

HOOD (J.W.)

A REVIEW

OF

“FEMALES AND THEIR DISEASES,”

WITH

AN ESSAY

ON

DISPLACEMENTS OF THE UTERUS.

BY JOHN W. HOOD, M. D.

“Anatomy should be the basis of all medical reasoning.”

PHILADELPHIA :

PUBLISHED BY GRIGG & ELLIOTT.

1848.



Prof. L. T. Randall
with respect of the Author

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P R E F A C E .

IN presenting to the medical profession the various instruments I have contrived and tested in my practice, it was my intention to have placed them in their hands, with the assurance that important service could be obtained from their use; but, while planning the course to be pursued, and, while framing the instructions to my agent, a singular book, under the title of "Females and Their Diseases," made its appearance, and obliged me to change my course for the purpose of noticing its absurdities. In it, however, besides an egotistical display of words—an uncourteous and unkind allusion to the gentlemen of his cloth, and many blunders that will readily present themselves to the practical anatomist, I found my supporter, in connection with others, ridiculed and condemned. But, as the

arguments are without the authority of reason, and only sustained upon the veracity of the author, it is presumed that its progress as a remedial agent will not be checked.—The fact that some of his patients are wearing it, and recommending it to others, leaves the impression that the book has been written for other purposes than the cure of the diseases of females. The declaration “that one fifteenth of the human family is asserted to labor under hernia,”—that “the belly,” which he says is a *vacuum plenum*, “is too small for its contents”—that “the thanks to Heaven,” that the name of his friend is not found in the newspapers—with “the ignorance of authors,” and “the dullness and jargon which characterize the medical writings of the day,” is at least offensive, if not arrogant, and while it partakes of the humbug so liberally condemned, it points to the “hen-egg”—the alpha and omega instrument, which is, or ought to have been, fully described in Fox’s Book of Martyrs.

Such at least is the inference to be drawn from

the work, and as its therapeutic advantages are rather obscure, it is plain that another object, than the instruction of youth, has controlled the mind of the author. Instead of testing and resorting to the remedial agents that are based upon the anatomy and physiological laws of the tissues, he classes all in the category, and condemns in the lump the good with the bad, leaving only his favorite, as worthy the attention of the profession. But as my instrument is not a compound, or a nostrum, but a peculiar bandage, a mechanical agent, that has been adjusted with care, I ask only the consideration that is due to its merits. If it is worthless, condemn it ; but for the sake of suffering humanity, let it not be rejected on a silly hypothesis, or condemned upon absurd anatomical reasoning. In the hands of many of the distinguished physicians of the city, it has been singularly successful, and without "their recommendation in the newspapers," it continues to relieve their patients, and receive the approbation of the public. The author, however, of

the "six hundred and sixty pages" in his letter to his friend says, "shall people *who desire to make a contribution to the art* that has absorbed their whole existence, refrain from doing so from a fear of offending *in the matter of their manner?* Would that be American like? And shall *they* go out of the world making no sign? Beaufort was asked but to hold up his hand, but *he died and made no sign.*" But on reading the work, will it not be the impartial opinion of the medical profession, and the public generally, that it would have been better for the author's reputation, had he, like the cardinal, died and made no sign.

A REVIEW

OF

“FEMALES AND THEIR DISEASES.”

DEAR SIR—As you are unacquainted with the principles that gave rise to the construction of the instrument placed in your hands, and as it will be necessary sometimes to sustain it with those whose theory enables them “to reason physiologically and yet mean nothing,” I must draw your attention to some anatomical facts that make it an important remedial agent in the treatment of the various diseases for which it is recommended.

Having watched the progress of the age, and diligently applied my mind to the improvements that became necessary in practice, I observed, as many others had done before me, that the

diaphragm was a complete movable septum, placed between the thoracic and abdominal cavities; that it was extremely concave below, and convex above, the lower cavity being occupied by part of the abdominal viscera. This septum converging, as it does, from the circumference of the thorax, an acquaintance with its anatomical structure is highly important. On each side of the cordiform tendon the muscular fibres rise so high before they join it, that their horizontal level is in a line with the anterior end of the fourth rib. Thus you will perceive that its form is nearly circular. It is fleshy at its circumference, and aponeurotic in the middle. Anteriorly, it is attached to the ensiform cartilage; laterally, to the internal surface of the cartilages of the six last ribs; posteriorly, to the transverse processes of the first lumbar vertebra; by its left pillar, to the bodies of the three first vertebræ of the same region, and by its right pillar, to the bodies of the four first. Consequently, the structure of the diaphragm consists, in part, of a three-lobed

aponeurosis, termed the *Phrenic Centre*. The upper *surface* is connected with the pericardium, the mediastinum, and the pleura. Its *lower surface*, posteriorly, is in contact with the kidneys, the suprarenal capsules, the pancreas, and the duodenum, on the right side with the liver; and on the left, with the spleen and stomach; in the whole extent of the lower surface, it is covered by the peritoneum. In the mechanism of respiration, the diaphragm performs a most important office. In coughing, vomiting, laughing, and speaking, it is alike a principal agent, and assists in various functions, such as the expulsion of the contents of the intestines, the bladder and the uterus. The next object in connection with the subject is the peritoneum. "This is a thin, delicate, semi-transparent membrane, very extensive and spread out so as to line the cavity of the abdomen, and to give an external covering to the greater number of its viscera. In men it is a complete sack, having no opening in it; but in women, its cavity communicates externally

through the fallopian tubes." It has a two-fold use : the first is to cover the viscera and tie them down to the back and sides of the abdomen ; the second is, in consequence of covering the viscera, so reflected to the sides of the abdomen that its processes keep the viscera in their proper places, and consequently act as ligaments to the organs contained within the cavities of the abdomen and pelvis. The liver is fastened in its position by the following reflection of the peritoneum. From the centre of the diaphragm, and extending from the umbilicus backwards, to near the ascending cava, are the falciform, or suspensory ligaments. The round ligament, the right lateral ligament, and the portion of the peritoneum concerned in the union of these, form the coronary ligament, &c.

Thus, you see, that the peritoneum, by its ligaments and reflections, not only *suspends* the liver to the diaphragm, but is so adjusted as to give the necessary attachments to the greater number of the viscera contained within that cavity.

Having thus examined the ligaments and reflections, that sustain the viscera of the abdomen, you will next direct your attention to the ligaments and reflections that sustain the organs of the pelvis. The ligaments of the bladder are the urachus, which proceeds from the upper end to the navel, forming a long conical ligament, and on each side of this ligament, are the remains of the umbilical arteries of the fœtus, which are called the round ligaments of the bladder. Besides the above three ligaments, it receives a complete coat from the peritoneum, attached to the upper and posterior parts, and passing thence to the muscles of the abdomen, before, and to the uterus behind, it forms the anterior ligament.

The uterus is a compressed pyriform body, with a cavity in its centre, and is placed between the bladder and the rectum, with the small bowels above, and the vagina below. Professor W. E. Horner says, “it is maintained in its situation, in the centre of the pelvis, *by the reflections of the peritoneum*, which are called ligaments.” The

peritoneum, after covering the uterus completely, is reflected anteriorly upon the bladder, and at each side of this, is a reflection of the membrane denominated the anterior ligament, which goes to the urinary organ. The peritoneum in passing from the back part of the uterus to the vagina, and rectum, has on each side of the reflection, a duplicature, which constitutes the posterior ligament. It is also reflected from the whole length of each side of the uterus, to the corresponding part of the cavity of the pelvis. These reflections are the lateral, or broad ligaments, which, with the uterus, form a transverse septum in the middle of the pelvis. Besides the ligaments mentioned, the uterus has two more, one on each side, called the round ligaments. They arise from the sides of its body, between the duplicatures of the broad ligaments, and pass under the peritoneum, to the abdominal ring, through which they pass, and are lost upon the fat of the mons-veneris and the labia-majora. They are of a fibrous structure, and have many blood vessels in them.

Having finished this view of the diaphragm and peritoneum, in connection with the viscera of the abdomen and pelvis, I will now proceed to present what I consider as the results of such an organization.

The form of the diaphragm, which is a conical arch, and made up from suitable origins, was designed to have great strength for the performance of its functions in the healthful state. Every time we draw our breath, it contracts, and changing its vaulted form to that of a plane, it enlarges the capacity of the chest, so as to permit the dilatation of the lungs. At the same time it forces the viscera that are loosely attached, downwards, and the muscles of the abdomen outwards, and it is, consequently, the principal muscle of inspiration; on the other hand, when it relaxes, the abdominal muscles press their viscera upward, the diaphragm is pushed up in the thorax, is made to compress the lungs, and thus contributes to expiration. These movements are anatomical and physiological, and, in examining into causes, that produce

debility in any of the muscles of the abdomen or alteration in the peritoneum, at its processes or ligaments, we may inquire what it is that prevents the bowels from descending into the lower portion of the abdomen or cavity of the pelvis? What barrier has the pelvic viscera against the encroachment of the viscera of the abdomen? This question I proceed to answer. The anatomy of the parts shows that the line passing around the pelvis, on a level with the promontory of the sacrum, is the narrowest point in the pelvis. The psoas-magnus, the iliacus, and obturator-internus, passing over, and part of them having their origin within the pelvis, assist in narrowing this boundary still further. Hence it is seen, that this part of the bony and fibrous structure, with the admirable arrangement of the peritoneum, in giving a coat to the uterus, and by the broad ligaments attaching it to the walls of the cavity, there is formed another arch, or floor, below as an antagonist to the diaphragm above.

The round ligaments being of the same fibrous

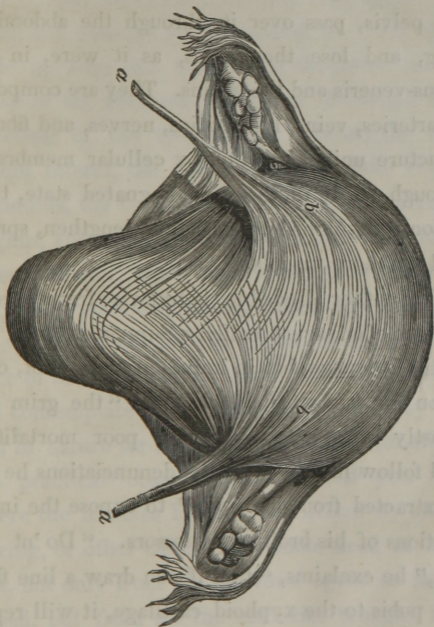
structure as the uterus, about the size of a goose-quill, proceeding from the sides of that organ, and passing out through the abdominal ring, to be inserted into the mons-veneris and labia-majora, are governed by the same physiological laws as the uterus itself; whilst the uterus is in its unimpregnated state, these ligaments have but little influence, but so soon as that organ is impregnated, and commences its growth and ascension, we then find them by increased nutrition, increased in tension and augmented in length, as required, and enabled, during the ascent of the uterus, to maintain it in contact with the anterior walls of the abdomen. Thus, as soon as the term of gestation is over, these ligaments and uterus contract upon themselves, until each is reduced to its unimpregnated condition. They are also the support which prevents the weight of the uterus, with its contents, by maintaining it in its proper position, from deranging the organs of digestion.

But a recent writer on Retroversion, in sundry letters to his pupils, says: "It is a diseased or

debilitated state of the round ligaments that gives rise to the disorder." "The cure," he continues, "consists in the restoration of the health and tone of these ligaments."

The scalpel, however, with the analysis of the tissues, and the observations of the various writers on anatomy, show that this hypothesis is not sustained, and that the author has entirely misapprehended that it is the reflection of the peritoneum, including the ligamenta-rotunda, that prevents retroversion, and not the round ligaments.

The following cut of the uterus with its peritoneal coat removed, presents the muscular fibres, marked *b b* on the external surface of the uterus, terminating in the round ligaments marked *a a*. This drawing fairly demonstrates the character of these ligaments and the offices they are intended to perform.



Blundel says, "The round ligaments, two in number, originate from the superior lateral parts of the uterus. They run into the doublings of

the broad ligaments, and, rising to the brim of the pelvis, pass over it, through the abdominal ring, and lose themselves, as it were, in the mons-veneris and the groins. They are composed of arteries, veins, lymphatics, nerves, and fibrous structure united together by cellular membrane. Though small in the unimpregnated state, they become developed by gestation, lengthen, spread and are more vascular.”

Our author alluded to, is likewise frightened at a “remedial agent called a Supporter,” and not in the language, but in imitation of Hamlet, calls upon his students to look upon “the grim and ghastly representative of our poor mortality,” and follow him through the denunciations he has “extracted from his brain” to expose the indiscretions of his brother professors. “Do ’nt you see,” he exclaims, “that if you draw a line from the pubis to the xyphoid cartilage, it will represent the linea alba of the *grim horror*? Look again and observe the place where the mesentery was attached, and the root of the meso-colon

too?" Yes, my young friends, look again and again, and examine for yourselves the *linea alba*, made up from the tendons of the muscles and fasciæ of the abdomen. Look at the origin and insertions of the two *obliqui externi*, the two *obliqui interni*, the two *transversales*, the *rectus abdominis*, the two *pyramidales*, and the *serratus magnus*, and make yourselves familiar with their several offices. Look and admire how wonderfully they assist respiration, sustain and compress the viscera of the abdomen, and *antagonize* the force of the diaphragm. Look also at the uterus, and contemplate the relative parts placed by the God of nature for its support. These attentions and practical observations will tell you that where the muscles become debilitated by child-bearing, or other causes, they have need of support, not only from *the remedial agent* so much abused, but from all the remedies brought into use since the time of Esculapius. It is, indeed, true, "we are fearfully and wonderfully made;" but were we to follow the doctrines of the worthy

professor, with his uterus perched upon the vagina, we should have the best reasons in the world for alarm. But as the work contains much that is foreign to the subject, we must look upon the fathers of the science, who took nature for their guide, and derived the information that was calculated to mitigate the affliction of the human family. If he had even looked into Pope the text is made out to his hand, and instead of drawing upon fancy or the credulity of his pupils, much might have been saved to his readers. This writer says :

“First follow nature, and your judgment frame
 By her just standard which is still the same ;
 Unerring nature, still divinely bright,
 One clear, unchanged, and universal light,
 Life, force and beauty, must to all impart
 At once the source, and end, and test of art.”

But that his “brother anatomists” who have “paraded their names in the newspapers,” and those interested, may contemplate his incomparable arguments, the following extract, from page 188, will answer :—“Now,” says the writer,

“take a utero-abdominal supporter, and adjust it as the mesmerized do, mentally upon the skeleton, and you will see that it can have no effect to hold up the bowels; that it can only push your fancied tractus of the *linea alba backwards against the spinal column*; and with what effect, pray? Surely, with none other than one of encroachment on the capacity of the abdomen. Do you not see that the belly of a living man or woman is a *vacuum plenum*? How can you hold up the bowels by a pad? If you could thrust them upwards in the vacuum plenum, which you cannot do, you would only thrust them towards the concave of the diaphragm. But the diaphragm must come down, or the woman will die—she can’t breathe but by the descent of her diaphragm. Her diaphragm is her respiratory piston, and the trunk of the body is the cylinder in which this piston moves downward in the aspiration, and upwards in the expiration of the air of the atmosphere.”

But here, you will observe, although the argu-

ments are forced and contradictory, that if the parietes of the abdomen are “forced backwards against the spinal column,” as he tells you, it must follow that the viscera of the abdomen must be prevented from encroaching upon the organs of the pelvis,—the very mischief that is to be overcome.

“But your utero-abdominal supporter,” he continues, “knows better than the Providence that made this great machine; and he is about to make the piston work half strokes in breathing; like an engine that one is afraid of.” Half strokes in breathing! This, gentlemen, might be true; but where can you find the *practical engineer*, who would apply a half force where no force is wanting? Would he not exhibit his judgment by confining *his piston* within in its proper limits, and guard against *over* or *under* action?

Our author has also forgotten the comparative weight of the various organs that are dependent for their support upon the peritoneum, and of course has reversed the principle that invariably

governs the practical anatomist. The weight of the liver is forty times greater than that of the uterus and its appendages, and when we look at the two organs, and their fixed points of attachment, the anatomist will discover that the uterus is more secure than the liver, and, consequently, the relative supports of the organs are at least equal. But as the work is considered *ephemeral*, intended only for a class in the rudiments of the study, it is not presumed that the works of his distinguished cotemporaries will suffer by its publication.

On prolapsus uteri he is alike emphatic, and without qualification maintains his position. He says, "prolapsus uteri is a disease of the vagina, not of the womb. To cure prolapsus uteri, you are to seek to cure the vagina, and when you have done that the womb will be found cured also." This declaration, when traced to its source, is incredible. To me "'tis passing strange!" that one of the most important organs, designed by Almighty God for "replenishing the earth,"

should be *propped* up by so feeble a support as the vagina. But, in order to determine the validity of such doctrine, let us take a cursory view of the vagina, in connection with its relative parts. The levator-ani muscle is very thin, and by its attached portions it acquires a funnel shape, and has two-thirds of its fibres inserted into the circumference of the rectum. The remaining third, into the bones of the os coccygis, the vesicle end of the urethra, prostate gland, and the point of the perineal muscle. The triangular ligament, when understood in its relation to its several attachments, and its connection with this muscle and the aponeurosis pelvica, it will be seen that the levator has a double office to fulfil. The first, is to draw up the rectum after the contents have been removed or expelled; the second, to assist the sigmoid flexion of the colon in sustaining the contents of the intestines which are made by the peristaltic and vermicular motion to gravitate to the natural outlet; otherwise, the rectum

would be under the constant solicitation to part with its contents. The coccygis is a thin, flat, triangular muscle, attached to the spinous process of the ischium. Its fibres diverge, and are inserted into the border of the os coccygis; it secures this bone in its station. The sphincter-ani muscle is of an oval figure, open in its centre, its fibres surrounding the extremity of the rectum, or anus. It is attached to the os coccygis, by a species of cellular tendon, from whence two fleshy fasciculi proceed, uniting together in front of the anus. The upper surface is connected with the levator-ani by a cellular tissue. This muscle closes the anus, and, in the male, draws down the bulb of the urethra. The ischio-cavernosus is a small elongated muscle, placed along the ramus of the ischium, and the root of the corpus cavernosum in the male. This muscle terminates in the female, by embracing the corpus cavernosum of the clitoris. The transversus perinei is a flat, thin muscle, attached on its outer part to the ramus and tuberosity of the ischium—on the inner part

to the middle line, with its fellow on the opposite side. This muscle supports the lower part of the vagina, rectum, and bladder. The constrictor vagina consists of a number of muscular fibres, forming a sort of broad fleshy ring, surrounding the vagina. This muscle contracts the part which it embraces, viz: the labia externa and interna or nymphæ, the clitoris, and the vestibulum, the fourchette, or frenum vulvæ, and the hymen in the virgin state. These, with the above named muscles, are found within the region of the pelvis and vagina, and their uses and purposes are fully described in any of the anatomical works.

Professor W. E. Horner says: "The vagina is the intermediate part of the sexual organs. It extends from the vulva to the uterus, being placed between the bladder and rectum, compressed anteriorly, and posteriorly, by them. It is a membranous canal, of from four to six inches in length, differing according to age and pregnancy, being much shorter in women who have borne children than in virgins; its shape varies somewhat

near the vulva ; but its greater diameter is vertical ; behind, near the uterus, the greatest diameter is transverse ; its anterior and posterior surfaces are in contact, from the circumstances just mentioned, of pressure between the bladder and rectum ; it is shorter before than behind, corresponding in this respect with the pelvis by which it is influenced, and also in consequence of being attached to the uterus higher up on the sacral than on the pubic side.

“ The peritoneum, in descending from the uterus anteriorly, touches the top of the vagina for a little distance, and is then reflected to the bladder ; but posteriorly, nearly the upper half of the vagina has a peritoneal coat, before this membrane is reflected to the rectum. The attachment of the vagina to the bladder is strong and close just above the urethra, but its connection to the rectum is by rather loose cellular membrane.

“ It consists of two coats, a fibrous and elastic one externally, and a mucous one internally. The first is of a reddish color, and seems to be formed

of condensed cellular membrane, its fibres not passing in any determinate direction ; many blood vessels are found in its structure, and it has an abundance of large venous sinuses surrounding it." From a survey of the anatomical structure, and from my own observations in dissection, I wholly dissent from the author of the forty-two letters, whose opinions I am reviewing, and am clearly of the opinion that, instead of the vagina supporting the uterus by its attachments to that organ, it imparts to it but little strength, and receives its own support from the connection with the peritoneum.

Such being the fact, and when we consider the object and offices of the several muscles, membranes, &c., of this department, in what possible position can we place them, to represent the "pelvic floor" of the worthy professor? If his position is right the anatomy is wrong, and if prolapsus is a disease of the vagina, then is he wrong in his therapeutics, and how can he exclaim to his pupils "cure the vagina and you

cure the disease?" But from the facts before us, would it not be better or more in accordance with the science, and his own pathology, to have regulated the bowels by aperients and alteratives, by simple and medicated enemas, by alum and water to restore the tone of the levator and rectum, to meet and resist at the proper point the superincumbent weight of the viscera of the abdomen, and by the use of cold water in the vaginal membrane, with astringents and styptics, according with the pathology of the parts, rather than divert his pupils with an insufficient prop to the uterus, or force upon the profession an imaginary floor, that is not sustained by the anatomical arrangement.

By my experiments on the dead subject, I have found after removing the vagina and leaving the uterus with its peritoneal attachments and round ligaments only, a considerable weight was necessary to force it from its position. This fact was realized by the dissection in two different ways. The first by removing the lower portion

of the os coccygis with the same extent of the rectum and vagina, leaving the fourchette entire. This brought in view the uterus in its proper position, with the upper portion of the vagina and its attachment to the uterus and peritoneum. The second, by removing the vagina with half the portion of the perinei muscles and fourchette, so as not to interfere with the rectum. These modes of dissection enabled me to determine the amount of support the uterus derived from the vagina. By making a transverse section from one ilium to the other, and by removing the upper portion of the walls of the abdomen to the sternum, and cartilaginous portion of the ribs, I was enabled to judge of the support the ligaments give to the organs of the pelvis. Then placing a block under the subject at the lumbar region, the anterior part was put on the stretch, and the bowels being thrown upwards, the organs were brought clearly into view. The hypogastric and inguinal region being now made tense, by the tenaculum, the urachus and round ligaments dis-

sected away, to expose the upper portion sufficiently to enable me to hold those with a forceps, (the bladder being inflated in order to represent the distension brought on by retention of urine) I could then ascertain the degree of pressure, exerted upon the uterus in different directions, and determine the strength of the ligaments when put on a stretch in the various displacements of that organ. I admit that the disease of the one may affect the other, but that the cure of prolapsus is solely dependent upon the cure of the vagina is a gratuitous assumption, sustained neither by facts nor argument. On the contrary, I contend that the uterus is sustained in its appropriate situation by the broad and round ligaments, aided by the utero-vesical and utero-sacral ligaments; and that while these ligaments retain their healthful tonicity, the uterus could not descend, even if the alledged vaginal support were removed by the scalpel. Besides, should these ligaments become relaxed, the uterus will descend not only into the vagina, but pass through it, and

hang outside of the vulva. Churchill says, "it is produced, first, by a relaxation of the broad and round ligaments above; second, by a want of due tone in the vagina below. By the first, the uterus is permitted to fall, and by the second, the uterus is allowed to be received into the cavity. Such being the state of the parts, it is clear that a very slight *downward forcing* will depress the womb, and ultimately exclude it from the vaginal orifice. This force will be supplied by the *increased weight* of the uterus, if the patient *sit up or walk* soon after delivery or abortion." What value then can we attach to this flimsy vaginal support? None. Is it not the chimera of a *vacuum plenum brain*? But what medical man can read such *anti-chirurgical and anti-physiological nonsense without feeling ashamed of his cloth*.

Furthermore, if the antagonistical point against the action of the diaphragm is made up by the levators, the sphincters, the vagina, and the other muscles forming the perineal floor below, it is equally clear there would not be one displace-

ment where there are now one hundred, if it were not for the superincumbent weight of the viscera of the abdomen and the force of the diaphragm. The diseases of the organs contained in the cavity of the pelvis, are so closely connected, that the displacement of any one deranges the others. The uterus being displaced, frequently compresses the rectum and bladder. The rectum, overloaded and distended, deranges the uterus and vagina. Over distension of the bladder displaces the uterus, and produces prolapsus of the vagina, which is one of the fruitful causes of leucorrhœa. Prolapsus uteri may consequently be considered the most frequent, as well as the most troublesome disease to which the female is liable.

Dysmenorrhœa, the next in order, is a disease extremely harassing, and depending upon like causes.—During the menstrual period of life, this derangement in the functions of the uterus, is the principal cause of the sterility that most generally afflicts those who are possessed of an irritable

lymphatic temperament. From close attention to the history of each case treated by me, in the last five years, the following is the view I have taken of the pathology, drawn from the symptoms of the disease. These are, a sense of fullness, tension, and pain in the pelvis, loins, and back, with an accelerated, quick and tense pulse, a hot and flushed skin, a strong manifestation of inordinate excitement, and congestion of the uterine system. In certain cases the febrile symptoms are less violent, owing to peculiarity of constitution, or impaired general health. Hence it is to be inferred that the organ is first depressed on the vagina, either directly or indirectly. This, too, arises when the functional derangement has been produced from cold, giving rise to an increased fullness of the organ, and a consequent tendency to sink into the vagina. This is the indirect form of the disease, but the more direct causes may be traced to the superincumbent weight and force, acting from above. The organ being thus displaced, its surface is brought in contact with

new parts, which act on it as a foreign body, establishing in its tissues a degree of irritation, which invites a greater afflux of blood to the parts, and which is much increased at each catamenial period, amounting often to a sub-inflammatory action.

Thus, it seems to me, that the controversy between various writers, on inflammatory and non-inflammatory action, is only reconcilable on the following grounds. At the time of the periodical flow, the organ, or its lining membrane, is under the influence of inflammatory action, and, during the interval, it is in that chronic, or sub-acute form, which constitutes the condition spoken of, as being a rheumatic affection. In the formation of the pseudo-membranous substance, that often is discharged, it is evident that an inflammatory or highly irritable state of the parts must have existed previously.—In this, I am sustained by Hunter, Mackintosh, and Eberly, and when the menstrual action of the uterus is morbid and deranged, it is sufficiently obvious to any one, that

the structure of the organ is in a morbid condition in some of its tissues. Hence a depressed uterus, with its os uteri resting upon the vaginal floor of the perineum, with the weight of the viscera of the abdomen resting upon its fundus and ligaments, must necessarily produce retroflexion, or antifixion, and consequently form an angle, or bend in its cervix. This, with the entire organ resting against new parts, acting upon it as a foreign body, what cause or causes are better calculated to produce dysmenorrhœa?

But in this suggestion, it is not to be understood that they are the only causes of the disease. Some cases, though few, are congenital, and others may have been the result of a morbid action. In pathological anatomy it is understood as a principle that when "a mucous canal comes to be traversed by a less quantity of the fluids to which it gives passage, it undergoes a more or less considerable contraction; on the contrary, however, when the fluids are more abundant than usual, the mucous membrane becomes much dilated,

and recovers but slowly its primary dimensions after the cause of its distension ceased to act." The former of these pathological changes may account for Dr. Mackintosh's cases treated by dilatation; the latter should admonish us to use no remedy that would produce fluor albus. In my practice I have found nineteen cases out of twenty of my patients, laboring under dysmenorrhœa, with the uterus too low in the pelvic cavity, and have invariably removed this irritating cause by the application of the supporter, with such other remedies as the pathology of the cases required. In this position I am sustained by Professor Meigs himself, who says, "a womb that is *maintained at its proper height*, and in its *proper attitude* in the pelvis, will be, *cæteris paribus*, less likely to be subject of dysmenorrhœa." He also, in a second sober thought, appears to have discovered the secret of misplacement, and says, "that the os tinçæ rested upon the floor of the pelvis, where it had long rested; and I *supposed* that the weight of the

uterus and the *superincumbent* pressure had produced an anti-flexion of the cervix." That dysmenorrhœa should have continued so intractable, and the action of remedies so very unsatisfactory, is not to be wondered at, since the cause is constantly in action. The uterus is composed of a dense fibrous substance, covered externally by the peritoneum, and lined through by a mucous membrane, which is continuous from the vagina, throughout the entire organ, into the fallopian tubes;—along which it extends to their fimbriated extremity, where it becomes continuous with the peritoneum—thus, presenting a singular example of the continuity of a mucous and serous membrane, with each other. To this anatomical arrangement, and known physiological law of the tissues, is to be attributed the failure of the pessaries in prolapsus.—Yet the author of "Females and Their Diseases," even in this enlightened age, recommends them to his students, and says, "that only *weak people* and *quacks* pretend to scorn them." But, in the next page, I

suppose, after having considered the pathological condition of the parts, and the modus operandi of the instrument, he says, "I detest the pessary as a disagreeable and disgusting thing, whether to order or to wear.—I will never employ one except where a conscientious regard to the sanctity of the interests committed to my care seems to render it indispensable."

Burns, however, in speaking of dysmenorrhœa, says, "this state of the womb sometimes produces, besides uterine pain, spasmodic affection of the bowels, or violent bearing down efforts of the abdominal muscles, as if it were intended to expel the womb itself. Such efforts are also sometimes made periodically, when the menses are altogether or nearly obstructed." Which very clearly shows the necessity of some kind of bandage or support, to overcome the spasmodic affection of the abdomen.

The cure of these displacements—Prolapsus, Procidencia, Retroversion and Antiversion—consists in removing the cause, or causes, and in mak-

ing an artificial floor to resist the weight and pressure from above. This is accomplished by the application of pressure at the exact point where it is wanted. Then by the administration of the appropriate medicines, according to the symptoms of the disease, by the use of moderate exercise in the open air, and by sponging the body with cold water in the morning, when not forbidden by organic disease; or, when it interferes, wash with warm whiskey and water, or salt and water. Where the disease is produced by child bearing, friction may be resorted to.

The causes and remedies being now understood, there remains to be considered the character and value of the remedial agent placed in your hands. The instrument, you will observe, differs in its object from those which have been denominated uterine supporters. It is not designed to support the uterus directly, but to support the viscera of the abdomen, which, by their weight, bring on a displacement of that viscus. It is also easily fitted to the parts, and, by the peculiar arrange-

ment of the pad, being full at the lower boundary, a backward and upward pressure is made upon the inguinal region exactly in a line corresponding with the junction of the ilium to the sacrum. The recti muscles are avoided, and the springs being permitted to traverse the pelvic bones, of course we escape the muscles that are calculated to remove or displace the instrument.

The practical advantages it is my intention to place in the hands of the Profession. The time I have spent in dissection—in experimenting upon various forms, and in endeavoring to make the improvement both useful and desirable, has been tedious and expensive. As a remedial agent, it would be of little value, if thrown into the hands of the various manufacturers without the control of the inventor. Like our instruments in surgery—in dentistry—in the various machines for the relief of the human family, it would become an article of merchandize, and its value would be lost to the profession. You will, therefore, endeavor to preserve its original shape, and place it

where the profession and the druggist can obtain it on the same terms as any of the other remedial agents.

Such, therefore, being the facts in relation to the nature and cure of the uterine diseases, alluded to above, it is plain that this instrument, tending to relieve the pelvic organs of the weight of the abdominal viscera, when in an upright position, must be of importance, and in its application, I have experienced the most satisfactory results.

Having thus considered all that I have to say, in relation to the remedial agent now before the public, and, having replied to the arguments so wantonly urged against it, it is only necessary to recapitulate the views I entertain upon the subject.—In the human economy, it is well known, that the various organs are so arranged, as to be subservient to each other,—that each, by the arrangement of the elements of which it is composed, is possessed of organic life, and by the harmonious action of the whole, animal life is at-

tained, health is secured, and each organ within the economy is enabled to perform its specific function.—When a failure takes place in any of the organs, we know it must result from some definite cause or causes; but whether they are chemical or mechanical, it is certain that a removal of the cause is necessary before the cure can be effected. I, therefore, contend—

First. That the uterus is sustained by its ligaments, and not by the vagina.

Second. That the round ligaments are not the only support that prevents the uterus from being retroverted; but that portion of the peritoneum which overhangs those ligaments and the uterovesical septum, are the chief reflections that prevent retroversion.

Third. That the uterus must first be elevated and somewhat enlarged before it can be retroverted, or its fundus must be forced below the promontory of the sacrum, before retroversion can take place.

Fourth. That prolapsus, procidentia, retrover-

sion, anti-version and flexions of the uterus, are owing to a relaxed or weakened condition of the ligaments of the uterus, and the super-incumbent weight of the viscera and force of the diaphragm.

Fifth. It seems to me, that this writer, upon "Females and Their Diseases," resulting from misplacements of the womb, has lost sight of one of the most important elements in the pathology of those cases—and that is the state of the ligaments which are attached to, and within the pelvis, that support the womb.

He ought to have observed and remarked upon this important physiological law, viz: that the diaphragm has an antagonistical *force* on the floor which is formed at the upper marginal brim of the true pelvic cavity, and where this floor retains, together with the muscular parietes of the abdomen, its full power and energy, there can be no displacement of the womb. The repeated distension of the muscles of the abdomen, during the term of gestation, and the debilitating causes attendant on constipation of the bowels, with their

frequent over distension with gas, cannot but tend to debilitate those parts, and overcome their powers of resisting the bearing down force of the diaphragm;—and as the womb depends for its support on the firmness of the tissues composing its ligaments, it is clear to my mind, that it will be carried down, by the loss of power in the one, and the force of the other. Hence, it is evident, both by reasoning on, and by observing clinically, the facts, in the displacements of that organ, that the weakness and loss of power of the muscles of the abdomen, and the ligaments of the womb, have much to do with the pathology of those displacements of the uterus.

Sixth. “That long continued tenesmus, connected in its origin with costive condition of the rectum,” and which the author asserts produces shortening of the vagina, I regard as the causes which call into action that powerful muscle, the diaphragm, and produce displacements of the organ.

The principles which have governed my con-

duct in relation to the medical profession I think it is not at this time necessary to give in detail. In my intercourse I have claimed no superiority, nor have I urged empirical pretensions to their notice. Like the author, whose book I have partially noticed, I have thought "the honestest way for a man to speak is, to speak what he thinks, in his own tone and manner, and not to come before the public under a false disguise." The instruments I have constructed, have ever been tested, before they were placed in the hands of the Profession, and, in securing a patent for the one in your possession, I have only, like the author of a book, secured to my family the profits of the manufactory.

