflamed or ulcerated surface of the womb, both in the native women and European residents. I am not prepared to say that strong caustics are not so well borne in India as in Europe; but Dr. Macrae, who has been for many years in large practice in Calcutta, assures me that he has seen many cases exemplifying the injudicious use of potassa-caustica, by young surgeons who have rapidly passed from Edinburgh to the up-country stations in India. It frequently happens that the constitution of European residents is so undermined by the enervating influences of climate, that, notwithstanding the best treatment, diseases continually relapse, the ulcerated womb will not heal, or reopens soon after healing, so as to render imperative a return to a more bracing climate.

**2. Treatment of Uterine Inflammation in those who return from a Tropical Country.**—In the first place, the

return by the overland route should be avoided. The overland route is one of constant excitement throughout, owing mainly to the sociality generally to be met with among Anglo-Indians. But pleasurable as that sociality is, it is greatly detrimental to invalids, who, the temporary excitement over, often find themselves more debilitated than when they left the shores of India.

On the other hand, the long sea voyage is eminently qualified to restore the patient's constitutional strength, upon which must ever depend the removal of local diseases. If patients will return by the overland route they should not, at all events, travel as fast as they can; for six weeks is too short a time to enable their debilitated organs to cope with the bracing influences of their native land, particularly if they do not reach home in summer. It would be well to linger on the road in Italy until that season sets in.

On returning home, although the uterine disease may not have greatly improved, the patients' strength has been recruited, and they feel so buoyed up by the pleasure of being again in England, that they at once enter upon a course of visiting, sight-seeing or shopping, which is too often followed by a breakdown. Others are so much benefited that they believe their native air will be sufficient to cure them; or, having been assured that this would be the case by their medical adviser, they attach no importance to the more or less constant pain in the back, to the loss of the power of walking, and to the frequently recurring vaginal discharge. I have been frequently consulted by patients who have told me, they did not like to leave England without having a first-rate medical opinion, and that they were leaving in a fortnight or a month; whereas, on examination, I have often been obliged to postpone their departure for another year, owing to extensive congestion of the womb and ulceration of the cervix.

Some are imprudent enough to leave off their flannels;

whereas the skin requires great attention. Indeed, a Turkish bath, once a week, is sometimes very useful to prevent congestion of the liver, the spleen, and the womb.

When patients, of either sex, return from India for some serious operation, they are judiciously advised by the old Indian practitioners, who reflect so much honour on British medicine, not to have the operation performed until the blood has been renovated, and the constitution braced up, by a year's residence at home; but it would be very injudicious to extend this injunction to the healing of uterine ulceration by surgical treatment. The constitution is much more liable to suffer from the continuance of an irritable sore, than from the application of nitrate of silver, or of a more energetic caustic; but those who attend such patients must expect to find, that the treatment of uterine disease will be often baffled by complications, protracting the case much beyond the usual period of its duration. This inability to recover health, notwithstanding the best treatment, constitutional as well as surgical, is, in the anæmic, to be referred to the deteriorated condition of the blood and to a thorough exhaustion of nerve-force; but recovery will reward perseverance with a well-adapted succession of tonics. One of the best is the sand-rock spring, near Ventnor, Isle of Wight, in which sulphate of iron and alumina are associated. The pertinacity of the uterine complaint often depends on the notion, entertained by patients, that, once returned to Europe, they may change a life of prolonged inaction for the fatigues of social life.

Change of air, a residence at the seaside, sea-bathing, and hydro-therapeutical appliances will often render great service, but, in some cases, the favourable progress which had at first followed a well-directed plan of treatment will be suddenly checked, without any assignable reason, until successive biliary accumulations and outpourings clearly point to chronic disease of the liver, requiring to be treated by mercurials, alkalies, tonics, and judicious regimen, otherwise the cure of

the disease will make no further progress. Some patients vomit a large quantity of bile, or pass it from the bowels once or twice a month, sometimes from worry and fretfulness, often without a known cause, and this may last for several years. Sometimes the check to the favourable progress of uterine inflammation will be explained by the patient getting wet through, or suffering some severe mental shock, which brings back a return of ague or remittent fever; and the uterine disease will not yield, until these complications are cut short by quinia. In such cases, when the local complaint is grafted on thoroughly broken-down constitutions, it would be injudicious to follow up the surgical treatment of uterine inflammation, until the complete removal of all uterine lesions. Whilst these are kept in abeyance by medicated injections, the system should be improved by change of climate, mineral waters, and hydropathic treatment, with the view of inducing those constitutional changes which may cure the various elements of the case, should such changes not arise spontaneously in the course of time—the chief remover of chronic disease. At repeated intervals, varying from three to six months, it would be well to test the progress made towards the restoration of the constitutional powers, by the effects of local treatment on the persistent uterine disease, continuing the treatment for three weeks.

During the last twenty years I have known many young women sent out to India, in whom menstruation had been habitually so irregular as to afford little chance of the maintenance of health. I have attended patients, whose health has suffered permanently by remaining in India long after the development of uterine inflammation. Others have come back to England on account of it, returning to India before the disease was quite cured, and were speedily obliged to abandon again their Eastern homes by a relapse of the old complaint. I have, therefore, been led to insist on the following practical rules:—

1. When menstruation has been habitually morbid in a temperate zone, women should not form permanent settlements in India or the tropics.

2. Those who have frequently suffered from uterine inflammation in a temperate region should not take up their abode in India.

3. When the European residents of tropical countries suffer severely from uterine disease, they should remove to a temperate climate.

4. Those who come back to Great Britain from tropical regions, invalided by uterine disease, should not return to their Eastern homes until some months after their cure, and they should time their voyage so that their arrival in India may not occur in the hot season, which severely tries newly-recovered strength, and renders every variety of ulceration more difficult to heal.

I feel convinced that a close adherence to these rules would prevent a large amount of disease, save a useless expenditure of money, and check the social misery, which often follows the loosening of family ties by long-continued absences.

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## OPINIONS OF THE PRESS.

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\* London: Bohn, York-street, Covent-garden.

heralding their approach, which render medical advice imperative. Dr. Tilt's prevailing idea seems to be, that further improvement in the sanitary condition of society is to be principally effected by giving women an insight into the laws to which they are subjected, as living beings and as women; their own health, the improvement of the human race, and the welfare of society being attainable by that means. The work seems also to commend itself to the profession by the careful manner in which is therein laid down the means of preventing that exaggeration of the nervous temperament which is so fruitful a source of the diseases of women. In conclusion, we shall only add, that as Dr. Tilt's is the only work of the kind—at least in English literature—we trust it will be considered an indispensable guide by persons to whom may be entrusted the sacred task of educating the present generation of children, who are necessarily to become our future generations of men and women.”—*Lancet*.

“In the *British and Foreign Medico-Chirurgical Quarterly Review* it was lately remarked that a treatise on female hygiene was much wanted; and all those engaged in general practice who have to contend daily with the ignorance and prejudices of women respecting themselves and their children, will re-echo the assertion of our respected contemporary. Dr. Tilt has sought to fill up this desideratum; and we are anxious to be among the first to notice a book which originated in our columns. Two years ago Dr. Tilt inserted in this journal some highly interesting papers on the right management of women at the critical periods of life. These papers have suggested to the author the present work, of which we intend briefly to sketch the outline. The work is divided into periods of seven years, and each period forms a chapter. Each chapter briefly notices the mental and moral development or decay, and the physical condition is treated with care. The food, clothing, exercise, and sleep, as regards each epoch, are passed in review; and the diseases to which women at each period are most liable are pointed out, as well as the most appropriate means of prevention. Every chapter is preceded and followed by tables showing the mortality of both sexes for each year successively, the mean duration of life, and its value for insurance purposes—calculations which derive importance from the fact of their having been made under the eye of Mr. Farr, of the Registrar-General's office. Such is the outline of a work which combines a vast amount of information in a small compass, and of which we regret that our space will not allow us to give extracts; it is much required, and will doubtless, ere long, become as popular as those of the late lamented Dr. Combe.



Perhaps no man is better calculated than Dr. Tilt to fill up this hiatus in medical literature: for few unite to the same extent great opportunities of observation with sterling common sense, a thorough love of his subject, and a lucid, correct, and lively style. We think the work will be found as useful to the practitioner as it is indispensable to those who are in any way connected with the education or responsibilities of women; for while, on the one hand, it is the best treatise on physical education with which we are acquainted, it also affords practitioners excellent advice respecting the prevention of nervous complaints, and, in fact, of all the diseases to which women are amenable from the peculiarities of their formation and habits."—*Provincial Medical and Surgical Journal*.

"Dr. Tilt has chosen a subject which required great tact and delicacy for its treatment; and though such a work was much wanted, it has been this feeling probably which has deterred writers from entering on the field before. We think Dr. Tilt has succeeded. He has taken up most carefully all those departments of statistical inquiry which throw light on the differences that exist in the constitution and temperament of the sexes, and in all parts of his work has treated the subject in both a learned and a practical manner."—*Athenæum*.

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