

Upon the constitutional causes of uterine catarrh : with notes of personal observations. / A graduation thesis by Mary Edith Pechey presented to the Medical Faculty of the University of Bern ; and accepted by the Faculty on the report of Dr. Peter Muller.

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UPON THE
CONSTITUTIONAL CAUSES

OF

UTERINE CATARRH

WITH NOTES OF

PERSONAL OBSERVATIONS.

A

GRADUATION THESIS

BY

MARY EDITH PECHEY

PRESENTED TO THE

MEDICAL FACULTY OF THE UNIVERSITY OF BERN.

AND ACCEPTED BY THE FACULTY

ON THE REPORT OF

DR. PETER MÜLLER,

Professor of Midwifery & Gynaecology.

BERN, Jan. 31st, 1877.

PROF. QUINCKE, M.D., *Dean.*

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UPON THE CONSTITUTIONAL CAUSES

OF

UTERINE CATARRH.

THERE is an attraction about that which is rare and curious in medicine as in other sciences which is apt to draw the attention of the student from what is of every-day occurrence: and amongst the diseases of women those forms of uterine disorder that fortunately are but seldom met with too often monopolize the serious attention of the gynæcologist. But the student who would serve his generation to the utmost of his powers will be careful to pay attention to the minor but more frequent ailments, and to learn by attentive study to recognize the various forms they assume and the special treatment suited to each. Above all he will try to discover their causes, that his treatment may be preventive, both as regards these minor ailments and more especially the greater disorders to which they so frequently lead. And of all the diseases of women which present themselves to the practitioner, both in the hospital and the private consulting room, none is of more frequent occurrence than catarrh of the genital organs. There is none too upon which he is perhaps apt to look with more satisfaction, or to trouble himself so little about; because he thinks of it as a simple disease followed by no serious consequences, and believes that a few touches of caustic, renewed at short intervals, will put a stop to the complaint and all its concomitant unpleasant symptoms, and thus win him an easily earned reputation. And in most cases there is without doubt a decided change for the better: the ulcers round the os uteri heal and the discharge disappears, at the same time with the backache and feeling of weight and discomfort. The patient is pronounced cured by her physician, or she discontinues her visits of

her own accord when relieved from the discharge. But how often do these patients return in the course of a few weeks or months with a relapse, often worse than the first attack, not seldom complicated later on with hypertrophy of the entire organ and retroflexion? At other times the catarrh is lessened appreciably up to a certain point, but there it remains, and weeks and months elapse till the patient either seeks further advice, or thinking that her malady will never be entirely and permanently cured, discontinues her visits so long as the symptoms remain in abeyance. This unsatisfactory result has been caused by a reliance on local treatment alone, to the neglect of all instructions having in view the improvement of the general health by the removal of the causes which lead to this derangement of the uterine functions. This neglect is the consequence of a reaction from the older theory, which regarded the local disorder as always the result of general constitutional derangement, and which disregarded almost with contempt all local interference.

During a year's residence as House Surgeon in the Birmingham Hospital for Diseases peculiar to Women, where I had the advantage of seeing daily a large number of patients, my attention was of course frequently directed to this common disorder under its various forms, and it is my purpose in the present paper to state the result of my observations upon the more frequent causes of uterine catarrh, with the indications they furnish for general treatment.

Symptoms.—Generally speaking, the patient complains of a weary dragging pain in the pelvis, backache, great lassitude, and a constant pain between the shoulders. If the malady is of long standing, there are added to these pains down the thighs and pain in defæcation and micturition. Sometimes the patient does not mention the discharge till asked about it, unless it has become so profuse as to form one of the most prominent and unpleasant symptoms of her malady. If married, there is often pain *in coitu*, and this act is followed by slight hæmorrhage. Menstruation is generally irregular, being sometimes too frequent and profuse, or there is amenorrhœa, except that the leucorrhœa is, at irregular intervals and generally after exercise, tinged with blood. This especially is

the case with young girls suffering at the same time from anæmia or chlorosis.

A digital examination may reveal one of several conditions. In one case the cervix is swollen and puffy and tender to the touch, and the os uteri is normal in size and position, but has a glairy plug of mucus hanging from it. On introducing a Ferguson's speculum, this plug, which is like unboiled white of egg, is found to be so tenacious that it is with difficulty removed by a mop of tow or a probe covered with cotton wool. When cleared away, the interior of the cervix appears swollen, and is more or less painful when touched with the probe. The exterior of the cervix is generally dark red or purplish. Sometimes hard warty excrescences are felt and seen. In another case the cervix feels hard and roughened by granulations. The os is wide open, no mucus plug filling the aperture, and the finger can be passed as far as the os internum. The speculum shows a red granulating surface on both the interior and exterior of the cervix, often bathed in a thin colorless fluid. The lips of the os are everted, and the rugæ of the interior are plainly seen, but appear to be divested of their epithelium; the os internum is normal in size; bimanual manipulation shows the uterus to be normal in size and position, slightly heavy, perhaps, whilst the touch of the finger against the raw cervix gives considerable pain.

In again another class of cases, the os and cervix may be normal, or perhaps rather flabby and puffy to the touch, pressure gives pain, the uterus is rather enlarged, and the patient complains of a constant discharge of a thin, watery, purulent fluid, sometimes tinged with blood. The speculum may show nothing abnormal except a congested look of the cervix, but the probe passes readily through the os internum, generally without giving pain until it impinges on the fundus, when the pain is rather severe. Rotation of the probe shows the cavity of the uterus to be enlarged and the walls tender. On removing the instrument it is covered with a thin liquid of offensive odour; sometimes the tip is stained with blood from the mucous membrane of the fundus.

The two first cases are different forms of what is known as Cervicitis, Endocervicitis, chronic cervical Endometritis, or chronic

cervical Catarrh. The third is a description of a case of chronic corporeal Endometritis, or Catarrh of the Corpus Uteri. Except when the result of local causes, I believe them to be frequently three stages of the same disease, which may be continued into a fourth stage, viz., that of hypertrophy of the whole organ, either simple or complicated with retroflexion or retroversion.

Under local causes I include

I. Mechanical injuries from the use of pessaries or the presence of any foreign body, including portions of placenta, foetal membranes, &c.

II. Injuries caused in difficult parturition.

III. Too frequent coitus.

IV. Injuries from attempts at abortion.

V. Gonorrhœa.

The history of the case, and a physical examination, both digital and with the speculum, will generally suffice to reveal the cause of the mischief in these cases, when proper remedies can be applied. I pass on to what I believe to be the general and constitutional causes of uterine Catarrh. These are:—

1. Habitual constipation.
2. Cold.
3. Anæmia and Chlorosis.
4. Impoverished state of the constitution from frequent parturition or repeated abortions, and from prolonged lactation.
5. Obesity.
6. Smallpox.
7. Cardiac Disease.
8. Tuberculosis.

I. HABITUAL CONSTIPATION.—In many treatises I find this mentioned as an accompanying symptom or effect of cervicitis, amenorrhœa, &c., but rarely, if ever, do I remember to have seen it placed amongst the causes of uterine disease.* And yet I am sure that it is a very common cause, and that where it occurs in conjunction with uterine catarrh all local remedies will prove ineffectual in

* Except by Niemeyer, see his Text-book of Practical Medicine. Vol. ii. p. 117. English edition.

completing a permanent cure until this bad tendency is overcome, and that by change of diet and habits, not by the persistent use of purgatives. The constant collection of masses of hardened fæces in the rectum presses injuriously upon the uterus itself, acts as a mechanical irritant to the uterine substance, and exercises compression upon the venous trunks of the pelvis, thus hindering the return of blood from the pelvic organs and lower limbs, and causing congestion. Congestion of the uterus leads to menorrhagia, catarrh, hyperplasia, or metritis, with all their attendant evils. One of the first questions to be asked after the application of suitable local remedies in uterine catarrh is as to the state of the bowels. In 60 per cent. of the cases the patient will complain of habitual constipation. The cause of this should be enquired into, and, if necessary, written instructions should be given her as to the management of herself in this respect. This injurious habit not unfrequently arises in the first place from the forcible retention of the fæces, a practice only too common amongst women of all classes. The rectum in time becomes stretched and capable of retaining the secretions of days or even weeks without much apparant discomfort. As the size of the pelvis remains stationary it is evident that this distension must take place at the expense of the remaining structures, and that injurious compression will be exercised upon the uterus and venous plexuses of the pelvis. In these cases it should be carefully impressed upon the patient that the bowels must be moved daily and at a regular hour,—say, soon after breakfast,—nor must she relax in her efforts till this habit is confirmed: and this must be accomplished in all cases without having recourse to purgatives; a glass of plain water or soda water taken the last thing at night or the first thing in the morning being generally a sufficient laxative. The abdominal walls are often deficient in muscular power in women who take no exercise, and especially is this the case with pluriparæ where the muscles have been stretched in frequent pregnancies. This may prove a cause of deficient evacuation, but may be remedied by exercise or friction:—the old wives' cure of soaping the abdomen over night being not without a beneficial effect in these circumstances. The use of dietary substances which are supposed to retard the metamorphosis of the

tissues and to delay digestion is frequently a cause of constipation and perhaps also directly of uterine catarrh. Indeed it may be said that all causes which produce piles may also produce, either with them or instead of them, leucorrhœa. Every gynæcologist must have noticed how frequently piles are an accompaniment of catarrh of the genital organs, and the cure of the two maladies should go hand in hand. Substances such as tea and alcohol, which retard secretion and digestion, should be restricted in quantity; the former is best excluded altogether from the diet. I have frequently known leucorrhœa in young girls to be completely cured by total abstention from tea and bathing the genitals night and morning with cold water, so as to cause a healthy stimulus to the circulation. Alcohol, in quantities larger than are required as a stomachic, seems to have the same effect as tea, and therefore the daily dose should be distinctly stated by the physician and never exceeded by the patient, and white wines should in these cases be preferred to red. No commoner cause of habitual constipation, piles, and uterine catarrh exists than constant luxurious living—just within the bounds of excess. The portal veins are then in a state of constant repletion, and being unprovided with valves, exert an injurious pressure on the hæmorrhoidal and uterine venous plexuses. As this mode of living leads very frequently to gout as a consequence, it is not unlikely that the greater liability of men than women to that disease may be owing to the fact that with the latter uterine congestion and catarrh take its place. I have at present been able to collect no statistics to warrant a positive assertion, but it has often struck me that in families where there is an hereditary tendency to gout, the women, although they may escape that complaint, suffer from hæmorrhoids and uterine catarrh. Adults who indulge in too rich living, and old people who are forced to take a solid diet which their want of teeth incapacitates them from masticating, and the lessened secretion of old age is unable to dissolve in the stomach, are apt to suffer from chronic intestinal catarrh, and with old women this is usually accompanied by catarrh of the genital organs. (In the case of tea-drinkers also there is frequently a mucous discharge from the rectum as well as from the vagina.) This accounts for the good

results obtained in the Birmingham Hospital for Women from the *Mist. Ferri et Strych*: of the hospital pharmacopœia (which contained *min*: *v*. of the *Liq*: *Strychniæ* = $\frac{1}{2}$ $\frac{1}{4}$ gr. of the Alkaloid in each dose), with elderly women suffering from uterine catarrh and dyspepsia.

Whenever, therefore, I find that a patient with uterine catarrh also suffers from habitual constipation or piles, I make a point of enquiring into her habits and mode of living. Tea I forbid entirely, or limit it to a cup in the evening; and it is always better to give a diet card, upon which the quantities of tea and alcohol allowed are distinctly stated. If there is reason to believe that the diet is too generous and the meals too frequent, the hours for eating should be written down, one meal being omitted, and a table should be drawn up of articles of diet which are forbidden. Luxurious livers are by no means confined to consulting-room practice, in England at any rate, where our charities are so greatly abused, and amongst the patients who attend our hospitals and dispensaries there are plenty who habitually take too much nitrogenous food, whose diet includes rich dishes and fats, and who are far too free with the beer and spirit bottle.

The following are a few out of many cases which have come under my notice, in which I believe the uterine catarrh to have been brought on chiefly if not solely by the ill effects of habitual constipation of many years' standing.

Case 1.—E. B., aged 30, married 10 years. Has had one child, no miscarriages; the child is nine years old. Complains that the catamenia are quite irregular, at intervals of from three to seven weeks, whilst between the periods she suffers from profuse leucorrhœa. Upon enquiry it is found that she has suffered for some years from habitual constipation, the bowels being opened only once in three or four days; she has not troubled herself about the matter. The necessity of getting into a regular habit was impressed upon her. No local applications were made, but for some weeks she took the following mixture:—

Ferri Sulph, gr. iii.
 Magnes Sulph, gr. xx.
 Acidi Sulph, dil., *min*: *v*.
 Aq. ad $\bar{3}$ i. ter die.

with Pil Rhei co, gr. viii. after dinner, or Pil Podophyllin (gr. $\frac{1}{4}$ of the extract) at night. The leucorrhœa had almost ceased when last she attended, and menstruation had become more regular.

Case 2.—C. H., aged 20, single, dressmaker. Menstruation is regular, but scanty and painful. She complains of leucorrhœa in the intervals, of a feeling of weight in the head, especially on stooping, and lately has suffered from sickness after food. As might be expected from her sedentary occupation, she suffered greatly from habitual constipation. As the sickness was the most pressing symptom at the time, she had

Bismuthi Subnitratis gr. vi.,
Magnesiæ Carbonatis gr. viii.,
Acidi Hydrocyanici dil, min: iiss,
Infusi Calumbæ ℥j:—ter die,

till it was better; then took steadily

Tinct. Ferri Mur. min: iii,
Inf. Quass. ℥j,

thrice daily, with Pil. Aloes Barb. gr. viii. every night; and got gradually but surely better, losing the headache, the dysmenorrhœa, and leucorrhœa. She was from the first warned of the necessity of taking exercise every day, and of having a daily evacuation of the bowels.

In the two following cases the symptoms were very similar; the patients came to the hospital about the same time, had very much the same treatment, and yet the result in the two cases was very different, one being discharged quite well in five months, the other still attending in the tenth month, and though improved, not making much progress. This I always attributed to the fact that while one was a woman of more than average intelligence and determination of character, willing to take some pains to acquire a better and more regular habit of body, the other either did not believe in the importance of overcoming her habitual constipation, or was too lazy to take the pains to master a long-standing habit.

Case 3.—C. H., aged 35, married 11 years. Complains of profuse yellow discharge between the catamenial periods, with pain at the bottom of the back and between the shoulders. The pain runs down the course of the sciatic nerve also. She has long suf-

ferred from constipation. The cervix, which was ulcerated and pouring out a thick purulent discharge, was brushed over regularly every week with a mixture of carbolic acid and glycerine, after which a tampon of cotton wool, dipped in a solution of plumbi diacet: and glycerine, was sometimes left in contact with the cervix for a night. This was done for five months, whilst at the same time she used an injection of borax and took

Magnesiæ Sulphatis gr. xl,
 Ferri Sulphatis gr. iii,
 Acidi Sulphurici dil min: v,
 Aq. ad ʒj. ter die.

The discharge gradually changed in character from yellow to white, and finally quite left her; for the last three weeks of her attendance at the hospital she had none. The pains ceased entirely, the bowels became regular without the aid of the draught, and she was dismissed quite well.

The second was as follows:—

Case 4.—E. B., aged 29, married 10 years; has had three children, no miscarriages; the last child is five years old. Complains that lately she has menstruated every two or three weeks, she has pain across the back after sitting and at the periods, frontal headache, pain in the neck and flushing after food. Suffers from leucorrhœa. The bowels are habitually confined. The state of the cervix was almost identical with the last case, and, as the two women generally came together, it was easy to compare their state and the progress they made. In order to try the respective value of different caustics, nitrate of silver was first tried in this case, but the patient made so little progress that carbolic acid was applied in its stead, her friend improving so much under its use. This proved more successful, but though she got better she was not entirely cured, nor did she break herself of the habit of constipation. She also used a vaginal injection of borax, and took 10 drops of nitro-hydrochloric acid thrice daily, with a podophyllin pill occasionally at night.

II. COLD.—This is a very common cause of uterine catarrh, and is allowed to be often followed by serious derangement of the uterine functions. Exposure to cold with a thorough wetting may

have different results according to the period at which it overtakes the patient. Young women who are employed in the mills and factories in England, and who are forced to walk to their work every morning, wet or fine, generally shod with boots which do not keep their feet dry, are frequent sufferers from the effects of cold and wet, often having to sit in their damp boots and clothes all the day. If cold is taken midway between two menstrual periods, when the generative organs are not in a specially sensitive condition, the result is more likely to be an acute attack of intestinal catarrh, with diarrhœa and colic. If there is any hyperæmia of the uterus it has time to subside before the next catamenia, and no further bad result may occur than a slight leucorrhœa, lasting for a few days only. If cold should be caught, however, near the end of the month, although there may be some diarrhœa and attendant pain, the most prominent result is the effect on the uterus, which was just preparing to fulfil its functions. The congestion hastens on the catamenia, and the pathological, added to the physiological, hyperæmia, causes such engorgement of the uterus that its weight is painfully felt in the pelvis, and the pressure upon the nerves and venous trunks causes severe pains down the thighs, with a most troublesome and disagreeable coldness of the knees. Tumefaction of the uterine mucous membrane, and especially of the glands of Naboth, renders the passage of the fluid much more difficult, at the same time that, owing to the increased congestion, the flow is greater, so that dysmenorrhœal pains are added to the other symptoms. In these cases there is generally a profuse leucorrhœa, lasting for some time after menstruation is over; its duration depending on the severity of the attack and the care which has been exercised during its continuance. If the patient has been kept warm in bed with hot bottles to the feet, and restricted to a spare diet in order to promote the circulation and prevent all pressure and obstruction from the portal circulation, the attack may pass off without leaving any serious and lasting consequences. If, on the contrary, she bears her pain as best she may and goes on with her work, a chronic uterine catarrh from endometritis is almost sure to follow.

If a chill is taken after the catamenia have set in, they may be

arrested altogether, and it is to such a sudden attack that the serious accident of retro-uterine hæmatocele has sometimes been traced. When nothing so alarming takes place, the effects may nevertheless be lasting and therefore serious. Ovaritis may ensue with grave constitutional disturbances, headache, vertigo, sickness, and pelvic pains. Frequently after such an attack the glands of Naboth remain permanently enlarged, and at each future menstrual epoch they increase to such a size as almost to occlude the cervical canal, thus producing a most troublesome form of dysmenorrhœa. Whenever this latter complaint can be traced to a chill during menstruation, a preventive treatment should be adopted before each period; excessive exercise should be avoided, as also errors in diet, constipation and above all, taking cold,—anything in short which would tend to produce congestion. Many women who suffer greatly from dysmenorrhœa in cold damp weather are almost entirely free in summer or in a hot climate. This points to the necessity for warm underclothing, especially thick closed drawers, for the women of cold damp climates. Chronic inflammation of the glands of Naboth leads to a most tedious and troublesome leucorrhœa, the glairy mucus of cervical catarrh being the secretion of these glands. The constant discharge has a most weakening effect upon the system, and emaciation, with nervous derangement and hysteria, may be the principal symptoms complained of by the patient when at last she seeks medical advice. At this period a general tonic regimen is necessary; fresh air and exercise, ferruginous tonics and a diet which is nourishing without being stimulating, being indicated. The chronic glandular inflammation is best combated by painting the mucous membrane of the cervical canal with caustics, of which each practitioner has his favourite. I generally use carbolic acid with good results, but in some cases the perchloride of iron or chromic acid seem to do better, though I cannot say what are the indications for the choice. Generally speaking, if the surface is ulcerated and the discharge purulent, carbolic acid seems to do most good. If the discharge is glairy, the cervix dark red and swollen, the perchloride of iron often seems to have a more beneficial effect; whilst chromic acid is most suitable for removing any little enlarged mucous follicles, the beginning of mucous

polypi. Chromic acid is also said to have the advantage of never occluding the cervical canal by the cicatrices it leaves. I have not sufficient experience of it to say whether this is so. I have never seen such a result from it, nor from the use of carbolic acid. After the employment of solid nitrate of silver, nitric acid, and caustic potash, I have repeatedly seen the cervical canal more or less completely closed, and therefore I am always loth to use them for the interior of the canal, but for ulcers on the exterior of the cervix or for warty growths either nitrate of silver or caustic potash may be used with the most beneficial results and are more effective in these cases than carbolic acid.

Case 1.—A. L., aged 32; single. Works as a burnisher. Took a cold twelve months ago which was followed by a painful and excessive period of menstruation. For two or three months afterwards menstruation was too frequent and profuse. Then it became scanty and occurred at longer intervals, only three times in the last five months, and with great pain. She has a troublesome yellow discharge during the intervals. The cervical glands were found much swollen, and only the smallest sound would pass the os internum. Carbolic acid and glycerine was applied weekly, and the sound passed frequently till the largest size entered without much difficulty. At the same time she took tonics; 10 drops of the nitro-hydrochloric acid, and one or two Bland's pills thrice daily. Her health greatly improved as the dysmenorrhœa and catarrh became less under the treatment adopted.

Case 2.—M. D., aged 29; married 10 years. Had had three children; no miscarriage; the youngest is 6 years old. She says that she caught cold during menstruation about a year ago. Since then the catamenia have been regular, but profuse and painful. Latterly she has pain in the region of the left ovary in walking, the bowels swell, micturition is frequent and painful, and she has a constant yellow discharge from the vagina. There is no suspicion of gonorrhœa, and she dates all her ills back to the time of catching cold. On examination the cervix is found to be large and hard, bleeding easily, with erosions all round the os uteri. The uterus measures three inches with the sound, and is retroflexed. One of Greenhalgh's rings was introduced to keep up the fundus in place,

and carbolic acid and glycerine was regularly applied to the ulcerated patches. At the same time she had a belladonna plaster over the region of the left ovary, and took ten grains of the chlorate of potash thrice daily with the view of improving the general health. A gentle laxative was also given to prevent any congestion from a loaded rectum. Under this treatment the pain left her entirely, and when last I saw her the discharge had very greatly lessened. In this case the retroflexion seemed to have been the gradual result of the congestion, and consequent increase in weight of the uterus, attendant upon the cold. It is possible that some increase in size had existed since her last labour, but she said she had always had good confinements, and had been perfectly well till she caught cold.

III. ANÆMIA AND CHLOROSIS.—This is sometimes recorded as a consequence of uterine catarrh. In all the cases which have come under my notice, and they have been somewhat numerous, the constitutional disease came first, whilst the catamenia grew gradually less, and their place was taken by a leucorrhœal discharge, which became pretty constant. The patient generally seeks medical advice for the amenorrhœa and leucorrhœa. In such cases, however, I have always confined myself to general treatment, and have always succeeded in curing the leucorrhœa and restoring the menstrual flow without adopting local applications of any kind. This is the more satisfactory as the bulk of these patients are girls and young unmarried women, with whom vaginal examinations, and especially the use of the speculum, are always to be deprecated. The symptoms of anæmia are so graphically described in Dr. G. W. Balfour's work on "Diseases of the Heart and Aorta," that I cannot refrain from quoting his remarks here. To the kindness of this eminent physician, and to his thorough painstaking teachings, I am indebted for all that I know of diseases of the heart, and all my subsequent experience has served to bring back vividly to my mind the minutely accurate descriptions of the symptoms and physical signs revealed by auscultation which his students were privileged to hear in the Edinburgh Infirmary. The following extract will show that his writing is no less graphic than his oral teaching. In his "Clinical Lectures on Diseases of the Heart and Aorta" he describes chlorosis* as "a form of spanæmia of common occurrence,

* *Loco cit.* p. 157.

especially in country girls who for the first time find themselves exposed to the unhealthy surroundings inseparable from domestic service in a town, and in whom the prominent derangement of the genital functions is almost invariably amenorrhœa. It is also of no infrequent occurrence in town-bred girls of a better class, especially about the time of puberty, and in them the menstrual discharge is pale, usually scanty,—menorrhagia being exceptional,—and always followed by great exhaustion. In such patients the lips externally may be rosy, and the cheeks present a certain amount of youthful bloom, but the interior of the lips and the gums, and especially the conjunctivæ of the lower eye-lids, are pale and bloodless. The face is rather puffy than clear cut or sharp in its outlines; the ankles tend to swell, the appetite is irregular and defective, and there is breathlessness and palpitation on the slightest exertion. This condition is also signalised by the occurrence of what are termed functional or hæmic murmurs, which are of constant occurrence in the veins, forming the well-known *bruit du diable*, or humming-top murmur, and are not unfrequently heard in the aortic area, more frequently in the pulmonary area, and more rarely in the mitral area. The venous murmur is continuous and audible both during systole and diastole, in equal intensity. The cardiac murmurs are always systolic in rhythm Slight venous murmur is often present without other signs of mischief, but when at all developed it is invariably associated with an auricular murmur, and therefore with some degree of cardiac dilatation. Chlorotic murmurs in the mitral area are more rare; frequently they amount to little more than an impurity of the first sound, but occasionally they are exceptionally loud and distinct, and if associated with a previous history of rheumatism, it may be impossible to decide—apart from the results of treatment—whether the murmur is due to chlorosis or to actual valvular disease. In simple chlorotic cases, it is sufficient to improve the quality of the blood to secure a perfect cure. For this, as every one knows, there is no remedy equal to iron; and though small doses of ferruginous tonics, especially if continued for a long time, are frequently sufficient, still, the larger the dose given the more rapidly the cure is obtained; and I perfectly agree with Niemeyer that there is no combination

in which iron may be more freely administered than as Blaud's pills—two grains and a half of sulphate of iron, and the same quantity of carbonate of potass, made into one pill with mucilage. Three such pills to be taken three times a day, and the dose to be increased by one pill each day till five pills are taken three times a day. The remedy to be continued for six weeks from the commencement, when the cure will be complete. This remedy, notwithstanding the large amount of iron given, does not usually constipate the bowels. When the dilatation is more marked, the tonic action of digitalis on the heart will be also required. Iron, with or without arsenic, may still be given in smaller doses, or may, in certain circumstances, be withheld, but digitalis is paramountly required. Never in large doses, for here we do not desire any immediate contractile effect on the cardiac muscle, but in small doses, not over ten minims, twice or thrice a day, because it is only a slowly developed persistent tonic action that we desire, and that is most easily attained without risk by giving these small doses for a length of time. To show how long these doses may be continued without risk, and how beneficial is their action, even in apparently untoward circumstances, I may mention that I recently saw an old gentleman, of over 80 years of age, who has been taking these doses of digitalis for more than four years regularly. When first seen, his heart was so weak that its action was almost imperceptible; he had a feeble pulse, and was subject to frequent fainting fits. Now, he rarely has an attack of this nature, has a good pulse, and a firm, forcible, apex beat. Of course, good nourishing food must be given, country air must be recommended, and perfect rest, or at least the avoidance of all but the most moderate exertions. Stimulants in younger patients are best avoided; in elderly patients they are often useful and occasionally necessary; but must be used with caution, as simple tonics, and never as goads to exertion, otherwise they do an incalculable amount of harm."

Case 1.—E. J., aged 19; single. Dressmaker. Complains of feeling always tired; her appetite is bad, and exertion brings on palpitation. Menstruation is scanty and seldom,—at intervals of ten weeks or so,—and the discharge is hardly coloured. Suffers from constant leucorrhœa. The patient has a sore place on the

left cheek which has almost the appearance of a partially healed burn. She says that every month this breaks out afresh and discharges matter and blood; it then heals over till very little mark is left. She has a bright color in her cheeks and lips, but the gums and conjunctivæ are bloodless. Unfortunately in this case the heart was not examined. No local treatment was adopted nor any vaginal examination made. She was given ten drops of the nitrohydrochloric acid three times a day with Bland's pills, beginning with one, till she got up to three, thrice daily. Her first visit was made March 7th. On April 4th she menstruated slightly for four days. Her face broke out just as the period was passing off, but did not discharge nearly as much as usual. May 11th she menstruated again, and this time her face did not break out at all. As her health improved the leucorrhœa got less; and soon after, feeling quite well, she discontinued her visits.

Case 2.—S. W., aged 20; single. Makes paper bags. Some time since this patient was suddenly frightened by the accidental discharge of a gun, the bullet from which grazed her right breast. She now complains of pain in the breast which is slightly swollen and seems tender; there is however no wound or hardness, nor any indication of the presence of a foreign body. There is great anæmia and the patient suffers from headache, and a general feeling of weakness. Menstruation naturally is regular and rather profuse, but since the fright it has been irregular and scanty; the last period was six weeks ago, but she has constant leucorrhœa. She was ordered three drops of the *Liquor Ferri perchlor.*, thrice daily, with two aloes and iron pills after dinner, and a belladonna plaster was applied to the breast. The pain very soon left her, the catamenia appeared at normal intervals, and in three months she was so much improved that she discontinued her visits. The leucorrhœa disappeared when menstruation was regularly established.

Case 3.—E. W., aged 31; single. Shop assistant. She complains of weakness, headache, and loss of appetite. Menstruation has gradually been getting less with her, and painful, and she suffers from whites between the periods. She looks very anæmic, or rather she has the typical anæmic face, rosy patches on a very

white ground. There is a loud *bruit du diable* in the right jugular veins. There is no decided murmur to be heard over the cardiac region, but an impurity of the first sound over the pulmonary area. She took the nitro-hydrochloric acid and Blaud's pills, and upon this treatment she improved steadily.

Case 4.—E. C., aged 18; single; servant. Complains of leucorrhœa, dysmenorrhœa, and irregular menstruation. She also suffers from indigestion, so that she is afraid to eat on account of the pain. There is a loud *bruit du diable* to be heard in the jugular veins of the right side. The patient has a rough cough, and looks pale and thin as if the lungs were affected, but the chest sounds are normal. She had the *Mistura Ferri* of the British Pharmacopœia, to each dose of which was added one drop of Fowler's solution of arsenic. She also took a teaspoonful of cod liver oil twice a day, and was furnished with an anodyne mixture to take the first day of menstruation, to ease the pain. Under this treatment she got steadily better; the pain after food left her, her appetite increased, the venous murmur vanished, and she improved so much in appearance that all fear of the development of lung disease as a complication was removed.

Case 5.—E. B., aged 21, single; japanner. Complains of feeling low and weak; menstruation is scanty and at long intervals; there is almost constant leucorrhœa. She is very pale and bloodless, and there is a loud venous murmur in the neck. She suffers from pain after food, and from constipation. In this case also the treatment with nitro-hydrochloric acid and Blaud's pills was adopted, and in three months she was much better. She was getting a colour into her cheeks, and was no longer troubled with the leucorrhœa, whilst her appetite had improved, and she had no pain after food.

In nearly all these cases of anæmia the patient suffers greatly from indigestion; the pain after food being sometimes so excruciating that she is afraid to eat. As this is probably due to deficient secretion of the digestive fluids, I am in the habit of prescribing the nitro-hydrochloric acid at the same time with Blaud's pills, and I think the results are more immediate than where the pills only are taken. The constipation, which is generally an attendant symptom,

and which comes on as an effect of the anæmic condition (probably from deficient tone in the intestinal muscular fibres) needs no special treatment, but is cured as the general condition improves. The leucorrhœa, too, needs no local interference; it seems to be a substitute for the proper catamenial flow, and disappears when once this is regularly reëstablished. In the cases cited it will be seen that the girls all followed sedentary occupations, except the servant, and she was a country girl at her first place in a large manufacturing town. Anæmia seems almost always to arise from want of fresh air (as among girls working in factories and dressmakers), want of exercise, and confinement. It is, therefore, common amongst country girls on first going out to service, and amongst the well-to-do classes in girls first taken from the playroom to the schoolroom. It seems also to be more common in large towns than in the country, and on chalk and clay soils than on gravel. One of the worst cases of anæmia I ever met with was that of a girl of 15 who was sent to live for some months in a country town in the chalk district. The state of anæmia was so great, and accompanied by such a rough hacking cough that her friends were seriously alarmed, but a return to a gravel soil and dry air reëstablished her health in a few weeks.

IV. AN IMPOVERISHED STATE OF THE CONSTITUTION from frequent parturition, repeated abortions, or prolonged lactation.

Although injuries to the uterus and cervix uteri in difficult parturition often cause an endometritis resulting in a chronic discharge from the fundus or cervix, those cases appear to me to be more frequent where, the labour being normal and easy, and the recovery without drawbacks, the patient is after some weeks' interval troubled with somewhat profuse leucorrhœa. This happens generally with women who have borne several children in quick succession, or who have had several abortions following one upon the other before there is time for the health to be completely reëstablished. In these cases the local affection seems to be the result of general debility and an impoverished state of the blood, and it is here that the chlorate of potash produces such markedly beneficial effects. Whether this drug really exerts any direct influence upon the uterus I am unable to say; it

appears to have the power of restoring the mucous membranes to a healthy condition when, during an enfeebled state of the system, they are affected with an indolent ulcerated condition. The marked effect of this drug upon an aphthous condition of the mouth, occurring in people of a delicate constitution when exhausted by any unusual exertion, appears to me to be analogous to its effect upon the uterus in the cases under consideration. The mucous membrane of the cervical canal then presents a somewhat similar appearance, being covered with little white patches, which are the swollen follicles. Not unfrequently the whole vagina, and especially the upper part, is studded with little white spots from inflammation of the vaginal mucous follicles. It would be interesting to try whether the local application of the chlorate of potash, by syringing the cervix and vagina with a solution of the drug, would be followed by a satisfactory result, as seems to be the case after gargling the mouth when affected by the aphthous condition I have mentioned.

Case 1.—H. S., aged 33; married 8 years. Has had three children and one miscarriage. Her last confinement was two years ago, and almost ever since she has felt ill with pain in the back and groins. Menstruation occurs every three weeks, is profuse and painful: she is troubled with a yellow discharge and an inframammary pain. The appetite is bad, and she has pain after her food. She feels weak, and is subject to hysterical fits. The uterus is normal in length and axis, but the outer os is open wide, the lips large, irregular, everted, and eroded, and pouring out a thick yellow fluid. Carbolic acid was applied, being freely painted both on the interior and exterior of the cervical canal. At the same time she took 10 grains of the chlorate of potash three times a day, with two rhubarb pills after dinner as a stomachic. Within three months the ulcerations were healed, and her health was so much improved that she discontinued her visits.

Case 2.—E. E., aged 34; married seven years. Has had three children and three miscarriages, the last twelve months ago. Menstruation is regular and normal, without pain, but she has been troubled for some months with a profuse yellow discharge. She is low and nervous, and is afraid of losing her senses. Says she sometimes feels as if she must murder her husband and children, and is

afraid to be left alone. The condition of the uterus was much the same as in the preceding case, and the nervous state was evidently due to the drain upon the system, through the constant loss of so large a quantity of albuminous fluid. Another patient was attending at the same time under precisely the same circumstances, and in a condition bordering on insanity. In both the mental equilibrium was restored by the use of tonics and the regular application of caustics. In this instance carbolic acid was applied every week, and a tonic was given of 3 drops of the tincture of perchloride of iron and 5 of the liq: strychniæ of the British Pharmacopœia, with two pills of camphor and hyoseyamus at night, which proved quite sufficient to overcome the habit of sleeplessness into which the patient had fallen. Her health steadily improved, and the discharge was greatly lessened, but in two months she became pregnant, and probably after her confinement would relapse into the same state of ill health.

Case 3.—C. F., aged 37; married 14 years. Has had five children and nine or ten miscarriages. Complains of feeling low and thinks she is pregnant, but menstruation is regular, though scanty and painful. She miscarried about five months ago, and since then has had a yellow discharge, a bad cough, and a constant feeling of nausea. Examination reveals no signs of pregnancy, but the os is large, the lips irregular, everted, and eroded. She attended for three months, during which time carbolic acid was applied every week, and she took the tincture of the perchloride of iron with valerian. Menstruation still continued regular, and there were no signs of pregnancy; she lost her low feelings, and the ulcers and discharge disappeared together.

Case 4.—A. P., aged 33; married 9 years. Has had five children and two miscarriages, the last six months ago. Ever since she has been troubled with a constant yellow discharge, but menstruation is regular, rather profuse, and without pain. The uterus is heavy, the os uteri wide open, and the interior surface of the canal eroded. This was painted every week with carbolic acid, and a tonic treatment was enforced. The general health improved, and the progress made was every way satisfactory.

The two following are cases of debility from extreme suckling.

Case 5.—M. B., aged 22; married 6 years. Has had three children; no miscarriages. She is now suckling a baby twelve months old. She has not menstruated since her confinement, but for the last month has been troubled with a profuse yellow discharge, and with pain during and after micturition; there is a copious precipitate of urates in the urine. There is no history of gonorrhœa, but the urethra looks red, and the passage of the sound in the urethra gives pain. The cervix is ulcerated. Carbolic acid and glycerine was applied, and she had some lead lotion to use as an injection, with a draught containing

Liquoris Potassæ min: xv.

Tinct. Hyoscyami ʒss.

Spt. Aeth. Nitrosi min: xx.

Aq. ad. ʒj:—ter die.

In a fortnight she reported herself as better in every respect, and she had no pain in micturition. She had weaned her baby, and already looked brighter and more full of life. The application was repeated every week, and the draught soon changed for three drops thrice daily of the liquor ferri perchlor. She continued to make progress, and was discharged in two months.

Case 6.—M. B., aged 42; married 20 years. Has had nine children and two miscarriages. She is now suckling a child of eight months. She complains of weakness and a bearing down, with pain in defæcation. She has not menstruated since her confinement; but latterly has had a constant discharge, and is suffering from a cough. She looks weakly and run down. The uterus is heavy, the lips of the cervix thick and swollen and ulcerated. Carbolic acid and glycerine were applied regularly, and she was advised to wean. This she neglected to do for some time through fear of becoming again pregnant, and though she was using an injection of borax and taking a tonic mixture of nitro-hydrochloric acid with infusion of cinchona bark, she made very little progress. As soon as she became alive to the importance of putting a stop to such a drain upon her as the suckling of a big child, she weaned her baby, and from that time made satisfactory progress. She attended for nearly seven months, but when she left there had been no discharge for some weeks.

V. OBESITY.—I put this as a cause of uterine catarrh because sometimes one comes across cases in which the catarrh follows upon an increasing stoutness, and seems to be best explained as a consequence of it. It is found amongst women of middle age who have grown stout in a few years, of a firm strong build, and in whom all the muscles are tense and the flesh firm and unyielding. There seems to be general hyperplasia, in which the uterus, and especially the cervix, shares; whilst the abdominal walls are so tense that they do not allow room for the uterus to rise in the pelvis, but rather jam it down into the vagina. The consequence is that it presses against the rectum, forms a real obstruction to defæcation, and in consequence of the chafing caused by sitting and by the passage of the fæces, an ulcer is formed upon the posterior lip of the cervix which becomes at last exquisitely sensitive, causes intense pain at every attempt at defæcation, and produces a constant leucorrhœa. I think the two following cases will show that I am correct in my suggestion as to the real cause of the catarrh in these instances.

Case 1.—P. K., aged 34, married 12 years; has had two children and one miscarriage, the last eight years ago. She has been getting stout for some years, and latterly has had pain and swelling on the left side of the abdomen, pain in the left hip and running round to the back. She has a yellow discharge, frequently tinged with blood, and menstruation is rather too frequent. She complains of headache and of great pain in defæcation. The abdominal muscles are rigid and thick, so that nothing can be felt through them, the flesh so firm and tense that the speculum is introduced with some difficulty, and has to be held in place. The cervix uteri is long, hard, and swollen, the posterior lip is ulcerated, as also the interior of the cervical canal: there is a great deal of thick muco-purulent fluid. Carbolic acid and glycerine were applied. The patient continued attending for some time, and the catarrhal discharge appeared to be cured by the applications; but the pain in the bowels and back increased; she had pain down the sciatic nerve, and defæcation at last became such an agonizing process as to cause a suspicion of a stricture of the rectum. The motions were exceedingly small, never larger than a crowquill.

She was obliged to take pills to procure any evacuation at all, and at the same time a very small dose caused violent purging. It was therefore resolved to make a thorough exploration in order to discover, if possible, the cause of the disorder. Per vaginam the erosions on the cervix are seen to be nearly healed, the uterine sound shows the axis to be normal and the length $2\frac{1}{2}$ inches; the cervix is very tender. On passing the finger into the rectum it impinges on the cervix, which is felt blocking up the rectal space; touching it gives her great pain, which she says is similar in character and position to that which she experiences in defæcation. A metal ring was then introduced. At the next visit she represented herself as more comfortable than she had been for months; the pain in defæcation ceased almost entirely directly she began to wear the ring. This was an ordinary metal ring, bent to suit the shape of the pelvis, and inserted as for a retroflexion. In this position it lifted the uterus about half an inch, and passing between it and the posterior vaginal wall, slung it in such a manner as to keep it in the middle of the vaginal canal, and thus prevented the cervix from coming in contact with the rectum. The uterus soon got into better position, but if the ring was removed for a week it relapsed into its old place, owing to the pressure from the abdominal walls. The woman was a hearty eater, lived well, and drank a good deal of beer and stout. Could she have been put under strict supervision with regard to her diet I believe her bulk might have been diminished, and that then the uterus would have found room in the pelvis, but as it is, she is still wearing the ring, and with it is fairly comfortable. With regard to drugs, almost everything was tried to relieve the pain without effect till the ring was introduced, then a rhubarb pill after dinner was found to be all that was required.

Case 2.—E. P. aged 33, married 13 years; has had one child, seven years ago. She is very much like the former woman in appearance and build, and I think I found they were related. She too has grown stout during the last few years, and complains that for the last twelve months she has had pain in the bowels shooting round to the back. Lately it has become worse, especially when the bowels are moved, and runs down the back of the thigh. The

bowels are opened with much pain and the motions are small. The cervix was swollen and large, and ulcerated, and pressed against the rectum. She had the *Mist. Triumsulphatum* mentioned before, and used an injection of borax-water. This was the only application for some time, but as the pain still continued, and I had then had experience in the other case of the efficacy of a pessary, I inserted a similar metal ring behind the uterus of this patient. This was on March 21st. It gave almost immediate relief, and she wore it with comfort till June 13th, when it came out of itself, and as the uterus was in good position and the patient felt quite well, she was discharged. No other application was made except that an occasional tampon of lead and glycerine was placed against the cervix till the ulceration was healed.

VI. SMALLPOX.—It is very common to find patients after recovery from smallpox complaining of dysmenorrhœa and leucorrhœa, and both these maladies may become permanent. The eruption which takes place on the mucous membrane appears sometimes to leave permanent traces, as does that on the skin. According to Béraud and Trousseau, the eruption sometimes takes place upon the peritoneum surrounding the ovaries, giving rise to *variolous ovaritis*. (Flint). But in ordinary cases there is an eruption in the vulva, vagina, (probably in the corpus uteri also,) and urethra, which however comes later than that in the mouth, pharynx and larynx; hence the tense burning pain in the external sexual organs, and the ischuria, are most severe after the salivation, dysphagia and laryngeal symptoms have subsided (Niemeyer). As the eruption affects the sexual organs last in order, so probably the stages of suppuration and desiccation are prolonged in those regions for some time after they have passed off from the skin and the mucous membranes of the mouth, fauces, &c.; hence it is not unlikely, especially among the working classes, that the patient is up and about before the lining of the uterus and vagina has recovered its normal condition. When such is the case it is easy to conceive that a very slight chill might result in a chronic inflammation of the Nabothian follicles, causing an almost constant leucorrhœa and congestive dysmenorrhœa.

Case 1.—A. F., aged 16, single. This patient had smallpox

three years ago and has never been strong since. She has never menstruated, but since the smallpox has suffered from whites. Lately she has suffered from pain in the stomach after food with nausea. She is very anæmic. She was ordered a light diet of milk, rice and fish; tea, beer, bread and meat being prohibited till the nausea and pain after food had subsided. At the same time she took the nitro-hydrochloric acid in infusion of gentian, and a Bland's pill three times a-day. Under this treatment and taking great precautions against cold, she improved greatly; the pain in the stomach disappeared, as did also the leucorrhœa, and her skin became of a more healthy color, but she did not begin to menstruate whilst under my care. As however she left off coming as soon as she felt well (in about two months) it is very likely that menstruation was established soon after the catarrh of the uterus ceased.

Case 2.—A. W., aged 23 years. Lives at home. Has had two miscarriages, but no children, and has been married three years. The last miscarriage was three months ago. She had smallpox six years ago, and ever since has suffered from pain in the region of the ovary and down the front of the thigh, and from a profuse catarrh of the uterus. Menstruation is too frequent but scanty, and attended with a great deal of pain at its commencement, the discharge being thick and dark. She also complains of dyspareunia. The uterus was retroflexed, the cervix congested, the glands of Naboth enlarged so that only a very small sound could be passed up the cervical canal; there was also a profuse yellow discharge. A Greenhalgh's pessary was inserted to keep the uterus in place; the Liquor Ferri perchlor. was applied to the cervix, and for some time the sound was introduced every week just within the os uteri internum until it passed easily. A blister and afterwards tincture of iodine were applied over the left ovary, and the patient had a tonic mixture of the Liq. Ferri perchlor. in three drop doses with five drops of the Liquor Strychniæ. With these remedies she made steady progress towards recovery. As the pain and catarrh dated from the attack of smallpox it is likely that they were antecedent to the retroflexion which was probably a consequence of the congestion and inflammation, but which, when

once established, would increase the ills to which it owed its existence. The miscarriages were probably due to the retroflexion, though it was difficult to understand how conception could have taken place at all with such a decided bend of the uterus upon itself and so narrow a cervical canal.

VII. CARDIAC DISEASE.—In the advanced stages of heart disease it is very common to observe the appearance of menorrhagia and leucorrhœa. These symptoms are, like the congestion of the liver, the traces of albumen in the urine, and the catarrhal state of the bronchial mucous membrane which often accompany them, due to the venous congestion caused by the diminution of the arterial pressure and the consequent transference of the intra-vascular pressure from the arteries to the veins. Menorrhagia is so frequent a concomitant of heart disease that the patient often seeks advice for it without being aware of the primary affection. There is generally a leucorrhœa between the periods; but this, which I conceive to be analogous to the catarrh of the bronchial mucous membrane, seldom exists without the menorrhagia, though it forms a sufficiently prominent and trying symptom to call forth a special complaint from the patient. When the cardiac lesion is so far advanced as to be attended by several of those subsidiary affections by which its progress is usually marked, suspicion is at once aroused as to the cause of the menorrhagia and leucorrhœa. But these latter may occur in an early stage of the disease and the primary affection is then apt to escape notice. For this reason it is always advisable to listen to the heart sounds in such cases when examination of the uterus has failed to reveal the presence of conditions sufficient to account for the symptoms. A correct diagnosis under these circumstances is of special importance, as a menorrhagia of long standing may be controlled after a few months' appropriate treatment, and what is of still more importance the grave disease of which it is only a mere symptom, may be checked in its downward progress; whilst on the other hand, an imperfect diagnosis may lead to a treatment, which if it does not aggravate, has at any rate no beneficial influence upon either the primary or the secondary affection. It is in those cases of menorrhagia and leucorrhœa from cardiac disease that the employment of arsenic in small doses pro-

duces such markedly favourable results, especially when made use of at an early period; one minim of Fowler's solution thrice or even twice a-day being speedily followed by decided improvement. It may be taken alone, or as an adjuvant to digitalis, and when a general tonic is required, and there is no irritation of the digestive tract, iron may be added with advantage. The following is a case in point:—

Case 1.—M. L., aged 26, married five years, engaged in house-work. Has had three children, the last seven months ago. This patient had rheumatic fever seven years ago, and lately she has had a return of rheumatic pains. She had a good deal of hæmorrhage at her last confinement, and the menses, which are now again established, are profuse. She suffers from whites between the periods constantly. Auscultation reveals a systolic murmur at the apex, showing mitral regurgitation. She had

Tinct. Digitalis min : v,
Liquor. Arsenicalis min : i,
Tinct. Ferri Mur. min : iii,
Inf. Quassiae ʒij:—ter die.

On this she got steadily better, the leucorrhœa ceased and menstruation became normal.

Case 2.—M. C., aged 47, married. Has had a yellow discharge for two years. She has not menstruated for four months. She complains of feeling weak and that her ankles swell. There is no history of rheumatism. The ankles are œdematous, the urine scanty. Auscultation discovers a mitral systolic murmur. She took

Tinct. Digitalis min : v,
Spiritus Æth. Nitrici,
Syrupi Scillæ ā ā ʒss,
Decoct. Scoparii ʒj:—ter die.

I have inserted this case as the symptoms are such as one often meets with in dispensary practice; but I am unable to state the result of the treatment as the patient remained but a short time under observation.

The following was a much more advanced case of heart disease, but it is curious that notwithstanding the state of her heart the patient's chief complaints were with regard to the menorrhagia

and leucorrhœa, and to them she attributed all the other symptoms of indigestion, insomnia, &c.

Case 3.—M. M., aged 40; married 21 years. Engaged in house work. She has had 15 children and one miscarriage, her last confinement having taken place ten months ago. She complains of pains in the bowels and over the cardiac area and between the shoulders. She has no appetite and food gives her pain. The bowels are constipated, and she has a profuse yellow discharge from the vagina. She flooded at her last confinement, since when she has menstruated but once, but then her loss was excessive. She can get no sleep. The patients' skin is of a deep yellow tinge, the lips and conjunctivæ are blanched. Her forehead is drawn as if in pain and the expression of her face is very anxious. The liver dulness extends to within two inches of the umbilicus and the rounded edge of the liver is felt hard and tense. On placing the hand over the cardiac area a heaving impulse is imparted to it, and a distinct thrill is felt preceding and running up to the apex beat. The heart's impulse can be very plainly seen over the apex. Auscultation reveals a loud rough presystolic murmur running up to the 1st sound at the apex, and followed by a murmur of regurgitation. The patient was in almost a dying condition when first seen; she was ordered to keep her bed and was seen at home till her death four weeks later. From the first it was impossible to hope even for temporary recovery, tho quick succession of pregnancies and the profuse loss of blood at her last confinement having evidently proved a greater drain upon her constitution than could be borne by a heart already incapacitated for any extra strain upon it through its incompetent valves. It is worthy of note however that during the remaining month of life she was kept comparatively free from pain by a moderate dose of digitalis (min. v of the tincture three times a day), the pain over the cardiac area was quite relieved and the anxious expression of countenance left her. Unfortunately I was able to obtain no post-mortem examination of the body, but from the bright yellow hue of the whole skin and the conjunctivæ, together with the enlargement of the liver dulness, it was evident that the liver was congested and probably the bile ducts were obstructed. The menorrhagia and leucorrhœa would

proceed from the uterine congestion due also to the disturbance of the circulation.

VIII. TUBERCULOSIS.—Niemeyer, in his Text-book of the Practice of Medicine, (Art. Uterine Catarrh, vol. ii., p. 117 English Edit.), says—"Acute catarrh of the uterus occurs in typhus, cholera, variola, and other infectious diseases; chronic catarrh usually accompanies chlorosis, scrofula, and tuberculosis." Suppression of the menses is recognised by all writers as one of the accompanying symptoms of tubercular disease of the lungs. As the menstrual flow decreases in quantity there supervenes a catarrh of the uterus, the leucorrhœa ultimately taking the place of the menses, and frequently becoming constant. All local remedies in these cases are, of course, unavailing, vaginal examinations seldom revealing more than an enlargement from congestion of the glands of Naboth. The whole attention must be directed towards the primary grave affection, with a view to arresting, if possible, the progress of the disease. If this attempt prove successful, and the menses are reëstablished with regularity, the catarrh ceases. Unfortunately the physician is often called upon to watch an aggravation of all the symptoms in spite of his best efforts.

Case 1.—M. M., aged 29; single; burnisher. She has not menstruated for three months, and is troubled with leucorrhœa. She has a bad cough. The breath is offensive, with an almost gangrenous odour. Percussion shows a slight dulness over the apex of the left lung, where the breathing is interrupted. She took cod liver oil, beginning with small doses and gradually enlarging the dose, and to this were added tonics in the form of the nitro-hydrochloric acid and gentian, and Blaud's pills. Fresh air and exercise were enjoined, with a generous diet. Under this treatment she made slow but steady progress towards recovery.

Case 2.—M. C., aged 19; single. Lives at home. She complains that menstruation is infrequent but profuse, and that she is troubled with leucorrhœa. She suffers from sick headaches, palpitations, and feelings of weakness:—her father died of consumption. The patient looks anæmic. The chest symptoms are not specified, but she is marked as phthisical. She had a similar treatment to the last mentioned of oil and tonics, but the menses

became more and more infrequent, and the disease made progress in spite of the remedies tried.

[In making use of the term Uterine Catarrh in the title of the present paper, I have done so with the intention of including under it all non-sanguineous discharges from the uterus from whatever cause they may arise. I have not, however, dealt with those uterine discharges which result from syphilitic affections, nor those attendant upon cancer of the uterus. These diseases seem to me to be so distinct and to have so complete a history of their own that they may be reasonably excluded from a survey of the more general causes of Uterine Catarrh.]
