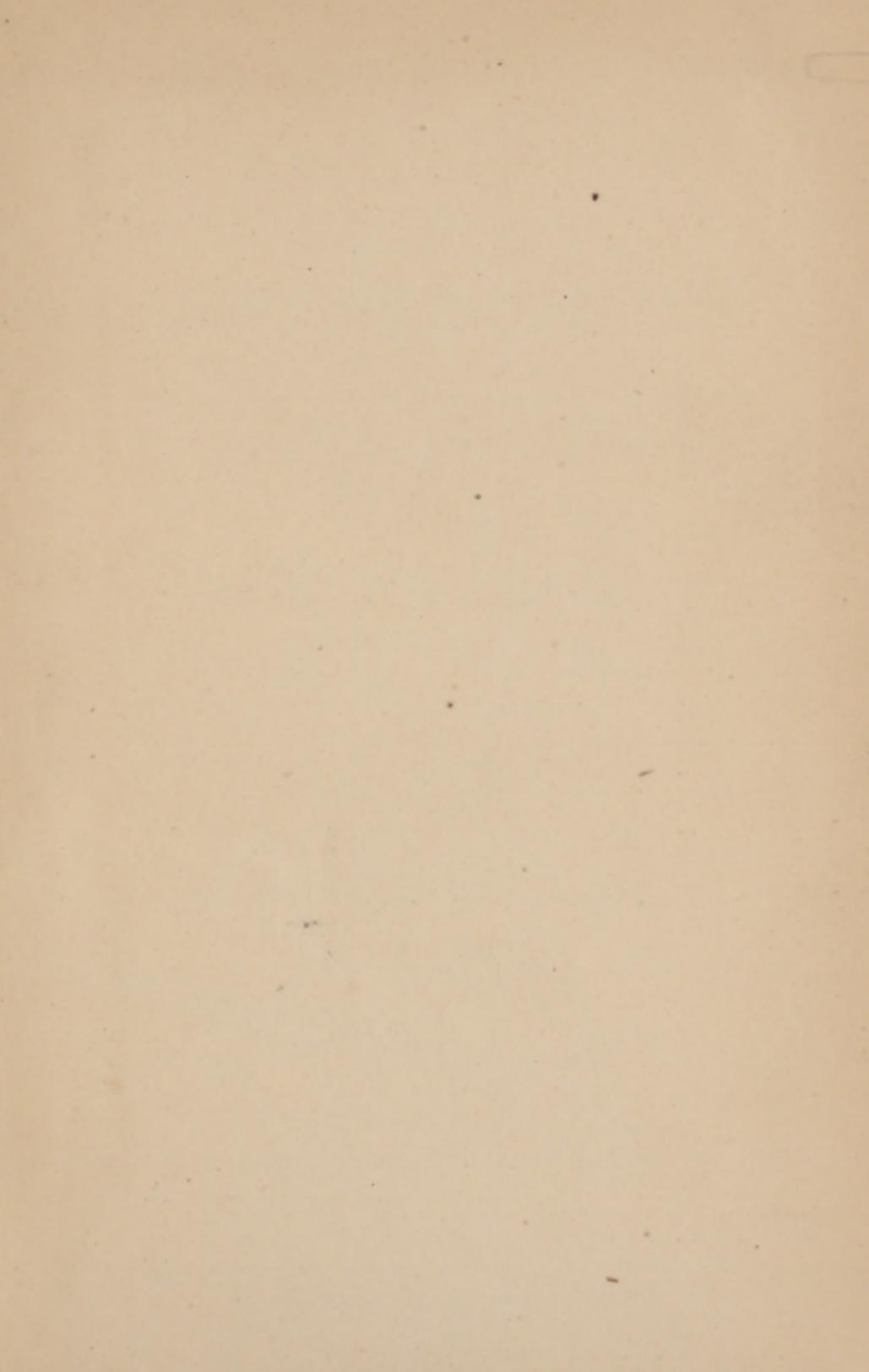


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ROMANS

COMPLETE GUIDE

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WOMAN'S
COMPLETE GUIDE
TO
HEALTH.

BY ✓
M. E. DIRIX, M.D.,

*Lecturer on Physiology, Pathology and Hygiene of the Female System, and
Author of a Popular Monograph on "Uterine Pathology."*

NEW YORK :

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*TO THE SEX, the most delicate and loveliest
of God's Creation, these Contributions are
respectfully dedicated by the Author.*

M. E. DIRIX, M.D.:

DEAR SIR—It gives me pleasure to say, that, from a partial reading in manuscript of your volume, "WOMAN'S COMPLETE GUIDE TO HEALTH," I have no doubt of its great value and utility.

Could it be multiplied and placed in the hands of the women of the United States, and were it by them carefully consulted and heeded, there can be no question but that a vast amelioration of distress and suffering, physical and mental, would ensue.

I am, yours truly,

H. H. MCFARLAND,

Park Congregational Church, Third Street, Brooklyn, N. Y.

OCT. 30, 1868.

INTRODUCTION.

THESE contributions have been written for the diffusion of useful knowledge among the public, and Women in particular. They have originated in the honest conviction that they would meet a want that has long been felt. The treatises, monographs, memoirs and contributions on diseases peculiar to Women are numerous, but, generally, and with only a very few, if any, exceptions, they are too specious in their character to be very useful to all mankind. Such works, it is manifest, reach only the few who are scientific, and their sphere of value, consequently, does not extend directly to women, who are immediately concerned, and of whose diseases they treat.

Were there some such works adapted to common comprehension, and consequently easy of use to all, considerate women who were aware of their contents, and of the information they convey in everything that relates to their health, would most naturally be desirous and anxious to study them, and the knowledge they would impart would be the means of preventing a vast and almost incalculable amount of suffering, physical and mental, witnessed, it is sad to say, amongst all classes of social life. A new era would in consequence dawn upon woman's existence. Thus truly conscious of the

present state of medical exclusiveness, and of the manifest lack of information most women possess respecting their health and consequent welfare, the Author of this work has endeavored to remedy this very unsatisfactory state of things by issuing the present popular contributions. They differ essentially in their form and aim from other works in the more beaten path of medical literature above alluded to. Their merit will be found to consist in imparting to the public, and to women especially, as far as possible, peculiar useful and necessary knowledge in all that relates to their health and welfare; a knowledge, as stated before, they had been unable to obtain.

The object and intentions, then, of these contributions must be manifest and self-evident. From them, women, whether mothers, wives or daughters, may learn and judge, it is believed, the nature, causes, symptoms, etc., of the complaints to which they are mostly liable. This knowledge will enable them to compare symptoms, and by understanding them, indicate their most appropriate treatment; yet more, it will be the means of removing many doubts, perplexities and anxieties, which their ill health had awakened in themselves, their relatives and friends.

In these contributions, finally, the reader will have a **TRUE AND COMPLETE GUIDE TO HEALTH**, differing essentially and widely from any and all reputed Women's Guides in existence. Herein, it is not too much to say, is a **MIRROR** reflecting, so far as it has been intended, the actual and irrecusable state of health of those female

invalids who consult it, and, consequently, enabling them to discern *what is a sympathetic manifestation of a disease, and what are its "effects"*—*from what actually does the disease itself arise, or the cause of such sympathetic manifestations.*

These contributions, thus designed as they are for general instruction, and for the sex especially, impose well-defined and particular obligations. Among the most important of these obligations, are: First, to endeavor to make them worth reading, and to attract the reader's interest. To attain this result, it was necessary that they should contain all that is useful and practical, and exclude all uninteresting matter, while yet fulfilling the great object aimed at. Second, their style must be as plain, concise, comprehensible and unobjectionable as their special subject will permit. To effect this purpose, the Author has abstained from entering at any length into the physiological or healthy condition of his subject, and, consequently, he has dwelt but little on the pathological or diseased state of the subject or organ under consideration. The knowledge of both these subjects would offer but a small amount of practical interest to most of his readers. Finally, the Author has discarded from these contributions, all materials of a purely speculative character; he has avoided as far as he could do so, making use of any technical phraseology which might have obscured, instead of enlightened, the intelligence of his readers.

As to the general plan he has adopted, he would state, that the diseases treated of are not all the diseases to which

women are peculiarly subject, but will be found to be those diseases to which they are most liable, and from which, also, their most acute and protracted sufferings originate. - Amongst the so-called diseases not included in these contributions, are some which, in the majority of actual instances, are really no diseases at all, but merely symptoms or the effects of some disease in a remote organ. As such, they have received ample consideration in different parts of this work, to which the Author would respectfully refer his readers.

Other diseases, which he has omitted to consider, are of so complicated a nature, would have necessitated such special and minute description, and are, moreover, of such a surgical character, as would require more space and time than the Author could well spare on an undertaking like the present. Besides this, it was not unreasonably feared, that the attempt to treat these more serious affections, in this connection, would not have been attended with any hope of success; in other words, it was apprehended that the presentation of these subjects could not without great difficulty, if at all, be made intelligible enough to the greatest number of his readers. Moreover, in the estimation of the Author, their consideration would have offered little, if any, real interest and practical value or utility to the public generally.

The diseases which are treated of in this work are the following, to wit:

1st. *Chlorosis*, or "*Green Sickness*." 2d. *Hysteria*.
3d. *Amenorrhœa*, or *Retention and Suppression of Mens-*

truation. 4th. *Inflammation of the neck of the womb and its consequences, Ulcerations ; Hypertrophy ; Induration, etc.* 5th. *Hypertrophied (morbid) Elongations of the neck of the womb, as a consequence of inflammation, etc., of the neck of the womb.* 6th. *The various Displacements of the womb.* 7th. *The Tumors of the womb.* 8th. *Inflammation of the mucous membrane of the vagina, or canal leading to the womb, Vaginitis.* 9th. *Leucorrhœa, both constitutional and sympathetic.*

The Author feels that these contributions, imparting, as they do, information of the most vital importance to health, and, consequently, to human happiness, should be read by all—by men and women alike. They are of direct concern to all fathers who wish the welfare of their children ; to husbands who have their own happiness and the happiness of their companions at heart ; to young men having a regard for their future welfare ; and to all women, whether mothers, wives, daughters or sisters ; whether married or unmarried, old or young, rich or poor.

In conclusion, it will be observed that the principles of treatment, upon which the diseases comprised in this work are based, have received but general consideration, and that, consequently, no special directions have been laid down, or prescriptions given, or any particular remedy recommended, which patients might have availed themselves of to treat and cure such diseases. The reasons for this restriction in a work destined especially to enlighten the female sex in relation to their own system, are the following, to wit: If my readers will attentively

and carefully study this book, they will not fail to notice that some of the diseases treated of therein are of a *decidedly surgical character*, and as such, these diseases require for their cure various medical applications, and other surgical means, which, it must be obvious, ladies cannot apply or adapt to themselves.

Again, they will notice that there are also diseases of a different nature, such as are mostly encountered in young ladies, which, at first, are of a purely medical nature. These diseases require early attention and judicious treatment. Should the first manifestations of these diseases remain unnoticed; should they be neglected, or injudiciously treated, and allowed to progress and become complicated, as unfortunately but too often happens, they invariably soon assume a much graver character, and as a natural consequence, will require to be treated upon surgical principles. Let us, however, suppose, for argument's sake, that that disease from which such a young girl is suffering is, as yet, of a medical nature, and amenable to medical treatment, the question at once presents itself, *could* she cure herself?

This question I emphatically and unhesitatingly answer, No. The character of a disease, generally considered, is so varied, and depends on so many circumstances, such as individual constitution, etc., etc., *that it is all but impossible to lay down any standard by which medicines might be administered with any hope of success*; in other words, a medicine may do good to one patient, yet may not benefit another, if actually it did not aggravate, even greatly

injure the case. Such things are of daily observation and occurrence. Yet again—an objection of a very serious nature exists against the practice of recommending any mode or plan of medical treatment, and against writing prescriptions for popular adoption, which is this: that any failure (and failures innumerable would be experienced by a patient in the use of remedies so recommended), would be the occasion of the motives of the prescriber being at first doubted, misunderstood, then assailed and very uncharitably handled. Consequently, I cannot but repeat, that *no disease has its own individual, unvarying standard, by which it might be successfully combated under all circumstances by one and the same medicine or series of medicines.* On the contrary, medical treatment in such cases must depend on the nature of the disease, its causes, the constitutional peculiarity and antecedents of the patient, and any and all circumstances that may and do modify, in some respect or other, the character of such disease.

But the Author would remark, that the sex to whom he addresses himself cannot but derive the greatest benefit from a careful perusal and attentive study of his work, because it will surely, unmistakably, give them the key to their sufferings. Once understanding thoroughly the nature, causes and symptoms of the disease from which they are suffering, they will be enabled to solicit from the proper quarters the treatment appropriate to their individual cases. The Author has frequently referred to authorities on the diseases peculiar to Women, thus giv-

ing his readers the benefit not only of his own views and principles of treatment of said diseases, as sanctioned by his personal experience for nearly fifteen years, but also of those emanating from men of high standing in the medical profession, of eminent talents, and of great experience, acquired through the ample opportunities enjoyed by them, to study and observe on a large scale in hospitals and dispensaries, the inexhaustible field of diseases incident to the sex.

An Appendix, containing numerous abstracts of cases typical of the various diseases treated of in this work, and derived from private practice has been added, enhancing greatly the interest, value and utility of the contributions. To the attentive perusal of these cases, as well as of those scattered throughout the book, the Author would respectfully and particularly invite his readers.

How far he has succeeded in fulfilling his most earnest, sincere and ardent wish to alleviate WOMAN'S SUFFERINGS, let the future speak.

M. E. DIRIX, M.D.

Fourth Avenue, between Wyckoff and Warren Sts,
BROOKLYN, *December, 1868.*

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WOMAN'S COMPLETE GUIDE TO HEALTH.

CHAPTER I.

GYNECOLOGY, OR THE DOCTRINE OF THE NATURE, DISEASES,
ETC., OF WOMEN.

AT the close of the last century the various diseases peculiar to women, their causes and true nature, were but very imperfectly understood. Their existence was overlooked, because their symptoms were obscure and their diagnosis impeded by various causes, such as social habits, religious customs, superstitions, etc. Consequently, the medical treatment of these diseases was necessarily inadequate, irrational, and of an empirical character, as it did not rest upon any scientific basis. Owing to various influences, in addition to the reasons above alluded to, these affections remained unchanged and permanent, thereby increasing greatly the sufferings they entailed. These sufferings, in many instances, were so acute, intense, and agonizing, as to render the invalid's existence a burden unendurable, if they did not, in consequence, actually carry her to a premature grave. The "*Opprobium Medicorum*," or the disgrace of the medical profession, never, perhaps,

was more legitimately applied to any disease, than to the diseases peculiar to women.

But this state of medical ignorance could not exist forever. Progress is the universal law—the law of nature. The science of medicine, like other branches of human knowledge, goes onward in its march, and could not fail of bringing to light new materials tending to alleviate the sufferings of mankind. Progress, for a century or two past, has been heralded in every science and art. In no science or art was improvement so imperatively demanded, or so absolutely necessary, as in medical science. In time, and gradually, medical science attained its due share of universal progress. In some of its departments, this progress was great, immense, unparalleled in medical history; in others it was at a stand still, or moved at a very slow pace. Gynecology, one of the most important and interesting branches of medical science, seemed doomed to remain, comparatively, without any sensible improvement till within a very recent period.

Toward the middle of the nineteenth century, or as late as twenty years back, the diseases peculiar to women received, however, something of the attention they really deserved; and before long, their importance was recognized to be greater than that which had hitherto been accorded to them. And the growing interest that this new field of investigation subsequently awakened among some of the most eminent professional men, could not fail to be productive of the happiest results.

Thus the existence of the diseases of women received full acknowledgment. Light, where darkness

previously existed, was thrown upon their causes and true nature, and hence, *what in the remotest periods of medical science were regarded as idiopathic affections of some organs, were now recognized to be sympathetic disturbances, or merely "effects" of disease in the womb.* Moreover, thus was established definitively, GYNECOLOGY, as a special branch of medical science. It is considered as such at the present day, if not by the profession generally, at least by the most discerning part of it.

If, then, the class of suffering women is yet very large (much larger than is generally supposed—their frequency and the degree of suffering seeming to increase with the progress of society), it cannot be said that the medical science of the nineteenth century, and Gynecology, in particular, is still at fault. Certainly not. The great delicacy that surrounds all woman's ailments, the excessive scrupulousness of some of their medical advisers, and the great indifference, if not utter and culpable neglect of others, to inquire minutely and conscientiously into the exact state of health of their patients, are some of the main reasons why so little relief is obtained by this class of sufferers.

It is by comparing woman when sick with woman when in health, that the true cause of her ill-health could always be ascertained with accuracy, and with little, if any difficulty. If this method were adopted, one would not witness daily medical treatment directed to fantastic diseases, or to symptoms—in other words, to the *effects* instead of to the *causes* of the disease. Thus, women are treated for diseases of the stomach, liver, kidneys, heart, lungs, throat, etc.; yet, in most

instances, these diseases will be found, on due investigation, to be, in reality, no diseases at all, but merely the sympathetic reactions or the symptoms of one disease, namely, a disease of the womb. This is now so evident, that often, after many years of suffering and treatment without benefit, the womb is, at last, made the object of investigation, and is finally recognized, both to be the only organ diseased, and, consequently, the primary cause of all the late sufferings. It is then made, in consequence, the object of treatment, and being ultimately cured, all the sympathetic manifestations alluded to above soon disappear, and the sufferer recovers at last her long-lost and almost hopeless health.

CHAPTER II.

CHLOROSIS.

CHLOROSIS is an affection mostly peculiar to women, and of comparatively frequent occurrence. It is characterized by discoloration and paleness of the skin, and more particularly of the face. This discoloration and paleness of the skin, moreover, assumes a yellowish-greenish hue of a greater or lesser proportion, according to the progress of the disease, from whence the affection has been called "green-sickness."

I.—NATURE OF CHLOROSIS.

Chlorosis is an affection of girlhood, just as the period of puberty approaches; and is, consequently, mostly observed in girls from thirteen or fourteen to nineteen or twenty years old, and unmarried. It becomes an extremely rare affection in girls approaching twenty-five, and after this age; and it is just as rare in the married. If a state seemingly chlorotic, has, perchance, been observed under these circumstances, this state should be considered in its true light, viz.: that of a state of anæmia, symptomatic of some abnormal state of the womb or its appendages. This seems also to be the view taken on the subject by Dr. Becquerel, of France. A lady is actually under my treatment for a retroversion of the womb, having existed

for the last three years. Her symptoms are an obstinate constipation, want of appetite, weakness, etc. But the most striking of her symptoms is pallor of the face—so much so, that her state might well give occasion to be considered as one of chlorosis. Yet she is merely anæmic through the abnormal condition of the digestive organs, the effects of the displaced womb pressing against the rectum, and producing thus a mechanical obstruction to the free motions of this organ, the rectum.

What the real nature of this disease is, is still an unsettled and open question. Some authorities, Dr. Bedford and others, for instance, suppose that it is a disease of the vascular system, and that its principal element consists in a decrease, or diminution in the richness of the blood, or rather of its red globules. Others, on the contrary, as Eisenmann, of Würzburg, and Becquerel, consider it a disease of the nervous system, and although they recognize the diminution of these red globules in the blood to be one of the main elements of the disease under consideration, yet they do not consider it to be the essential disease—all the disease. But, this part, the speculative part of a subject under consideration, has been excluded from this work, and, consequently, I am not called upon to clear up these conflicting opinions. Let the simple statement of the fact suffice.

II.—CAUSES OF CHLOROSIS.

The causes that operate in developing the disease are seldom known or discovered. These causes are

various and very numerous; they may operate separately, or, to a certain extent, collectively. A residence in humid, damp places; exposure to sudden changes of atmosphere; close confinement in overheated, ill-ventilated, and ill-lighted apartments; sedentary habits, are among them.

In France this disease is very common in girls working in manufactories. Impoverished diet, and consequently, the inevitable derangement in the digestive and intestinal organs; delicate and weak constitutions give rise to it. Such are some of the causes that may operate in developing this disease. It may, moreover, occasionally date its origin from functional derangement—in other words, from absence or irregularity of the menstrual function, or some structural lesion of the womb. Finally, moral causes, such as protracted grief, anxiety or fatigue, disappointments, unrequited love, etc., may also contribute in developing chlorosis.

III.—SYMPTOMATOLOGY, OR SYMPTOMS OF CHLOROSIS.

Chlorosis usually develops itself slowly and almost insensibly. It is rare that it develops itself with any degree of rapidity. As before stated, it is characterized by discoloration and paleness of the skin, and more particularly of the face. This discoloration of the cutaneous tissue is one of the most striking and constant symptoms of chlorosis; it is also one of the earliest. When the disease is well developed, it is manifested by numerous symptoms. There is impaired appetite and longing for unnatural food. This state of

the digestive organs is probably one of the causes of the obstinate constipation which is so generally present in this affection, if not occasioned by displacement of the womb. There is disturbed circulation, as indicated by a very variable pulse, palpitation of the heart, and general feeling of coldness. The nervous system is considerably involved in this disease, and very remarkably so. The female passes many sleepless nights, and in consequence becomes restless, depressed in spirits, complains of headache, lightness or vertigo, throbbing of the temples and ears, and other hysterical phenomena, according to the particular constitution of the girl so affected. The menstrual function, in cases of this affection, is usually deranged. This function may continue with regularity, but then the character of the menstrual blood will be changed; or the function may cease altogether, constituting amenorrhœa, a disease to be considered hereafter.

Such are some of the symptoms that may be said to characterize chlorosis in its earlier or incipient stage; but these are soon followed by others which clearly indicate that other organs—the womb, for instance—are morbidly affected, and have complicated the case.

IV.—DIAGNOSIS, OR DISCRIMINATION OF CHLOROSIS.

The history of the patient's ill-health, and a thorough and cautious examination of all the symptoms complained of, will generally enable the practitioner to discriminate chlorosis from any other disease.

The affection with which chlorosis may be easily confounded is anæmia; yet, the non-identity of the two affections is well founded. It is, then, not only of importance, but also of practical utility, that the distinction between these two affections should be well understood; the more so, as their treatment necessarily varies very materially. Consequently, I think it will be acceptable to my readers to point out next the chief differences between the two affections, and in so doing, will mainly adduce the arguments so clearly stated by Drs. Becquerel and Rodier, of Paris, and Dr. W. A. Hammond, of New York.

CHLOROSIS.

CAUSES.

1st. Chlorosis is especially an affection peculiar to women, and in the majority of cases occurs between the ages of fifteen and twenty-five; it is very rarely met with in persons beyond that age.

2d. The causes of chlorosis, for the most part, are unknown, or are directly associated with some powerful shock to the nervous system. Moral emotions, disappointments, and severe mental exertion, favor the development of chlorosis. Residence in large cities, and a sedentary life, likewise predispose to it.

ANÆMIA.

CAUSES.

1st. Anæmia is an affection to which both sexes are subject, and in no wise connected with age, but is just as liable to occur at one time of life as another, if the causes are set in operation.

2d. Anæmia may be induced by insufficient aëration of the blood, and by the action of deleterious vapors and gases in the atmosphere. It is, hence, apt to occur in persons who are forced to remain long in crowded apartments, or who are exposed to emanations of a poisonous character. Miners and others, cut off from a due sup-

ply of light, become anæmic, or etiolated, as the condition is called when it arises from a deficient amount of light. Long continued exposure to humidity may also produce it. The blood also becomes depraved by insufficient alimentation, or by the ingestion of food bad in quality, and by various other diseases and cachexies, too long to mention. In short, any acute or chronic disease, if sufficiently prolonged, in which the diet has been restricted, or in which the body has been subjected to exhausting discharges, is almost always followed by more or less well-marked anæmia.

3d. Chlorosis either comes on suddenly, after a severe mental shock, or occurs gradually from derangement of the nervous system, or arises without any very palpable cause.

SYMPTOMS.

4th. The symptoms of chlorosis are such as very markedly show its non-identity with anæmia. In the first place it is, in the early stages especially, characterized by disturbances in the nervous system. The character changes, the individual becomes morose, melancholic, or

3d. Anæmia, on the contrary, can be directly traced to some one of the causes mentioned above. It is rather a *sequela* of some well marked morbid condition, than a disease itself.

SYMPTOMS.

4th. In anæmia, the evidences of mental or nervous derangement are never prominent, and when they are present, are simply such as are directly the result of a deficient amount of blood in the brain. They consist, therefore, of headache, vertigo, and attacks of syncope.

subject to various whimsicalities of disposition, of temper, or of appetite: headache, vertigo, noises in the ears, neuralgia, palpitation of the heart, and nervous derangements of the stomach or bowels occur. There is usually indisposition to either physical or mental exertion, and there are generally pains at the points of attachment of certain muscles, and at various spots along the course of the spine. Sometimes there are choreic movements, or various hysterical manifestations, and occasionally epileptiform convulsions.

5th. Finally, the discoloration of the skin, consisting of a yellowish-green hue, and the paleness of all the mucous membranes, exists often from the very beginning of the disease. Derangements of the menstrual function, dysmenorrhœa, or painful menstruation, or amenorrhœa, are usual concomitants, and sometimes occur early in the course of the affection. Leucorrhœa is also a frequent accompaniment.

There is never in pure anæmia the perversion of character, and the suddenly-acquired likes and dislikes which are such notable features in chlorosis. Neuralgic pains and nervous derangements of the viscera are seldom met with, and are never such marked symptoms as they are in chlorosis. There may be palpitation of the heart, owing to the debility of the organ and the poverty of the blood.

5th. The color of the skin is altogether different in anæmia from that which prevails in chlorosis. Instead of being a yellowish-green it is pallid or doughy, more or less intense according to the degree to which the diminution of the essential elements of the blood has reached.

V.—PROGNOSIS OR FUTURE PROGRESS AND TERMINATION OF CHLOROSIS.

Chlorosis is a manageable disease. If chlorotic patients are submitted in time to proper medical advice, if their health has still remained vigorous, although greatly tried under the influence of the disease, and if no complication of a serious character accompanies it, it may safely be predicted that the case will terminate happily. If, on the contrary, the case has been neglected, mismanaged, and the patient's health decidedly broken down, and has otherwise become seriously complicated with other diseases, it may turn out to be a hopeless one. The complications alluded to just now, are : *a.* Hemorrhage from the nose, the eyes, the ears, the nipples, the lungs, the stomach ; *b.* Ulcerations of the stomach, etc. : *c.* Lesions of the spinal cord. The deaths which have and do occur in chlorosis are from hemorrhage from one or more of the organs above enumerated, and from ulceration of the stomach.

VI.—TREATMENT OF CHLOROSIS.

The treatment of chlorosis requires caution and good management, such as a physician alone can suggest. Chlorotic patients should enjoy frequent and active exercise in the open air, and nutritious and highly digestible diet, this to consist in all those articles of food which are best calculated to enrich the blood. But as the subjects of chlorosis are generally so greatly debilitated, it is essential that their food

and exercise should be adapted in proportion to their actual and growing strength. They should take frequent baths, both general and local, in fresh or salt water, the temperature of the water to be so graduated as will best suit their strength and the benefit they derive therefrom. Lastly, a no less important means of treatment, is the removal of any and all causes, physical, functional or moral, that may have been productive of the disease.

If chlorotic patients have been inhabiting ill-ventilated or ill-lighted apartments, for instance, these should be changed for more suitable quarters, and in the construction of them, the laws of health have received some consideration. Dr. Forbes Winslow, in his work recently published, on *Light and its Influence on Life and Health*, shows the inestimable value of light as a hygienic agent. He also very forcibly demonstrates that living in direct sunlight, or in buildings to which, during portions of the day, the direct rays of the sun have access, is necessary to the enjoyment of complete health, and to the attainment of the highest degree of mental and physical development. "Not only," says he, "is the reflected and polarized light which alone visits the pent-up dwellings of large towns, incompetent to discharge the stimulating functions performed by the solar beam, but it is supposed to exert positively deleterious effects upon the organism." He then goes on enumerating and classifying the pathological (morbid) phenomena which have been chiefly noted in persons living in badly-constructed houses containing but few windows, in factories and holds of ships, and in those who have long been im-

mured in prisons, as well as in the denizens of narrow streets and confined courts, garrets or cellars. Among all these classes of persons are found to be prevalent the severer kinds of chlorosis and other forms of anæmia, showing an impoverished state of the blood.

But one subtle and well-established mode of the action of light upon the organism has been omitted by Dr. Winslow. I allude to the well-known fact, that sunlight, by its stimulating effect, very considerably increases the action of the lungs, as it does of other organs. Inhalation and exhalation are more vigorous, the exchange of carbonic acid (the gas we expire) for oxygen (the gas we inhale) goes on more rapidly, the circulation is quickened, and doubtless the repair of the tissues is thus facilitated, etc.

Such is, in short, the treatment of one of the most remarkable diseases that "young girls" may be exposed to.

As an illustration of the principles that should be the guide in the treatment of Chlorosis, I take from my note-book the following two very interesting cases :

CASE I.—*Chlorosis in a girl eighteen years old, the result of the suppression of the menstrual function. Cured in four months' treatment.*

In 1860, I was requested to see a servant girl staying with a family whose acquaintance I had formed some years previous, on account of this girl's ill health. The history of the case is this : In the latter part of November, 1858, the girl left Ireland for the United States, and arrived in New York on New Year's eve. While in Ireland, she had enjoyed good,

even robust health in every respect. She began to menstruate at 14 years, without trouble, and continued to do so regularly till she left her home, within a week of her last courses. The voyage lasted nearly five weeks, and, consequently, she should have been unwell while on ship ; but from some cause or other, unaccountably to herself the menstrual function failed to appear.

She arrived in New York, as I said before, the eve of the 1st of January, 1859, apparently in as good health as usual. Her courses, which she expected would certainly come on in January, again failed to appear. Shortly after her landing here, she went into service. Some time later, her health, which up to that period had always been excellent, became impaired ; she gradually lost her appetite, her strength and her former aptitude for work. She grew low-spirited and ill-humored, her bowels became constipated and she began to complain of headache, lightness in the head, amounting occasionally to actual vertigo. All these symptoms had come on gradually, and before a year had expired, other symptoms appeared. She became pale, emaciated, exceedingly nervous, and talked of returning home. Within this year, also, she had changed service several times, her employers discharging her because "she was not up to her work."

When I first saw her, her state was truly pitiable. It was a genuine case of chlorosis, and it had made considerable progress. Her pallor was great and general, her face exhibiting the yellowish-greenish hue so characteristic of the disease. She complained,

moreover, of palpitation of the heart, and also of fluttering; of general weakness, great nervousness; of an obstinate constipation, which induced her to take large doses of castor oil and salts. Her condition, indeed, was such that it required a very exceptional and charitable family to keep her even for a week, and consequently she had been employed to take care of a sick elderly lady. She had received medical advice in almost every family she had served, but she had at no time derived any benefit from medicines that had been given her. This girl was of a better family than the average of Irish servants; she was intelligent, and seemed to have watched remarkably well the march and progress of her ill health. Having inquired in relation to her menstrual function, she said that she had not seen anything since she left Ireland, and added: "I do not know that it has anything to do with it, but my back feels at times so weak and lame; I feel a heavy weight across my hips and a dragging towards my legs, that makes them tremble under me." On inquiring still further, I was told that she had the whites: sometimes they were thin and copious, at others, thicker, and not quite so profuse; but she could not tell what particular cause produced an increase or decrease of the secretion.

Such was the history and gravity of the case with which I was to be entrusted. Before proceeding, I would crave my reader's further indulgence for one moment only, in order to recapitulate her long history of suffering. This girl left Ireland in excellent health, menstruating regularly. On her arrival here, her health was still good, but her menstrual function had been

suppressed. This suppression had gradually been followed up by symptoms characteristic of chlorosis, and ultimately by symptoms characteristic of some affection of the womb. She had received medical advice, and been treated, but had not in the least been relieved from her distress.

Doubtless, the treatment that this truly patient patient had received, had been directed mainly to her chlorotic state, regardless of any other abnormal condition she might have been laboring under. In other words, the treatment, in my opinion, had been directed principally to the "effect," instead of the "cause," of her disease. The chlorotic state of the girl was the "effect," and the diseased condition of the womb, whatever and wherever located, was the "cause" of her affection. Lastly, this cause, or the condition of the womb, it was imperative should be ascertained, in order that the appropriate treatment might finally be resorted to.

I prescribed for the patient with the understanding that, within two weeks, I should be allowed to examine the state of the womb. After some hesitation, she appointed a day within the time demanded. On the appointed day, I made, in the presence of the lady of the house, the examination requested, and I found the lower part of the vagina in a lower state of temperature than usual; but this state of temperature increased considerably on reaching higher up towards and around the neck of the womb. The neck of the womb was normally situated, tender on pressure, and somewhat increased in size. The mouth of the womb was so small that its location could only be ascertained

through a slight indentation. The womb itself was increased in bulk, and rather sensitive on external palpation. The very small aperture of the mouth of the womb, or some obstruction within its neck, had most likely been the impediment to the escape of the menstrual blood, which had in consequence remained shut up in the cavity of the womb, and increased with every menstrual period. The indication seemed to point to the letting out of this accumulated blood in the womb; and to this end I inserted the very smallest tent of elm-bark I could shape, about three quarters of an inch long, into the mouth of the womb, and as high up its neck as it would go, and left it there for twenty-four hours.

This proceeding was ineffectual, and on extracting the tent, it was perceived that it had not expanded in the slightest degree. No bad effects having otherwise resulted, I inserted in the same way the smallest sponge-tent I could procure. I extracted this tent early next morning; it was followed for several days by a moderate flow of blood, and by a dribbling of blood for several days more: all the effects of the dilatation of the neck of the womb soon subsided. I then gave general instructions as to diet, exercise, baths, medicines, etc., for the promotion of her courses. The girl felt a general relief following almost immediately the emptying of the womb of its long-accumulated blood.

She menstruated a month later, and continued to do so regularly for some time afterwards. She complained only of some slight sickness just before menstruating—a circumstance that had not accompanied

her former menstruation, but the difficulty seemed to be slight, since she paid little attention to it. In the mean time her health had improved gradually since the return of her courses, and improved more rapidly afterwards. All this change, from a wretched state of health to nearly as good a health as she ever enjoyed before, was effected in four months from the time I took charge of this case.

I have given this case in all its details, because it is an interesting and instructive one, as to the treatment to be pursued in all similar cases, and because it is but an example of nearly a dozen others of the same nature, that I have met with in practice between the the period of 1856 to 1867.

The following case occurred in the higher rank of society, where, I should remark, such cases are oftener found than in any other station of life.

CASE II.—*Chlorosis in a young lady of nineteen years old, the result of displacement of the womb. Cure complete within a year of appropriate treatment.*

In 1863, I was requested to see Miss B——, at her parents' residence in New York. On my arrival, I found a young lady reclining on a lounge, propped up and duly supported with numerous cushions, shawls, etc. The first glance I cast upon the invalid on approaching her lounge almost appalled me. It was neither life I contemplated, nor was it quite death. The history of the case was given me by the mother, and is as follows: Miss B—— was then in her nineteenth year. She began to menstruate at fourteen without any difficulty, and continued to do so regu-

larly for over a year. When she was nearly fifteen years old, she was sent to one of the boarding-schools in New York to finish her education. At that time she was delicate and slender, but her constitution showed vigor. She was very prepossessing, had a beautiful complexion, large dark eyes, with long silken eyelashes, her eyebrows were black and well-delineated. She was lively, cheerful and happy in disposition, and, to crown the whole, was endowed with great intelligence. The parents, as may be imagined, had built great expectations upon their darling; she was an only child, and a daughter, too; consequently she was indulged in all her wants, caprices or whims. She had scarcely been a year in school, when her menstrual function, from being regular, became irregular as to time, at first, and subsequently, also, irregular as to quantity and quality of the menstrual flow. No apparent cause could be assigned for this change. From this period, also, her health became impaired, and failed gradually, until it aroused the solicitude of her parents, who took her home to be nursed and treated by the family physician. She had been thus over one year and a half in her boarding-school, and was in her seventeenth year. At the expiration of another year, the state of health of this once lovely and blooming girl, instead of having improved under treatment received, and the careful, tender and unceasing nursing of her devoted mother, was miserable beyond expression. The family physician was under the impression that all resulted from "constitutional weakness," and had treated her accordingly. Of course, he had signally failed to improve in the least

the girl's state of health. He withdrew his attendance at the end of that year, saying that the case was beyond possible recovery, and that all that science could have accomplished had fairly been brought into requisition. The parents, out of respect to this old practitioner, their family adviser for some twenty years, did not consult any other medical man, neither had this family friend at any time advised them to do so. The moral of this and of all such cases of neglect of duty on the part both of physicians and parents, I respectfully submit to the consideration of the public.

Thus when I saw Miss B—— in 1863, she had been nearly a whole year without medical attendance, and was, as I remarked before, in her nineteenth year of age. The symptoms in the case were nearly all those we have seen complained of in the preceding case. It was chlorosis in a very advanced stage. Her features were excessively pale, pinched and almost transparent, and on very close examination and in a good light only, could be perceived the slightest greenish-yellowish hue that it is possible to imagine. The lids of her eyes seemed also slightly puffed, and the same puffiness or œdema occasionally appeared on her feet. But the symptoms that now mostly attracted my serious attention, were those which Miss B—— described herself. She experienced, she said, in the lower part of the abdomen, a sensation or feeling of pain as if occasioned by a heavy load, which at times worked as if it would descend lower, and escape from her person. The back and lower limbs were so weak and gave her so little support, that she was unable to walk for any length

of time across her room. After that she had to lay down again and rest. She had occasionally a thin, white vaginal discharge, not very profuse, she said, but she thought that when she had it most it considerably increased her weakness. Her courses appeared at longer or shorter intervals, every five or six weeks, and two, three and four months had elapsed before their appearance. The blood was variable, sometimes very pale and small in quantity. The nervous and moral systems were greatly shaken, as well may be imagined. I met the painful, anxious, and shall I add, the avowedly hopeless questions of the parents with but little encouragement. I only told them, that I had taken it for granted from the start of my practice, that wherever there is life there may be hope, and alluded to the result of the first case described in this chapter, also to a few others of the same type.

From this day I attended Miss B——, and saw her daily. A fortnight later she had gained a little in strength, and her nervousness grew somewhat quieter. There seemed also to be a look about her from which I augured well. Two or three weeks later still, or five weeks from the commencement of my attendance, Miss B—— had gained so much in strength, and her nerves became so much stronger, that I had become anxious to make a more thorough examination, and to attack the enemy in his stronghold, for such I considered the womb to be in this case. I knew that I should find this organ displaced, etc., and that here lay the foundation of the great irregularity of her courses. Having thus explained to the mother what I

suspected to be the cause of her daughter's ill health, and my duties in this respect, and having obtained Miss B——'s consent, I made the surgical examination. I found the hymen intact, but so dilatible as to admit of manipulation without any great difficulty. The neck of the womb was found only a short distance from the threshold of the vagina, perhaps a distance of about an inch, or three-quarters of an inch. It was very mobile, receding from the touch, tender, sensitive and somewhat larger than normally; its surroundings rather dry and of a low temperature. The mouth of the womb was so small that its location could only be identified by a slight depression. Here then was a case of displacement or falling of the womb. The indication was to replace the organ and to maintain it when replaced. It would be interesting to detail the treatment pursued and the progress of this truly critical case. Suffice it to say, however, that within six weeks of treatment, the organ lost its tendency to fall down, and remained finally in its natural position. From this time the case progressed rapidly, and in less than a year of the commencement of all treatment in this case, Miss B—— was entirely restored to her former good health, and looked, said the once more proud and happy mother, as pretty, if not prettier, than before.

In 1865, just as Miss B—— had recovered her health, her father failed in business, and removed with his family to one of the Western States, where, with the *débris* of his former fortune he had bought a farm, and consequently, I regret to say, I have not heard from the family since.

CHAPTER III.

HYSTERIA.

HYSTERIA is also a disease mostly peculiar to women, and is a disorder of very frequent occurrence. Its subjects are generally women between the ages of puberty and the cessation of the uterine functions.

I.—NATURE OF HYSTERIA.

It is a disease consisting of a morbid excitement of the nervous system, showing itself in occasional convulsive paroxysms and diversified functional disorder. It is, moreover, characterised by the extreme diversity and changeableness of its symptoms, which come rapidly, and as rapidly disappear, occur singly or in groups, with every possible variety of association, and, though often presenting an alarming aspect, are almost never really dangerous, being a mere ebullition upon the surface of life, while its depths are undisturbed. As an affection *per se*, or independently, it is not so frequently met with in practice, as it is in a dependent or connected condition with some lesion or affection of the womb or its functions, and, as such, hysteria is no longer considered a disease, but a mere symptom, "the effects" of disease of the womb.

That this form of the disease, viz., hysteria, dependent upon, or connected with some derangement of the womb, or its various functions, is more frequently met

with than chlorosis, is a fact pretty generally acknowledged. Dr. Landouzy, the author of a very able Treatise on Hysteria, which was crowned by the Academy of Medicine, Paris, made the autopsy of thirty-nine persons affected with hysteria, who had died of some other affection, and found that in twenty-nine some structural disease of the womb or its annexes existed. Further, from observation in hysterical women during life, resulted the important fact, that out of twenty-seven cases, disease of the womb was recognized in twenty-six instances. "This," he remarks, "is certainly, as far as it goes, very strong, if not conclusive testimony in favor of the connection between hysteria and an abnormal state of the sexual organs, whether from structural lesion or functional derangement." From my own observations of this affection, I have come to the same conclusion as Dr. Landouzy. Further, I am free to say, that those cases I have met with, so far, were all connected with some form or other of disease of the womb, and that in curing this latter affection, the hysteria or hysterical phenomena, which were all very promiscuous in the cases treated, disappeared without having received the slightest attention on my part.

"The subject of hysteria," observes Dr. Hewitt, of London, "occupies a sort of neutral ground; for although it is, as a rule, perhaps, to be looked upon as a general affection, there can be no doubt that between diseases of the generative organs and hysteria, there is in many cases a very close connection, and it is impossible, in reference to treatment, practically to separate them."

II.—ETIOLOGY, OR CAUSES OF HYSTERIA.

An unusual degree of excitability, or mobility of the nervous system, constitutes a predisposition to hysteria. This is sometimes received by inheritance. Parents affected with severe nervous diseases are apt to have hysterical children. Whatever impairs the energy and increases the excitability of the nervous system may have the effect to create a disposition to hysteria, where it does not exist: sedentary habits, confinement to an impure air, living in hot rooms, and sleeping in hot beds, too much indulgence in sleep, vicious practices in the young, and the premature forcing, by light and imaginative reading in early life, of the emotional part of the character, have a strong tendency to generate hysterical constitutions. The difference in the education and subsequent habits of the two sexes has a powerful effect in confirming their respective natural tendencies in relation to hysteria. The boy is strengthened against it by free exercise in the open air, the man by the invigorating influence of his bodily and mental struggles for a livelihood or pre-eminence.

In woman, the predisposition which she derives from nature is too often fostered by confinement in girlhood, and by a pernicious system which affords her, in opening womanhood, at once the leisure and the means for the indulgence of the feelings and the imagination, at the expense of the hardier mental qualities. The debility of convalescence from acute and exhausting diseases, as well as that which follows excessive depletion, encourages the approaches of hysteria. Among its exciting causes may be ranked

every thing capable of producing a strong impression upon the nervous system. Startling sights and sounds, astounding intelligence, surprise, terror, anger or vexation, jealousy, grief, and disappointment, especially of the affections, are apt to induce the first symptoms of the disease; and, when the morbid state of the system has become established, to provoke the paroxysmal attack. The imitative principle is a powerful cause, and instances are frequent in which the sight of one woman in hysterical convulsions has thrown others, previously exempt from the disease, into similar paroxysms. Still more frequently exciting causes are probably various morbid states of the system, which serve as sources of irritation to the nervous functions. Thus, the origin of hysterical attacks has been traced to the retrocession of cutaneous eruptions and the checking of habitual discharges, as the menstrual flow, for instance. Lastly, disease of the alimentary canal, and of the womb and its appendages, are among the most frequent exciting causes of hysterical phenomena. "There is," says Dr. George B. Wood, "undoubtedly a strong connection of some kind between hysteria and the condition of the sexual organs of woman. Most women experience at one time or another of their lives, symptoms at least analogous to the hysterical, at the catamenial periods." "Further," says he, "the office of reproduction in women is a most complicated and important function, which, in order that its several operations may be sustained in due harmony, requires the constant oversight and interference of the nervous system. This must, therefore, be in a condition of excitability, capa-

ble of answering quickly to the calls that may be made upon it, and by consequence peculiarly liable to be disturbed by morbid causes. Hence the more frequent occurrence of the disease in women, and at that age when the functions of the womb are in full vigor. Disorder of the womb may give rise to hysterical symptoms, just as intestinal disorder is known to do."

III.—SYMPTOMATOLOGY, OR SYMPTOMS OF HYSTERIA.

The extreme diversity and changeableness of the symptoms that characterize hysteria, have occasioned it to be called, very appropriately, Protean, or Protean-like. The following sketch of the symptoms of this disease I have condensed from Dr. G. B. Wood's excellent Treatise on the Practice of Medicine.

The morbid phenomena of hysteria are very apt to cluster, forming paroxysms, which occur at irregular periods. In some, these paroxysms constitute the chief signs of the disease; the health being tolerably good, and sometimes almost perfect in the intervals. In others, there is scarcely ever complete exemption, even through a long course of years; and the paroxysms are merely exacerbations of a never-ceasing disorder. In most, the slightest causes are sufficient to occasion some disturbance, and, though the inter-paroxysmal symptoms are not constant, they are very frequent, and often the source of great discomfort. Perhaps the best view of the disease can be obtained by first fixing attention upon the paroxysms, and then passing in review the most prominent of the phenomena connected with the derangement of the several functions.

The hysterical paroxysm is often preceded, for a longer or shorter time, by various distressing sensations and nervous irregularities, which become at length more than the nervous centres can tolerate, and relief is sought in violent muscular disturbance, and a more or less complete loss of consciousness. But frequently, also, these phenomena come on suddenly, without any premonition whatever, under the influence of occasional exciting causes, especially those of a mental character. The patient is sensible of distress at the epigastrium, or oppression about the chest, or perhaps has the feeling as of a ball ascending from some point in the abdomen, usually the left side, to the throat; loses the ordinary expression of countenance, which is replaced by a vacant stare; becomes agitated; falls if before standing; throws her limbs about convulsively; twists the body into all kinds of violent contortions; beats her chest; sometimes tears her hair, and attempts to bite herself or others; and, though a delicate woman, evinces a muscular strength which often requires four or five persons to restrain her effectually. The jaws work with a sort of grinding motion, the chest heaves, the heart palpitates tumultuously, the carotids throb, the features become flushed and swollen, and the patient now and then utters inarticulate sounds or cries. Sometimes, instead of the convulsive movements, there is a tetanic rigidity of the muscles, and the body is thrown back into an arch, or the limbs are stiffly contracted; and not unfrequently there is a mixture of the two conditions. The spasms often relax for a time, and are again renewed; and this may occur repeatedly during the paroxysm. There is,

during all this time, an apparent want of consciousness, which, in some cases, is real and complete, but often is only partial; the patient having a confused knowledge of what is said and done about her, and being able to recall the incidents of the paroxysm imperfectly after it has passed. The features are seldom greatly distorted; and, though there is, to a considerable extent, an absence of expression, there is yet an indefinable appearance as if the inner life were not sympathizing with the outer violence, and as if there was something unreal in the whole show. After a variable continuance, the convulsions subside, consciousness partially returns, and the patient, sometimes breaking out into a fit of laughter or sobbing, sometimes falling into a quiet state resembling sleep, gradually returns to her ordinary condition, though with feelings of fatigue and soreness, occasionally with temporary cataleptic stiffness, or partial palsy of some part of the body, and not unfrequently with a copious flow of colorless urine. All these symptoms, however, at length disappear; and then the patient experiences great relief, often feeling better than for a long time previously; as if the morbid excitability had exhausted itself, and given place, for a time, to a healthy state of the nervous system.

The duration of the paroxysm varies from fifteen minutes to several hours, and sometimes it continues for two or three days, though with remissions of the convulsions, and intervals, if not of consciousness, yet of calm stupor. In many instances, there is a rapid succession of convulsions, the patient being quite conscious in the intervals; and in this condition, with

longer or shorter respite, the affection may continue for many days or weeks. The paroxysm, however, varies exceedingly in character and intensity. Sometimes it consists simply in feelings of abdominal or pectoral distress, with troubled breathing, sensations as of choking in the throat, bursts of weeping or of laughter, and slight twitchings of the muscles, not amounting to convulsions, and without loss of consciousness. Sometimes the prominent sensation is that, before alluded to, of the *globus hystericus*, as of a ball in the abdomen, rising to the epigastrium and the throat, and probably owing to spasmodic constriction of the intestinal tube and of the œsophagus. Another variety of the paroxysm is that of quiet coma. The patient lies perfectly motionless, with the eyes closed, apparently without consciousness, and incapable of being roused by the loudest sounds, shaking, pinching, etc., to which she seems to be quite insensible. The respiration is sometimes so feeble as hardly to be perceptible, the surface is cool, and bystanders are apt to think that the patient is dead; but the pulse, so far as has been observed, is always perceptible, and the countenance, though calm and motionless, wants the sunken aspect of death, and is rather as of one sleeping. This comatose state sometimes continues for one, two, or three days.

The occurrence of the paroxysms is usually quite irregular, at intervals varying from a day, or less than a day, to months, depending partly on the degree of accumulated excitability in the nervous system of the patient, partly on the variable incidents which may disturb her physical or mental equability. There is

one circumstance, however, which tends to give a periodical character to the nervous symptoms. They are very apt to be worse about the menstrual period, and some women have a regular hysterical paroxysm at that time. Such is the character of what is called a "hysterical fit, or paroxysm."

I will now proceed to pass in review the most prominent of the phenomena connected with the derangement of the several functions. These are :

First, the *Digestive Function*. There is frequently difficulty of deglutition. The patient cannot swallow, or thinks she cannot swallow, and the attempt is attended with strangling sensations. The stomach is variously disordered: craving, deficient or depraved appetite, desire for strange articles of food, various dyspeptic sensations, flatulence, spasmodic pains, and vomitings—sometimes excessive and obstinate, are among the occasional gastric symptoms; and yet digestion goes on. The bowels are usually disposed to flatulence and constipation. There is then rumbling and various other sensations, giving much annoyance and great trouble to hysterical patients. Sometimes attacks of violent intestinal spasm come on, so characteristic of the affection as to have received the name of *hysterical colic*. The constipation will sometimes continue for weeks if not cared for. Occasionally, there is diarrhoea. Another abdominal affection is acute pain and excessive tenderness upon pressure, which, co-existing with distention, and a frequent pulse, have sometimes been mistaken for signs of another disease, and led to corresponding treatment.

Secondly, the *Respiratory Function*. The function

of respiration, as seen above, suffers also. The larynx may be the seat of various irritations, in some instances modifying or suppressing the voice; in others, giving rise to spasms of the glottis, which, for a time, completely obstruct the entrance of air into the lungs, and yield only on the approach of asphyxia. A hard, dry, sonorous cough, sometimes occurring in convulsive paroxysms, like those of whooping-cough, is another symptom. Great oppression of the chest, with labored breathing, is not uncommon; and dyspnoea, with a sense of constriction, bearing a close resemblance to the paroxysms of spasmodic asthma, is every now and then noticed. Deep sighs, yawnings, and hiccough are frequent hysterical phenomena.

Thirdly, the *Circulatory Function*. The circulation in hysteria suffers scarcely less than the other functions mentioned above. Palpitations of the greatest violence are very frequent, alarming the patient with the fear of organic disease of the heart. The pulse is generally irregular, being at one time very frequent, at another time perhaps slower than is natural, and almost always easily disturbed by slight causes.

Fourthly, the *Function of the Liver and Kidneys*. The liver and kidneys are liable to suffer, and almost all the functional disorders incident to the biliary and urinary organs may be looked for in this complaint. Both secretions may be deficient, excessive, or variously altered. The urine is sometimes exceedingly copious, and in some rare cases has been almost or entirely suppressed.

Fifthly, the *Nervous System*. The nervous system in this disease exhibits, above all others, a proneness to

derangement. This system is really the very seat and throne of the disease (if not the symptom), and in its various ramifications are displayed almost all the fantastic vagaries of this curious affection. Of the general nervous phenomena, pain of one kind or another is among the most frequent. Neuralgia is very often a purely hysterical affection. Headache is very common, and sometimes almost insupportably violent. A frequent form of it is that denominated *clavus hystericus*; a fixed pain in one spot, generally over the eye. But it is often also more or less diffused, and is liable to all the diversities incident to this affection from other causes. Pains in the chest are very frequent, especially on the left side, under the mammæ. In this situation they are sometimes very severe and obstinate. The bust itself is occasionally acutely painful, giving rise even to the suspicion of cancer, and causing great distress on this score. All or some of these pains, or painful sensations, more or less acute, are felt in the abdomen, the spine, the urinary and sexual organs and the extremities, such as the joints; but it would take considerable time to notice each of these organs, and for practical purposes, the bare allusion to the possibility of these pains extending to the sexual organs being mentioned, it is, I think, sufficient.

Sixthly, the *Cutaneous Surface*. The skin is morbidly sensitive, and thus affords indeed a common symptom of hysteria. Pressure on any part of the body will often occasion much apparent uneasiness. This tenderness is peculiarly apt to be evinced by the skin in the vicinity of the spine. One of the most common complaints by hysterical patients is of gen-

eral and vague discomfort, of sensations in various parts of the body which they cannot describe, or feelings of soreness, uneasiness, and aching in the limbs, which induce a constant restlessness, and disposition to motion.

Seventhly, the *Special Senses*. The special senses frequently suffer in hysteria. Intolerance of light and sound, perverted vision, even loss of vision, noises of various kinds in the ears, and derangements of the senses of smell, taste, and touch are not uncommon.

Eighthly, the *Function of Voluntary Motion*. This is notoriously perverted. The characteristic convulsions of hysteria have already been spoken of. The muscles sometimes contract rigidly as in tetanus. Instances every now and then occur in which permanent contractions take place with deformity of the limbs, and even distortion of the body; it is not so very rare to meet with hysterical paralysis.

Ninthly, the *Sensorial Functions*. These are greatly disturbed. Attention has been already called to the headache, noises in the ears, and perverted vision of hysteria. Vertiginous sensations are very common. Sleep is often greatly disturbed. The patients are exceedingly liable to spells of causeless low spirits, with various marks of nervous disorder, which are popularly called *the vapors*. Occasionally the spirits are equally without cause excessively elated. Patients will at one time burst into tears or sobbing, at another time into giggling or laughter, and in either case without any assignable reason. The temper is apt to be impatient, capricious and whimsical. Slight causes excite anger, and bring on convulsions or other nerv-

ous paroxysms. Occasionally the cerebral functions are so much deranged that the disease amounts to insanity. This shows itself in a great variety of modes. Sometimes the patient is obstinately silent, hides her head under the bedclothes, refuses to show her tongue, to take her medicine, etc. Sometimes, on the contrary, she is talkative, and tells of strange sights that she has seen, or incidents in which she has been concerned, both equally unreal; she sings, perhaps, or dances.

Tenthly, the *Reproductive Function*. The derangement of this function I consider of the utmost importance, and to understand it thoroughly, is to possess at once and unmistakably the key to most of the causes of hysteria that are met in practice. So common, indeed, is disorder of the womb, that it has given its name to the complaint. It is of daily observation, that in the great majority of cases of hysteria, we discover, upon examination of the womb, some one or other of the many abnormal conditions and lesions to which this organ is so liable—from inflammation, abrasion or ulceration of its neck to the more serious and complicated abnormal states of the womb itself, such as inflammation of its mucous membrane or of its substance, and the abnormal growths and tumors to which this inflammatory state may give rise, as well as to the divers displacements of the womb consequent upon the inflammation and tumors just alluded to.

The above sketch, incomplete as it is, will give my readers a fair idea of the strangest of the diseases to which women are subject, which, from its symptoms,

almost without number, has very appropriately received the name "Protean."

IV.—DIAGNOSIS OF HYSTERIA.

It is of the utmost importance, not only to be able to recognize the hysterical paroxysms, but also to be familiar with the irregular phenomena of this disease. These often so closely counterfeit other more dangerous affections, that there is great liability to error of diagnosis and consequent serious mistakes in practice. That affection with which the hysterical paroxysms are most liable to be confounded is epilepsy. In order that the parallel between these affections may be well understood, I have thought it advisable to annex here a table giving the most striking differences and analogies which may exist between them.

HYSTERIA.

EPILEPSY.

- | | |
|---|---|
| 1. Is, in general, a trivial affection. | 1. Is an affection of a more serious character. |
| 2. Is a disease of the nervous system, and may be idiopathic or symptomatic. | 2. Is a disease of the brain, and may be idiopathic or symptomatic. |
| 3. The hysterical paroxysms generally come on less suddenly, or, if sudden, have an obvious cause. | 3. The epileptic paroxysms find the patient comparatively unprepared, the attack being sudden. |
| 4. There is no loud cry at the outset; the features are seldom distorted, and foam seldom appears at the lips; the pupils | 4. Is ushered in by a sudden cry; frightful distortion of the features; permanent dilation or contraction of the pupil; a |

change upon exposure to the light; the face, though flushed, is usually of a bright red; the respiration is less embarrassed; there is throughout the paroxysm an appearance as of a concealed will obscurely mingling with the causes of the phenomena, and sometimes an obvious degree of consciousness; there is an absence of deep coma after the subsidence of the convulsions; and, finally, the hysterical laughter and sobbing are, when they occur, quite characteristic.

5. In the intervals between the paroxysms, the face of the hysterical patient of any standing has usually all the appearance of health, both in its physical character and its expression.

6. The prognosis as to ultimate recovery is favorable.

livid turgescence of the face; the foaming at the mouth; the small quantity of air admitted into the lungs in respiration; the comparative brevity of the convulsive portion of the fit, and the profound coma which attends the convulsions, and continues for some time after they have ceased.

5. In the intervals between the paroxysms, the epileptic patient, under similar circumstances, almost always exhibits the marks of the disease in a peculiar physiognomy.

6. The prognosis as to ultimate recovery is unfavorable.

I have already observed that hysteria is apt to counterfeit other dangerous affections. For instance, it may counterfeit inflammation of the brain, apoplexy, palsy, laryngitis, asthma, organic disease of the heart or gastritis. In all these cases, it is in general only necessary to bear in mind the distinguishing features of hysteria, to be able to recognize it in its disguise. The superficial character of the affection, which often

shows itself to an experienced eye in the midst of the greatest apparent violence; its fickle, shifting tendency, the want of correspondence between the violence of the functional disorder and the usual evidences of organic disease, the frequent intervals of apparent health, the tendency to causeless laughter and weeping, the want of an expression of deep disease upon the countenance, the frequent normal state of the skin and pulse and the fitful character of the latter when excited, and, lastly, the very frequent presence of tenderness of one or more of the vertebræ, are signs which can scarcely fail to prevent mistake, at least in all ordinary cases.

V.—PROGNOSIS OF HYSTERIA.

The ultimate result of hysteria, as I said when treating of its diagnosis, is generally favorable.

VI.—TREATMENT OF HYSTERIA.

The treatment of hysteria may be divided into that required for the paroxysm and for the relief of the prominent symptoms, and into that calculated to cure the disease by correcting the cause of irritation, and changing the irritable condition of the nervous system. To effect the latter is unquestionably the province of the physician, and the case should instantly be trusted to his care. To him it is due to investigate carefully all the circumstances of the case, whether the affection is due to functional derangement of the womb, in the form of some of the menstrual aberrations.

tions constantly observed in practice, or to some organic or other derangement of this organ, or whether the hysteria is due to or originates from an anæmic state of the system. As to the paroxysms, and while expecting the medical adviser, the friends of the hysterical patient may give such assistance as it is in their power to give. The patient may be placed in bed, her dress loosened, and so much restraint used as to obviate personal injury. It is scarcely possible to coerce every limb or muscle, nor is it desirable to do so ; for the convulsions are to be looked on, rather as a safe outlet for the excessive irritation of the nervous centres than as in themselves hurtful. To rouse the patient, cold water may be sprinkled or dashed upon the face, and some one or other of the usual stimulants applied lightly to the nostrils, such as camphor, ammonia, burnt feathers, or the inhalation of chloroform, if this can be superintended by an intelligent person. It will sometimes be advisable to speak in a decided tone, in the presence of the patient, of the necessity of shaving the head, or of giving her a cold shower-bath, should she not be soon relieved. Strong mental impressions have a powerful influence over the disease, and sufficient consciousness often remains during the apparent coma to appreciate observations of this kind.

It does not follow, because such a mental impression may prove useful, that the patient has been counterfeiting illness. It acts by replacing one impression by another more powerful for a time. The sedative influence of fear may allay, as I have known it to do, the excitement of the nervous centres ; perhaps a strong

impression upon the emotional centres may act revulsively within the cerebro-spinal cavity, by calling off irritation from those which govern the convulsive movements. The patient may herself often do much in controlling the tendency to the hysterical paroxysms by a determined exertion of her own will.

Respecting the diet and hygiene of hysterical patients, little can be said of a special nature which would not equally apply to most of the affections to which women are subject. Let there be regular habits, plain and simple, but nourishing diet, avoidance of mental excitement or effort, free exercise in the open air, general baths, with assiduous frictions of the cutaneous surface. Residence at a watering place will often be beneficial, not only on account of the therapeutical action of the water, but on account of the novel and regular mode of life there enjoyed. If the mental faculties have been exercised at the expense of the physical, a careful avoidance of all sources of mental excitement should be perseveringly guarded against. The object aimed at should be to develop the physical energies, to cultivate the activity of the locomotive apparatus, and to restrain, as much as possible, the exercise of the mental faculties.

The sexual tendencies frequently shown in this affection require to be kept in subjugation. Matrimony, I am aware, has occasionally been recommended as a cure, in cases of hysteria, where, at the same time, a very strong sexual inclination existed. In such cases it may be allowed, and may do good. There are cases, however, where slight hysteria is not attended with any very strong sexual inclinations, and others where

the hysteria is complicated with or dependent upon some abnormal condition of the uterine organs. Under such circumstances, marriage should not be thought of or encouraged. It will have very little, if any, curative effect. Marriage, indeed, in these latter cases had better—in definitive cases it really ought to be postponed for a while, until such time as the abnormal state of the womb, and its nervous manifestations, or the hysterical phenomena, have been entirely cured.

CASES OF HYSTERIA.

Among the cases of hysteria whose history I took down more or less fully at the time I saw them, are the following:

CASE III.—*Hysteria dependent on an affection of the womb in a married lady, aged twenty-eight. The cure of the affection effected the cure of the hysteria.*

In 1859 I was requested to see Mrs. E——, of New York, aged twenty-eight, a mother of one child five years old. The history of the case, as given to me, is as follows: Mrs. E—— married in the twentieth year of her age; had always been a delicate girl, and of a rather nervous temperament, yet enjoyed good health. She complained at that period of a little uneasiness and sickness two or three days preceding her menstruation, but it passed off as soon as the menstrual flow had fairly commenced. Her only child was born a year and a half after marriage. The confinement had been a long and fatiguing one, and she made a slow recovery. Her health, however, was not any longer

the same ; it lacked former strength, and she began to experience a general *malaise* that she could neither understand nor express. A little over a year from the birth of her child she miscarried, for no reason that she could assign ; the miscarriage was followed with some hemorrhage—bleeding continued more or less for five weeks, and she remained an invalid for quite a period.

From the period of this miscarriage she dated all her sufferings. Gradually, symptom after symptom appeared, and her health rapidly grew worse ; her nervousness was great, and one day she was found lying on the floor, in her own room, in convulsions. She complained of a number of the symptoms described in this chapter ; the fits set in every now and then, nor could she tell what gave rise to them. She had been attended first by her family physician, afterward by two others, in succession, but no benefit had been derived from the treatment pursued. It is all but certain that these physicians considered the hysteria as the disease instead of a symptom, for they all prescribed for Mrs. E—— without ever having inquired in relation to the performance of the functions of the womb. Hence, their failure. When I called, Mrs. E—— had just had an attack of the paroxysm, and it was passing off, as shown by her laughing, sobbing, and grasping at her throat, alternately. Finally, she became quiet, and the whole trouble ended by a copious urinary secretion.

I prescribed for her, but requested, preliminary to any further attendance on my part, that I should be allowed to make an examination of the womb and its

appendages, and appointed the day. Consent was given. I made the examination, and was fully confirmed in my supposition of the existence of disease of the womb, and in referring all Mrs. E——'s sufferings to this affection. The most prominent and unmistakable local symptom she had complained of, was that she experienced great distress in sexual intercourse, which threw her nearly every time into convulsions. It had this effect several times. She now remained under medico-surgical treatment for nearly nine months, when the womb and its neck were perfectly restored to their normal condition. No fits had occurred within the last three months of the treatment; her courses were regularly performed and without any difficulty. She gradually improved in health, and was finally as well as she ever had been before.

CASE IV.—*Hysteria, consequent upon an affection of the womb in a lady of thirty-five. Successful treatment.*

In 1862, I was consulted by Mrs. McC——, then visiting a sister in New York, from one of the Western States. Mrs. McC—— was thirty-five years old, a mother of three children, the last ten years old. She had for the previous eight years been subject to hysterical fits, more or less severe. Her health had been very poor during that period. She had been most of this long time under the care of her family physician, but with little, if any, improvement in the state of her health. For two years prior to my seeing her, the attacks had come on so often that hardly a week expired without her having two, or even three of them. The causes which, in her opinion, called these attacks

into operation were threefold : great vexations in her household avocations, too frequent intercourse in succession, and in a short time, which was also usually followed by a slight bleeding, and, lastly, the periods of her courses. These had so far been regular, but they lasted too long, say from eight to ten and twelve days, and the menstrual flow was increased and exhausting. She complained bitterly of soreness in her back, across her hips, of shooting pains in the region of the womb, and of a weakening leucorrhœa. If my readers will take it for granted that this lady was, moreover, laboring under many of the symptoms of hysteria, they will have a pretty good idea of the case, and will save my entering into a tiresome repetition of those symptoms already repeated several times.

Mrs. McC—— acceded to my request for permission to examine the womb. I requested it as being imperatively demanded, preliminary to the adoption of any treatment. In the examination, among other abnormal conditions, I found the neck of the womb in a wretched state. I cannot better compare its condition than to a large bleeding piece of raw beef. She was three months under a steady medico-surgical treatment. Her improvement in health was so unquestionable, that she protracted her stay till she should be entirely well. And I had the satisfaction to send this lady home five months later, entirely cured from her disease, and of its effect, hysteria, while her health in all other respects was as good as she could desire it to be.

CHAPTER IV.

AMENORRHŒA.

AMENORRHŒA is an affection exceedingly common among women. This term has been applied to designate an absence of the menstrual function. It is a disease that may occur from the age of puberty to the critical age at a later period. It is divided into—

First, *Retention of the Menses*. A condition of the system in which the function has never appeared.

Second, *Suppression of the Menses*, which is that condition in which, having been established, it became from certain causes arrested.

Wishing to impart, as far as possible, correct information in relation to amenorrhœa, I think it best to treat of the nature, cause, and symptoms of both retention and of suppression of the menses, individually, and to consider what I have further to say upon the subject as occupying common ground, in other words, as being referable to amenorrhœa in general.

I.—(1.) RETENTION OF THE MENSES—ITS NATURE.

This is, as I said before, that condition of the system in which the function has never appeared. It is, consequently, an affection of early girlhood, and of those girls in whom the ovaries, which are necessarily

connected with menstruation, have not attained their full development, the physical appearance of the girl presenting all the characteristics of the child; there is an absence of that fullness and *embonpoint* which mark womanhood.

ETIOLOGY, OR CAUSES OF RETENTION OF THE MENSES.

The causes that may operate in the development of amenorrhœa by retention, in young girls, may be said to be generally of a constitutional character, which predispose the person to such a difficulty. The following are some of these causes:

a. A nervous constitution, weakly or cachectic constitution, a lymphatic, flabby constitution, a robust or plethoric constitution.

b. Constitutional causes may be owing to organic affections and visceral lesions in other parts of the body, such as consumption, chlorosis, scrofula, etc.

c. And, lastly, constitutional causes which have received the name of mechanical causes, may bring the affection we are considering into existence; such as atrophy of the womb or ovaries; deficient development, functional weakness, entire absence of the womb, imperforate mouth of the womb, imperforate hymen, occlusion of the vagina, stricture of the neck of the womb.

SYMPTOMATOLOGY, OR SYMPTOMS OF RETENTION OF THE MENSES.

The symptoms, or chain of symptoms, which characterize retention of the menses, depend on the causes

that may or may not have produced it, as also on the peculiar system of the individual. Consequently, they are so various, and extend over such a large field, that to attempt their description would be entering a labyrinth without issue. What I may say in this connection, however, is, that some of the symptoms that may be met with in retention of the menses, have been detailed in the chapters on Chlorosis and Hysteria, and that many others will be described at some length, when I come to speak of inflammation and ulceration of the neck of the womb. In retention, however, occasioned by mechanical obstruction, there is one symptom, the symptom of all symptoms, that for obvious reasons, should be well understood by mothers, daughters, and the public alike. I allude to the enlargement of the abdomen in this affection from the accumulation of the menstrual fluid contained in the womb. This latter organ becomes increased in size, and several symptoms, simulating pregnancy, develop themselves. It also gradually compresses the rectum, the bladder, the pelvic nerves, impeding stool and the urinary emission, and causing a number of symptoms, local and others, to be mentioned in other parts of this work.

(2.) SUPPRESSION OF THE MENSES—ITS NATURE.

Suppression of the menses is that condition in which having been once established, the menses become from certain causes suppressed. It may develop itself slowly and gradually, or it may be brought about suddenly. It occurs in the most sound and healthy con-

stitution, as well as in those of very different constitutions.

(3.) ETIOLOGY, OR CAUSES OF SUPPRESSION OF THE MENSES.

This affection may arise from innumerable causes. The various constitutional causes that may occasion retention, and which were detailed in the first section of this chapter, may also operate, after menstruation has been established, to bring about suppression. Other causes, such as inhabiting low, badly lighted, cold, wet and insalubrious dwellings or apartments; extreme changes of temperature; the improper and always injudicious use of cold baths, washes, injections at the period of the expected courses, or while menstruating, which, I should say, is one of the most frequent, and certainly most powerful cause of suppression of the menses; the requirements of fashion and gallantry, in consequence of which, dashing women sometimes expose themselves half covered to the air, and at other times load themselves with unnecessary garments; sudden exposure to the fresh night air, still heated, sweating, on leaving ball rooms or other places of amusement when unwell, and indulging at the same time in cold drinks or ice creams; the being seated upon a damp cold place, a stone, or bench, or steps; too stimulating food, or insufficient and unwholesome nourishment; a sedentary mode of life, like that of the seamstress, or excessive exercise, like that of dancers, singers, servants; change from the country to large cities; admission to

hospitals, convents, working-houses, manufactories or boarding-schools; fatiguing journeys, etc.; all these may produce suppression of the menses in young girls and others. I would also add, the abuse of drugs in domestic practice, such as emetics and purgatives, for correcting certain anomalous conditions of health, or to bring on "the thing." Among the married, moreover, complete abstemiousness or sexual excesses; various abnormal conditions of the womb or its appendages, brought about and inherent to the marriage state, such as confinements; all these may likewise occasion the suppression we are considering. Moral causes, such as violent emotions of the mind, vehement anger, terror, sudden joy, intense grief, revolting sights, fright, etc., or any other cause which abruptly shocks the system, etc., may induce the affection.

(3.) SYMPTOMATOLOGY, SYMPTOMS OF SUPPRESSION OF THE MENSES.

The symptoms which follow suppression of the menses are nearly all those we may expect to meet with in retention, with this notable difference, that the symptoms of suppression are rather of an acute and often inflammatory character. Consequently, we may meet with very serious and dangerous conditions in a patient laboring under a sudden suppression of her menses. For instance, she may be attacked by congestion and inflammation of the lungs, the brain or the womb, this latter especially, and other organs, or she may be attacked by serious hemorrhages from the lungs and stomach. Any or all of these conditions

may be attended with more or less fever and vascular repletion, as shown by a flushed countenance, engorged eyes, full and vigorous pulse, heat of the surface, headache, dizziness, pain in the limbs, and general languor.

II.—DIAGNOSIS OF AMENORRHŒA IN GENERAL.

The existence of amenorrhœa is known by the evidence of the fact. Still, that which has particularly to be ascertained, is the causal condition, whether of retention or of suppression. If of a mechanical character, its true nature, location, and extent has to be ascertained. And to do this, a physical examination must be resorted to. The fact of a patient being a virgin should cause a deference, but not forbid an examination indispensable to a correct understanding of the cause of a condition that may destroy her life.

III.—PROGNOSIS OF AMENORRHŒA IN GENERAL.

As regards the final result and progress of amenorrhœa, it differs considerably, and depends entirely upon the causes of the irregularity. As a general rule, we are safe in considering the prognosis of amenorrhœa as favorable, provided the affection is not complicated with, or depending upon, some serious organic difficulty. As to the mechanical causes of amenorrhœa, these are mostly easily overcome, and the case progresses satisfactorily to the end.

IV.—TREATMENT OF AMENORRHŒA IN GENERAL.

In the treatment of amenorrhœa, it is of particular importance to ascertain whether it is owing to constitutional or accidental causes ; in other words, whether it is an independent or symptomatic condition. Since amenorrhœa, apart from any organic or mechanical cause is, in my opinion, mostly a symptom, it becomes absolutely necessary to treat the disease—the cause, of which amenorrhœa is a symptom or effect.

Let us suppose amenorrhœa to depend upon some affection of the womb or of its appendages, such as inflammation and ulceration of its neck, or upon some form or other of the various displacements to which the womb is subject, or to any abnormal growth, tumor or polypus within the cavity of the womb ; all these abnormal conditions will have to be remedied before we may expect to cure amenorrhœa. As to any other of the many causes that may lead to the suppression of the menses, checked perspiration, exposure to cold, cold drinks, mental emotions, etc., all or any of these causes may promptly or gradually receive relief by the employment of suitable remedies. And, to repeat, amenorrhœa, as well as any other affection to which women are subject, and much more so, for that matter, should promptly, without delay, and before other difficulties arise to complicate the case, be submitted to a judicious and trusty medical adviser.

CASES OF AMENORRHŒA.

Among other cases that I have met with in private practice having special reference to the affection I have endeavored to describe, are the following :

CASE V.—*Retention, of amenorrhœa, in a girl aged seventeen, from insufficiency of physical development. Nature abides its time.*

In 1860 I was requested to prescribe for a young miss, seventeen years old, who complained of headache; dizziness; general restlessness and lassitude; palpitation of the heart, and flushes in the face, while the rest of the body remained rather cool. She had not yet menstruated, and the mother requested me to give her daughter something to bring on her courses. On looking casually at this young lady, it at once struck me that she showed, as yet, little of the appearances of womanhood, or so much as is generally remarked in girls of her age. She was slender, delicate, child-like. Her constitution was decidedly scrofulous, and the cut of her dress, in front, denoted, without special local examination, the total absence, or nearly so, of her breasts. I informed the mother that her daughter was still a child; that the time she should menstruate had not come yet, but was at hand. Nevertheless, that nature was not inactive, as best shown by the troubles of the girl, above detailed, but that nature bides its own time, and that I respectfully declined coercing it by prescribing medicines, and thereby satisfying the mother, perhaps to the injury of her daughter's health. I gave, however, general instruc-

tions as to the proper diet and exercise, and requested the mother to bring her daughter back within six months if the state of her health was not more satisfactory than it then was. On or about the first of the seventh month thereafter, the girl menstruated, and continued to do so regularly for about a year, when I lost sight of her. The inauguration of the girl's menstruation immediately improved her health, while it relieved the premature and over-anxious solicitude of her parent.

CASES VI.-X.—*Retention of the menses in girls of various ages from insufficiency of physical development. Time their benefactor.*

From 1856 to 1867 I was consulted on five different occasions, beside the above case, by mothers, in reference to the tardy menstruation of their daughters. These girls, of whom the youngest was but fifteen and the eldest eighteen years old, in most instances presented that lack of physical development I described in the preceding case; while all were troubled almost similarly, with more or less variations, according to their individual constitutions; some being affected with slight hysterical symptoms, some others showing marks of incipient chlorosis. In every instance the case was conducted safely through by prescribing patience, trust in nature, and the use of means best adapted to aid nature in giving the girl a physical vigor which would enable her, through the proper growth and development of the organs, to perform the physiological or natural offices of her sex.

CASES XI.—XIX.—*Suppression of the menses in persons of various ages, single and married, from divers constitutional and accidental causes. Successful termination of the cases, with one exception.*

In the same period, to wit, from 1856 to 1867, I was consulted in nine different instances, in reference to suppression of the menses. Six of the nine persons were young girls from fifteen to twenty-five years old, and three were married ladies; one being nineteen, one twenty-one, and the other twenty-four. In all of them the menstrual function had taken place in due time, and had continued for a time of more or less duration. The girl of fifteen menstruated only six times regularly. In all, menstruation failed to appear at one of its expected returns. In three cases, the suppression developed itself gradually, the patients, individually, being unable to tell the active cause of the suppression, or that which might have brought it about. In the remaining six, the suppression was accidental and sudden, and was brought on in the following manner: In two of the six cases (who were sisters) the suppression of the menses had been brought on by exposure to the fresh air, a very cold winter night, on coming from a ball given by one of the militia regiments in New York, while they were still heated and perspiring from the last round of dances they had gone through. One patient attributed the occurrence of the suppression to a great fright she had one day while crossing Broadway, by finding herself suddenly caught, as it were, between two stages coming in opposite directions, from which situation she only escaped un-

hurt by the timely and dexterous management of a police officer, usually on duty at that place. Another patient drank ice-water, immoderately, it is believed, one very hot summer day, while returning, heated, from an excursion in the country. Another patient, in order to be what she termed "all right" for an expected dancing party, foolishly took a cold foot-bath, the third or fourth day of her courses. And lastly, one of the six persons was caught in a sudden thunder shower, which drenched her thoroughly before she could reach shelter. All six were actually menstruating, or on the eve of its commencement, or of its termination, when the incident occurred.

The symptoms in these cases, as may be surmised, were various. It would take considerable time and space to describe them individually, even incompletely. For all practical purposes, let it suffice to give here a summary of the same, and to refer my readers to the affections so far treated of, to wit: chlorosis, hysteria, and amenorrhœa which we have been considering. A good idea will thus be obtained of the symptoms complained of by the patients, which are now the subject under consideration. The three patients, in whom the suppression of the menses had been gradually brought about, were the subjects of some of the constitutional diseases mentioned in the preceding pages, and their sufferings were more or less those of chlorosis, and partly of hysteria. In the remaining six the symptoms were about like those described under the different affections we have been considering, but all were more or less acute; some attended with fever, others with considerable congestion, and even two with in-

flammation of the lungs; besides, of course, all the symptoms belonging to these various and special diseases. The treatment pursued in these nine cases of suppression of the menses, was successful in all but one, who died three years subsequently to the suppression of her menses, of consumption. She was one of the three girls who were the object of some constitutional diathesis.

CASE XX.—*Retention of the menses in a young girl of seventeen years old from imperforate hymen. Successful termination of the case.*

In 1863 I was requested to call on a family in New York city in reference to the state of health of a young lady, from the country, seventeen years old, a school-mate and friend of the daughter of the house. The young lady, of a delicate and very prepossessing appearance, having seemingly all the attributes of a young girl just budding into womanhood, complained of severe headache, flushes in the face, and considerable nervousness. Her courses had not yet appeared, and after a good deal of hesitation, she complained of heat, heaviness, dragging, and of the presence of a tumor that occasionally appeared and disappeared again; the location being pointed out by the index. The answers to a few questions in reference to the presence of this tumor, gave me reason to suspect some abnormal condition of the genital organs, perhaps an imperforate hymen. After having explained to the friends of the young lady what I suspected to be her condition, and the duties it imposed upon me, I withdrew, promising to call again in two days. I called as

promised, and in the presence of a third person, I made a physical examination, and discovered, what I had rightly surmised, an imperforate, or an unopened hymen. The treatment consisted in the division of the hymen, and, consequently, allowing of the escape of about half a pint of blood, which had accumulated gradually, for some time, behind the vulvar closure. Three weeks sufficed to restore this young lady to perfect health.

CHAPTER V.

GENERAL REMARKS ON THE DISEASES OF THE UNIMPREGNATED WOMB.

IN strict compliance with the plan adopted in this work, and announced in the preface, I should proceed to the consideration of the diseases of the non-pregnant womb, without entering upon any especial description of its anatomy. I believe, however, that it would increase the interest and the better understanding of what follows, if a breach of the promises made were allowed, in favor of that most remarkable organ of woman's system, the womb.

What then is the womb? It is a pear-shaped, or a hollow, truncated, rounded and elastic organ, poised, as it were, in the middle of the pelvis, between the bladder and the rectum. The length of this organ is from two and a half to three inches; its width, at its largest part, is an inch and a half, more or less; the thickness of its texture is about an inch, and its cavity is between two and two and a half inches long. The interior of the organ is lined in its whole length with a mucous membrane, the prolongation of that of the vagina, or the canal leading to the womb. The womb is divided in two distinct parts, the body or upper and largest part, and the neck, or the lower or most contracted portion, in which is situated the opening of the organ, or mouth of the womb. These two distinct

parts are greatly dissimilar in their peculiarities, which renders a separate consideration of the diseases of the two parts necessary, both for convenience and for facility of comprehension.

Having said enough, however, for all practical purposes, I proceed to my task.

I.—NATURE OF THE DISEASES OF THE WOMB.

The womb is equally liable to become diseased with any other organ of the system. Circumstances do exist, in truth, which render the womb, and especially its neck, more subject to be morbidly affected than any other organ with which I am acquainted. The diseases of the womb are various; so are the causes that produce them. It will be safe to say, however, that, in the majority of cases, the diseased states of the womb, either have for cause inflammatory action, or in their progress become complicated by inflammation, so that inflammation forces itself constantly upon the notice of the gynecologist, as the key-stone of the arch upon which rest his knowledge and usefulness.

I believe that it will be no less safe to say, that the connection which I just now stated to exist between the majority of diseased states of the womb and inflammatory action, is recognized pretty generally by the profession, at least by those who have taken pains to inquire into the complaints incident to the sex.

The diseases of the womb which have no such origin as inflammation, are mostly those which are stated in the Preface to be of so complicated a nature, or of such a surgical character, that their consideration, in

a work like the present, was not deemed advisable. Consequently, the diseases into which I intend to inquire, are those which, as I said in opening this chapter, do arise from inflammation, or in their progress become complicated with it.

II.—PARTS AFFECTED AND VARIETIES OF INFLAMMATION OF THE WOMB.

I have already stated that the womb is divided into two distinct parts, and that for both convenience and facility of comprehension, a separate consideration of the diseases of the two parts is necessary. The first division, then, will concern exclusively the body of the womb, and its mucous membrane. I would, therefore, state that the parts of the body of the womb which may be affected by inflammation, are first, its mucous membrane, and, second, its substance. Morbid action may limit itself to either one of these, though it rarely does so strictly, one usually to a greater or less extent complicating the other. Thus, if the inflammation is limited to the mucous membrane of the body, the disease is called corporeal endometritis, or, plainly, inflammation of the mucous membrane of the body of the womb. If the inflammation is limited to the texture or substance of the organ itself, the disease is designated as corporeal or parenchymatous metritis, or inflammation of the womb proper.

Inflammation of the body of the womb and of its mucous membrane, is mostly caused by the act of parturition and abortion, and as such, will not be con-

sidered here. Another reason why inflammation of the body of the womb should be excluded from consideration in this work, is, that very frequently the above inflammation is the result, by extension, of the inflammation that attacks the neck of the womb. Moreover, to describe the symptoms of inflammation of the body, which are mostly those to be described when I shall come to treat of inflammation of the neck, would subject myself and my readers to a repetition of a long train of symptoms, much alike in both forms of the inflammation. It is generally conceded, too, that inflammation of the neck of the womb is much more frequently and primarily met with in practice than in any other part of the organ. This brings me to the consideration of the second division of the diseases of the womb, viz., those affecting exclusively the neck of the womb, together with its lining mucous membrane. And as I attribute a very great importance to this disease, and for the reasons I shall soon explain, I shall postpone its full consideration to the next chapter.

III.—SYMPATHIES OF THE WOMB.

The womb is the sensitive centre of many affinities and sympathetic reactions, through its acknowledged intimate relation with the other organs of the body, this connection being transmitted, secondarily, through the sympathetic system of nerves. An illustration of this sympathy of the womb with other organs, is remarkably well shown in pregnancy, the very first symptom indicating this condition being an

irritation in the stomach, producing nausea, even vomiting, occasionally of rather an obstinate character. Is it then surprising that when the womb is morbidly affected, the disease should react upon the organs at a distance from its site, as those of the chest, for instance, and that, consequently, we meet with a combination of symptoms emanating from the stomach, lungs, heart, liver, etc.,—all organs, as already stated, under the control of the sympathetic system of nerves?

Authorities on the diseases of women express themselves unanimously in relation to this sympathetic reaction of the womb upon other organs. Thus Professor Von Scanzoni, of Würzburg, remarks: "Of all the organs of the human body, the womb is unquestionably one of those whose diseases are characterized by the most varied symptoms, and cause in the different parts of the economy the most diverse troubles, alike subjective and objective." In his clinical lectures on the diseases of women and children, Professor Bedford, of New York, expresses his views as follows: "There is scarcely an organ which is not, to a greater or less extent, through the agency of the nerves, in alliance with the womb; and it is through this agency alone that we can explain why remote parts are almost always affected in both organic and functional diseases of the womb, whilst the patient, in many instances, experiences but slight pain in the womb itself. This is what constitutes the stumbling-block in the treatment of affections of the womb; the pain in the head, the disordered stomach, the uneasiness in the back, etc., which are but the conse-

quences of some derangement of the womb, being regarded as the disease. Remedies are applied to the head, stomach, etc., the patient experiences no benefit, and the practitioner derives no credit. The disease, in the meantime, is progressing insidiously, and often results in the destruction of health." "I think," observes Dr. Wm. H. Byford, of Chicago, Ill., "there is no doubt, and I speak after an observation of a large number of unmistakable cases, that the unimpregnated diseased womb does produce grave and even fatal disorders in other parts of the organism by its reflex or sympathetic influence, while the organ itself is not suspected to be the original cause of the wide-spread disorder."

To conclude, I would observe, that although gynecologists do agree as to the existence of the sympathies of the womb, and call upon the nervous system to explain the fact, I still think that the existence of this faculty so universally recognized, has not been, as yet, satisfactorily explained.

CHAPTER VI.

INFLAMMATION OF THE NECK OF THE WOMB, AND ITS SEQUELÆ ; ULCERATION, HYPERTROPHY, INDURATION AND ELONGATION OF ONE OF ITS LIPS. GENERAL REMARKS.

If there is any disease to which I would most earnestly call the attention of my readers, it is that which is the object of the present chapter. Its importance is hardly equaled by any other disease, and the better it is understood, the greater will be the relief derived from it in the future. Of all the diseases peculiar to women, inflammation of the neck of the womb is the disease to which they are the most subject ; it is the disease of all, whose consequences are most to be apprehended. It is the affection from whose focus radiate, like the rays of the sun, innumerable sympathetic manifestations, under whose influence woman's health becomes impaired, flags, and ultimately breaks down. It is the affection which, if not seasonably checked or cured, may be, and generally is, the source, sooner or later, of numerous anatomical changes and complications in the womb and appendages, of a much graver nature, having all an increased unfavorable influence upon her already deranged state of health, and is not unfrequently the indirect cause of premature death.

Thus this affection is the cause, of more than seventy-five per cent. of all woman's sufferings, whatever her age or social standing. In the unmarried,

most of the severe forms of dysmenorrhœa, or painful menstruation, which resist the ordinary modes of treatment, and are merely palliated by the habitual but very pernicious use of narcotics, spirituous stimulants and quack nostrums; and most of the cases of inveterate vaginal discharges; anæmia, mental depression, loss of rest, spinal irritation, chlorosis, hysteria under its Protean manifestations, may all be occasioned by this affection. Consumption may be said to constitute one of the dangers to which this form of disease indirectly exposes those whom it attacks, owing to the extreme general debility which it so often occasions. In the married, moreover, it is the most frequent cause of morbid pregnancies: it is also one of the causes of sterility, both in originally sterile and in previously fruitful women, and the successive miscarriages, false conceptions and premature confinements that occur with some women in the first few years that follow marriage, and of non-dilatation of the neck of the womb during labor, of puerperal metritis, internal inflammation of the womb, hemorrhages after labor, and lastly of the abortions that occur in child-bearing women.

Even after the cessation of menstruation, inflammation of the neck of the womb and its *sequela*, ulceration, may persist, and be the principal cause of that *agonizing backache* of which elderly women sometimes complain, which resists every means of treatment unless its true cause be discovered and removed. As an illustration of the occasional existence of this backache in elderly women, my readers are referred to Case XLVIII., in the Appendix. Lastly, observe that

inflammation and ulceration of the neck of the womb are generally so intimately connected with each other, that it will be proper to consider these two morbid conditions as one affection. Consequently, my readers are invited to keep this circumstance constantly in their minds.

I.—(1.) EXISTENCE, FREQUENCY AND IMPORTANCE OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

Of all diseases of the womb, inflammation of its neck is the most common form met with in practice : *it is, in fact, the key-stone to Gynecological Science, and unless the phenomena which it occasions be recognized and taken into consideration, all is doubt, obscurity and deception.* The inflammation may commence anywhere in the mucous membrane that covers or lines the cavity of the neck, or it may attack the substance of the neck itself. The inflammation may be limited to one of these regions ; it is, however, seldom so confined, but generally extends to the whole neck, and may, in certain circumstances, extend to the whole organ. The inflammation may also exist for some time in the neck of the womb without giving rise to any very serious anatomical changes. However, as the mucous membrane lining and covering the neck of the womb, and especially that portion of the membrane which is near the mouth of the womb, appears to be peculiarly liable to ulcerative action, the consequence is, that the existence of inflammation, in the majority of instances, is soon followed by the manifestation of the ulcerative process.

When the inflammation and ulceration are as yet

localized, as it were, within the cavity of the neck of the womb, as they are very frequently observed to be in practice, a circumstance of some importance as I wish my readers to remember, ocular examination of the organ will not reveal any evidence of its existence, if this examination be resorted to in a careless manner, or by a practitioner not *au fait* of diseases of the womb. I cannot better illustrate the inefficiency and unsatisfactory result of such examination, than by a comparison. Suppose, for an instant, that a person should be attacked with some troubles in the throat—an inflammation, an abscess or ulcer, and that for its relief he sought medical advice. The physician, instead of making the proper examination by looking in this patient's mouth and throat, and depressing his tongue, might satisfy himself by merely looking at his neck and dismiss him with a prescription. But could it be supposed for a moment that the result of such examination would be satisfactory to both physician and patient?

It is in all respects the same in relation to the examination of the diseases I am considering. Thus, instead of simply looking at the exterior surface of the neck, which will show nothing, we separate gently and sufficiently the lips of the neck of the womb, and enough will be revealed to satisfy the most rigid diagnosis; that is to say, this proceeding will satisfactorily show the affection of the mucous membrane within the cavity of the neck, whatever its character. To close this article, I will relate the following case, illustrating the above remarks in relation to inefficient or careless examinations in diseases of

the womb. It is one out of a great number of similar cases I have met with in practice.

CASE XXI.—*Partial prolapse, dependent on inflammatory ulceration of the neck of the womb, the cause of previous miscarriage, in a married lady. The disease of the womb not discovered by a preceding practitioner. Complete cure.*

In 1857, I was consulted by Mrs. Y——, aged thirty, in reference to her state of health, which had been steadily declining for the last five years. She had been married seven years, had miscarried in her first year of marriage, but had subsequently given birth to two children, the last now three years old. Her health was good before she married, and she dated her ill-health from the time she miscarried. She complained of “dragging-down pains,” of pains in the back, of occasional severe headache, often accompanied with dizziness, of a thick yellowish vaginal discharge, impaired appetite, scanty menstruation, and great nervousness, all well-marked and characteristic symptoms of an affection of the womb. I informed Mrs. Y—— that her ill-health was probably caused by some abnormal state of the womb, and that in order to judge rightly of its true character, an examination of the organ was necessary. This suggestion was at once rejected: there was no occasion for an examination, she said; it was preposterous. The lady’s eloquence was great on the subject; there was nothing the matter with her womb, she knew it; she had only very recently undergone an examination, and the doctor had told her that there was no disease of her womb at all. As this hap-

pened in the very commencement of my practice in New York, and at a period when I was an apprentice in the English language, I was little prepared to sustain successfully my argument against the opinion so decidedly given by the doctor, backed as he was by such an eloquent opponent, and therefore I led Mrs. Y—— to suppose that she had carried the point, by not urging the examination. What, then, was my surprise, when a few weeks later, Mrs. Y—— called at my office, and spontaneously requested an examination. I found the neck of the womb much lower than usual (partial prolapsion), engorged and painful to the touch. No ulceration was visible externally: on separating the lips, however, the cavity of the neck presented unmistakable evidence of the existence of extensive ulceration. From the opened mouth issued a profuse mixture of a viscid, bloody, muco-pus secretion. Here was sufficient cause for Mrs. Y——'s ill health. Subsequently she came under treatment, and six months later was declared free from all disease, her health having in the mean time been entirely restored to its former standard. Such cases as the above are frequently met with. Any practitioner who makes the treatment of affections of the womb a specialty, will meet with them almost daily. See Case XXVII., for one somewhat similar to the above.

(2.) VARIETIES OF THE ULCERATIONS OF THE NECK OF THE WOMB.

Ulcerations of the neck of the womb, like ulcerations on any other part of the body, generally con-

sidered, are divided into the benign, the malignant and the specific, and further into acute or inflammatory and the chronic. To describe at any length the different forms of ulcerations that are met with in practice, would not be in keeping with the plan of this work. It would require too much time and space that might be better employed for the interest of my readers. For all practical purposes, let it be sufficient to state briefly in what the ulcerations of the neck of the womb mostly met with consist. They are the following, viz. :

First. *Erosion or Excoriation of the Neck of the Womb.* This is the simplest form of ulceration. In itself, it has not much practical importance except from the developments it may assume. Thus, if abandoned to itself, it nearly always degenerates into deep ulcerations of long duration, which soon injure the entire organism if not cured. This form of ulceration is quite easily removed by injections of suitable remedies.

Second. When the erosion just noticed is for a certain time left to itself, or when it is for a long time submitted to the deleterious influence of exterior causes, as, for instance, repeated confinements; sexual excesses; neglect of local ablutions, etc., it is transformed into *profound ulceration*, accompanied by loss of substance, and other morbid alterations in the womb, as well as in its surrounding organs and tissues, from this period exercising their baneful influence upon the patient's hitherto tolerably good health.

It would be folly to expect a cure of this ulceration, as well as of any of the following, by medicated injec-

tions. In these cases, nothing short of the cauterization of these ulcers, with one or other of the different caustics to be considered hereafter, would at all avail for their cure; and simple injections of luke-warm water, or castile soap and water, are resorted to, for the purposes of cleanliness, and to carry off the acrid secretions dependent upon these ulcerations, and of the cauterization for their cure.

Third. *Granular Ulcerations*. This is a more severe form of the ulceration just considered. Of the above ulcerations, the second and third types are never cured spontaneously. Left to themselves, they continue to spread, and become covered with excrescences, better understood by the term "proud flesh," and other morbid growths, which will constitute the next type of ulceration.

These ulcerations, moreover, keep up a constant congestion of the womb or its neck, and neighboring tissues, and exercise, consequently, very injurious influence upon the general economy. The granular ulcerations, furthermore, are distinguished by the obstinacy with which they resist all the different means employed against them, and much patience and perseverance are necessary, on the part of both physician and patient, in order that the treatment adopted may be crowned with success.

Fourth. *Fungous or Cock's-comb Granulation*. In a more advanced stage of the granular ulceration just described, there are seen, forming upon their surface, particularly in the neighborhood of the mouth of the womb, certain fungous excrescences, more or less large, of a livid red color, very full of blood-vessels, from

whence this form of ulceration is designated as fungous or cock's-comb. These excrescences are often very close together, and are ordinarily the seat of a very abundant purulent secretion, exerting an injurious influence upon the patient's health. Moreover, they bleed at the least touch; the mere attrition of the walls of the vagina, as well as sexual congress, often produces very copious hemorrhages. See cases in Appendix. These hemorrhages will especially take place at the time of menstruation, when these excrescences seem to partake of the congestion of the womb, to which I shall have occasion hereafter to allude. Such ulcerations resist with even more obstinacy than the granular ulcerations the remedies employed against them, but with time, perseverance, and the removal by excision of the most luxuriant of these fungous growths, converting them thereby into the form of granular ulcerations described under the third class, we soon obtain the desired cure.

Other forms of ulceration of the neck of the womb occur, but those that have been just described are those usually met with in practice, especially the first three types. It is also generally in their chronic stage that they come under observation. They demand, on the part of the practitioner, the utmost study, care and reflection. I fully agree with Professor Von Scanzoni, in his remark upon this subject, as follows: "The different forms of ulcerations not only present sensible differences in their symptoms and progress, but they also demand varied methods of treatment."

II.—HYPERTROPHY, INDURATION, AND ELONGATIONS OF THE NECK OF THE WOMB, CONSEQUENT UPON INFLAMMATION AND ULCERATION.

Inflammatory ulceration of the neck of the womb may remain unchanged and unprogressive in its condition. In the course of time, however, it is frequently followed by very important pathological or morbid changes in the structure, size and form of the neck. The limit of these contributions allow but a rapid consideration of these changes, as follows :

(1).—HYPERTROPHY OF THE NECK OF THE WOMB.

One of the first changes which inflammatory ulceration of the neck of the womb may produce in its progressive tendency, is a state of *hypertrophy*, also called *engorgement*. Hypertrophy is that state of a part in which the nutrition is performed with greater activity, and which on that account at length acquires greater bulk. In this state, then, the neck of the womb is found enlarged, swollen, and congested, but perfectly soft and elastic.

This hypertrophic or engorged condition of the neck of the womb, is almost of general occurrence, and varies very much. In virgins, and in women who have had no children, for instance, the neck of the womb does not enlarge to any great extent, nor is this particular condition very frequently met with among them. But in women who have borne children, the hypertrophy and induration are much more commonly met with, and, owing to the greater vascularity and

vitality of the tissue of the womb, inflammation readily extends to the structure of its neck. It is, consequently, not only more frequently followed by induration, but when this condition does occur, it is nearly always much more extensive than in virgins, or even than in sterile women. It is in these child-bearing women, moreover, that the neck of the womb occasionally enlarges to a very great extent; and I am not guilty of exaggeration when I state that in at least three instances, I have seen the neck enlarged, or nearly so, to a good-sized fist. Lastly, if this state of hypertrophy remains limited to the cavity of the neck and its orifice or mouth, this condition may exist for some time, even a number of years, perhaps, without any other morbid change taking place.

(2.)—INDURATION OF THE NECK OF THE WOMB.

Occasionally, the inflammatory hypertrophy of the neck of the womb, as described in the preceding paragraphs, undergoes another morbid change, that of *Induration*. This is a certain hardness which supervenes in an inflamed part, owing to a change of nutrition in that part, or, in other words, an effusion of plastic lymph may take place in the structure of the inflamed hypertrophied neck of the womb, and become more and more organized. Thus, the neck is not only hypertrophied, but it is also indurated. At first, this induration is evidently of an active inflammatory nature, as I have had occasion to observe in at least three or four instances. This inflammatory nature of the induration is indicated by the great heat of the neck

of the womb, its vivid redness, and the pain produced on pressure.

In the course of time, the inflammatory character of the induration, above alluded to, partially subsides, and the neck becomes the seat of a chronic state of hypertrophy and induration. It is in this particular condition of the neck of the womb, namely, that of *Chronic Hypertrophy*, that patients mostly present themselves for treatment, and in rare instances only, the induration, as just described, is met with as a complication of the affections of the neck. Finally, the induration and hypertrophy are generally confined to the neck, but sometimes they pass on to the body of the womb, then, obviously, also the seat of inflammation. This is a serious complication, as it is much more difficult to restore the body of the womb to a healthy condition when it is thus modified, than it is to overcome inflammatory hypertrophy in the neck. Fortunately, however, the induration seems most frequently to limit itself to the neck, notwithstanding the anatomical continuity of the two regions.

(3.)—ELONGATION OF THE NECK OF THE WOMB.

Another morbid change which the neck of the womb may undergo when hypertrophied, is that of *Elongation* of one or both of its labia. But the consideration of this particular subject I shall postpone, and complete it in another part of this work.

III.—RECOGNITION BY THE PROFESSION OF THE EXISTENCE, FREQUENCY AND IMPORTANCE OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

The existence, frequency, and importance of inflammation and ulceration of the neck of the womb, are, at present, almost universally recognized by the medical profession. On the continent of Europe, among those most prominent in recognizing the disease under consideration, I may mention the following, to wit: Dr. James Henry Bennett, of London, and to him the profession, and the public as well, are indebted for having first directed attention to this branch of medical science. He stands thus justly in the foremost rank of modern gynecologists. His name and fame, in this relation, will remain imperishable. Dr. Charles West, of St. Bartholomew's Hospital, and Dr. Tyler Smith, the Physician-Accoucheur to St. Mary's Hospital, both of London, have also recognized the existence and frequency of inflammatory ulceration of the neck of the womb. Dr. James Whitehead, of Manchester, who was one of the earliest in the field, and whose labors and researches place him high in the profession, Dr. James T. Simpson, the eminent and celebrated professor of Edinburgh, who has for many years taught and demonstrated the correctness of Dr. Bennett's views; Drs. Montgomery, Evory, Kennedy, Beatty, Tilt, Rigby, Michel, all eminent gynecologists, have recognized and treated surgically, the disease under consideration.

I mention, also, the celebrated professor, of Würzburg, Dr. F. W. Von Scanzoni, who truly remarks that "The frequency and the consecutive influence which

ulcerous affections of the neck of the womb exert upon the whole organism, render an attentive study of the subject necessary to all gynecologists." In France, the existence and frequency of the uterine affections, and the necessity of treating them on surgical principles, have been generally recognized for more than twenty years; in short, ever since Dr. Lisfranc's lectures. France, also, reckons among its greatest gynecologists, Drs. Jobert de Lamball, Valleix, Becquerel, Boys-de-Loury, Huguier, and many others too numerous to mention. On this side of the Atlantic the disease is recognized by such men as the erudite professor of obstetrics in the New York Medical College, Dr. B. Fordyce Barker, whose interesting and always instructive obstetric and gynecological clinics I was happy to enjoy for nearly three years, and Dr. Meigs, of Philadelphia, who holds a very high position among obstetric and uterine authorities in the United States. In his work, on Acute and Chronic Diseases of the Uterus, Dr. Meigs very judiciously remarks: "We should cure a much greater number of leucorrhœas, if we would not misinterpret the disorder, calling that a vaginal which is really a cervical malady, and *vice versa*. * * * * We repeat, the serious cases of leucorrhœas are cases of disease of the cervix; but a vaginal injection for inflammation of the canal of the neck is simply ridiculous. The albuminous leucorrhœa is a sign of inflammation of the cervix, in which is included the canal, with its copious muciparous apparatus. It is as much a surgical disease as an ulcer of the legs; as an anthrax, or conjunctivitis. When the surgical disorder is cured, the sign disappears.

Hence our desire to express the opinion that such leucorrhœas are to be held as acute or chronic inflammations of the canal of the neck, and ought to be treated accordingly." Dr. Gunning S. Bedford, of New York, the very talented professor of obstetrics, and the author of the well-known clinic for the diseases of women and children, in the Fourteenth Street Medical University, and other distinguished practitioners in America, too numerous to mention, all recognize the existence, frequency, and importance of uterine affections, and the necessity of their surgical treatment.

Finally, Dr. Bennet, in 1856, received a letter from Dr. D. S. Stewart, "Surgeon Hon. E. I. Co's Dépôt, Warley," containing the following passage: "A long and extensive experience among native families in Calcutta, from the highest to the lowest classes, fully satisfied me that the particular affections which you have so ably described and brought to the notice of the profession, are of immense frequency, and that the plan of treatment which you so ably advocate is the only right one." Dr. Stewart's testimony has been thoroughly corroborated by the experience of Dr. Scott, formerly physician to the Hospital for Native Women at Madras, and later practising at Ootacamund. Dr. Scott has frequently informed Dr. Bennett that he has found these diseased conditions to be quite as frequent among the native women at Madras as he (Dr. Bennet) has done in Paris and London.

IV.—STATISTICS IN TESTIMONY OF THE FREQUENCY OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

Although the reading of statistics may be tedious and unattractive, I yet think that a glance over the following records, investigations and researches made in testimony of the frequency of inflammatory ulceration of the neck of the womb, may exceptionally afford some interest, and consequently would crave the indulgence of my readers that I may present them.

Dr. Bennett, already mentioned, examined three hundred women presenting uterine symptoms, at the Western General Dispensary, of which two hundred and twenty-two, or nearly three-fourths, presented ulceration. Dr. West, of St. Bartholomew's Hospital, London, although not attaching as much pathological value to this ulceration as Dr. Bennett and others, gives, however, corroborative testimony to its frequency in his Croonian Lectures in 1854, "on the Pathological Importance of Ulceration of the Cervix Uteri." At the Middlesex and St. Bartholomew's Hospitals, he examined two hundred and sixty-eight patients, and found ulceration in one hundred and twenty-five, or nearly one-half.

In a second series of investigations instituted in St. Bartholomew's Hospital, he examined forty women on the day of admission into one of its wards, and found thirteen presenting ulceration in a more or less marked degree. And in a third series of investigations in relation to this subject, he examined carefully

the uterine organs of sixty-two women who died in the wards of St. Bartholomew's Hospital of other than uterine disease, and he found that in seventeen of these existed ulceration. "Within the past five years," observe Drs. E. E. Marcy and F. W. Hunt, of New York, on this subject, "we have had occasion to make a large number of specular examinations in women suffering from uterine diseases, and in at least thirty per cent. of these cases we found either granulations or ulcerations of the cervix."

My own individual experience would lead me to conclude that of all the women who have come under my special observation, and presented characteristic symptoms of chronic and confirmed uterine affections, from fifty-five to sixty-five per cent. presented ulceration. Dr. D. Stewart, first-class staff surgeon, and late Professor of Midwifery in the Medical College of Calcutta, sent, in 1856, to Dr. Bennett, a memorandum drawn up for him by one of his late associates in the Calcutta Medical School, Baboo Madoosudun Goopta, of the appearances observed in these parts in the post-mortem examination of fifty native Indian females whose deaths occurred in hospital from other casual diseases. In fifteen cases out of these fifty, there was inflammatory ulceration, and in many the ulceration was noticed as extensive. I would remark, that the discrepancy that exists in the figures of the above statistics is not so great as would appear from a rapid survey of them. However, a percentage more accordant with the real facts and actual experience might be arrived at if these investigations were made with no preconceived ideas, conscientiously, and with

the careful determination to gain the truth, by all investigators. Particularly I think this would prove true, if these investigations were made among women of the same class and at the same stage of their uterine affections. It will be admitted, that women of the lower classes of society can ill afford, for obvious reasons, to suffer any length of time from a disease that so seriously undermines their health. They consequently avail themselves at the earliest opportunity of the care and treatment they receive in hospitals, dispensaries, etc. On the other hand, women of the better class have their uterine troubles looked into only after they have exhausted every means beside the proper means which wealth can bestow, to assuage their sufferings; only when they can no longer postpone the investigation on account of the duties they owe to their husbands, their children, their family and friends, or to themselves; only when, in short, the disease has been allowed to go unchecked and has made rapid progress in its mischievous tendencies. Then, as a *dernier resort*, they submit to a uterine investigation. Is it then astonishing that, in private practice, the percentage of women presenting ulceration of the neck of the womb is so much higher than the percentage in hospital practice. Again, the above statistics demonstrate the existence and frequency of inflammatory and ulcerative lesions of the neck of the womb in almost all parts of the world; in the far East, and well as in the more civilized countries. Still further, its existence and frequency is just as well noticed in the dead as in the living.

CHAPTER VII.

ETIOLOGY, OR CAUSES OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

THE causes which may occasion inflammation and ulceration of the neck of the womb are very numerous. They are divided into Predisposing Anatomical Causes, Predisposing Physiological Causes, and Constitutional Causes.

I.—PREDISPOSING ANATOMICAL CAUSES.

For all practical purposes, it is sufficient to state, in relation to the predisposing anatomical causes of inflammation and ulceration of the neck of the womb, that it is on account of its peculiar structure, acknowledged to be the most vascular part of the uterine organ, that it is rendered prone to inflammatory action. According to Professor Bedford, of New York, the very position of the neck of the womb necessarily predisposes it to inflammatory action, it being situated in the most dependent portion of the trunk, and its veins unsupplied with valves. These two circumstances necessarily tend in a greater or less extent to arrest the circulation, thus inviting congestion in one or other of its forms.

II.—PREDISPOSING PHYSIOLOGICAL CAUSES.

These predisposing physiological causes implying the knowledge of the different functions of the womb at its various epochs of uterine life, it is necessary, for the purposes stated in the design of this work, to state somewhat fully in what these functions consist, in order that deviations from their physiological or healthy character may be made clear and palpable to the intelligence of my readers. The functions are : 1. Menstruation ; 2. Conception ; 3. Parturition.

(1.) MENSTRUATION.

Throughout its entire period of vital activity, the non-pregnant womb has this important function to perform—Menstruation. This act of menstruation is preceded, accompanied and followed by determination of blood to the said organ, whose importance or hemorrhagic nature is more or less great. The consequence is a certain degree of passive congestion, which is, as may be presumed, always greater in the neck of the womb, on account of its greater vascular character than any other part of the organ. When inflammation exists, this congested condition of the organ, it is easily conceived, often extends over a much more lengthened period, both before and after menstruation, and is necessarily greatest in the most vascular part of the organ, to wit : in the neck and its lining mucous membrane.

The periodical return of menstruation takes place,

in the great majority of women, about every fourth week, and continues generally for four or five days. The consequence is, that the congestion or determination of blood to the womb, as before noticed, must last with most women from seven to ten or twelve days. So that during one-third or one-fourth of each month, the womb of a menstruating woman, and especially its neck, is physiologically in that condition which, throughout the whole physical economy, immediately precedes inflammation, viz. : a state of congestion. When, therefore, it is considered that the arrest of a secretion from a congested organ is one of the most frequent causes of inflammation, and how very many causes there are that can arrest or modify the menstrual flux, it need not be a source of surprise that inflammation should occur in the womb and its neck apart from physical lesions. With some women, moreover, the womb seems to be naturally a weak organ. This peculiar delicacy of the organ is indicated by the difficulty with which menstruation is at first established, by its irregularity during the first years, by its scantiness or abundance, by the frequent presence of leucorrhœa before and after menstruation—an indication of congestion of the uterine system—and by the existence of pain either for the first few days, or for the entire period. These peculiarities of menstruation, although apparently morbid, are evidently natural with some women, and quite compatible with the absence of disease of any kind. They characterize a tribe, as it were, of the human race, a class of women who are more liable than others, in the course of human life, to inflammatory affections of the

womb, and to all the accidents to which these diseases give rise.

Menstruation, I have before remarked, is liable to be modified through many causes. It may be prevented, diminished, increased, or suddenly arrested by a host of mental, social or morbid pathological causes; and whenever this is the case, the natural congestions above averted to may become morbid, and thus give rise to inflammation. This accounts for virgins being so frequently attacked with the disease under consideration—a fact which clinical observations abundantly and daily prove. I refer, on this subject, to cases in Appendix. In the married state, the neck of the womb is necessarily exposed to another fruitful source of inflammation, even when conception does not take place. The natural congestion and excitement which accompany intercourse, may if too frequently renewed, give rise to inflammation; and the same result may be occasioned directly by physical contusion of the womb itself. In some women, the womb appears to be so extremely sensitive, that inflammation follows intercourse nearly immediately, even when the bounds of discretion have not been overstepped. Owing to the operation of these latter causes, many young women are attacked with inflammation and ulceration of the neck within a few days or weeks after marriage; and when such is the case, they mostly remain sterile. See in this connection cases in Appendix.

If they do conceive, successive abortions or miscarriages generally take place; and this will frequently be found the explanation of the repeated abortions which

sometimes occur during the first years of married life, and prove so embarrassing to the practical accoucheur.

(2).—CONCEPTION.

When conception takes place, other causes of inflammation come into action. A new life dawns on the generative organ. Instead of remaining in a quiescent condition, merely disturbed at periodical intervals by the menstrual congestion, the womb assumes a high degree of vitality, becomes the seat of a most active nutrition, rapidly increases in size, and the entire organ becomes one of the most, instead of one of the least, vascular in the human economy. The neck of the womb participates in the change; it becomes turgid, swells, softens, and its entire structure is modified by the exaggerated organic activity which pervades the womb. Pregnancy may thus itself be considered a predisposing cause of inflammation of the neck of the womb. A careful investigation of the morbid conditions of pregnancy will prove, and has so proven to me in many instances, that inflammation and ulceration of the neck frequently exist during that state; but it is supposed that in these cases the inflammatory disease generally originates antecedently to conception taking place, and is merely increased by the changes which occur in the vitality of the womb.

(3).—PARTURITION.

Parturition is another very frequent cause of the inflammatory ulceration of the neck of the womb, as

might be presumed *a priori*. This is owing to the neck being the part of the womb the most exposed to laceration and contusion during parturition. The neck may be lacerated more or less extensively during the most natural labor. In a rapid confinement, a strong contraction (ordinarily called "pain") or a succession of strong contractions propelling the child with great force against the imperfectly dilated mouth of the womb, will lacerate the neck, under circumstances otherwise the most favorable. These observations apply still more strongly to the mucous membrane lining the cavity of the neck. The lesions just referred to mostly occur in first confinements, and disappear promptly, cicatrization taking place with rapidity in the majority of women, no doubt under favorable physiological or natural influences. But if these physiological influences should prolong their duration, and assume a morbid pathological character; if remnants of the conception are left behind in the womb, they may give rise, by their decomposition, to an irritative fœtid discharge, and it is easy to understand that these lesions, instead of healing, will almost inevitably become the seat of inflammation and of subsequent ulceration. Married women who have had children, and who have escaped the danger of childbirth, are not only exposed subsequently to all the various causes of inflammation which have already been enumerated, but are more liable to their operative action than unmarried, or than women who have never conceived. The reason of this is, that with these women certain changes take place in the womb, rendering it more vascular, and endowing it with

greater vitality than at any time previous to conception. This remark applies even more to the neck than to the organ itself. The more vitalized state of the neck in women who have conceived, accounts also for induration and hypertrophy being more frequently a concomitant and result of inflammatory ulceration in them, than in women who have never been pregnant.

In more advanced life, when menstruation is ceasing, the extreme and lengthened congestion of the womb, which often accompanies the irregularities that occur in the menstrual secretion, may be considered as predisposing to inflammation of the neck. This congested condition of the womb will sometimes perpetuate itself for years after menstruation has finally ceased, more especially if the neck is the seat of inflammatory disease. In other instances, it gradually gives way, and the womb falling into a state of atrophy, any inflammatory affection of the neck that may exist, spontaneously disappears. See in this respect an exceptional case (XLVIII) in the Appendix. The various predisposing causes of inflammation which have been enumerated, are all connected with functional and physiological states of the womb. This exaggeration or morbid modification leads to the development of inflammation under the influence of all the ordinary efficient causes of inflammatory disease, and more especially of those which act upon the womb.

Inflammation of the neck may also be the result of the extension of the inflammation of the vagina, whatever produced the latter; or it may occur spontaneously, like other inflammations, without being trace-

able to any particular cause. It may arise from the direct exposure of the womb to the air, to friction; to external violence, as in complete falling of the womb, to acrid and corrosive leucorrhœa, induced by some other disease of the womb; from irritating vaginal injections, pessaries, self-abuse, chronic and obstinate constipation, hemorrhoids, too great muscular efforts, such as a long, fatiguing walk, climbing some high hill or mountain, ascending and descending high staircases, severe jolting on horseback, or in coaches, from dancing, running, jumping, falls, sneezing, coughing, vomiting, lifting or carrying weights, dandling children in the arms, etc. It is not unfrequently met with when tumors are developed in the walls of the womb, and is often the concomitant both of large polypi originating in the cavity of the womb, and passing through the neck by means of a pedicle, and of the small vascular polypi that grow from the contour of the mouth of the womb, or from the parietes of the cavity of the neck.

Thus the frequent existence of inflammatory ulceration of the neck and its cavity, under the circumstances above enumerated, may be easily accounted for. When a tumor has formed in the womb, the latter, along with its neck, becomes developed and vitalized, as in pregnancy, and consequently predisposed to take on inflammatory action; and polypi, whatever their character, irritating the tissues with which they come in contact as they escape from the mouth of the womb, cause the mucous membrane with which it is lined to inflame and to ulcerate. The preceding considerations explain how it is that inflammation of the neck of the

womb is of such frequent occurrence. Finally, by admitting the important pathological fact, that inflammation of the womb and inflammation and ulceration of its neck, are, in the majority of cases, the real causes of morbid changes in the womb and symptoms, we only bring the womb within the pale of the laws that regulate diseases in the rest of the human economy. In the history of diseases of all the animal structures and organs, we find inflammation playing the principal part. Thus is it with the brain, the lungs, the liver, the kidneys. Take away from a treatise on the diseases of any of these organs all that relates to inflammation and its sequela, and how small a space, comparatively, would the remainder occupy.

Inflammation of the neck of the womb, as already remarked, is exceedingly common ; so common, indeed, that the very great majority of women who apply for relief when laboring under symptoms denoting an affection of the womb, will be found, on careful examination, to be suffering from its existence. Leucorrhœa, dysmenorrhœa, menorrhagia, irritable womb and falling of the womb, are generally considered independently of any such origin, but in reality, in nineteen cases out of twenty, when confirmed, they are the immediate result of inflammatory disease of the neck, and are only to be effectually treated by attacking the primary disease to which they owe their existence. Leucorrhœa, more especially when chronic, and persisting during the entire interval of menstruation, is nearly always the result of inflammation and ulceration of the neck of the womb ; but a large proportion of the generally reputed functional diseases of the

womb will also be found, if submitted to severe scrutiny, assignable to the same cause. Most of the more intractable cases of dysmenorrhœa and menorrhagia which are met with in practice, are the result of local inflammation.

III.—CONSTITUTIONAL CAUSES.

Among the constitutional causes of inflammation and ulceration of the neck of the womb, may be enumerated plethora, or that state of health expressed by "full habit," and the various constitutional peculiarities, such as the chlorotic, the scrofulous or strumous, and the cachectic diathesis. In patients who are the subjects of one or other of the peculiar constitutions above referred to, the womb is, generally, of a very delicate organization, throughout life. This renders them more liable, all other things being equal, to an inflammatory affection of the womb. It is consequently, of the highest importance to take into consideration these different constitutions in the treatment of the various affections to which the womb is subject.

In conclusion, the very great number of causes which have been considered in the preceding pages, will, I fear, but give my readers a most inadequate idea of the very great number which may produce and kindle up an inflammatory action in the womb and in its neck. Dr. Byford well remarks upon this subject, in which I entirely concur, that "there is no mucous cavity in the body that is subject to so many causes of intense excitement, arising from the nature of its

functions, from its accidents and abuses, as is that of the cavity of the female genital canal. Hence it is not wonderful that this cavity is very much more frequently the seat of disease than any other mucous cavity in the human body."

IV.—LIABILITY OF THE SEX TO INFLAMMATORY AFFECTIONS OF THE NECK OF THE WOMB.

From the dawn of menstruation until a very advanced period of woman's existence, the neck of the womb may be attacked by inflammation and inflammatory ulceration. The young and old, the unmarried as well as the married, those who have given birth to children as well as the childless, the rich as well as the poor, every class of society, all are liable to it. There exists, however, a remarkable difference in the greater or less liability of certain classes of society to affections of the womb. Women inhabiting the country, for instance, seem and are less exposed to the disease than are those of city life. Again, among the latter, the higher classes are much more subject to it than are the lower classes. Why this influence of city life is not universal, and does not fall with equal force on all; why the lower classes enjoy, comparatively at least, a greater immunity from this special affection, are questions of easy solution. The causes which conspire to the frequent production of functional and organic derangements of the womb are numerous, but operate very unequally under different circumstances. The married state, with its various consequences, and often unrestrained requirements, together with the numer-

ous excitements of city life, consequent upon balls, parties, the opera, and the liability to colds imposed by these amusements, are so many unfavorable influences constantly exhibiting their destructive results in the women of our fashionable circles, the womb being in all cases the organ upon which these influences react, and through it upon their nervous system. The poorer classes, on the contrary, less impressible, are less exposed to, and suffer less from the nervous excitements just alluded to; their frugal habits and constant exercise in the open air, have rather a wholesome and strengthening influence upon their wombs, and, as a consequence, an invigorating effect upon their nervous system. Their immunity from diseases of the womb, however, as I stated before, is only comparative: their measure of suffering follows from exposure, and the influences usually attendant upon dependence and poverty.

Inflammation and inflammatory ulceration, *it is an acknowledged fact, never disappear or are cured spontaneously; but if not checked by appropriate treatment, have a great tendency to perpetuate themselves indefinitely,* owing partly to the structure of the womb, and partly to menstrual and other influences. Under these circumstances, inflammation of the womb or its neck, is sooner or later followed by changes or lesions of a much graver nature, such as hypertrophy, induration, elongations of the neck of the womb, polypoid, fibrous tumors, and other morbid growths, with the various displacements of the uterine organs. Some of these changes, hypertrophy and induration, have been considered in the preceding pages, others will be con-

sidered hereafter. The existence of a large amount of diseases of the womb, unrecognized and left to themselves, is undoubtedly a remote cause of death. Dr. Bennet remarks very truly on the subject: "Inflammatory diseases of the womb and of its neck, are essentially debilitating affections, through their reactions on the functions of digestion and nutrition. When, therefore, as so generally occurs, they are not treated, they gradually induce a state of debility and anæmia, and of deficient vital energy, which may render the female unable to resist the attack of intercurrent disease, to which she becomes an easy prey."

I will close this sketch of the causes of the affections of the womb, by adducing the remarks on this topic of Dr. James Whitehead, of Manchester, to wit: "Disease of the womb entails an incalculable amount of distressful suffering, leading often to abortion, unfruitfulness, and not seldom to fatal consequences. It is equally prevalent among the high and among the lower orders of society, so far as my experience extends, and is so commonly met with, that scarcely less than one half of all married women, between the ages of twenty and forty-five, besides others differently circumstanced, are constantly suffering under its influence."

CHAPTER VIII.

SYMPTOMATOLOGY, OR SYMPTOMS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

THE symptoms indicating the existence of inflammation and ulcerative inflammation of the neck of the womb, are divided into—1. Anatomical symptoms; 2. Local or subjective symptoms; 3. Dynamic or functional symptoms; 4. Sympathetic or constitutional symptoms.

I.—ANATOMICAL SYMPTOMS.

The anatomical symptoms consist in those changes and lesions which take place in the appearance, form, and structure of the neck of the womb, as appreciated by physical examination, and consequently are of no great, if of any interest to the generality of my readers. I may, therefore, abstain from entering into their description, and take into consideration the more important secretions, or vaginal discharges with which the changes and lesions above mentioned are attended.

These vaginal discharges, called the "*Whites*," "*Leucorrhœa*," or "*Weakness*," so commonly met with in women, are of the greatest importance, as leading symptoms, and, consequently, should be well understood. Many women, who have no disease whatever

of the organs of generation, have, however, a vaginal discharge, as has already been stated, for a few days before and after menstruation, when the womb is in a state of physiological congestion.

The "*vaginal discharge of congestion*" consists in a white, milky, creamy fluid or mucus, and has no other importance. But the secretion from the inflamed and ulcerated state of the neck of the womb is quite different in character from the one attendant on mere congestion.

The "*vaginal discharge of inflammation and ulceration*," from whatever part of the neck of the womb it is secreted, is purulent. The pus secreted and discharged may be thick, and of a yellow healthy color, or it may be thin and sanious, according to the state of the ulceration. It may be secreted scantily, or in abundance. It may be mixed with a good deal of mucus (the secretion of congestion) or remain uncombined. When secreted scantily, and unmixed with mucus, it is often absorbed, so as not to appear at all externally. If this is the case, a patient may suffer from extensive ulceration, and yet have apparently no discharge. In the Appendix, this condition will be well illustrated. Many cases will there be spoken of, where this discharge existed, but was neither noticed or complained of by the patients.

When the purulent secretion is very abundant, or when it is mixed with a large quantity of mucus, which circumstance would indicate considerable congestion, more or less reaches the external parts, and the patient is said to have the "*Whites*." When the discharge is purely purulent, it is generally thick, yellow,

and seldom very abundant. However, the amount of the morbid secretion in inflammation and ulceration of the neck of the womb, is sometimes considerable. It then appears externally in large quantities. See in illustration cases in Appendix.

The discharge is sometimes tinged with blood. This occurs more especially after any effort or exertion, or after intercourse; but it may take place at any time, and without any appreciable cause. In some instances, the exudation of blood, in more or less abundance, will occur regularly for a week or more after each menstrual period, or even during the entire interval of menstruation. Among my patients, I have met with several presenting one or other of these anomalies. Generally speaking, this exudation of blood seldom appears in large quantities, and is nearly always mixed with the other mucoso-purulent secretions. Sometimes, however, pure blood escapes, and severe hemorrhage may take place under these circumstances. It is generally pure unmixed blood, but in small quantities, which is observed after sexual congress, and its presence at such a time may be always considered a very important symptom, indicating the existence of an ulcerated surface within reach, that is to say, on the external surface of the neck, liable to be bruised and injured by pressure.

The lengthened sanguineous discharges that not unfrequently follow laborious confinements and miscarriages, lasting without intermission for weeks, and even months, and proving so intractable to treatment, are nearly always connected with and caused by ulcerative affections of the neck of the womb and its cavity

in a state of great vital activity. As an illustration of the above statements, I append the following case, interesting in more than one point :

CASE XXII.—*Menorrhagia, the result of extensive inflammatory ulceration of the neck of the womb. Repeated miscarriages in a married lady. Complete recovery.*

On the 20th of January, 1859, I was requested to call on Mrs. D——, a lady about thirty years old, who had come to New York to attend a sick sister of her husband. Mrs. D—— miscarried a very few days after her arrival, and, as she thought, in the commencement of her seventh month of pregnancy, and had, since said miscarriage, seven weeks previous to my visit, a continuous bloody discharge more or less abundant. After having tried the means generally resorted to in similar cases, without improvement, I made an application of the acid nitrate of mercury to the ulcerated neck, after which all flooding stopped, and did not recur again. The neck of the womb was quite inflamed, engorged, and considerably ulcerated, extending externally over the upper lip, and within its cavity ; the ulceration being, moreover, of a very vascular character. On inquiry, Mrs. D—— informed me that, as a general thing, she enjoyed pretty good health. She was stout, and of full habit. She married five years previous, but had not given birth to any children. She miscarried at the end of her sixth month after marriage and pregnancy, without being able to assign any apparent cause for it, unless it was the sanguineous discharges with which she commenced

to be troubled after a few months from marriage. These bloody discharges occurred mostly after intercourse, yet would occasionally take place after great exertion; but under all these circumstances, and at such times, they seemed to have been only of a very slight character, and were considered of no importance whatever. Her miscarriage was followed with flooding for some six weeks, when it ceased. Since that miscarriage, she lost much more blood after intercourse, or after considerable exertion, than before. In this state of things, and about a year and a half after her first miscarriage, she became again pregnant, and I met her five weeks after her second miscarriage, under the circumstances as stated above. The patient followed up the treatment so auspiciously commenced for some six weeks, and then returned home. She there persevered in following up the treatment, calling once a week upon me, and shortly afterwards she was entirely cured of her affection, and of all her symptoms which had characterized the disease; symptoms which, on inquiry, Mrs. D—— acknowledged had existed for some time past, but said she had paid little or no attention to them. In the beginning of November, 1864, I was informed that Mrs. D—— had had a fortunate pregnancy, and had been delivered of a strong and healthy boy.

II.—LOCAL OR SUBJECTIVE SYMPTOMS.

“*Les symptômes sont le cri des organes souffrants.*”
(Symptoms are the outcry of suffering organs.)—
BROUSSAIS.

Local symptoms are those symptoms appreciable by the patient alone, and are furnished by the extension of the inflammation of the womb or its neck to the surrounding organs or tissues, to wit: to the vagina and vulva; to the rectum and bladder;—by pain and its seat.

(1).—EXTENSION OF THE INFLAMMATION TO THE VAGINA AND VULVA, OR EXTERNAL ORGANS.

When the neck of the womb is inflamed, the congestion and inflammation very frequently extend more or less to the vagina, or canal leading to the womb; when severe, it occasions swelling and great tenderness of this organ, rendering sexual congress, or any other manipulation tending to cleanliness by washing the parts, or with a view to appropriate medical treatment, painful and distressing, indeed almost impossible. The inflammation occasionally extends still lower to the external parts, and is often, under such circumstances, accompanied by a very distressing symptom, intense itching. This itching has been generally described as a disease *per se*, and may be occasionally so met with; but if clinical observations can be trusted, this itching is in reality nearly always connected with inflammation of the neck of the womb, extending downwards to these parts. Should this itching of the external organs be considered as an independent disease, instead of as a symptom of disease of the womb, and consequently be allowed to run its course, and the means of treatment be only applied to the external organs, there will be but little chance that it will be cured, however energetic the treatment

adopted for its relief. On the contrary, it disappears, or is easily subdued, once the inflammation of the womb has been removed. Well do I remember my failure in two cases of pruritus pudendi, or itching, that presented themselves in my practice a few years back, for which I prescribed, according to custom, medicated injections and fomentations. I failed, I say, just as one or two other physicians who had been consulted before me had failed, till one of the patients complained of other symptoms, which unmistakably characterized a morbid affection of the womb. To this affection I immediately directed my treatment, and it was not long before I had the pleasure to be informed by my patient that the itching which had so tormented her, had disappeared, and without any effort on my part to subdue it, since my attention had been paid exclusively to the affection higher up. Before this patient was well cured of her troubles, I had already shaken off my shyness in relation to physical examinations, and the second patient also was soon relieved of her miseries. From this time, I never have prescribed for any patient complaining of this itching of the external organs without a thorough preliminary examination, and I have succeeded in relieving and curing these cases in the shortest time it could possibly be done. I would further remark, that, under all similar circumstances, such examination should be resorted to. It will be a saving of time, money, and, before all, of misery. I insist here that women, when so affected, should be courageous enough to solicit such preliminary step to be made before they allow themselves to be prescribed for. To proceed otherwise, is,

on the one hand, prescribing in the dark, for what is unknown, and consequently it is justly failing to make a suitable return for the trust that will benefit but one party; and, on the other hand, the ignorance is as great, the anticipated relief is not obtained, things are allowed to progress, and the patient's state of health, even life itself, are made wretchedly miserable. I could here adduce several cases where this itching of the external organs was the prominent symptom for which the patients were urgent in seeking relief. Let the following suffice at this place, and let the Appendix be consulted for others there related.

CASE XXIII.—*Severe case of Pruritus Pudendi, the effect of granular inflammation of the neck of the womb, in a lady of thirty. Ultimate cure.*

In the latter part of May, 1863, I was consulted by Mrs. O——, a very refined and educated lady, on account of an intense itching, which had troubled her for nearly a year. Mrs. O—— married six years before, and had three children. Before her marriage, and until the birth of her third child, her health had been good in every respect. Her third confinement was long and tedious, and her delivery was effected instrumentally. Her recovery was slow, and her health had since changed very much from what it used to be. Symptom after symptom gradually appeared, and the state of her health the day of consultation was as follows: Nervous prostration, pallor of countenance, intense itching of the external organs, which had been troubling her severely for the year past, notwithstanding all the medicated injections and washes she had

resorted to on the recommendation of her family physician. This itching was not continual. She was free from it for a day or so, once in a while; but whenever it returned, it became intense, unbearable, maddening almost, and the furious scratching she could not help resorting to, rendered this state of things considerably worse; she had then to keep in her room. She was most urgent to receive relief from this unbearable affection, forgetting all else. On inquiry, she acknowledged the existence of a thick yellow discharge, of rather a foetid and acrid character; of pains in the back, and of a host of other symptoms, indicating functional derangement; of impaired digestion, and of morbid nervousness. Her family physician treated her for nearly a year, without at any time inquiring in relation to the performance of the functions of the womb, and without ever soliciting an examination of the parts affected. Later, however, he solicited and obtained leave for such examination; but he did not extend his examination further than the external parts. This explains his failure to relieve his distressed patient. On examination, I ascertained that the itching was but the "effect" of a granular inflammation of the neck of the womb, which had involved, by extension, the external organs. After five weeks of treatment, Mrs. O—— began to improve, and was declared cured of her affection of the womb at the end of the sixth month of treatment. Her health had steadily improved, and the itching, which had made her so wretched for a whole year, disappeared, before the third month of the treatment pursued.

(2.)—EXTENSION OF THE INFLAMMATION TO THE RECTUM AND BLADDER.

Inflammation of the neck of the womb, when severe and chronic, not unusually extends to the rectum and to the bladder and urethra, or at least exercises a morbid influence over these two organs. The vascular system of the three pelvic viscera, the bladder, womb and rectum, is so intimately connected, that it is all but impossible for one of these to suffer much from long-continued inflammation, without the other feeling more or less the effects of the disease.

The rectum, or lower bowel, is, indeed, generally affected in chronic disease of the womb. This clinical fact is explained not only by the vascular connection of the rectum with the womb, as above stated, but by the physical pressure exercised on the former by the diseased and enlarged womb. If the body of the womb is inflamed and enlarged, it falls backwards, so as to rest with its entire weight on the rectum. If the neck of the womb is enlarged and indurated, as it frequently is, it is generally thrust back mechanically, so as to press on the rectum, the body of the womb remaining *in situ*, or being carried forward. In either case, the pressure on the rectum is attended with the same distressing results as when the body of the womb is retroverted or thrust backwards, and presses on the rectum. The contents of the rectum meeting with a physical obstruction to their passage downwards, accumulate above, and keep the upper part of the rectum permanently distended. Their passage is also generally attended with great pain (tenesmus), espe-

cially if they are solid, owing to the contents of the rectum having to lift the inflamed and indurated neck of the womb that obstructs their exit. The body of the womb, however, being infinitely more painful and sensitive when inflamed than the neck, the pain, when an evacuation is produced, is, of course, so much greater. The combined action of the causes enumerated and others, in the course of time, appear to destroy the natural contractility of the rectum, and, as a necessary result, to induce obstinate constipation. *Indeed, constipation, from want of sensibility and contractile power in the rectum, is one of the characteristics of chronic inflammation of the womb and of its neck.*

Hemorrhoids, or piles, and prolapsus ani are not unfrequent complications of the disease under consideration, owing to the operation of the causes that have just been enumerated, viz., obstinate constipation and the straining which it occasions; as also secondary congestion and irritability of the rectum, impeded circulation, dilatation and relaxation of the bowel and of its mucous surface. The attacks of piles occur most frequently at the period of menstruation, when, as my readers are aware, the pelvic irritability and congestion are at the greatest height. These attacks are often very frequent and very severe, and add greatly to the discomfort of the patient.

As to the bladder, the anatomical connection that exists between it and the womb, renders it almost equally liable with the rectum to suffering, secondarily, when the neck of the womb is the seat of inflammatory disease. *The bladder and urethra may become congested and irritable, giving rise to pain, accompanied by a fre-*

quent desire to pass water : the patient is often obliged to get up several times in the night, in order to empty the bladder ; and there are cases in which the water can scarcely be retained for more than half an hour at a time, owing to difficulty in its excretion, and to heat and scalding in the urethra as it passes. See cases in Appendix. These symptoms occur with the greatest intensity during the menstrual periods, when, generally speaking, and to reiterate the assertion, the inflammation of the womb becomes exacerbated. As the inflammation subsides during the interval of menstruation, the dysuria diminishes, and the (vesical) irritation of the bladder becomes endurable.

In relation to the reciprocal sympathies between the womb and the bladder, as just noted, Dr. W. F. Montgomery makes the following judicious remarks : " It is familiar to us all, that in the human female there is an intimate reciprocal sympathy between the womb and bladder, and other parts of the urinary apparatus ; so that, under a variety of circumstances, when the former organ is the seat of any anomalous action, or is brought into a state of exalted sensibility, whether from natural or morbid causes, the latter is not only liable, but very apt to sympathize, and suffer correspondingly."

(3).—PAIN AND ITS SEAT.

One of the chief causes, undoubtedly, which tended to keep the profession at large in ignorance of the frequent existence of inflammation of the neck of the womb, and its sequela, ulceration, was, *that the disease*

very often exists without giving rise to pain or uneasiness in the region affected, and that when pain is experienced, it is often at a distance from the seat of the morbid action, in regions that are perfectly healthy. Extensive inflammatory and ulcerative disease of the neck of the womb may, indeed, be present for years without giving rise to pain, or to any well-marked local symptoms; the only evidence in such cases, of its existence, especially to a superficial observer, being functional derangement of the womb, and the general sympathetic reactions. The pain occasioned by inflammation and ulceration of the neck of the womb is seldom felt in the region of its seat, but in one or both of the ovarian regions, in some part of the lower back, and, in nine cases out of ten, it is the left ovarian region alone, or both, which is the seat of pain. A characteristic of this ovarian pain is, that it is circumscribed in its seat, does not radiate over other regions, is of a dull, aching, constant, circumscribed character, and its existence in the left ovarian region, is all but pathognomonic of inflammatory affection of the neck.

The pain in the back is of the same dull, aching character. It is sometimes scarcely perceptible, only amounting to what patients may call a "*weakness*," excepting perhaps after fatigue. In many instances, however, this pain in the back is very severe, and may be perfectly agonizing, incapacitating the patient for any exertion. She feels, she says, as if her back were broken, and she can neither stand nor sit erect with comfort. When there is pain in the region of the neck, it is experienced in the region of its seat. This pain

generally radiates all over that (lower abdominal) region.

These three pains may exist conjointly or separately. They are produced alike by inflammation without ulceration, and by inflammation with ulceration. They are, however, much more marked when there is ulceration, more frequently severe and much more constant. The uninterrupted persistence of one or of all these pains, even when slight, is an important feature in their character. They are always present to a certain extent; yet they may be better after rest, and in the intervals of the menses, and worse after fatigue and at the menstrual period. In addition to the above-named pains, which peculiarly characterize inflammation and ulceration of the neck of the womb, there are often other pains present, to wit: in the hip, in the groin, and down the thigh, and in other regions supplied with the sympathetic system of nerves, etc. As I have stated before, a dull, aching pain seems to be the characteristic form in which suffering manifests itself in the sympathetic system of nerves.

III—DYNAMIC OR FUNCTIONAL SYMPTOMS.

By functional symptoms, we understand the two great functions of the womb, viz.: 1. Menstruation; 2. Impregnation. Inflammation, both acute and chronic, nearly always modifies the functions of the organs which it attacks. The functions of the womb, as might thus be anticipated, are generally more or less disordered by the existence of an inflammation and ulceration of its neck.

(1.)—MENSTRUATION.

An affection of the neck of the womb seldom exists for any length of time without unfavorably modifying menstruation. Owing, however, to the great variations that exist, physiologically, in healthy women, as to the pain, periodicity, duration, and amount of the sanguineous discharge, it is impossible to establish any precise standard, applicable generally, by which we may judge of the state of menstruation in any given patient, with reference to the existence or the non-existence of inflammatory disease of the neck of the womb. It may safely be asserted, notwithstanding, as a general rule, *that, under the influence of inflammation, menstruation usually becomes painful, anomalously scanty or abundant, and irregular, both as to periodicity and duration.*

These variations not being incompatible with health within certain limits, their existence does not necessarily indicate a state of inflammatory disease; but we are warranted in suspecting the presence of inflammation, whenever menstruation, previously easy, becomes laborious and irregular, or whenever its natural difficulty becomes much increased. In a word, the existence or non-existence of morbid symptoms in connection with menstruation, must be ascertained by the analysis of the entire uterine life of the patient, and by comparison of the present with the past. It is with herself only, when in health, that we can compare her, if diseased.

The *pain* experienced during menstruation, when the neck of the womb is inflamed and ulcerated, is

greatest for the first few hours, or for the first day or two, like the physiological menstrual pain. Unlike the latter, however, it often persists with great severity during the entire period, and for some time after. Occasionally it is agonizing and continued, so much so, as to confine the patient to her bed, and to render sleep impossible for days and nights. It is then nearly always accompanied by nausea and sickness, and by some degree of general febrile reaction. The pains are of the same nature as those felt during the menstrual interval, which were noticed a few pages back. These pains are, generally speaking, alike intense and constant, but diversified by occasional colicky pains in the womb. The entire lower abdominal region is tender, painful in these extreme cases, and often so sensitive as scarcely to bear the pressure of the bedclothes. The great increase of pains occasioned by inflammatory ulceration of the neck of the womb during menstruation, is owing partly to the congestion that accompanies menstruation, referred to before, distending the more than usually sensitive tissue of the neck and body of the womb, and partly to temporary exacerbation of the local inflammation. In patients thus suffering, there is evidently at each monthly period a revival and an extension of the local inflammation. A large proportion of the cases of severe dysmenorrhœa, generally supposed to be merely functional, are undoubtedly cases of this description.

The *periodicity of menstruation* is very frequently modified by the existence of the local inflammation. The menses either return too frequently, or are retarded in their manifestation. Thus, instead of appearing

every four weeks, they appear every three weeks, or even more frequently, or are delayed from a few days to several weeks, or even months. The influence of the affection under consideration, in retarding the appearance of the menses after parturition, is very remarkable. When the neck is thus affected, the return of the menses is often retarded for two, three, or four months, although the patient be not nursing.

The duration of the menses is also morbidly modified by the local disease. It may be either increased, lasting two or three times as long as in health, or diminished in the same ratio. It is most frequently, however, diminished. The flow of blood sometimes ceases for a day or more, to return again for a longer or shorter period. Occasionally, also, it appears to be prolonged for several days by a sanguineous exudation from the ulcerated surface. This is proved to be the case by cauterization of the ulceration putting a stop to the discharge. See Case XXII.

The above remarks apply also to *the quantity of the menses*. This may be increased or diminished, but is most frequently of the latter character. These changes in the amount of blood excreted during menstruation, are apparently the result of extreme congestion, occasioned by an anomalous determination of blood to the womb, under the influence of local irritation. The womb thus congested, may be unable to relieve itself of the blood that distends it, or may, on the contrary, pour it out too freely. The quantity of blood lost may be so great as to constitute flooding. This more especially occurs when the neck is the seat of very vascular ulcerations.

The morbid congestion of the womb that generally accompanies and follows menstruation in inflammatory ulcerations of the neck, exercises an unfavorable influence on the disease. In most instances, the inflamed and ulcerated surface is found more tumified, more irritable, more angry-looking than usual on the first examination, after menstruation has ceased, and sometimes it takes a week or more to bring the diseased parts into the state in which they were before the menses set in. *When this is the case, it may really be said that the patient suffers a relapse every month or three weeks, and that there is in each month only ten or fourteen days available for treatment.* Occasionally, on the contrary, even in the most severe cases, menstruation does not appear in the slightest degree to interfere with the curative process, which progresses during its presence as rapidly as at any other time.

(2.)—IMPREGNATION.

Menstruation is a function preparatory only to impregnation, its office being periodically to prepare the womb to receive, retain, and nourish the product of conception. Reflection alone might lead to the conclusion that inflammatory and ulcerative disease of the neck of the womb must modify, more or less, this, the principal function of the womb; and experience shows that such is really the case. Inflammation of the neck of the womb is by far the most frequent cause of sterility, both in originally sterile and in previously fruitful women. The great majority of originally sterile women present, on consultation, some obscure inflam-

matory affection of the neck, which can nearly always be traced to the period immediately following marriage, and in some to a period antecedent to marriage. When women, in the prime of life, who have previously been fruitful, suddenly stop childbearing, without any evident cause,—if their general health fails, or if they present the slightest symptoms suggestive of disease of the womb, the existence of inflammation of the neck may be at once suspected. Some women, however, have so great a susceptibility to conception, that inflammatory disease of the neck, however extensive, does not appear to prevent it. When impregnation takes place under these circumstances, the pregnancy is generally painful and laborious, and frequently terminates in abortion. In quite a number of instances I ascertained the local disease to be all but invariably the cause of the successive abortions that occurred with some women in the first few years that followed marriage. It is also one of the most frequent causes of the abortions that occur in childbearing women. This cause of sterility may be removed by curing the inflammatory affection to which it owes its origin. Clinical observations fully bear out these statements. In 1858 I met, among other cases of miscarriages, the two following, in which occasion was afforded me of examining the state of the womb, and, consequently, I was enabled to ascertain the presumed cause of the abortions.

CASE XXIV.—*Repeated miscarriages, dependent on excessive inflammatory ulceration of the neck of the womb, etc., in a married lady. The treatment recommended declined.*

I was summoned to Mrs. V. F., a well-educated and very refined lady, twenty-eight years old, to attend her in her sixth miscarriage. A fortnight later, when she had somewhat recovered her strength, for her last miscarriage had been attended with a good deal of flooding, much more so than former ones, I took the opportunity, in the course of a conversation between Mrs. V. F. and some of the members of the family, in which she expressed deep regrets for her reiterated misfortunes, and hinted how welcome would be the coming of a child, to inquire respecting the lady's health previous to her marriage and subsequently to it. She informed me that she enjoyed tolerably good health before she married, six years before; that she miscarried five times in succession, at different periods of her pregnancy, and that she knew not, nor suspected any causes which led to this, unless it were, as she had been made to believe, her extreme nervous susceptibility. I informed her that her miscarriages were undoubtedly referable to some abnormal state of the womb; that her actual state of health and repeated misfortunes demanded that an examination of the organ should be had, and that a treatment should be adopted according to the state in which the womb should be found; that the removal of any affection of that organ would certainly be the removal of the cause of her repeated miscarriages, and would also be the

means of her ultimate restoration to perfect health. The examination was consented to, and as might have been expected, I found inflammation and ulceration of the neck of the womb, in a high state of activity; it was hypertrophied, lowered, and considerably deviated from its normal situation. But though this lady had consented to afford me the opportunity of ascertaining the state of the womb, she had not the courage—or, perhaps, from motives of false delicacy, did not accept the only chance that could restore her health by restoring the diseased organ, and thus realizing the unutterable and almost lost hope of becoming a mother.

CASE XXV.—Seven consecutive miscarriages, the result of inflammatory ulceration and elongation of the neck of the womb in a married lady. Complete cure.

A second case offered itself only a short time later than the above. It was that of Mrs. E——, a lady in good circumstances, married nine years, but still childless at thirty-two. She had, during these nine years, seven miscarriages: her first pregnancy came to a premature termination in the middle of the eighth month; her second, at the commencement of the ninth, but both children bore marks of having been dead for some time. Her other miscarriages happened at different periods between the third and fifth month of pregnancy, and it was at her eighth, in the commencement of her third month of pregnancy, that I was sent for.

Having recovered from the effects of her last miscarriage, Mrs E—— gave me the history of her past and present troubles. She would have enjoyed excel-

lent health but for the abnormal state of her courses. Her first menstruation had been attended with considerable distress and sickness, and had continued so ever afterwards. After her marriage, the condition of her courses became still worse, while her health became also impaired. She had officiously been made to anticipate that her marriage would improve her condition; an advice which I am aware is not very uncommonly given, and certainly most willingly accepted. Her strong constitution and nerve-power resisted for some time, with more or less success, the morbid influence that was undermining her health, but she had at last to give up the struggle, and it was in this state of health, and at the time of her eighth miscarriage, that I saw her, a picture of great suffering.

In due time, I solicited an examination of the womb, and I found the genital organs hot, humid and very relaxed, the neck of the womb excessively retroverted, painful, and its posterior lip greatly elongated. The mouth of the womb gave evidence of ulceration, but how extensive was not ascertained, on account of difficulty in adapting the instrument, and bringing the neck, deviated as it was, within its focus.

Could it be doubted for one moment that all Mrs. E——'s suffering was referable to her disease, and that the latter was also the cause of her repeated miscarriages? Her affliction had undoubtedly had its starting point from the very dawn of her womanhood, in the form of severe dysmenorrhœa. We have seen its consequences afterwards.

Anxious to recover her health, and hopeful of yet

giving her husband a token of her love, she agreed to the proposed treatment, which she scrupulously followed up until all vestiges of the affection had disappeared. When she called last, her health was better than it had ever been since she commenced to menstruate; she was preparing to visit Niagara Falls with her husband, and that was, I regret to say, the last I heard from Mrs. E——.

While on this subject, I should reproach myself for neglect if I did not give my readers the benefit of Dr. James Whitehead's experience in all that relates to morbid pregnancies and abortions, which he obtained through a series of indefatigable inquiries and observations in thousands of subjects, who presented themselves at the Manchester Lying-in Hospital, with which he is officially connected, for assistance in their confinement, as well as for relief in all cases of diseases peculiar to women. "The causes of abortion," he remarks, "are generally referred to accidents, as falls, blows, over-exertion, want, mental perturbation, and the like; but in many cases thus accounted for, the exciting agency appears so very trifling, that were such influence equally injurious upon every individual upon whom it is exercised, the full term of utero-gestation would rarely be accomplished. Some women, even of delicate frame—the womb being in a normal condition—will endure in an extraordinary manner during pregnancy, hardships and privations of the severest description; fatigue, starvation, grief and cruelty, disease, external violence and a variety of pernicious practices pursued with criminal intention, without in any way interfering with the well-being of

the foetus. Hence may be reasonably inferred the existence of a potent predisposing cause in many so-called accidental miscarriages. But in more than three-fourths of all the abortions which happen, no accidental or other appreciable cause can be assigned by the patient for the occurrence.

“This fact was ascertained by statistical inquiry of several thousands of patients seeking relief at the institution. When further interrogated respecting their own or their medical attendant’s opinion on the subject, the event was for the most part vaguely referred to that state of the system popularly denominated an “inward weakness”—a convenient expression by which an important and extensive class of diseases are summarily disposed of, whose real nature is as little understood as the practice adopted for their relief is unscientific and empirical. This term refers, generally speaking, to one leading symptom, namely, “leucorrhœa,” or the “whites,” the existence of which was so constant in those cases of abortion for which no known cause could be assigned, as to lead to the suspicion that the condition upon which this phenomena depended was that also which commonly interfered with the favorable continuance of utero-gestation. Having, by the evidence of a number of observations, arrived at a conviction upon this point, I was not long in adopting the only procedure liable to afford the necessary information respecting the nature and seat of the lesion with which leucorrhœa was commonly associated.”

Accordingly, Dr. Whitehead instituted several series of inquiries, whose results I will state as briefly as

possible. His first series of inquiries extended to two thousand patients; they formed the subjects of investigation concerning the actual prevalence of leucorrhœal complaints during pregnancy. Of these two thousand cases, eleven hundred and sixteen had the whites at the time the inquiry was made, and a considerable number more had suffered under similar ailment at some former period. In nine hundred and thirty-six of these eleven hundred and sixteen cases, or eighty-three per cent., the discharge bore undoubted evidence of the presence of pus, or of sanies, and, in some instances, it was more or less mixed with blood; of these nine hundred and thirty-six cases, five hundred and forty-four, or fifty-eight per cent., had previously miscarried. The discharge in the remaining one hundred and eighty cases was said to be colorless, and thirty-one of these had previously miscarried. In other words, out of two thousand patients, eleven hundred and sixteen had the whites, and of this number, five hundred and seventy-five had miscarried.

In another course of inquiry, extending to three hundred and seventy-eight cases of abortion, examined principally with a view to obtain a correct statistical average of the prevailing causes thereof, it was ascertained that two hundred and seventy-five cases of abortion were referable to disease of the neck of the womb, and one hundred and thirteen to accidental or other agencies.

On a former occasion, he further remarks: "Whilst employed upon a course of inquiry of the present character (he alludes to an investigation made in reference to the history of menstruation, and extended

to upwards of two thousand cases), I was struck with the constancy with which leucorrhœal affections existed previous to the occurrence of abortion, and by the fact that the discharge was invariably accompanied by a certain well-marked train of local and constitutional disturbances, and sometimes with evidence of disease of specific character. On submitting these cases to specular examination, the source of the discharge and the cause of suffering appeared to be at once revealed, disease of the lower part of the womb being found to exist in almost every instance. That this lesion of structure constitutes the true morbid pathological seat of leucorrhœa and of all its associated phenomena, as well as a very frequent cause of disastrous events during pregnancy, is further corroborated by the beneficial effect of the treatment adopted when this was especially directed to the affection of the womb."

These observations, coming as they do, from a practitioner of so high repute and experience as Dr. Whitehead is so legitimately considered to be, and presenting facts so clearly stated, and of such absorbing interest in more than one respect, and, moreover, so fully corroborating my more limited experience on this particular subject, are such, that I make no apology for having laid the above statements before my readers *in extenso*.

In France, Dr. Cazeaux, a most eminent obstetrician, and others, examined a large number of cases of pregnancy, with a view to determine the frequency of ulceration in this condition, and found ulceration to exist in a very large proportion of the cases examined.

(3).—UTERINE INERTIA, OR INERTIA OF THE WOMB.

Inertia of the womb, or the diminution or absence of the sexual feelings, is another important functional symptom of inflammation and ulceration of the neck of the womb, as also of inflammation of the womb generally. This symptom is frequently met with,—indeed, may be said to be generally present, when the disease is severe, and is often one of the first indications of the existence of the affection under consideration. It is sometimes carried to such an extent, as not only to be attended with an entire absence of all natural sensations, but so as to inspire feelings of disgust, if not of loathing, and that independently of any physical pain. The cause of this change in the feelings of the patient being misunderstood, or even unsuspected, great unhappiness often ensues in married life. The change is attributed to loss of regard and affection, whereas, it is solely the result of physical disease.

This is more likely to occur, as my readers will readily perceive, when the subjective or local symptoms are obscure or absent, as is so very frequently the case, and when the disease of the womb only manifests its existence by thus modifying its functional vitality, and by debilitating and impairing the general health. As the inflammation subsides under appropriate treatment, the womb gradually returns to a natural physiological state, and this return is one of the most satisfactory and conclusive indications of a radical cure having taken place. In some exceptional cases, so far from inertia of the womb be-

ing the result of inflammation, the sexual feelings are increased and exaggerated.

(4).—SEXUAL CONGRESS.

When the neck of the womb is inflamed and ulcerated, sexual congress is often painful. The pain may be either experienced at the time, for a few hours after, or on the following day. Sometimes general weakness, or mental depression only, is subsequently experienced. Not unfrequently, although there may exist extensive inflammatory ulceration, and enlargement of the neck, no pain is experienced; such women live with their husbands, just as usual, without inconvenience; and impregnation, under such circumstances, is not altogether of unfrequent occurrence.

Sexual congress may be and is quite often, under the disease in question, followed by a discharge of a few drops of blood, or even by considerable flooding—a circumstance to which due reference has already been made. As an illustration to the above remarks, I append here the following case:

CASE XXVI. — *Extensive ulceration in the neck of the womb in a married lady; no hindrance to impregnation, or to the preservation of tolerably good health. Exceptional case.*

In 1859, I was consulted by a German lady of good standing, of this city, aged thirty-eight, on account of the non-appearance of her courses for the last three months, and the possibility of it indicating pregnancy. The lady and her husband contemplated shortly a

visit to Germany, and a pregnant state would preclude the possibility of going. On examination, I found the neck of the womb considerably enlarged, congested, sensitive, and retroverted; the mouth of the womb presented one mass of livid, luxurious, fleshy ulceration, and the vagina throughout presented signs of the extension of said congestion to its walls. She was pregnant. This state of the neck, apart from its actually greater excited state of congestion and inflammation, dependent on pregnancy, must have existed for some time past. Yet though, according to the history as given by this lady, she had given birth to a child about every fifteen or eighteen months, for the last ten years (she was now with her eighth child); she had never miscarried; had no subjective or local symptoms of any importance, if we except a slight permanent vaginal discharge, which she had never minded; there had been no difficulty or any thing unusual in relation to sexual congress, or other functions of the womb; she had only complained of a few sympathetic symptoms, which, on her part, had never received the slightest consideration. Consequently, she had never doctored on their account. She was in due time delivered, and made subsequently a safe voyage and return from Germany. At the present time, December, 1865, this lady is still in the same state of general health as I noticed in her in 1859, except that she has been blessed since with another child. As yet, no doctor has been called upon to attend to her affection.

This case is exceedingly interesting in more than one respect. It shows how extensive disease of the

neck of the womb may be, and yet not interfere in the least with any of the various functions of the womb, which have successively been under consideration ; or its existence be manifested by any of the leading characteristic local or sympathetic symptoms, if we except the discharge, and an occasional slight impairment of her appetite—symptoms which were, as has been seen, so trifling as to be hardly noticed. Indeed they were altogether disregarded by the patient. Lastly, it appears how long and extensive such inflammation and ulceration, as this case presented, may be in operative action, without decided detriment to the general health. But her case, my readers will observe, is a very exceptional one indeed.

(5).—THE BREASTS.

Another functional symptom in inflammatory disease of the neck of the womb, which is occasionally met with, is sympathetic pain and swelling of the breasts. These may become enlarged, irritable, and preternaturally sensitive, or they may only become so before and during menstruation. There may be hardness and tenderness to the touch, and the areola round the nipple may increase in size, and become darker, as in the first stage of pregnancy, the sebaceous glands also enlarging and becoming prominent. The left breast, I ought to observe, is the one mostly so sympathetically affected.

IV.—SYMPATHETIC OR CONSTITUTIONAL SYMPTOMS;
ALSO CALLED SECONDARY SYMPTOMS.

When the womb or its neck is diseased, there are generally present, independent of any of the local symptoms described in the preceding pages, a greater or lesser number of sympathetic or constitutional symptoms, which are, by every authority, considered of the highest scientific importance. These sympathetic symptoms are the more important, because the attention of the medical attendant is, at first and most frequently, if not exclusively, called rather to the sympathetic than to the subjective or local symptoms, or to the original cause of any of these symptoms. Dr. William H. Byford, of Chicago, very judiciously remarks on this subject, "that the secondary or sympathetic diseases distress patients most, and the fact of their mentioning no other troubles, may, without inquiry, mislead us into the belief that they are independent affections."

The constitutional reactions or sympathetic symptoms are produced by the following organs, systems, etc., to wit: 1. Organ of digestion; 2. Intestinal tract; 3. Liver and kidneys; 4. Organs of respiration; 5. System of circulation; 6. Functions of nutrition; 7. Cerebral system; 8. Organ of vision; 9. Organ of hearing; 10. Spinal system; 11. Pelvic pains, etc.; 12. The cutaneous tissue; 13. The nervous system; 14. And, lastly, sleep.

(1).—SYMPATHETIC AFFECTION OF THE ORGAN OF DIGESTION.

The influence of inflammation and ulceration of the neck of the womb on the functions of digestion, is, perhaps, the earliest, the most marked, important and common of all the sympathetic reactions, and the extent to which these functions become morbidly modified, varies very considerably in different individuals, although the intensity and duration of the disease may otherwise be the same. With some, digestion is merely weakened; but with the majority it soon flags, and gradually becomes more and more disordered; a host of morbid symptoms supervening. Indeed, the dyspeptic, gastralgic symptoms frequently assume such an intensity as entirely to obscure all others, completely misleading both the patient and her medical attendant with reference to the real nature of her sufferings. The appetite may be diminished, but is quite frequently exaggerated. In the latter case, there is generally a continual sinking, or craving for food, which nothing appears to satisfy. Nausea is not unfrequently present, and is occasionally followed by vomiting, either of the contents of the stomach, or of some glary matters, occasionally of bilious fluid. There is often great straining and retching, with but slight ejection, the ejection consisting mostly of gas. These attacks of nausea and vomiting are periodical, coming on at intervals, and are especially present during the menstrual period. The ingestion of food is often followed by a sense of weight, fullness and oppression at the pit of the stomach, and in the chest, or

by a sensation of a foreign body in the throat. It may also be followed by the eructation of wind, with which the stomach is very often much distended, or by the return into the mouth of tasteless or acid fluid, or of partly digested food, etc. This gaseous development in the stomach is a very common, uncomfortable, and occasionally a most severe and distressing symptom in affections of the womb, and the more nervous persons are the more severe and distressing is its presence in the stomach. If the stomach should become unable, through some cause or other, say the irregular action of its muscular fibres, to get rid of this gaseous accumulation, spasms, cramps, pain or colic, sometimes of the most severe character, may be its inevitable consequence. There is frequently pain in the pit and region of the stomach, in the chest, and underneath the left breast, in the region of the heart. This is of the same dull aching character to which I have referred on several occasions, as characterizing pain in organs supplied by the sympathetic nerves. There is also often considerable cutaneous sensibility in the regions where the pain exists, which is nearly always increased by pressure. At times the patient can scarcely bear the pressure of her corsets. There is likewise heaviness and headache. The headache may be frontal, above the eyes, or at the upper part of the head—a very common form of headache, and often bitterly complained of. Patients describe it as being of a dull, heavy, burning and very distressing character.

(2.) SYMPATHETIC AFFECTION OF THE INTESTINAL CANAL.

The sympathy of the intestinal canal with the womb, when affected, is no less marked, and probably ranks next in frequency to the stomach. A liability to constipation is frequently complained of. The bowels have apparently no natural tendency to move. Constipation, in many instances, terminates or alternates with diarrhoea, lasting for several days. Diarrhoea often exists alone, and its character varies considerably. It may be watery, profuse, weakening (see Case XLVI. in Appendix), and is often attended with dysenteric symptoms. Occasionally it seems to be excited or aggravated by certain articles of food. The irregularity of the bowels, in the absence of any reasonable cause, is quite characteristic of some affections of the womb. This irregularity, moreover, is mostly observed at or near the period of menstruation. It may last throughout the courses, or only for a day or two before. Finally, there is occasionally considerable gas developed in the bowels, producing distention, noises, and other motions, all of the greatest annoyance to patients. For those irregularities of the bowels occasioned by the displacement, or the extension of inflammatory action of the womb and its neck, my readers are referred to the local or subjective symptoms

(3.) SYMPATHETIC AFFECTION OF THE LIVER AND KIDNEYS.

The functions of the liver often participate in the depraved state of the digestive system. The secretion

of bile may be deficient or it may be too abundant, owing to sluggish secretion or to anomalous activity. Sometimes the morbid state of the biliary functions assumes a very prominent feature in the history of the case, so much so as to obscure all other symptoms. The patient is seized at intervals with severe bilious attacks, characterized at first by pain in the right side, radiating to the back and shoulders (these pains have frequently subjected women to be treated for inflammation of the liver); a yellowish tinge of the skin, with bilious headache, and subsequently by the vomiting and purging of bile in large quantities.

These attacks appear to be irregular in their manifestation, with entire absence of fever, but are nearly always connected with menstruation, immediately after it, or one, two, or three weeks subsequently. In the latter case, though the vomiting and purging are thus deferred, the pain in the side and the other premonitory symptoms generally commence with, or soon after, the menstrual epoch. In affections of the womb, the urine is morbidly modified in various modes. The condition most frequently observed is the existence of large quantities of salts. There is often pain in passing water, and great difficulty of excretion, or even complete retention. These symptoms, and more especially retention, re-occur with the greatest intensity during the menstrual epochs, when, generally speaking, the inflammation of the womb becomes exacerbated. As the inflammation of the neck of the womb subsides during the interval of menstruation, the difficulties in the secretion of urine diminish, and the irritation of the bladder becomes

endurable. The desire to void urine is very frequent, and as the urine passes along the urethra, it gives rise to a sensation of heat and scalding. Further details have been given in this relation, when speaking of local symptoms, to which I respectfully refer my readers.

(4.) SYMPATHETIC AFFECTION IN THE ORGANS OF RESPIRATION.

The pains felt in the region of the stomach, previously noticed, often radiate to other regions. Severe pains may then be experienced underneath the sternum or extending all over the chest. These pains are sometimes so severe as to interfere with the action of the lungs, and to render respiration difficult and painful. Under these circumstances, several other symptoms may be experienced; and first, a sense of constriction or tightness, as if a full breath could not be taken. This constriction is, in many cases, almost permanent; in others, it is paroxysmal, mild or exceedingly intense in its attacks, recurring daily or at longer and irregular intervals. Second, by coughs—a no less common, annoying, and often distressing symptom. The cough may be of a dry, short, hacking character, scarcely noticed by patients, although painful enough to the bystanders; it is the most common of coughs. Occasionally it is sonorous, hard and apparently distressing. The cough, in other instances, is of a paroxysmal nature: patients, after having been comfortable for some hours, are suddenly seized with a fit of coughing, lasting for several minutes, it may

be for hours, until the sufferers appear exhausted by fatigue. Attacks of these coughs often take place in the morning just when the patient is leaving bed, and last for many hours.

As is seen above, there is a great diversity in the character of the cough. Other diseases, from a common catarrh, bronchitis, pleurisy, pneumonia, heart disease, tubercular deposit and others produce it, and consequently, cough, in the absence of any other well-marked home-symptom, cannot lead us to suspect disease of the womb until a thorough examination of the chest shall have informed us of its healthy condition and the absence of any affection of which cough is a characteristic symptom.

Third, by aphonia or loss of voice. This loss of voice is very often noticed, lasting, in some instances, for days. The patient can speak only in whispers, and with considerable effort; in others, it is of shorter duration, and often suddenly disappears. See Case L. in Appendix, where the above observations are well illustrated. Fourth, by disturbances in the action of the heart. The heart may be perfectly free from organic disease, and yet patients will suddenly, without the slightest cause, complain of distressing sensations, as palpitations, or of fluttering and irregular action; these palpitations are occasionally of a very violent character, with a sense of fullness and suffocation. The presence of these thoracic pains, dyspnea, cough, aphonia, palpitations and other chest symptoms, is nearly always a source of great anxiety to the patient and her friends, leading them to fear the existence of diseases of the lungs and heart, particu-

larly if these diseases have existed in their families. If the careful examination of the lungs and heart demonstrates the integrity of these organs, we are warranted in considering the pains, and the other chest symptoms just described, as merely sympathetic. Consumption may be said to constitute one of the dangers to which this form of disease of the womb indirectly exposes those whom it attacks, owing to the existence of that general debility which it so often occasions.

(5).—SYMPATHETIC AFFECTION OF THE CIRCULATORY SYSTEM.

The connection between the circulatory system and the affection of the womb, is so well delineated by Dr. Byford, and agrees so well in every respect with my own experience upon the subject, that I do not hesitate to transfer his remarks to these pages. He says:

“The circulation and its organs are very often deranged to a distressing degree. Palpitation of the heart is troublesome, and patients are apt to think themselves the subjects of disease of the heart. We are often consulted solely with reference to this symptom, it having absorbed the attention and awakened the apprehension of the sufferer to such a degree that her other inconveniences are forgotten or overlooked. These palpitations are sometimes attended with pain in the region of the heart, which occasionally shoots up to the left shoulder, and down the left arm to a greater or less distance; the distress being so great as to amount almost to angina. The palpi-

tion is worse during nervous excitement. It occurs generally in paroxysms. We meet with instances in which it oftener occurs after lying down at night than at any other time. Sometimes it seems to be increased during digestion. The sensation of palpitation does not seem to be at all commensurate with the increased excitement of that organ, and *vice versa*. I have observed instances in which the patient complained of violent palpitation, while the pulse and heart, as far as I could judge, were not at all disturbed. In such cases, we might say that the sensitiveness of the heart was increased, until its ordinary motions were perceived by the patient. Indeed, the pains and increased irritability of the organs supplied with the great sympathetic nerves, seem to result from increased susceptibility or sensitiveness, instead of organic changes. There is also sometimes a sensation of throbbing, as though the blood was passing through the arteries in increased quantities, and with increased force in some parts of the system. This occurs mostly about the head, sometimes in the hands and feet, and occasionally inside the head, apparently in the brain; also about the genital organs. Great irregularity of distribution of the blood is often observable, the hands and feet being uncomfortably cold, and continuing in that state for twenty-four hours at a time. In connection with cold extremities, the head is apt to be hot, or warmer than is natural. This heat of the head may also be present when the feet and hands are of the common temperature.

“Heat about the head and face is sometimes almost constantly present in certain patients and is the source

of great annoyance to them. It is apt to be caused by any thing that excites the person. It is greatest and frequently exclusively located on the top of the head. I do not think that this sensation of heat arises from any other cause as frequently as from the disease under consideration; and I am sure it is one of the most common symptoms in such disease. There is also great heat complained of in the back of the head in many instances. Sometimes it extends along the spine, affecting the whole or only sections of it. Burning in the lower back and loins is very common. Flashes of heat and flushes of color in the face and head, and even in other parts of the body, are very common and annoying occurrences. The power or nervous energy of the heart may be impaired to such an extent as to render the patient liable to faintness on the application of very slight causes—anger, fear, surprise, or even the more tender emotions overcoming the patient very readily.”

Inflammation and ulceration, if limited to the neck of the womb alone, seldom give rise to any febrile reaction. Sometimes, however, patients become rather feverish towards evening, but even this is rare. Practitioners unacquainted with the history of affections of the womb, would never for a moment suspect that the pale, languishing, debilitated women, by whom they are probably consulted for weakness, have been reduced to a state of anæmia by an inflammatory disease of the womb, or of its neck, still in active existence. Although the pulse be seldom accelerated by fever, it is generally modified in other ways. Thus, it is often miserably small and feeble, quick and irregular.

When this is the case, the pulse partly reflects the debilitated state of the system, and partly a direct sympathetic reaction from the womb, on the central organ of circulation.

To conclude, I would state what I have before said upon the subject, that it is partly owing to the absence of fever, which generally characterizes inflammatory diseases in other regions, that inflammation of the neck of the womb has passed unobserved until so very recently.

(6.)—SYMPATHETIC AFFECTION OF THE FUNCTION OF NUTRITION.

The functions of digestion, respiration and circulation, being those which control assimilation and nutrition, cannot long be in a morbid state without the general nutrition becoming impaired. The patient loses flesh, becomes emaciated, pale, sallow, languid, and weak; falls, in a word, into a more or less marked state of anæmia. Indeed, anæmia, the result of depraved nutrition from sympathetic reaction, is so general in this form of disease of the womb, that it may be said to characterize it in its advanced stages. And, on the other hand, as is well known, anæmia exercises considerable influence in the production of various nervous disorders.

Dr. O. Landy, of Paris, has shown and illustrated by various cases the forms of nervous disorders caused by an insufficiency of the amount of blood in the system, or by an alteration in the qualities of that nutritious fluid. According to Dr. C. E. Brown-Sequard, the various forms of insanity, paralysis of sensibility

or motion, neuralgia, and almost all the convulsive affections, from chorea to epilepsy and catalepsy, are among the often-observed effects of anæmia, whether due to a loss of blood, or to other causes.

(7.)—SYMPATHETIC AFFECTION IN THE CEREBRAL SYSTEM.

The principal sympathetic cerebral symptoms in affections of the womb, are intense headache, great depression and lowness of spirits, and groundless terrors experienced not only in the night, but even during the day.

The headache may exist in any part of the head, but it is principally observed, as before referred to, at the summit, and over the forehead. The pain at the summit, patients compare to a heavy weight pressing on it, or to a disagreeable burning sensation. These headaches very frequently extend not only over all the scalp, but to the skin and deep-seated tissues of the face. Intense darting burning pain is often felt in the eyeballs, or deep in the sockets of the eyes, with or without "flashes of light from the eyes;" and in the ears, the sufferer may have then a "ringing in the ears." The same pain is often felt in the nose, or along the dental nerves, not unfrequently accompanied by the most acute twitches and spasms of the facial muscles, and thence patients have been treated for neuralgia of the face or *tic-douleureux*. The extension of the pains along the dental nerves very often constitute those severe cases of *odontalgia* or toothache,

that scarcely any thing can soothe or drive away, till the dentist has been called upon, and some tooth or other has been extracted.

The mental depression experienced by the patient subjected to inflammation of the womb, is often extreme, and not unfrequently is accompanied by delusions or hallucinations and by the fear of insanity. This mental depression is always greatest at the menstrual epoch, and may be carried to a great extent, being attended by irresistible weeping for hours and days together, independent of any other hysterical manifestation. A very truthful picture of these "depressions of the mind" is drawn by Dr. Hugh L. Hodge, of Philadelphia. "The patient," says he, "is low-spirited and desponding; loses her interest in the common business of life, performs her duties with an effort, and finds it requires an exertion to turn her thoughts away from herself. Gradually she loses her interest in her friends and society, preferring solitude as more congenial to the state of her mind and heart. This state often becomes very distressing; nothing withdraws the patient from her own morbid sensations; she is desponding and melancholy, prefers death to life, and even meditates seriously as to the value of life under such circumstances; for to her the future promises to be like the past. She expects, perhaps even desires, nothing better, and is almost ready in despair of comfort, to rush upon the untried realities of another world. These extreme cases are comparatively rare, but minor cases of mental indifference or despondency are exceedingly frequent. On recovery, such patients often say, 'a cloud has been removed from my mind;'

'a load taken from my heart;' 'my head is cleared;' 'the confusion of thought has vanished;' 'my natural interest in my husband, my children, my duties, has returned.'

This mental depression, as well as the other ailments and morbid sensations, I have noticed so far, are always greatest at the menstrual epoch, and may be carried to a great extent, and be attended by irresistible weeping for hours and days together, independent of any other hysterical manifestation. In some instances, slight general debility, with great lowness of spirits and languor during menstruation are nearly the only indications that the patient presents of the existence of the inflammation of the womb from which she is suffering. The "languor" alluded to, is called by the patient "weakness," and is one of the most common symptoms in affections of the womb. It is also expressed by the words "lassitude," "inertness," or by the French, "*defaillance*." There is a general sense of prostration, as if it were impossible to make much exertion. Sometimes this is the case when the local symptoms are by no means urgent, often when there is little pain; and in some cases where no pain whatever had been experienced.

A young lady, between twenty and twenty-three years old, on whose account I was consulted, was the subject of a similar muscular weakness, and refused absolutely to go out, stating that she could not walk, even for half a block, without feeling like "dropping down." From inquiry, I obtained the information that this girl's health had nothing of a disquieting character, and that she only complained at the time of her

courses, which were characteristic of dysmenorrhœa. She complained, moreover, of an occasional headache, was slender, looked pale and anæmic, and was exceedingly nervous, and would cry and weep, if somewhat opposed in her conversation. Under the stimulus of a strong will, of great mental or moral excitement, or even of physical stimuli, such patients—and so it proved to be with the young lady just mentioned—can make temporary exertions, but will afterwards relapse, usually into a more decided state than ever, of apparent exhaustion. To these sufferers, the only comfortable position is the recumbent, reclining on a *tete-a-tete*; it is an effort to sit, stand, or walk. In some, the same lassitude affects the mind and feelings; no interest is expressed in the usual social relations and business of life. To the patient all things are indifferent, and most objects of affection decidedly wearisome and perturbing. In most, however, there is considerable local irritation, as evinced by pain in the back, a sense of pressure, and other symptoms considered at length in other places. Much more might be said on this subject but for the limit of these contributions, and that I have yet to consider the moral feelings—hallucinations, anticipations of impending evil, etc., with which patients are affected in diseases of the womb.

First. As to these, the moral feelings, they may, in many patients, be regarded as in a state of irritation: every thing worries and agitates them; the merest trifle not only annoys, but excites strong expressions of displeasure, even of anger. Such persons may have sufficient self-restraint to command themselves among

strangers ; but at home, among children and domestics, and even towards the husband, self-command seems to be impossible, or at least requires a powerful exercise of the will.

These states of mental and moral excitement, sometimes even in strong-minded and religious women, become uncontrollable by the most determined efforts of the will and of the conscience. They mourn and are distressed and mortified at the ebullitions of passions which they cannot restrain.

Second. Indescribable and inexplicable feelings of dread, anticipations of impending evil to themselves or their friends, take possession of the minds of other patients. They fear to be alone, even for an instant—they cannot divert their thoughts from disagreeable or painful subjects. They often not only lose their interest in their relations, and are disposed to quarrel with them, but even to seriously injure them.

Third. A variety of this state of the cerebral functions, but usually not so terrific, consists in hallucinations and spectral illusions of various kinds. Every one of my readers has heard of the fancies, the notions, the vagaries, the strange thoughts and imaginings of nervous women. They are sometimes pleasant, but often very disagreeable, and even fearful to themselves or companions. In other cases, mental hallucinations, deceptive perceptions, are so vivid that they appear to be realities.

Finally, the wretched physical and mental sensations from cerebral disturbance cannot be described. Patients have no language to express the nature of

their feelings, but portray in strong terms the misery of the horrors of their mental and spiritual state as far more distressing than physical pain. The line of demarcation between sanity and insanity cannot indeed be drawn in the various states of cerebral disturbance. Decided mania occasionally ensues; the patient sometimes sinks into the hopeless wretchedness of melancholy, or into chaotic musings of idiocy. These extremes are, however, rare; but nothing is more frequent than some mental or moral disturbance dependent on an affection of the womb. When this affection is cured, the cloud is removed from the mental vision; the chaotic confusion of ideas vanishes; the indifference to friends and to the business of life is superseded by warm affections and active devotion to duty. The morbid excitements of the mind subside; cheerfulness and hilarity succeed; the patient feels rejuvenated, and can hardly believe the reality of past sufferings, or that she has retained her personal identity.

(8.) SYMPATHETIC AFFECTION IN THE ORGAN OF VISION.

The sight may be merely impaired and rendered weaker by the reaction of the affection of the womb; but it may also be more deeply affected. Amaurosis may supervene. The connection between the two morbid conditions, as cause and effect, is rendered evident by the cure of the affection of the womb at once arresting the onward progress of the amaurotic affection when everything else had failed. Unfortunately, however the ground lost is not always en-

tirely regained, and vision sometimes remains permanently impaired in one or both eyes. See Appendix, Case XLIV.

(9.) SYMPATHETIC AFFECTION IN THE ORGAN OF HEARING.

The hearing is less frequently affected than the sight. However, cases have been met with in which an affection of the womb had evidently occasioned partial deafness. This form of deafness is also generally arrested by the treatment of the disease, but occasionally the hearing of the patient cannot entirely be restored.

(10.) SYMPATHETIC AFFECTION OF THE SPINAL SYSTEM.

The spinal system, like the cerebral, has a large share in the array of sympathetic symptoms, when the womb or its neck is affected. Patients complain of pain or some distressing sensation in some part of the spinal cord, generally in some part of the lower back. This pain or distress, commonly called a "weakness" or a "weak back," or perhaps a "broken back," is mostly constant, and is very readily aggravated by anything that excites the vascular system of the womb, such as standing, walking, stooping, lifting or jumping, or any sudden emotions, as fright, anger, anxiety. Some cannot assume the erect position without inducing pain and distress, and any attempt to walk is followed by great suffering. Others can walk moderate dis-

tances, but are punished for their temerity by suffering for hours or even days. Nothing troubles such patients so much as ascending stairs or hills. The fact is, that any and all muscular exertion induces pain. Occasionally patients will be distressed by swelling of the legs and feet, lasting for a time more or less long. All these pains and distresses are, as those experienced in other organs, aggravated at the time of menstruation.

(11.) SYMPATHETIC PAINS, AND DISTRESSING SENSATIONS, ETC., IN THE PELVIC AND OTHER REGIONS.

When the womb or its neck is affected, there are pretty generally experienced by the patient some tenderness, pain, distress or soreness in one of the groins, increased on pressure, and radiating towards the hip. Usually the left side is so affected, occasionally it is the right. These pains may also be felt in the region of the seat of the womb. All these pains and distressing sensations are aggravated by all the circumstances that aggravate the pain in the back.

Besides the various pains just noticed, there are other distressing sensations experienced by patients, radiating in every direction from the source of mischief in the pelvis, along the course of particular nerves. The pain may be traced from the groin, following the course of some nerves or branches of nerves on the inside of the thigh, and producing pain or soreness in some part of the inside of the thigh, or lower down, in the knees, and still lower, in the ankles, and often in very small spots, as at the top of the instep,

or at the heel, according to the particular nerve followed. Sensations of numbness, a dead feeling, a prickling often co-exist, increasing the indisposition or inability to move. When these pains or distressing sensations radiate from their source of mischief towards the upper extremities, there may be pains felt, according the nerve in sufferance ; for instance, in the fingers, wrists, elbows and shoulder, together with feelings of numbness or deadness. The characteristics of all these pains or distressing sensations are fixed, darting, transitory, constant or of a paroxysmal nature. The patient may thus enjoy immunity for hours, days, even weeks, or may be a constant sufferer from them. It is hardly necessary to add, it having been repeated constantly, that menstruation exercises its influence more or less over all the sensations just described.

(12.) SYMPATHETIC AFFECTION OF THE SKIN OR
HYPERÆSTHESIA

The cutaneous sensibility and impressibility in affections of the womb, is sometimes much exaggerated or excessive all over the body, in isolated regions, as the head, back, abdomen, or on the left side only. When this is the case, pain is experienced on the slightest contact. This exaggerated sensibility may be confined to the pelvic region only, and be attended by a very distressing sensation of internal soreness.

(13.) SYMPATHETIC AFFECTION OF THE NERVOUS SYSTEM.

The various nervous manifestations to which the term *hysterical* is familiarly applied, are very frequently met with in patients suffering from chronic inflammatory disease of the neck of the womb, and vary considerably according to the constitutional idiosyncrasy, or the gravity of the affection. Patients may be taken by mere fainting spells, or attacked by epilepsy, catalepsy, chorea, or perhaps mania. These different forms of convulsions and nervous manifestations may be met with from accidental causes, but occur mostly, as with other morbid sensations, before and during menstruation, and may then be so severe and so continued as to be followed by paralysis and to threaten life. All these forms of convulsions, nervous attacks and manifestations are too familiar to my readers generally to require any details. An excellent insight into these nervous manifestations is given by Dr. Byford, as follows :

“Aches, pains and complaints of evident nervous ailments are the peculiar province of disease of the womb. There is hardly a disagreeable or even excruciating sensation that these patients do not experience ; and too often this real suffering is mistaken by the friends for imaginary, and the woman's complaints are treated with unreasonable impatience and rudeness by persons from whom she ought to receive kindness and sympathy, because her appearance does not correspond with her morbid sensations, as we are apt to observe them in other examples of disease. It is

remarkable, too, and a fact that often impeaches them with insincerity in their complaints when the uninitiated are the judges, that these patients will pass from a state of excruciating suffering and loud complaints, under a little excitement, to one of actual enjoyment and hilarity, or conversely. The transition from the excitement of private company, or a public party, gives way in a few minutes to a doleful condition of suffering and unappeasable complaints. The inconsistency of the complaints and enjoyments, the incapacities and the performances of these patients are almost characteristic—at least in their sudden alternation—and are inexplicable in any other way than by supposing that the pains in the different organs to which they are referred, are more dependent upon the general nervous susceptibility than upon the organic disease of even trivial character. They are strictly neuralgic in their nature, and confined to the nerve matter, or tissue of the parts. A great number of the disagreeable sensations and pains appear more frequently in particular parts, and hence may be distinctly referred to in this description."

(14.) SYMPATHETIC AFFECTION IN SLEEP.

But little refreshing sleep is obtained by women laboring under trouble of the womb in a severe form, especially when the digestion is much impaired. The state of suffering in which they live re-acts on the brain, renders sleep imperfect and interrupted, and occasions disagreeable dreams and nightmare. The

sufferer often awakes in an agony of apprehension. This is principally the case when the sympathetic nerves of any of the viscera, ovaries, womb, stomach, heart, etc., are the seat of the constant, dull aching pain, several times noticed before. Existing, as it does, during sleep as well as during wakefulness, by its continued reaction on the cerebrum, it effectually "murders rest." When these pains are absent or slight, the sleep is often very good, sometimes, indeed, too prolonged and heavy.

Here I end this long sketch of symptomatology, or symptoms of disease of the womb. My readers are now fully acquainted with most of the symptoms, both local and constitutional or sympathetic, which may be considered to indicate especially inflammatory ulceration of the neck of the womb. If, in this rapid review, any symptom or symptoms should have escaped notice, they are either of very trifling importance, or belong to some affection independent of an affection of the womb. The totality of the symptoms complained of will always tell the sufferer where to look for the cause of her suffering, and act understandingly. Finally, I would add

V.—SUMMARY OF SYMPTOMS.

An affection of the neck of the womb may safely be suspected from the isolated existence of any of the following local or subjective symptoms, viz. :

a. Sterility. b. Increased pain during menstruation. c. A constant return of the menses at an ear-

lier or later period, and a great change in the duration or amount of the menstrual secretion. *d.* Slight or severe continued pain in the back or ovarian regions. *e.* Weight, shooting and bearing down pains. *f.* Permanent vaginal secretions. *g.* Modified sensibility of the womb.

CHAPTER IX.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

I.—DIAGNOSIS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

I WOULD not wish my readers to suppose that a certain number of both local and constitutional symptoms, enumerated in the preceding pages, must, of necessity, be present in, or characterize every case of affection of the womb. Nor that patients seeking for advice will complain of a certain number of symptoms belonging to the one or other of the two named categories of symptoms. If this were the case, if patients did always complain of a certain number of symptoms belonging to both categories, or exclusively to one of them, the cause of their suffering would readily enough be recognized. But very frequently indeed a few symptoms only are complained of, and in many instances merely one or two are met with. It is this circumstance which frequently renders it so difficult to recognize positively the existence of an affection of the womb unless physical examination be resorted to, a mode of diagnosis that has until lately been too much neglected. This is, however, at present recognized by all intelligent practitioners to

be indispensable in all affections appertaining to the womb and organs of generation. Thus, patients will complain of a discharge (the whites), of painful, irregular or suppressed menstruation, of backache (they call it also weakness); others, again, of want of appetite or of general weakness. The true nature of the case has in almost every instance to be sifted out. What is only a symptom is considered and insisted upon by the sufferer to be the disease, and cause of her sufferings. Nor should my readers infer, that the intensity of woman's sufferings will be found to be in due proportion to the relative intensity of the affection of the womb. This part of gynecological science is considered as yet most unsatisfactory.

In a lecture, in 1851, on Uterine Diagnosis, Professor Simpson remarked on this subject: "It is in consequence of this want of relation between diseases of the womb and their dynamic symptoms, that it becomes so requisite in this class of affections to have recourse to physical diagnosis, in order to determine what ascertainable changes have taken place in the structure and organization of the womb, or its appendages. It is only by instituting in this way a physical diagnosis that you can hope, in most instances, to decide upon the specific nature of the disease that may be present. In many cases, we may make the general diagnosis of the existence of diseases of the womb by the consideration alone of the rational symptoms or functional derangements to which such diseases give rise. We can only make a differential diagnosis of what the existing specific disease is by physical diagnosis, or, in other words, by the physical examination

of the anatomical conditions of the organ itself." "And," he further remarks, "in whatever way we may explain the fact, it is still an undoubted, important (pathological) and practical fact, that, in diseases of the womb, there is generally no very direct or fixed relation observable between the intensity and character of the local disease which is present, and the intensity and character of the dynamic symptoms to which that disease gives rise. The accompanying dynamic symptoms may be severe, where the local disease of the womb is slight and simple; and, on the other hand, it too frequently happens that the local disease is severe and serious in its nature, when the dynamic symptoms that accompany it are apparently trivial and transient in their character."

From what precedes, my readers are to conclude, that the constitutional symptoms alone are no guide in arriving at a correct knowledge of difficulties of the womb, whether of an organic or of a functional nature alone; and, also, that in consequence of this, of all means a physical examination, as above alluded to, is the only medium of communicating at once the actual condition of the parts diseased. The further consideration of this special subject, however, I have thought best to postpone till I come to consider the treatment of inflammation and ulceration of the neck the womb.

II.—DIFFERENTIAL DIAGNOSIS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

I have deemed it of paramount interest to my readers, to be informed of the errors that were formerly

committed, and are to a certain extent, at the present day, in relation to the affections already considered. These errors were of common occurrence, and occasionally of a very grave nature, and it must thus be obvious that they were capable of producing the greatest mischief, if not, perhaps, irreparable consequences. For these reasons, I thought it preferable to group them together in a special paragraph, rather than to take notice of them in other places of this work, where they might have escaped attention.

These errors are the following, namely :

I. ERRORS IN RELATION TO LEUCORRHOEA.—At the head of these errors is leucorrhœa, called also the “whites,” or “vaginal discharges,” with which women are troubled, when laboring under some affection of the womb. I have described them at length, page 116.

These “whites,” or “vaginal discharges,” have been all but universally supposed to be the result of “constitutional weakness.” This error has, perhaps, been the most inveterate and the most general of all, and, consequently, sanctioned during centuries by writings of innumerable men of eminence ; yet it is founded on the grossest disregard of every day experience, clinical observations, and of the laws of pathology. Are we not aware that a large proportion of women have, for a short time before and after menstruation, a more or less abundant white vaginal discharge ; some women even having this discharge after certain excitements or fatigues, while their health remain perfectly good ? This circumstance alone satisfactorily proves that a mere mucous vaginal secretion does not, of itself, pro-

duce the "constitutional debility" which is often observed when a leucorrhœal discharge exists—which it is supposed to occasion. A copious mucous hypersecretion, apart from inflammation, may exist for years from the nares, lungs, or intestinal canal, without the supervention of general debility and emaciation.

Both experience and pathological analogy thus prove, that if great constitutional debility exists, along with a vaginal discharge, and if there is no other local-disease or cachexia to account for it, the uterine system must be the seat of some more serious lesion than a mere mucous hypersecretion (preternatural secretion). This remark applies still more forcibly when the discharge is not merely mucous, but purulent. The presence of pus is conclusive as to the existence of some internal inflammation. And yet there are many practitioners who still believe that even a discharge of this kind (purulent) is merely the result of "weakness." The absurdity of such an opinion cannot be better demonstrated than by applying it to other organs. What medical man in his senses would think of attributing the daily expectoration of a considerable quantity of pus from the lungs, or its discharge from the intestinal canal, to mere "debility!"

2. ERRORS IN RELATION TO WEIGHT, DRAGGING, AND BEARING-DOWN SENSATIONS. — These sensations of weight, dragging and bearing down, which characterize falling of the womb, as well as inflammatory hypertrophy of the neck of the womb, are generally supposed to be the result of the womb falling from weakness or laxity of its natural supports. This is a most disas-

trous error ; for not only does the practitioner neglect to adopt proper means to ascertain the real nature of the case, and omit to resort to correct means of treatment—impressed as he is with an erroneous notion of the state of his patient—but the pessaries and physical means of support that he adopts nearly always aggravate the disease. Numerous cases in which great mischief has evidently been done by the use of physical means of sustentation, in cases in which inflammation is the real cause of the morbid symptoms, are daily met with. See Appendix, Case LVI.

3. ERRORS IN RELATION TO THE BACKACHE AND OTHER PAINS.—The pains in the lower part of the back (in the region of the sacrum), and in the hips and thighs, formerly described, have also generally been mistaken for indications of “constitutional weakness.” Indeed, as these pains nearly always accompany the vaginal discharges in cases in which extreme debility occurs as the result of inflammation of the womb and ulceration, they have become popularly connected with leucorrhœa. Thence it is that “backache” and “whites” are considered not only by the public, but even by professional men, as symptomatic of constitutional debility,” existing as a (primary) affection of itself.

4. ERRORS AS TO THE OVARIAN PAINS.—The pain in the ovarian regions, and especially that on the left side, the most characteristic of all the local symptoms occasioned by ulceration of the neck of the womb, was and is often erroneously supposed, by the medical attendant, to be the result of inflammation, or other

disease of said ovary itself. When the pain occurs on the right side, it has been frequently referred to the liver, and supposed to indicate disease of that organ, etc.

5. ERRORS IN RELATION TO SYMPTOMS EMANATING FROM THE RECTUM AND BLADDER.—If the neck or the body of the womb is enlarged and retroverted, so as to press on the rectum, and to offer an obstruction to a natural passage, the obstacle has been mistaken for stricture of the rectum, and women have been martyred for a lengthened period by attempts to dilate a supposed stricture of the rectum, when nothing of the kind in reality existed.

When the irritation about the bladder is very great, the attention of the practitioner may be directed almost exclusively to it, and the disease of the womb may thus be overlooked *in toto*. This is a mistake that has frequently been committed. Patients thus suffering, have been examined for stone over and over again, or treated for years for (idiopathic cystitis) inflammation of the bladder. Much more could be said on this important subject of errors in diagnosis, but I only would add, reiterating my previous observation on the subject, that *an accurate analysis of the history of the patient, of the functional and other symptoms which she presents, and of their origin and progress, will nearly always enable the practitioner to form a tolerably correct surmise as to their idiopathic or sympathetic nature.*

CHAPTER X.

PROGRESS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

THE progress of inflammation, etc., of the neck of the womb, is very variable, both in its subjective or local and in its general or sympathetic manifestations. Sometimes inflammation rapidly leads to ulceration, the neck speedily becomes hypertrophied, and the bladder and rectum soon become involved in the inflammatory action. The sympathetic reactions being also soon experienced, the patient, in the course of a few months, falls into a state of extreme debility. This latter condition may speedily supervene, even when the local disease is very limited in extent and intensity. In some instances, on the contrary, years elapse before the general health is seriously affected, even when there is extensive disease. See Case XXVI. Inflammation, ulceration, hypertrophy, and other abnormal conditions of the womb, may, indeed, exist during a portion of the life of the patient, without destroying life, although producing a constant valetudinarian life.

CHAPTER XI.

TERMINATION OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

INFLAMMATORY ulceration of the neck of the womb may be said not unfrequently to terminate in the death of the patient. When, however, this is the case, death all but invariably occurs indirectly. The debility occasioned by the reaction of the inflammatory condition of the womb in the functions of organic life, coupled with the pain and irritation caused by the local symptoms, may, no doubt, be carried so far that the patient at last sinks under their influence. Such an unfortunate termination, nevertheless, is scarcely ever witnessed by the practitioner who is acquainted with the disease, and with the treatment it requires; for he has it in his power to arrest its progress, and to rally his patient, however low she may be reduced, provided that no necessarily fatal complications have appeared. The principal danger of the disease consists in its reducing the powers of the economy to so low an ebb, that any cachexia, or tendency to cachexia, which lies dormant in the system, is liable to be called into action, and in the fact that these patients are both more exposed to accidental disease, and less able to resist its attacks. Thus, if there is any hereditary predisposi-

tion to disease in the constitution, it is very likely to develop itself under these circumstances, and an extreme liability to epidemic influences frequently becomes apparent. From what precedes, it may safely be concluded that inflammatory ulceration of the neck, although seldom directly fatal, is a disease which brings very many women to a premature grave; and that when the existence of the malady shall be generally recognized by the medical profession, not only will a vast amount of suffering be spared to humanity, but a great number of valuable lives will be saved, which now fall an indirect sacrifice to its influence.

CHAPTER XII.

PROGNOSIS OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB.

THE progress and termination of inflammatory disease of the neck, once it is recognized and under appropriate treatment, may generally be considered favorable, provided the patient be not laboring under any incurable complication. No matter how great the debility, exhaustion and emaciation—no matter how severe the pelvic irritation, or how intense the sympathetic reactions, all may be subdued in time, and the patient restored to health. There are few diseases, indeed, in which medical treatment is capable of effecting a greater change in the state of the patient. Women who have been for years racked with aches and pains and are in a state of the most extreme exhaustion, gradually rally, and again become fresh and blooming. Nor is this favorable reaction surprising, when it is considered that these patients are not reduced to this melancholy condition by any necessarily fatal disease or cachexia, but by a malady which in most instances is amenable to therapeutic means, and only produces debility and weakness by reacting, through the sympathetic system of nerves, on the functions of organic life. When the disease

has been subdued, and the incubus taken off the system, these functions often recover all but spontaneously. Digestion, assimilation and nutrition again become healthy, and the patient is generally, in the course of time, restored to the full integrity of life.

This complete recovery, however, is often a very slow process. In severe and chronic cases, it may take years to accomplish it, and in a few instances, it may never occur. The powers of life may have been too much depressed by the long continued influence of the local affection, to rally even when all disease has been removed, and the patient, although better and free from much disease, discomfort and danger, may remain languid, weak and a prey to a host of functional disturbances. Happily, such very extreme cases are exceptions. In more than five hundred cases of inflammatory diseases of the womb and others successfully treated by me since 1857, I recollect only one instance where the patient remained nearly as languid and delicate after all traces of the local disease, which had been the primary and effectual cause of an excessively debilitated state of health, and was the occasion of her coming under my special treatment, had been removed. This lady, I should add, was of stout build, and enjoyed a robust health when she married, and the bridegroom took her from the country to live in the city of New York. The following case, which occurred in my own practice, is a good illustration of the observations made in this chapter, and is interesting in more than one respect.

CASE XXVII.—*Extensive disease of the womb in a married lady, not discovered by former medical advisers. Premature death, after long suffering from a curable but neglected disease.*

In June, 1862, Mrs. S——, a lady of refinement and of good family, aged thirty-five or thereabouts, several years married, but childless, requested me to call at her residence in New York, on account of her greatly impaired state of health. I found Mrs. S—— out of bed, but half seated, half reclined in a large Voltair-chair, amid pillows, cushions and shawls. A small table was standing close at her right hand, covered with a great variety of bottles of all dimensions and colors. She complained of having for nearly a week suffered from almost constant nausea, occasionally followed by vomiting alternated with diarrhœa, of fainting spells, of great weakness and prostration and want of appetite, with a distressing burning sensation on the summit of her head and pain in the pit of the stomach after eating, were it ever so little—of sleeplessness and a most choking state of nervousness. These attacks had mostly appeared at the time of her expected courses, but they also appeared at other times; her courses were scanty, and of very variable duration; usually they were of short duration. Her general appearance indicated great and long suffering, emaciation and anæmia. On this and subsequent calls, I was informed that Mrs. S—— enjoyed pretty good health previous to her marriage, but that almost immediately subsequent to it her sufferings began, and she had ever since that period, some ten years,

been more or less an invalid, though enjoying at some moments, for a few days perhaps, comparative quietness, allowing her to go out and to call on her relations and friends.

I did not hesitate for a moment to refer her wretched state of health to disease of the womb, and suggested that unless appropriate treatment was at once directed to the removal of the affection, whatever its character, there was very little prospect of her health ever improving; that the cure of the local disease would be the restoration of her health, but that, on the contrary, if the disease remained unchecked in its onward progress, her health, already considerably impaired, would sooner or later break down without a shadow of hope of ultimate restoration. Mrs. S— gently but decidedly rebuked me for what she thought a very hasty diagnosis. She knew I was mistaken and would easily convince me of it. Three or four years ago, she said, she had been examined, and the verdict in relation to a disease of the womb had been negatived. And only very recently, to satisfy the importunities, as she called it, of her friends and relations, she had again submitted to an examination, by a physician of New York who stands high in the profession as a general practitioner, and whose success in the treatment of diseases peculiar to women places him in the foremost ranks of gynecologists, and that he also had assured her that there was nothing the matter with her womb—that all her sufferings were referred to constitutional debility. Any further arguments upon the subject, in the lady's then state of mind and nervous mood, I deemed quite useless. Still, I in-

sisted upon my belief that her troubles were traceable to an affection of the womb, and that an effectual and thorough physical exploration would fully bear out my diagnosis, and I further protested against being bound to respect the verdict given by the physicians she had consulted previously. I then withdrew and left her medicine most suitable to relieve and mitigate both her great nervousness and the irritability of her stomach.

On calling next day, I found Mrs. S—— considerably improved. She had slept better and longer, her nervousness had mostly subsided, and the irritability of her stomach, she cheerfully acknowledged, had left her with the taking of the second dose of the medicine. I renewed the medicine, to be taken every four hours, for twenty-four hours longer.

I was again requested to call on Mrs. S——, August 27th and September 1st, for precisely the same train of symptoms as those for which I was requested to prescribe on the 11th of June. At her solicitation, I gave her the same medicine—a medicine, she said, from which she had derived more benefit, which had acted more promptly, and whose effects had lasted much longer than any she had ever taken before. Finally, October 6th, I received early in the morning a message from Mrs. S——, appointing eleven o'clock that day at my office for consultation and examination, if I thought best. The last words are taken literally from her note, which is still in my possession. Mrs. S—— kept her appointment, and was accompanied, I believe, by her sister.

On examination, I found the parts greatly relaxed,

moist, and of a higher temperature than was natural. The neck of the womb was low, considerably hypertrophied, greatly congested, somewhat retroverted, and rather painful wherever pressed upon. The mouth of the womb was round, small, and nearly closed; its mucous membrane a tinge higher in color than the surrounding tissues. When well brought within the focus of the speculum, and opened by separating the lips, and removing therefrom a plug of an ugly-looking, offensive mixture of pus, mucus and blood, said mucous membrane was discovered to be highly inflamed and extensively ulcerated, the ulceration covering more than half of the lower lip, and extending as high up the cavity as could be seen. The body of the womb itself was increased in bulk, and sensitive to slight pressure. This sensitiveness extended even to the ovaries, in the region of the urethra, the neck of the bladder, and very slightly in the region of the rectum. Here was unmistakably a case of chronic internal metritis, or chronic internal inflammation of the womb, and in greater active operation than is generally the fact in such chronic cases of so long standing, manifesting itself by such undoubted and self-accusing local and constitutional symptoms, that it puzzled me not a little to understand how it was possible that this case could have been so totally mistaken or overlooked in its character. While I write (in 1866), I am free to say that I have met with several other cases similar to the above. Comments I deem here unnecessary.

Having informed Mrs. S—— of the true state of the womb, and the treatment imperatively called for, she

at once consented to it, and the treatment began the same day. She called October 10th, 14th, and 18th, also on the 21st, which was destined to be her last visit. October 25th, Mrs. S—— had another of her attacks—the last. When it was in its greatest activity, I was sent for; but was then for nearly twenty-four hours in close attendance on a lady in Bloomingdale. This latter lady had the previous evening been attacked with convulsions (Bright's disease of the kidneys), and was seven months pregnant with her first child. This case was of unusual severity, the fits following each other with great rapidity. I was, consequently, under great apprehensions for the safety of my patient. Mrs. S——'s message meanwhile had reached me there, but I could not well trust the safety of my patient in other hands, and, therefore, sent word to Mrs. S——, requesting the attendance of the first practitioner she could get, if she should not improve under the medicine I prescribed her. It was thirty hours before I was enabled to congratulate the friends of my patient in Bloomingdale upon her safety; and when I reached New York I heard of Mrs. S——'s death.

REMARKS.—Mrs. S——, strange to say, for a lady of her refinement, education and wealth, had resorted to any thing and every thing that the ever-ready officiousness of friends could suggest to her, and I do not exaggerate in saying, that very likely there did not exist a nostrum or patent-medicine vender but that she had patronized him sometime or other, and for a time more or less long, till discouraged, disappointed,

and disgusted. Just before I had seen her, she had taken great quantities of opium and the like. Later still, her favorite remedy was port-wine, of which she drank, she acknowledged, a dozen glasses or more, whenever her sick spells would come on. One morning, on calling, towards eleven o'clock, she had just quaffed her seventh glass of port-wine; it was the best the market afforded, she said, and graciously offered me some. I had to acknowledge its merit.

It is almost useless to say, that, considering well all the circumstances of the case, Mrs. S—— was certainly carried to a premature grave, being but thirty-five years old, the victim, through its well-known debilitating and destructive effects, of a disease not necessarily fatal at all, which might have been cured, had it been submitted in time to appropriate treatment. This case, too, I beg my readers to believe, is neither fiction or overdrawn truth, nor is it a solitary one. It presents a true picture of real life and sufferings to be met with daily in New York and elsewhere. I now know some five or six cases in New York, being all of them more or less similar to the case here so fully described. And I most respectfully invite the attention of my readers in general, and the suffering in particular, to the case of Mrs. S——, that they may, if there yet be time, solicit the attendance and treatment best calculated to restore them to a lasting health, and may become once more, as formerly, ornaments to society, loving wives, affectionate and attentive mothers to their children.

To conclude, I would beg my readers' leave to draw their attention, for a moment longer, to the following

clinical remarks upon this important subject of prognosis, from Dr. Henry R. Madden, of Brighton, the author of a very scientific Monograph on Uterine Diseases, to wit :

“Three things, however, are quite certain, viz. : 1st. That in the vast majority of females (women) who are suffering from inflammation of the neck of the womb and its consequences, the general health is far from good. 2d. That such derangement of health, for the most part, proves extremely difficult to be relieved except by the employment of remedies known to have a specific action on the womb ; and 3d. That although many females may be to a considerable degree restored to health without the local affection being cured, yet it but rarely happens that such persons become really or permanently well until the womb is restored to its normal state. Founded upon these data, we may form the following prognosis in the great majority of cases, viz. : that if the case is left to nature, the probability of a spontaneous cure is exceedingly small, whereas if submitted to treatment for the purpose of restoring the general derangement, such treatment will not prove entirely successful unless combined with means which will, at the same time, cure the disease of the womb.”

CHAPTER XIII.

TREATMENT OF INFLAMMATION AND ULCERATION OF THE NECK OF THE WOMB. GENERAL REMARKS.

The treatment of inflammation and ulceration of the neck of the womb, I have long since concluded should partake of a double character in gynecology, and accordingly should be essentially of a medico-surgical character. It is, therefore, a delusion to suppose that the affection under consideration can be removed by resorting to the old method of general treatment alone, which consisted chiefly in the employment of antiphlogistics, sedatives, derivatives, and by some attention paid to the general health, by rest of body and mind, or by hip-baths, medicated injections, etc. The proper treatment, as I said above, being of a medico-surgical character, it is consequently of the greatest importance that the state of the internal organs of generation in women presenting unmistakable symptoms of disease of the womb, should be at once ascertained. We are able to ascertain this by physical examination.

This examination, I would only add, rendered imperative by the necessities of the patient's state of health is, in the hands of a gentleman and duly qualified physician, unattended by any uneasiness, irksomeness or distress. Under all circumstances, such local

manipulation is conducted with an honorable and due regard to the patient's feelings. Health and life, moreover, are too valuable to allow any possible sacrifice to be withheld when they are endangered by such denial. The object to be attained in this physical examination is so well stated by Dr. Tyler Smith, that I make no apology for giving his statement a place in this connection. He says: "By *digital* examination we ascertain the presence or absence of tumors in the pelvis, the various forms of descent or version of the uterus, relaxation or constriction of the vagina, tenderness of any particular part of the vagina or of the *os* or *cervix uteri*, increase in volume in the uterus, or any variation from the natural shape, volume or density of the *os uteri*, warts or small polypi upon the *os uteri*, or polypi descending from the fissure of the *os uteri*, fullness or emptiness of the *rectum*, any malposition of the bladder, or abnormal state of the urethra.

"By examination with the *speculum*, we confirm many of the points of information acquired by digital examination; we learn the precise condition of the mucous membrane of the *os* and *cervix* as regards vascularity and loss of surface, the nature and extent of the discharge issuing from the *os* and *cervix*, the condition of the vagina as regards vascularity, granular condition, and the state of the epithelial coat, the presence of eruptions upon the *os uteri* and the vagina, the existence of *ovula nabothi*, the presence of small bleeding vascular polypi, which may be upon or just within the *os uteri*, which the finger may fail to detect, and the presence of vascular tumors of the *miatus*."

Both constitutional and local treatment should be combined, if the case requires such combination. Such has always been the principle of my practice. Local treatment alone, in the great majority of cases, is all powerful and effectual to remove the disease of the womb, and with it the effects it has produced. Innumerable clinical observations attest this daily ; it is a fact, moreover, recognized by the most eminent of our gynecologists. This local treatment consists in the applications to the neck of the womb, when brought within the field of the *speculum*, of certain caustics and various other remedies, according to the nature and extent of the disease, its chronicity and the effects obtained. If, then, the constitutional or general treatment is of any importance in the affection under consideration, it is so only when we look upon it as accessory to the local treatment employed, and to aid in effecting the cure and the removal of the effects left after a cure of the local disease has taken place.

Finally, it is a fact recognized by all modern gynecologists, that general medication alone is totally powerless to subdue the disease, whereas, by the local means, as I remarked above, with appropriate dietetic and hygienic rules alone, the affection may, generally speaking, be entirely subdued and its sympathetic reactions removed.

“The progress,” observes Dr. Von Scanzoni, “which our age has made in the diseases of women has compelled us to recognize the small utility of the almost exclusive employment of the internal medicines prescribed by the old school for the treatment of uterine diseases. Physicians are themselves convinced that

it is necessary to have recourse to a mode of treatment which permits them to act directly on the affected organ." Dr. Wm. H. Byford, of Chicago, in his excellent work lately issued, makes use of the following very emphatic language on this subject: "Seventy-five per cent. of the cases I have treated have had no general treatment—the local being quite sufficient. It will not do, therefore, to say that my cases were cured by the general treatment advised. I think that general treatment is essential in a few instances only, in conjunction with the local. It is at best but auxiliary. That inflammation and its consequences are the cause of these multitudinous ailments is most satisfactorily proven, I repeat, by their entire removal by this local treatment." These remarks, I am happy to say, evidently come from a man of great experience in the treatment of the diseases peculiar to women.

Professor Simpson's views and principles of treatment in uterine diseases, we find embodied in the following remarks: "The diseases of the uterus," he observes, "do not essentially differ in their principles of pathology and treatment from the diseases of other individual organs of the body. The uterus is liable, for example, to be the seat of congestion, inflammation, carcinoma, etc., like any other organ of the body which you can name. It may be, and certainly is, more liable than other organs to some morbid states and actions; but what I wish to impress upon you is, that the diseases are generally the same as the diseases of other organs, and the general principles of their treatment are also the same, the special modifications of

management which they require not being greater than the special modifications that must be attended to in applying any general principles of cure to any other individual organ, or set of organs. You treat and cure, for example, an attack of acute inflammation of the uterus, or a chronic inflammatory ulcer of the cervix of the organ, as you would treat an acute inflammatory or a chronic inflammatory ulcer of the cornea, or of the pharynx, or larynx, or of any other part of the body, with this difference, that you can apply local antiphlogistic and other curative measures much more readily and easily to the uterus than to many other more internal organs. In fact, you may, if you deem it necessary, apply lotions and dressings to an ulcer, for example, of the cervix uteri, with as much certainty and precision as if you apply them to an ulcer of the external surface of the body; you can thus almost reduce the organ, in relation to treatment, to the facilities presented in treatment by an external as compared with an internal organ."

The duration of the treatment necessarily varies greatly according to the nature, the extent, and the intensity of the disease, to the structural changes which it may have produced, and to the influence exercised by menstruation over its phenomena. When menstruation is unfavorable, the treatment is always prolonged. This is also generally the case when ulceration and hypertrophy are both present, and *a fortiori* when induration is a complication of the ulceration, the treatment in all these cases lasts much longer than under more favorable circumstances.

I might here consider that I had said enough in

relation to the treatment of inflammation and ulceration of the neck of the womb. So much of it has been considered, in its general bearing, as might be thought both consistent with the obligations incumbent on a popular work like the present, and the fear that further developments would not offer sufficient interest to most of my readers. Yet I am aware that not a few of my readers will think the contrary, and that further details on this important subject of the treatment of the diseases of the womb, will not come amiss. I shall then further consider the subject of the treatment, under the following heads, to wit: 1. The speculum; 2. Topical treatment; 3. Constitutional or general treatment; 4. Vaginal injections.

1. THE SPECULUM.

It has been observed in the general remarks on the treatment of inflammation and ulceration of the neck of the womb, that physical examination was the proper and the necessary course to be adopted to ascertain the state of the womb, and of its neck, in women presenting unmistakably the symptoms indicating local disease, and that this physical examination, in addition to other means, is conducted by means of the *speculum*. This is an instrument which has nothing dreadful about it but the name, and, in whatever form made use of, is always adapted to the capacity of the parts, and its introduction effected under cover, and, in the generality of cases, in the presence of a third person. In the general remarks of this chapter (p. 190), to which I would refer my readers, will be found a fuller con-

sideration of the uses of the speculum. I consequently do not wish to go over the ground again.

2. TOPICAL APPLICATIONS.

These topical or local applications are made to the neck of the womb, and to its cavity, when brought within the field of the speculum, and consist of certain caustics, and other remedies, in dilution with glycerine, in form of pencils or ointments, according to the nature and extent of the disease, its chronicity, and the effects obtained. At the head of this class of medical agents, or caustics, should be placed the chromic acid, properly diluted, which possesses the merit of attacking diseased tissue, and not interfering with healthy tissue, its caustic properties being destroyed or suspended almost simultaneously with its application. Next comes the nitrate of silver, the acid nitrate of mercury, of varied strength, and the acidum nitricum, in dilution. These caustics, of which I have made considerable use, I consider in all respects safe in their application, and efficient. They accomplish by their action two well-defined objects, namely, the formation of an eschar on the ulceration, which protects it efficiently both from friction with the surrounding organs, and from the contact of the menses, or unhealthy and irritating secretions, and by stimulating the parts to healthy and restorative action.

Dr. Bennet very justly remarks: "The object in view is to modify the vitality of the diseased tissues, and to substitute healthy, reparative, manageable inflammation for morbid inflammation, which is un-

healthy, destructive, and unmanageable." "The caustic," observes M. Lisfranc, "is never to be applied otherwise than very lightly, nor with a view to destroy the ulcerated or altered surfaces, but to modify their vital state—to produce a new action on the parts." Such, then, is cauterization, which has been, and is still, more or less looked upon with alarm by some, and dread and apprehension by others. From it, however, I never yet saw any mischief, or unpleasant results ensue.

3.—CONSTITUTIONAL OR GENERAL TREATMENT.

In diseases of the womb, it is customary with some physicians to recommend for some weeks, or even months, a recumbent position. I do not consider such recommendation advisable, in consequence of the derangement in digestion, the constipation and the impoverishment of the blood which result from the observance of such a course, all of them consequences to be avoided in these as much, if not more, than in other affections. These observations, of course, apply mostly to the disease under consideration, and to those cases which allow of the following hygienic rules to be observed.

Instead of confining my patients to the recumbent position, I recommend daily exercise on foot in the open, pure air. Let the walks be daily lengthened, but let this exercise fall short of fatigue. The exercise will improve and invigorate the appetite, and food taken should in all respects be sufficient, nutritious, substantial and easy of digestion. It is also of the

greatest importance to avoid and remove all causes which might favor local plethora, or in other words, congestion of the womb. In the course of these contributions I have indicated most of the circumstances capable of causing the local congestion just alluded to, and consequently, will not fatigue my readers by going over the same ground again.

For obvious reasons, I do not recommend exercise in carriages, unless the Nicholson pavement should become a general establishment of this country. Horseback exercise should be shunned by patients suffering from any and all affections of the womb. It can only be indulged in when all traces of such disease have been removed. Patients should several times a week take hip, sitz or general baths, and use daily local ablutions and injections of lukewarm, cool, or cold water, according to the impression or benefit derived from their individual use. I very seldom recommend medicated injections, unless they answer a particular purpose, such as correcting corrosive and fetid vaginal discharges. But this subject I shall consider in the next article.

4.—VAGINAL INJECTIONS.

Although, for all practical purposes, I said enough at the close of the preceding article concerning vaginal injections, yet, I think most of my readers will not consider it altogether uninteresting to know what in reality is the value of the injections they have been in the habit of employing, and which were thought to be one of the *ne plus ultra* means of treatment in uterine affections generally.

Injections, differently medicated, have at all times been recommended and resorted to with a will in the treatment of diseases of the womb. But as Robert Ellis, obstetric surgeon to the Chelsea and Belgrave Dispensary, very judiciously remarks, "The uses of injections may be learned by their failures. They are insufficient for the cure of ulceration, if it has existed for some time, and there is no satisfactory evidence that they can cure this condition effectually under any circumstances. In the great majority of cases they are even insufficient to cure leucorrhœa. They are useless for the cure of inflammatory induration and hypertrophy of the neck of the womb, and they are equally ineffectual in the sole treatment of the spongy, indolent, patulous and ulcerated neck occasionally met with in obstetric practice." This is what is thought of the "time-honored" practice of vaginal injections, and the remarks come from a high authority in gynecological science.

If, then, these vaginal injections are worthless to cure the diseases under consideration, what, it may be asked, are they good for? I reply, they are of good service and of great use as adjuvants to a higher class of remedies. For the relief of pain, for the removal of acrid discharges, for the deodorization or destruction of offensive, and for the suppression of exhausting fluxes, for instance, the injections are of value. Furthermore, these injections are of use in giving tone to a relaxed and weakened organ, and as astringents for the support of the womb when it has a tendency to prolapse. Conjoined with judicious and appropriate cauterization, where the latter is required, they are of

the greatest use in hastening the cure of the inflamed and ulcerated neck. Unmedicated injections, I beg leave to add, should always be had recourse to, *in health as well as in sickness*, and this for reasons my readers will readily understand. I need not insist upon this point further.

The substances that have been made use of for injections are various, and have not always been very wisely selected. Some of these substances cause too much irritation, others are capable of doing great mischief and injury. The selection of these substances for injections, I suggest, should always be left to the medical adviser. Women cannot possibly be good judges of the kind of injection that will benefit them. That which may benefit one will be ineffectual, if not injurious, to the other, etc. In other places in this work, I have alluded to the difficulties that exist in the way of laying down rules or a plan of treatment which will answer every individual case; I need but re-affirm here what I have before said of this nature.

As to the instruments for injections, I would say, that any instrument, except of glass, will answer, provided these injections are properly made. It is customary, I believe, to make these injections in a standing or nearly perpendicular position, and in one long, hurried-up stream. But no method could be more ineffectual or more useless. It will be otherwise, if the proceeding takes place in the following way. The injections are to be made in a reclining posture, the feet higher than the rest of the body, in order that some of the injected fluid may remain longer in the parts injected than the rest. The syringe should con-

tain from six to eight ounces of the fluid to be injected, and its nozzle be brought in contact with the neck of the womb; in other words, the nozzle of the syringe is to be pushed up till it meets with resistance, when it is to be emptied slowly and gradually in several interrupted streams propelled with some force. The performer may resume the erect posture a moment after the withdrawal of the instrument. By such method the injections may be made effectual and beneficial. It will require a little exercise and practice to do this, but it will soon be performed very readily. Injections made differently, as said before, are seldom effectual. I have had many opportunities of making physical examination immediately after injection had been made, and it was easily ascertained that the injected fluid had never reached home, but had stopped short, as it were, on the road, midway.

If I have dwelt at length upon the subject of vaginal injections, it is because, restricted as they are in their usefulness, they are not without importance, in a practical point of view, and, consequently, should be better understood than they have been hitherto, by those who *should ever make them their daily practice, whether in health or in sickness.*

Before closing this long and yet incomplete sketch of the treatment of inflammation and ulceration of the neck of the womb, I seize the opportunity which has not presented itself so appropriately hitherto, of imparting to my readers a few of the most important conclusions which Dr. Madden has been led to form, in connection with the affection we have been considering. They are as follows:

First. That inflammation and ulceration of the neck of the womb is a very common cause of female delicacy.

Second. That, almost without exception, cases of permanent *leucorrhœa* owe their origin to this disease, save when dependent upon much graver causes.

Third. That many cases of functional deranged menstruation are connected with this disease.

Fourth. That the constitutional disturbance which accompanies this disease varies so much in different cases, that no unvarying connection can be traced between the exact state of the womb and the subjective sensations experienced by the patient.

Fifth. That the constitutional disturbance may be greatly benefited, if not altogether removed, by general treatment, while the state of the womb remains unchanged, but that such cases seldom retain their health for any length of time.

Sixth. That the local disease may be cured by purely local treatment, without any immediate relief to the constitutional disturbance. But once the local mischief is remedied, the constitutional treatment becomes more facile, and affords a much better prospect of complete success.

Seventh. That the treatment by general remedies alone proves sufficiently successful, in slight cases, to warrant a trial of these means in almost all cases in the first instance, and warrants the hope that the time may come when local treatment may be dispensed with.

Eighth. That we have no positive evidence of a sufficient number of cures of severe cases, especially

of ulceration, by general treatment alone, to warrant our persevering in the use of general remedies, to the exclusion of all local treatment, in such cases as present well-marked signs of ulceration, which are not benefited locally after a fair trial of internal remedies.

Ninth. That, owing to the want of correspondence between the local and general symptoms of this disease, it is not safe to pronounce positively on the local condition of any given case, until it has been subjected to a careful physical examination, etc.

CHAPTER XIV.

HYPERTROPHIC ELONGATION OF THE NECK OF THE WOMB. GENERAL REMARKS.

A FEW preliminary remarks, in relation to the proper size, form, and density of the neck of the womb, are necessary, in order to understand its variations in size from its normal standard. In another part of this work, page 79, I gave a general description of the womb, and there stated that this organ was a pear-shaped, or a hollow, truncated, rounded and elastic organ, and that its length was from two and a half to three inches, etc. The neck of the womb is normally about half this length, and projects into the vagina from a fourth to the third of an inch. This vaginal portion is the rounded, truncated part of the womb just alluded to, and is elastic to the touch. Such is the normal neck of the womb, though it may vary from this in many particulars.

I.—NATURE OF ELONGATION OF THE NECK OF THE WOMB.

We have already seen, elsewhere, that, as a *sequela* of inflammation, the neck of the womb may increase in bulk, in a word may become hypertrophied. This hypertrophied state of the neck of the womb, we have

also seen, is of a comparatively regular and uniform character, and further, that the neck, although it may become somewhat distorted, retains, for the most part, its ordinary shape. This state of the organ, however, may project downward in its progress, not unlike the finger of a glove, and constitute then what is called an elongation of the neck of the womb, while the body of the womb remains unchanged, and in its normal condition.

The hypertrophied elongation, generally, is only partial: it may take place in the anterior or in the posterior section of the neck; in other words, in its anterior or posterior labia. Von Scanzoni found that it was the anterior labia that was mostly so affected. It very seldom affects both anterior and posterior parts at the same time. The degree of elongation of the neck of the womb, from its normal length, varies greatly, say from half an inch to one, two, three and more inches, and occasionally it may project entirely beyond the external parts, exposing thus the protruded portion to the air and friction of the clothing, and, as a consequence, considerably increasing both its morbid condition and the discomfort of the patient. This latter condition, however, must be of very rare occurrence, since Dr. Becquerel, of France, never met with a case presenting such protrusion of the neck, although he had seen a great number of cases of this affection. Drs. Roux, Huguier, and Goupil of France, and other gynecologists, speak of the morbid elongation of the neck of the womb, as of frequent occurrence. I have met with nearly a dozen of such cases. See cases in Appendix. Ollivier, Lisfranc, Simpson, Dupuytren,

Sims, Von Scanzoni, Virchow, Goupil, Gardner, and others, have recognized the frequent connection of this elongated state of the neck with sterility. M. Goupil informs us that he has observed an elongation of the neck of the womb to exist in five sisters, all of whom were sterile. All the parties I have met with similarly affected were married; most of them had no children. One or two others had become mothers, but ceased to give birth to any children during their married life, for no reasons they could assign. Of two hundred and eighteen married women who had never borne children, Dr. Sims examined particularly the condition of the neck of the womb, and he noticed that out of these two hundred and eighteen women, one hundred and sixteen, or more than half, were the subject of hypertrophic elongation of the neck of the womb. Finally, Professor Virchow, who has occupied himself with this anomalous condition of the neck of the womb, says that these elongations are always rich in arterial vessels, and that in these cases there must exist a certain predisposition to this affection — statements in which Von Scanzoni fully concurs.

II.—CAUSES OF ELONGATION OF THE NECK OF THE WOMB.

The causes for the development of this affection are not well ascertained. The observations of Von Scanzoni, in this relation, seem to prove that compression of long duration, severe contusions which the parts undergo during the act of parturition, as well as the congestion (hyperæmia) hence resulting, are not without influence in the development of this malady.

III.—DIAGNOSIS OF ELONGATION OF THE NECK OF THE WOMB.

I observed in the preceding article, that the neck of the womb may attain great length, and that it may even protrude externally. This state of things, and particularly the last condition, might, by a careless examiner, be taken for a prolapsed womb, or even a procedentia. In the main, however, the diagnosis of this morbid state of the neck presents no serious difficulties. A minute exploration will prevent this affection being mistaken for another. That such mistakes as above alluded to have been committed, must be evident, since M. Huguier, of France, the author of a treatise on Elongations of the Neck of the Womb, in conclusion says, that he can certify that the affection, which so generally is considered as a falling of the womb, is nothing else but a hypertrophied elongation of the neck, and that, perhaps, out of thirty cases, there is not one exception.

IV.—SYMPTOMS OF ELONGATION OF THE NECK OF THE WOMB.

Patients who are the subjects of elongation of the neck of the womb, generally experience a sense of bearing down or weight, pain in the back, occasional flooding, and some of the various sympathetic symptoms already sufficiently dwelt upon elsewhere. This state, moreover, may interfere with sexual congress, rendering it painful, or even impracticable. It is almost always the source of a very considerable mu-

cous secretion, which is extremely disagreeable for the patients. Every movement of the body provokes painful sensations, which often radiate towards various regions.

V.—TREATMENT OF ELONGATION OF THE NECK OF THE WOMB.

Therapeutic measures, in this affection, whether general or local, are of no efficacy whatever, and the amputation of the hypertrophied portion of the neck of the womb is the only rational treatment. For illustration, I call attention to the following case :

CASE XXVIII.—*Hypertrophic elongation of the neck of the womb in a married lady, twenty-three years old, the probable cause of sterility and of her ill-health. Cured after three months of treatment.*

In July, 1861, I was consulted by Mrs. C—, of New Jersey, on account of her impaired state of health. She was twenty-three years old, and had enjoyed excellent health until within three years, when she married. She began to menstruate at the age of eighteen, at first somewhat irregularly, but before the expiration of the first year, more regularly, and subsequently remained so. Later, however, and within six months of her contemplated marriage, her menses became somewhat distressing for a day or two preceding their occurrence, without her being aware of the cause of this change. With this exception, she enjoyed, as said before, excellent health, when she

assumed new relations in life. When she consulted me, she had been married three years, but had no children, neither had she been pregnant as she knew of. For nearly two years, her health had not been good. Her menses had become more painful and more profuse. Subsequently, she was troubled with a vaginal discharge, rather variable in its character, but always debilitating. Sexual intercourse had for the last year been attended with distress, and occasionally with perfect agony. She had at times slight bloody vaginal discharges; she could not walk for any distance without feeling distressing sensations in the pelvis and back, and other symptoms of rather a nervous character. She had been treated for over a year without benefit. She had not been examined, and had only heard her troubles referred to her delicate constitution—that she would outgrow it, and that possibly she would get better as soon as she should be with child.

On examination, I found the cause of her troubles. She was the subject of a hypertrophic elongation of the anterior labia of the neck of the womb, the extremity of this elongated part reaching nearly to the external organs. Three months later, Mrs. C—— was entirely cured of her affection and restored once more to her former good health. The record of other cases will be found in the Appendix.

CHAPTER XV.

DISPLACEMENTS OF THE WOMB. GENERAL REMARKS.

I HAD not, at first, designed to consider the displacements of the womb, on account of their complicated nature. I even now doubt my ability to render the subject intelligible to my readers without entering into uninteresting details and fatiguing repetitions. And yet, aware of the great frequency of these displacements, and how little their character is understood, perhaps a short space may well be spared for their consideration, and be the means of awakening greater solicitude on their part on the appearance of such displacements, and enabling them, in consequence, to seek at the earliest opportunity, and before their presence has occasioned greater mischiefs, the means of removal.

Before proceeding, it will be necessary to give a short synopsis of what has been said in other places in regard to the womb and its neck. We have already seen that the womb occupies normally very nearly a central position in the pelvic cavity, and is situate about midway from both the rectum behind and the bladder in front. It is indeed, as it were, between these two organs, the body or upper part of the womb being slightly inclined anteriorly, and its neck in the

opposite direction, giving thus to the axis of the organ (womb) a slight anterior oblique direction in the pelvis, instead of a straight one. The unimpregnated womb weighs about one and a half ounces, and is supported by means of the (vaginal) walls of the canal leading to the womb, ligaments and some of the surrounding tissues, and lastly, possesses a degree of mobility to a greater extent than any other organ in the system. Being, as just stated, poised in the middle of the pelvic cavity, and delicately supported, and, moreover, possessing the property of great mobility, it cannot but be manifest that from such peculiar arrangement, there should result various and frequent displacements of the womb, that are about to be considered. This outline, brief as it is, of what the womb really is, will, for a fair understanding of what follows, and for all practical purposes, be sufficient.

Displacements of the womb are divided into :

1. Anteversion of the womb.
2. Retroversion of the womb.
3. Prolapsus and procedentia of the womb.

These various displacements some authorities subdivide again into anteflexion and retroflexion, but these, as a general rule, are but different stages or degrees of the same thing. In other words, anteflexion, for instance, is merely an anteversion to a greater extent or degree. I do not, therefore, intend to consider these last affections, not thinking them of any practical importance, or as modifying in the least the general principles of treatment.

I.—NATURE AND FREQUENCY OF DISPLACEMENTS OF THE WOMB.

That displacements of the womb are of very frequent occurrence daily clinical observations sufficiently show. M. Goupil, in one hundred and fifteen examinations of women who had never borne children, met with anteversion fourteen times; and in one hundred and fourteen examinations of women who had borne children, he found it in thirty-six instances. Of five hundred and five women examined by Dr. Sims, in relation to sterility, he observed that three hundred and forty-three, or more than two thirds, were affected with displacements of the womb; or, in other words, out of these five hundred and five women, one hundred and sixty-four were affected with anteversion, and one hundred and seventy-nine with retroversion of the womb. My own memory is correct, when I state that the majority of women who have come under my special observation, who were either childless, or had become sterile after the birth of one or two children, were affected with some form or other of displacement of the womb. I remember that, in half a dozen instances at least, the subjects of a previous sterility lost their sterility very shortly after the restoration of the displaced organ to its normal position, and became happy mothers. While I write, two patients, among others, are under my special care, one for retroversion of three years' standing, which had taken place almost immediately after her marriage, three years ago; the other for incomplete or partial falling of the womb of five years' standing; both are

childless. Displacements of the womb as independent diseases are, by general acknowledgment, considered as of extreme rarity, while, as complications and "effects" of inflammation of the womb, its neck, or other affections of the organ, they are of very frequent occurrence. I proceed now to consider their individual character.

1. ANTEVERSION OF THE WOMB.

Anteversion of the womb is that form of displacement in which the body of the womb is thrown forward, inclining towards or pressing more or less against the bladder, and its neck is thrown in the opposite direction, resting on the rectum. This may take place to an extent more or less great, that is to say, the displacement may be either complete, incomplete, or constitute what some authorities call an ante-flection, to which I alluded in the general remarks on the displacement of the womb. The greater the displacement, the greater the evils it may occasion; in other words, the greater this form of displacement, the greater the troubles it may occasion in both the bladder and rectum. This form of displacement is an affection which is developed slowly and insidiously, and is mostly encountered in unmarried women. We have seen that the normal position of the womb is that of a slight anterior inclination. Consequently, it will not be difficult to understand that this natural anterior inclination may be increased to a greater or less extent by very slight causes, and may constitute then the morbid state we call anteversion. It will also be

seen, that it must be impossible to lay down any exact rule as to the line which separates what is normal from what is abnormal, or, in other words, what is the "normal anteversion of the womb" from what is the "abnormal anteversion," the affection under consideration. Anteversion, as might be presumed from the natural anterior obliquity of the womb, may occasionally occur as an independent or idiopathic affection, and may then have for its cause pressure of the small intestines, for instance, forced down upon the body of the womb by tight clothing, that baneful and ridiculous contrivance of fashion, or else some muscular effort. As I observed in my concluding remarks upon the frequency of displacements of the womb, however, it is mostly the result or effect of some abnormal condition of the womb, increasing its weight, etc. Lastly, Dr. Becquerel, who concurs in the views of Dr. Bennet, emphatically declares that there exists no well-authenticated observation demonstrating the existence of a confirmed anteversion, independent of any chronic inflammation or other affection of the womb, or of its neck.

2.—RETROVERSION OF THE WOMB.

Retroversion of the womb is another displacement, in which the body of the womb is thrown backward, and rests on the rectum, while the neck is either thrown forward, or may maintain its usual position. The observations made in the preceding paragraph, in relation to the extent to which anteversion may be carried, apply equally to retroversion. This affection, as an independent or idiopathic disease, is of extreme

rarity, even much more so than anteversion. But as sympathetic of some inflammatory disease, or other states which increase the weight of the womb, it is of very frequent and almost daily occurrence. This form of displacement is mostly met with in women who have borne children.

3. PROLAPSUS AND PROCIDENTIA.

Prolapsus, or "Falling of the Womb," defines its own character with sufficient clearness, and is well known to women, for whom it constitutes an object of dread and apprehension. Falling of the womb is partial or complete. I consider the displacement partial or incomplete, when the womb has departed from its normal position, and descended to a greater or less degree lower down in the pelvic cavity; it is this degree of the displacement which has received the name of Prolapsus, or Falling of the womb. When it has gone still further, when the womb depasses the vulva, or external organs, and projects outside the parts, whether *in toto* or partially, the displacement is complete, and is called *Procidentia*. Falling of the womb is, of all the varieties of deviations, the most important, the most complicated in its nature, and, in all respects, attended with greater inconveniences to the patient than any other of the displacements we have considered successively. It may take place gradually, or it may occur very suddenly and quite unexpectedly.

II.—CAUSES OF DISPLACEMENTS OF THE WOMB.

The causes which may produce the displacements of the womb are numerous, various and complicated. Consequently, I shall not dwell at any length upon their consideration. But they may be classified as follows :

1. Any influence which increases the weight of the womb. Thus, congestion, inflammation and hypertrophy of the womb, or its neck, retained fluid in the cavity of the womb, tumors in the walls or cavity of said organ, pregnancy, tuberculous or cancerous deposits—all these conditions may, by increasing the weight of the womb, or of its neck, produce one or other of the various deviations. Dr. Bennet thinks that when inflammation attacks the posterior walls of the womb, retroversion is the result, and that anteversion is caused by inflammation of the anterior wall, and leads it to be inferred that these displacements are almost always connected with inflammation as an effect. Dr. Byford thinks that he has seen every variety of displacement connected with inflammation of the neck. One of the most common causes of anteversion, remarks Dr. Sims, is a small fibroid in the anterior wall of the womb; and if a fibroid not larger than an English walnut is attached in any way to the posterior wall of the womb, it almost invariably pulls the womb over backwards, producing retroversion.

2. Any influence which diminishes the supports of the womb. Through long continued congestion or inflammation, the natural supports of the womb may

become weakened, may relax or even be ruptured, and from this may follow want of tone and other abnormal conditions in the womb and other tissues. These morbid conditions may particularly be called into existence in the state existing after confinement. The womb is heavier than is normal, the recently distended vagina relaxed and feeble, and the ligaments very much stretched.

3. Any influence which pushes the womb out of place. Tight clothing, or heavy clothing unsupported by shoulder straps, exercises a considerable and baneful influence in producing displacement, and falling of the womb in particular. Muscular efforts, tumors and repletion of the bladder are so many abnormal conditions which may push the womb out of its normal position.

4. Any influence which displaces the womb by traction. Violent efforts of some kind, abdominal tumors and effusions, and false membranes, tight lacing by which direct pressure is exercised, forcing down the small intestines upon the body of the womb. Anteversion, in some cases, has been observed to be caused by cicatricial adhesion between the neck of the womb and the floor of the vagina; in some by peritoneal-utero-vesical adhesions; and in many cases the cause is undemonstrable.

III.—SYMPTOMATOLOGY OF DISPLACEMENTS OF THE WOMB.

“According to my experience,” observes Dr. Bennet, “displacements of the womb and of its neck, in

whatever direction they occur, when slight, and when they have taken place gradually, do not occasion any symptoms whatever, if there is no inflammation present." These views of the great gynecologist are concurred in by Drs. Depaul, Aran, Goupil, Becquerel, Huguier, and others equally eminent. On the other hand, these views are at variance with those taken on the subject by gynecologists of known ability and no less eminence, as Drs. Velpeau, Simpson, Valleix, and others. I have often turned my own attention exclusively to this subject, but as yet have come to no definite conclusion. It is of exceedingly rare occurrence to meet with patients suffering exclusively from one or other of the various deviations of the womb, when the displacement or deviation is as yet slight and recent. I have treated a great number of patients laboring under some form or other of displacement of the womb, but in the majority of cases, they were complicated with inflammation or some other abnormal condition of the womb or its neck. On the other hand, I have also met with a large number of cases where inflammation, etc., of the womb or of its neck existed, but were unattended by any deviation of the womb whatever. The symptoms in both these categories of patients were nearly alike; their symptoms were those said to characterize particularly some form or other of the displacements under consideration, such as bearing down, weight in pelvis, functional derangement, vesical irritation, pains in the back and leucorrhoea. These circumstances would so far substantiate the views taken on the subject by Dr. Bennet and others.

Dr. Goupil, taking advantage of his position at the Loucine (a "Lock" hospital), examined by "the touch," every patient that was admitted (two hundred and twenty-nine), and was led to conclude "that deviations of the womb, when simple, with the exception of prolapsus and *proidentia*, do not cause any functional disturbance." Retroversion, he says, when uncomplicated, gives rise to neither pain nor any other symptom. It usually occurs after a confinement, and there is almost always some falling of the womb. When it is found accompanied by distress in the womb, this is due to some affection of the tissues; and if this be cured, the position of the womb is of no consequence. As to anteversion, he shows, by illustrative cases, that though the anteversion is not infrequent, as he found it in thirty-four per cent. of nullipara examined, yet in every case in which distress in the womb was complained of, catarrh of the womb or congestion was also present; and when these were cured the uterine symptoms disappeared, although the anteversion remained. - Be this as it may, Dr. T. Gaillard Thomas, of New York, I am pleased to say, very forcibly states, what he believes to be, at present, the prevailing views on the subject. "The following propositions may, I think," he remarks, "be presented as embodying the present opinions of the majority of the enlightened gynecologists of our day. 1st. Versions and flexions of the womb may exist without causing any symptoms, for in themselves they do not constitute disease. Thus it is that we see the uterus forced completely out of its place by tight clothing without the production of morbid signs. 2d. By

interfering with the escape of menstrual blood, by disordering uterine circulation, by causing pressure and friction from contact with surrounding parts, and by creating a barrier to the entrance of seminal fluid, they become of great importance and require special attention. 3d. Generally being the results and not the causes of uterine and peri-uterine inflammations, they are best treated by alleviation of these states. 4th. Treatment by pessaries is rarely effectual, for we generally reach only a symptom and not the disease in this way. Sometimes, however, it becomes necessary after removal of the causative lesions to prevent their return, and to combat resulting relaxation of uterine supports."

IV.—COURSE, DURATION AND TERMINATION OF DISPLACEMENTS OF THE WOMB.

The displacements of the womb are unlimited in their duration, and unless their causes are relieved by art, will continue indefinitely. They impair the patient's comfort and capacity for exertion, but rarely have a fatal termination, unless by exciting inflammation in the serous membrane covering and enclosing the abdominal viscera or small intestines, etc.

V.—PROGNOSIS OF DISPLACEMENTS OF THE WOMB.

No decided or serious injury from displacements of the womb, if slight and recent, need be apprehended. But we may not be without some apprehension, if the

affection is of old standing, has become chronic, and morbid conditions have taken place, in which case, we need not be too sanguine of effecting an ultimate cure. We may meet with difficulties in removing the cause of this displacement. Or even should this be accomplished, the womb is so prone to retain the abnormal position in which it has long been kept, that great difficulties not only attend its restoration, but its retention. If early attention be paid to these various forms of displacements of the womb, as well as to diseases of the womb generally, the hope of their ultimate cure may be indulged.

VI.—TREATMENT OF DISPLACEMENTS OF THE WOMB.

To restore the displaced organ to its normal condition, is self-suggestive, and, consequently, should be the first indication as to treatment. In recent cases, and before any complications have been allowed to set in, this reduction will not be attended with any difficulties. But, in the contrary state of things, that is to say, in old standing cases, where complications of some kind or other exist, difficulties, often of a very serious nature, will be met with in almost any kind of effort at reduction. The special course of treatment for maintaining the womb in its position, after reduction has been accomplished, will depend greatly on the cause of the displacement. Thus, if the displacement be due to congestion, inflammation, hypertrophy of the womb or of its neck, by which the weight of the organ has been unduly increased, or to any morbid condition of the organ, which has exercised similar

effects, or to pressure exerted upon the womb from above, as in tight lacing, or to the presence of tumors; any and all such causes must be removed before we may expect with any certainty to cure the displacement, or the effect of the various causes just mentioned. Such is, in short, the treatment to be pursued in cases of displacements of the womb. So much has already been said in other places in this work, in relation to the appropriate treatment of the diseases peculiar to women, that I do not deem it necessary, or even of any practical importance, to dwell further on the subject in this place. I shall, however, in the next article, say a few words in relation to the use of pessaries in displacements of the womb.

VII.—PESSARIES, THEIR USE AND ABUSE.

In displacements of the womb, pessaries have been used for two distinct purposes, to wit: to lift up and give support to the womb after reduction has been accomplished, and to diminish pressure against the bladder. Consequently, it is readily seen that pessaries are not curative, but simply palliative, and are thus open to one great objection, for while they sustain the reduced organ by their own force—by their bulk, they both distend and prevent the vagina (canal leading to the womb) from contracting, and in time regaining its former tone and power, and also its becoming capable of resuming its natural duty, that of supporting the womb. But pessaries, notwithstanding this objection, are useful instruments, as adjuvants, in the management of displacements of the womb.

Their employment, however, is much less called for than it has been. It is all but certain that the proper estimate of the nature of this mechanical support for the womb has not been sufficiently considered nor understood, for their usefulness has been greatly overrated.

But if harm has been produced by pessaries, it is, nevertheless, not sufficient reason for repudiating them altogether. Indeed, much unnecessary suffering has been given by their employment, because they were called into requisition in many instances, where they were not needed, in cases where no displacement really existed, save in imagination. In other instances, they were applied when the womb, neck, or surrounding tissues were too tender, irritable and painful, on account of existing congestion and inflammation. In such cases, pessaries are inapplicable.

But, as before remarked, pessaries are useful both as adjuvants to another and higher class of remedies (to those remedies as curative of those causes of which the displacements of the womb are but the effects), and because, if we did not use them, we might turn away cases without being able to do any thing at all for their relief. These instruments, then, I allow, are an evil, but a necessary evil. They are not to be resorted to, except in cases where they cannot be dispensed with, and as a "*dernier ressort*." It becomes, then, the part of wisdom to resort to such appliances as will best answer the indications of the individual case.

In conclusion, I would state that I do not often find opportunity for the use of pessaries. In a very great

number of cases of displacements of the womb, which have come under my attention and treatment, I have observed that inflammations of the womb, or of its neck, with its usual sequelæ, ulceration and hypertrophy, were the conditions which almost invariably caused the displacement, since by subduing these inflammatory conditions, the displacements mostly righted themselves, not having been the subjects of special attention. In other instances, suitable pessaries have been very effectually applied, after the inflammation had been subdued, or nearly so, and the displacement still remained unchanged. It is thus in all cases of displacements of the womb, where no inflammation of any kind, or morbid condition capable of keeping the womb deviated exists, that pessaries are applicable, and will do good. See Case LXI. in Appendix. As to the material of such instruments, I would say, with Dr. Sims, "Away with cheap things! whether drugs or instruments, for our sick, especially for our sick women, and more especially still, when they are affected with such fearful calamities as we have now been considering."

CHAPTER XVI.

TUMORS OF THE WOMB. GENERAL REMARKS.

To the tumors of the womb may be applied, and with still greater reason, the preliminary observations made in relation to the displacements of the womb. I would refer my readers to Chapter XV., where I considered said displacements of the womb. Any organized growth within the womb, whether in its walls, whether depending, or connected with any of its surfaces, may be called a tumor, but such tumors are distinguished by their structure, position and relationship with different parts of the womb. Thus, tumors of whatever structure or size, which remain imbedded, as it were, in the substance of the womb, or attached to the external surface (peritoneal) of the body of the womb or of its neck, are in ordinary professional language simply spoken of as tumors; those which are attached to the womb by means of a pedicle, are called polypi, and all these tumors form one distinct class or type, to wit: the fibrous tumors and fibrous polypi of the womb. A second class or type of tumors are those intimately connected with the lining or mucous membrane of the womb, and are known as mucous polypi of the womb. There is a great variety of these two classes or types of tumors.

The womb scarcely ever retains all its healthy properties and proportions if these tumors be connected with it. It is almost always increased in size and hypertrophied. Sometimes, however, there is no perceptible increase noted. Prof. Francis, many years ago, reported a (post-mortem) case of a fibrous tumor weighing one hundred pounds, that had developed from a small pedicle connected with the external surface (peritoneal) of the body of the womb healthy in every other respect.

The functions of the womb, as might be surmised, are pretty generally disturbed by these affections. These may be arrested; much more frequently they are rendered more than naturally profuse, protracted and frequent. Pregnancy may be prevented or variously influenced as the location and the size of the tumor vary. These observations are specially referable to those instances where tumors grow in the cavity of the womb. Conception and gestation, however, may be accomplished in the presence of very large intro-mural fibrous tumors. On February 27th, 1859, I attended a lady in her fourth confinement, in whom I observed, after the birth of the child, nearly the same shape and size of the abdomen as before, and I expected it to be a case of twins. Having attended to the child, I turned attention again to the lying-in. After a suitable lapse of time had been allowed to pass without bringing away the afterbirth, I introduced my hand in the womb for the purpose of delivering it. On reaching the body or fundus of the womb, I discovered the afterbirth on the left-hand side, pretty firmly adhering as yet to the wall of the

womb, and at the same time discovered that the right-hand side of the fundus was the seat of an intra-mural fibrous tumor of about the size of the child's head just born. The confinement had been a very painful and unfortunate one. The breech presented, the cord was coiled three times round the child's neck, and the child was still-born. The tumor I found had been observed by the lady on a previous confinement, which had also ended unfortunately, the child being born at the end of the eighth month of pregnancy. During her pregnant state, the lady's health was less favorable than at other periods, but the tumor had not during its existence, then quite three years, given any trouble whatever.

I.—NATURE OF FIBROUS TUMORS AND FIBROUS POLYPL.

The fibrous variety of tumors are those originating in the substance or texture proper of the womb, and are by far the most common, the most difficult of management and dangerous of all the benign tumors of the womb. They are hard, resisting, and generally of a globular or oval form. As they grow, they either remain imbedded in the wall of the womb, or extend in any direction. If they extend outside the womb, they protrude in the abdominal cavity; if inside the cavity of the womb, they may fill up this cavity, and still increasing in size, project through the mouth of the womb into the vagina. Their growth is slow. Sometimes years will elapse before they attain a size capable of mischief, and probably before they are

detected. Numerous fibrous tumors have been found to exist after death, which had caused no suspicion of their presence. They are seldom solitary, but their number is almost unlimited. Their size is exceedingly variable. Some of these tumors are no larger than a pea, or hazelnut, or chestnut, some are as large as a fist. Dr. Courty speaks of a tumor weighing fifty pounds, Dr. Dupuytren of another weighing twenty-five. Dr. Thomas exhibited to the New York Pathological Society, the womb of a negress which contained thirty-five tumors of every size between that of a foetal head and that of a marble.

These fibrous polypi are usually of an oval form. The size of the pedicle or attachment becomes larger in proportion as they are found distant from the neck of the womb. But, generally, the attachment of these tumors on the lower end of the neck of the womb is quite slender. In different specimens we find considerable difference in this respect. The firmness of these polypi is governed also by their locality. They are less firm below, and more firm above the cavity of the neck. Dr. McClintock remarks, in relation to the frequency of tumors, that "without question the most frequent organic disease of the womb, if we except inflammation and its effects, is the fibrous tumor."

II.—MUCOUS POLYPI OF THE WOMB. THEIR NATURE.

These tumors, the second of their class or type, are those which have for their base of attachment the mucous or lining membrane of the womb, and hence

are called mucous polypi. Having this membrane for a base of origin and support, they are softer than those before considered, and may, in consequence, become detached by slight handling. Sometimes they are firm enough to require considerable force to destroy or separate them from their attachment. Their shape and size vary very considerably. Occasionally they are cylindrical and very long; sometimes pear-shaped, and as large as an egg, with a small pedicle; they may occur singly or in a great number in the same womb, and may be found on any part of the lining or mucous membrane, but are oftenest seated in the neck of the womb or on its extremity. More frequently than the fibrous variety, these are cured by the efforts of nature. They are also removed by much slighter means than the fibrous. And on account of the facility with which these tumors are removed or destroyed, much less importance is attached to them than to the class of fibroids. In the Appendix, some cases complicated with small polypi attached to the neck of the womb will be noticed, where these tumors disappeared after a few applications had been made, for the cure of the existing ulceration from which these polypi had originated.

The tumors which have now been successively considered are not all those met with in the womb; but I think that the consideration of those most commonly existing will answer practical purposes. To conclude this subject, I give my readers the views of Professor Virchow, the greatest living authority on these special affections of the womb. According to him, the true myoma (fibrous tumors) infests, by pre-

ference, the body (the fundus) of the womb, where muscular fibres are naturally most abundant, and is there met with in three forms, according to the relations which it holds to the uterine walls: first, the polypus, which projects into the cavity of the womb; secondly, the submucous myoma, which projects into the cavity of the peritoneum; thirdly, the intra-parietal, or interstitial myoma. The description of the first and second varieties, according to Professor Virchow, contains nothing particularly worthy of notice. The third, or intra-parietal, is not only completely surrounded by muscular substance, but appears as a very part of the wall of the womb. From the presence of this form of tumor, the cavity of the womb may undergo various elongations, contractions and twistings, as well as the different flexions (displacements or deviations) of the womb itself. A remarkable phenomenon is seen in the occasional birth or spontaneous expulsion of the intra-parietal myoma and the polypus. In the case of the former, separation from the (uterine) wall of the womb takes place by a process of suppuration or sloughing round the tumor, or by the action of the tumor itself in wearing away the muscular and mucous layers which cover it, and is followed by expulsion, with regular labor-pains.

III.—ETIOLOGY, OR CAUSES OF TUMORS OF THE WOMB.

In 1814, Sir Charles Clarke remarked, that "nothing is known respecting the cause of this disease." And while I write, in 1868, fifty-four years later, no light has yet been thrown upon the causes of these

tumors. The causes which are generally regarded as predisposing to the formation of these tumors are: inflammation of a chronic character, and any influence tending to keep up (uterine) congestion of the womb; menstrual disorders of long standing, or sterility. The African race seem peculiarly predisposed to these tumors.

IV.—SYMPTOMATOLOGY, OR SYMPTOMS OF TUMORS OF THE WOMB.

The symptoms that may give occasion to suspect the presence of some form or other of tumor in the womb, are numerous. Among the most prominent are the following:

1. Leucorrhœa, more or less profuse;
2. Pains in the back and loins;
3. Hemorrhages or floodings, of more or less severity, occurring at the periods of menstruation and in the intervals;
4. Irritability of bladder and rectum, from pressure of the tumor;
5. Uterine tenesm, or spasms of the womb;
6. Dysmenorrhœa, or painful menstruation, and other irregularities of this function;
7. Watery discharges, hydrorrhœa, etc., etc.

These symptoms are not equally common to the three varieties of the affection. Some tumors are accompanied by none, or at least by very few of them, while others give token of their presence by quite a number of symptoms. It will be remarked, that many of the symptoms above enumerated are similar to those described when I considered inflammation and ulceration of the neck of the womb. This circumstance proves what difficulties and perplexities might

present themselves, in affections such as those now under consideration, and, in fine, in affections of the womb generally, if physical examinations were neglected, or otherwise carelessly availed of.

V.—GENERAL COURSE, DURATION AND TERMINATION OF TUMORS OF THE WOMB.

As already stated, tumors of the womb may attain an enormous weight. Fortunately, however, they do not often reach such dimensions; but even when they do not, they frequently exhaust patients by flooding, leucorrhœa, watery discharges, and a low grade of constitutional irritation, often attended by hectic fever. Having attained a moderate size, they generally remain stationary or increase slowly, until the change of life, creating considerable inconvenience, and depreciating the patient's strength by hemorrhage or flooding. Then undergoing a certain degree of atrophy, with the cessation of (uterine and ovarian) the various functions of the womb, they cease to be, to any great degree, a source of annoyance, or at least of danger. Even during the age of the activity of the womb, nature may, unaided, effect a cure by absorption or atrophy, by direct expulsion, by rupture of attachment, sloughing from deprivation of nutrition or inflammation, and, lastly, by calcareous degeneration. The above results may, and may not, be looked for with any confidence. In the majority of instances, without surgical interferences, steadily advancing anæmia will ultimately destroy life.

VI.—PROGNOSIS OF TUMORS OF THE WOMB.

Too much caution and reticence cannot be displayed in pronouncing upon the future progress and termination of fibrous tumors of the womb; but, unless of great size, they rarely end fatally, however gloomy the prospect may appear when they are first discovered. The prognosis, in relation to mucous polypi, is favorable, depending, however, upon the possibility of removal.

VII.—TREATMENT OF (UTERINE) TUMORS OF THE WOMB GENERALLY

The treatment of tumors of the womb is, in the majority of cases, limited to palliation of the evils resulting from their growth. The mechanical interference of the tumor is prevented by artificial supports, such as abdominal supports and pessaries; the floodings and vaginal discharges, by the administration of suitable medicines and appropriate vaginal injections. Surgical means are to be resorted to only under the following conditions:

a. When the growth is so located as to render removal easy and safe. *b.* When the disease is threatening the patient's life. This course of treatment is especially applicable to fibrous tumors of the womb. As to mucous polypi, the first indication is to cause the expulsion of the growth from the cavity of the womb into the vagina, and second, to accomplish its removal when thus expelled by the same surgical means adopted for tumors of the womb generally.

CHAPTER XVII.

INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINA, OR CANAL LEADING TO THE WOMB. VAGINITIS. GENERAL REMARKS.

THE "mucous membrane" that lines the vaginal canal may, from some cause or other, become the subject of inflammation, whence its name, vaginitis. It is, in many instances, a very distressing affection. It assumes various forms—it may be general or it may be limited. The acute form of the disease is not a very common affection. The chronic form, on the contrary, is of greater frequency. In this form it is mostly considered as of a secondary character, a symptom of some other affection.

The only form of this affection which I shall consider is the simple vaginitis in its acute and chronic character. It is typical of the various forms of inflammation with which the mucous membrane of the vaginal canal may be attacked. This inflammation of the mucous membrane of the vaginal canal, whether acute or chronic, is an affection that is met with at all periods of woman's life, and at all ages.

I.—NATURE OF VAGINITIS, OR INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINAL CANAL.

As just observed, the disease under consideration consists in an inflammatory condition of the mem-

branous lining of the canal leading to the womb, from some cause or other presently to be mentioned. The disease, as just stated, is met with in both acute and chronic forms. Each type may appear originally to be the result one of the other. The acute form may be excited by some special cause and rapidly pass into the chronic. The affection may also have originated in an incipient and low grade of inflammation, or it may at any time take on an acute and occasionally a very virulent character. The tendency of the inflammation is to extend and invade the surrounding organs, tissues, etc., such as the womb, its neck, or the bladder, and to constitute so many complications superadded to the original character of the affection.

II.—ETIOLOGY, OR CAUSES OF INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINAL CANAL.

Among other causes recognized as capable of exciting inflammatory action in the mucous membrane of the vaginal canal, are the following :

1. Various vaginal secretions.
2. Exposure to cold, dampness, etc.
3. Various abnormal states of the womb, its neck, and of its surrounding organs, tissues, etc., such as inflammation, ulceration, etc.
4. Peculiar habit of the constitution, such as the scrofulous, the lymphatic, etc.
5. Various injuries of a mechanical origin, such as may be produced by pessaries, excessive intercourse, or contusions, lacerations, etc.
6. Chemical agencies, such as applications to the womb, or its neck, made in a careless manner.
7. Specific poison. It is unnecessary to enter into a

full consideration of these various causes ; they sufficiently explain themselves.

III.—SYMPTOMATOLOGY, OR SYMPTOMS OF INFLAMMATION OF THE VAGINAL MUCOUS MEMBRANE.

Inflammation of the mucous membrane that lines the vagina or canal leading to the womb, if acute, may be recognized by the following symptoms :

A sense or sensation of heat, it may be burning—and fullness, swelling, tension, redness of some of the organs and more or less itching, great tenderness, amounting sometimes to actual pain, rendering the necessary instrumental manipulation painful and frequently unsatisfactory. An arrest of secretion, which produces dryness, then a profuse purulent vaginal discharge of a yellowish or greenish color takes place, of an acrid and offensive character, lasting more or less long. More or less frequent desire for micturition exists. Erosions or excoriations occur within and around the external organs. All these symptoms are liable to be periodically aggravated by the menstrual congestion ; thence arises a tendency to its perpetuation, if it does not at once subside or give way to the proper means of treatment.

It is thus easily seen, that if the slightest amount of inflammation is left previous to menstruation, the congestion which precedes this function may fan it into a flame, developing anew the inflammatory action. In the chronic form of this affection, the symptoms are much less decided, but a long train of sympathetic appearances, not unlike those observed in inflamma-

tion and ulceration of the neck of the womb, to which I would refer my readers, usually accompanies it. The chronic form, whether general or partial, may last indefinitely, like chronic inflammations of all other mucous membranes, giving rise to a constant vaginal secretion, varying in intensity according to the patient's state of health, social and hygienic position, and the particular period of the month. In the course of time, this secretion passes into a mere flux, and its existence in this aspect is a source of great annoyance, discomfort, weakness and general debility.

IV.—DIAGNOSIS, OR DISCRIMINATION OF INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINA.

The symptoms enumerated in the preceding article may be the result of various morbid conditions, inflammatory or other, of the womb, its appendages, of the mucous membrane of the vagina, or the surrounding tissues, and hence, there is occasionally great difficulty, almost impossibility, in recognizing the real character of the affection under observation. It is, consequently, necessary to obtain a truthful and accurate history of the case, and all the antecedents of the patient, and above all, to make a thorough local examination. Nothing short of this will enable the practitioner to discriminate between the disease under consideration and any other disease of a similar character; or, in other words, between an inflammation of a specific or non-specific origin.

V.—PROGNOSIS OF INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINA.

The prognosis of this affection is not unfavorable. It is the nature of this disease, generally, to run a certain course, more or less long. Its chronic form, I observed when considering the symptoms of the affection, may continue indefinitely, and become the source of great annoyance and discomfort; and the general debility it occasions may render women whom it attacks invalids for the remainder of their life, or for that period of years in which the affection remains unchecked or uncured.

VI.—TREATMENT OF INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINA.

The character of this affection having been sufficiently explained in the preceding articles, my readers will see the necessity of trusting its management, without loss of time, to the physician, who alone is competent to bring it to an early and safe termination. In the meantime, patients attacked with this disease, should at once make such preparations as will enable them to enjoy perfect rest, and a horizontal posture; they should avoid locomotion and excitement, and abstain from intercourse. Their diet should be light, of moderate quantity and unstimulating. Fomentations, by means of flannels wrung out of hot water or some soothing decoction, may be advantageously applied over the lower part of the stomach and around the hips. They should also, several times

a day, take a hip or sitz bath, or better still, sit over a tub partly filled with warm water, in which, for soothing purposes, a sufficient quantity of boiling starch, poppies or linseed, have been thrown. In this position they should make use of copious injections of the same water, administered in the way I have recommended, page 197, to which I refer my readers.

This outline of treatment applies more to the acute than to the chronic form of the disease. In the latter form, the patient should take frequent out-door exercise ; her diet may be more liberal, yet unstimulating : cold bathing, sea-bathing if possible, and daily injections, as recommended above, are appropriate measures to be employed. "In the treatment of all cases of vaginitis," remarks Dr. Graily Hewitt, "whatever be the cause, very great importance is to be attached to the observance of cleanliness ; frequent ablutions should be employed." Finally, perseverance and time are important items in the treatment of the disease in its chronic form. "If," observes Dr. Byford, "we can remove this chronic inflammation in three or even six months, we ought to be satisfied. And we ought not to be surprised to have it return one or more times after it is apparently cured. It is well, also, to teach our patient patience in this respect."

CHAPTER XVIII.

LEUCORRHOEA, OR WHITES. GENERAL REMARKS.

IN most instances, leucorrhœa (or the whites) is to be viewed rather as a symptom than as a disease, properly speaking. Accordingly, I had intended merely to notice it as a symptom, and as such gave it some consideration in another part of this work at page 116. Still, as this affection may be met with occasionally, independent of any other affection, and depending on some constitutional cause, and as it is very imperfectly understood by the greater number of those who become troubled with it, a special reference to the whole subject may not be altogether unprofitable.

Leucorrhœa, then, whether it is considered as a disease, or as a symptom the effect of some remote disease in the system, is certainly in the whole list of the diseases peculiar to women, the one most commonly met with, and I shall not commit an error in stating that probably few women ever go through life without at some period or other, and for a variable time, suffering from it. It is only when it becomes annoying by its constancy, abundance, irritating properties, its weakening tendency, and, at the eleventh hour, that it attracts woman's attention, and causes her to seek assistance.

I.—NATURE OF LEUCORRHEA.

The mucous membrane lining the vagina, or canal leading to the womb, and a number of glands (sebaceous and muciparous) situated in its whole tract, pour out a secretion sufficient to moisten or lubricate the surfaces of the membrane. This natural secretion may, however, be increased in quantity during sexual congress, for instance, or under other circumstances; but it does not thus increase enough to constitute a genuine vaginal discharge. This is the physiological or natural condition of the mucous membrane and glands under consideration, nothing more nothing less. This physiological or natural secretion of the organs under notice, differs somewhat in character, according as the secretion takes place from the mucous membrane lining the vaginal canal, or from the glands alluded to, or from the mucous membrane lining the canal of the neck of the womb, and is, therefore, of a white-milky, or white-of-egg, and very viscid and tenacious character.

The various secretions, as already stated, may be increased in quantity during the excitement of intercourse, or before and at the period of menstruation, and, under such circumstances, may constitute a slight vaginal discharge, appearing then at the external organs, and the mixture of the various secretions alluded to, results in a white soapy or creamy discharge. But this discharge, although increased in quantity, so as to appear externally, must yet be viewed as of a physiological or natural character, and generally may be said to be without sensible odor.

If, however, the vaginal discharge is of a pathological or abnormal character, and consequently a symptom, and the result of inflammation of the mucous membrane of the vagina, or of that of the womb, or of its neck, or of any other morbid state of these organs and their appendages, the secretion is no longer of the character just mentioned, but is then of a muco-pus character, that is to say, the increased natural mixture above mentioned, has become mixed with pus, and its color is yellowish or greenish ; it is a foul mixture of these secretions, according to the nature and severity of the local disease ; and, finally, this secretion may be very offensive.

For further particulars in relation to this morbid vaginal discharge, my readers are referred to page 116.

II.—ETIOLOGY, OR CAUSES OF LEUCORRHOEA.

It is evident, from what precedes, that the causes of leucorrhœa must be considered and divided into two distinct classes, to wit: Constitutional or general causes, and local causes. These two, it is obvious, are not always easily separable, because both kinds are often present in the same case.

(1).—CONSTITUTIONAL OR GENERAL CAUSES OF LEUCORRHOEA.

Warm countries, moist and damp situations, appear to give rise to leucorrhœa. Again, a state of plethora may induce it, the discharge being in such cases a kind of relief to the overburdened system. Want of exercise and too good living give rise to it. The opposite of

the foregoing, anæmia, or defective nutrition, or a system reduced by loss of blood, produces it, as does an abnormal state of menstruation, and also childbearing. The influence of childbearing is very considerable, and its effects are twofold. Women of a weakly or anæmic constitution, whose blood is thin and watery, frequently suffer to a very troublesome extent from leucorrhœa during the period of gestation. After pregnancy has ended, the increased action of the various glands connected with the generative organs continues, the effect of which is persistent vaginal discharge; a congested state of the womb, and the other organs connected with childbearing. The effect of parturition at full time, or abortions, etc., is also a cause of leucorrhœa. Again, in women who have borne children in quick succession, or who have had abortions, and who have for some time been the subjects of leucorrhœa, the womb becomes seriously altered in texture, in size and in shape; and this may be associated with an anæmic condition generally. Here, as in most cases, we perceive the difficulty of drawing fine distinctions; the constitutional merges into the local cause, and the local into the constitutional cause. Still further, in women of phthisical tendency, leucorrhœa is more apt to arise in connection with childbearing, and in such persons, indeed, very frequently independently of it. Prolonged lactation also produces leucorrhœa. This is one of the most frequent causes in childbearing women, by inducing a state of extreme debility. In a number of cases of leucorrhœa during lactation, which have come under my special care, the leucorrhœa was exceedingly profuse. Chronic diseases of the lungs

and of the heart are often observed in association with chronic leucorrhœa, which is, under such circumstances, obviously difficult to cure. Finally, excessive sexual intercourse, the various tumors of the womb, as well as irritation in the bladder and rectum, variously produced, may be set down as giving rise to this affection.

(2.)—LOCAL CAUSES OF LEUCORRHŒA.

The local causes of leucorrhœa are very numerous. Any irritation, and almost any disease of the womb and its appendages, may be associated with a leucorrhœal discharge. The following are the chief of these: inflammation, acute or chronic, of the womb or of its mucous membrane, and its sequelæ, ulceration, etc.; irritation produced by excessive sexual intercourse; inflammation of the vaginal canal, whatever its cause; irritation exercised by abnormal growths, such as fibrous tumors, polypus, etc., wherever located; the various displacements, versions, etc., of the womb; displacements of the bladder and vagina; irritation in the bladder; cancer of the womb, or of its neck.

III.—DIAGNOSIS OF LEUCORRHŒA.

It is obvious, that from the various constitutional and local causes enumerated above, the diagnosis of leucorrhœa must offer some serious difficulties. It would be impossible to arrive at a correct discrimination of the case from a mere distinction between the

various local conditions causing leucorrhœal discharge, without resorting to a thorough physical examination.

IV.—PROGNOSIS OF LEUCORRHŒA.

What the ultimate progress and termination of leucorrhœa may be, will depend in a great measure upon the particular cause producing it. If this cause can be removed, the case will, of course, terminate favorably. If, on the contrary, leucorrhœa be connected with some serious organic lesion (cancer, tumors, etc.), a happy termination of the case cannot be hoped for.

V.—TREATMENT OF LEUCORRHŒA.

The treatment of leucorrhœa requires caution, reflection, and some solid knowledge of the causes that may originate the trouble. Without these, the treatment of the disease will very likely be all but empirical, and consequently ineffectual and of no avail. It has been shown that leucorrhœa may arise from an immense variety of causes. The treatment must then differ correspondingly, according to the nature of the case. We may hope to arrive at satisfactory results from a mode of treatment based on a complete knowledge of the case actually before us, and on a just appreciation of the relations which, as cause and effect, subsist between the condition of the patient and the symptoms present.

We must endeavor at once to seize upon the true *indication* for treatment. This should always be our

object, and to be able to do this the diagnosis must be a complete one. From these remarks, my readers will conclude rightly, that cases of this affection, like many others noted in this volume, should, in my judgment, be intrusted to the care and the management of the medical adviser.

The treatment of leucorrhœa, in reality, is of two kinds, general and local. So far as I write of it, I will endeavor to consider these two with all the brevity consistent with clearness. To remove the cause of the leucorrhœa is the first indication. The treatment must have regard primarily to that. In a case of consumption, for instance, in which leucorrhœa is present, the treatment must have regard to the consumption in the first place, although it may be necessary also to employ local or other measures calculated to arrest or diminish the leucorrhœal discharge. Where the leucorrhœa is due to, or associated with, an anæmic condition, the removal of that condition should be the chief object of endeavor. If there be any reason to suppose that the patient's residence is unfavorable hygienically, this must be remedied. If the leucorrhœa be associated with exalted activity of the sexual organs, as is frequently the case when intercourse is indulged in inordinately, the indication is obvious.

There are few cases of leucorrhœa in which the womb is altogether sound. It is usually congested, increased in bulk, its tissues relaxed, and the activity of the glandular apparatus lining the neck of the womb unnaturally increased. Under such circumstances, the primary object is to remove the condition of the womb on which the leucorrhœa depends. The

quantity, quality and mode of taking food must be carefully adjusted to the requirements of the case. The skin must be kept warm, and its due action insured by the employment of friction, baths and exercise. In patients who have been long the subjects of leucorrhœal discharge, the importance of carefully regulating the "mode of life" cannot be over-estimated; and it is the more necessary to insist on this, as not unfrequently the practitioner on the one hand, and the patient on the other, pay far too little attention to these essentials; the result of this neglect being a temporary, and not a radical, cure of the affection. Here a caution may be given. There are some cases of long standing profuse leucorrhœa in which bad results may ensue from a too sudden stoppage of the discharge; due caution should be exercised, therefore, in the application of remedies in these cases.

Certain watering-places have obtained repute from the efficacy of the mineral waters there to be obtained in removing leucorrhœa, especially that of a chronic form. It is unquestionable that very good effects may be obtained under the use of the waters in question. The effect produced results, however, in many cases, from the change of air, the perfect rest and relief from ordinary cares and anxieties, the regular exercise, simple diet, and change in the mode of life generally, all of which play, unquestionably, a most important part in bringing about the cure as much as the specific curative power of the water itself. Improvement in the general health is usually rapidly followed by a cessation or diminution of the leucor-

rhœa. In many instances, great difficulties are met with in persuading patients systematically to follow up the course of treatment enjoined while they are living in their own houses, surrounded by home associations, and, in a manner, tied down to home habits. For this reason it is sometimes necessary to send patients to watering-places, in order that they may be induced to give themselves a fair chance of recovery.

There are very powerful therapeutical agents in the treatment of leucorrhœa dependent on constitutional causes in the use of baths. These effect the determination of the blood to the skin, and thus relieve the the congestion of the internal organs usually present in these cases. The most simple and convenient form of bath is the "sponge bath." Next comes the hip bath. These various baths may be used in all cases, however debilitated the patient. But it is necessary that a "reaction," as it is termed, take place after the bath, or it does harm, and the patient suffers from headache or other inconvenience for some hours after. For those patients who are able to bear it, the "shower-bath," or the cold plunge-bath are to be recommended. There are also cases which may be most benefited by the warm-bath. Injections, moreover, judiciously used, are of the greatest value in the treatment of leucorrhœa. In many cases they have a curative effect, in all cases they are of some service, and in certain cases they are almost indispensable. So much has, however, already been said elsewhere in relation to their use, that it is needless to dwell on the subject.

To conclude, I would remark, that if I have not

done entire justice to so frequent, annoying and important a subject as leucorrhœa, I yet hope that enough has been said to give my readers a fair idea of its nature, its numerous causes, its consequences if unrelieved, and most of all, the persevering attention and treatment it requires from both themselves and the medical practitioner.

CONCLUSION.—ON THE INDIFFERENCE OF WOMEN IN RESPECT TO THEIR HEALTH, AND THE PRESENT SYSTEM OF THEIR EDUCATION.

The following sketch is drawn by one of the most eminent gynecologists of the day, Professor Gunning S. Bedford, of New York. As this sketch is in every respect graphic, vivid, truthful, logical and conclusive on the subject it treats, as it is so sincere, earnest, irresistible in its appeal, and, moreover, as it corresponds so exactly in every regard with my own feelings on this subject, I cannot resist the temptation to give it a place *in extenso*.

“In this city,” he says, “there is much and intense suffering among females from disease. Wealth and its associate influences cannot stay the progress of this unrelenting enemy. The lady who revels in luxury, and has around her, even to satiety, all the comforts and pleasures which opulence can secure, would gladly, whilst writhing under the agonizing pain incident to some formidable affection of the womb, surrender all these comforts to regain the health which, it too often happens, she has sacrificed by her own folly and imprudence! She once possessed a good

constitution—she relied too strongly on that constitution—she became careless, entered into all the dissipations of society, infatuated and bewildered by the constant excitement of fashionable life—a devotee to pleasure. She is heedless of the first manifestations of disease; but that disease, like the silent night, progresses—it brings with it physical infirmity and moral anguish—her strength is declining—her mind weakened, and, compelled by absolute suffering to withdraw from society, she finally invokes the aid of a physician. He investigates with great care her case, and finds that her disease is without remedy. She may, peradventure, be laboring under some organic affection of the womb, which, if seen to in time, would have been perfectly manageable. Her days are numbered; and, instead of being the attraction and idol of the gay crowd, she now becomes the victim of the most distressing bodily suffering—suffering so agonizing that she is impatient to die; and, when her last hour has come, she breathes a prayer of thankfulness to heaven that her agony is at an end! There is no fiction here; I am not presenting you an exaggerated picture; it is true in fact and detail. I have been compelled on more than one occasion to say, when my opinion was requested, ‘Madam, I can do nothing for you—your disease has made fearful progress—it is beyond the reach of science!’ These words fall on the ear of the afflicted patient with chilling and disastrous effect; they bring to her mind with vivid truth the painful reminiscences of her own indiscretion—indiscretion which is about to consign her to an early

grave, and make desolate the hearts of those to whom she was united by the ties of the closest affection.

“When will the females of the present day become rational, and emancipate themselves from the delusion which is constantly resulting in disaster and death? When will they hearken to the admonitions of common sense, and turn from the path of folly, which leads with the certainty of truth to unhappiness and misery? Let them but take a brief retrospect of what has befallen their own immediate friends. Where is the lady who has not been called to mourn the premature death of some fond and devoted sister—of some gay and cherished companion? In the death of that sister, she may, perhaps, have learned the importance of attending to the early developments of disease, and appreciated the cruel wrong of allowing them to pass unnoticed and unchecked. Yet with these admonitions fresh in the memory of almost every female in the land—with the daily and lamentable experience before her of the consequences resulting from indifference to the first indications of deranged health, we see her—wayward and thoughtless as she is—passing to her own destruction!

“I could enumerate many examples of melancholy suffering which commenced, in the first instance, in simple aberration of the menstrual function. This aberration, however, was unheeded; it was permitted to continue month after month, until finally it terminated in the development of a malady, which, after years of torture, occasioned the death of the unhappy victim. * * * * *

“Here is a practical case, the very type of what you

will constantly see in practice. This girl's system is thrown into disturbance because of the arrest of the menstrual function—a function which, I have repeatedly said, cannot be unduly interrupted without involving the general economy in more or less difficulty. Among the causes of this sudden suppression, there is none more frequent in its action than cold. This fact is well understood by those beyond the pale of the profession, and it will fall to you, as it has frequently done to me, to witness in the more elevated spheres of society the effects of the wanton manner in which young ladies, not availing themselves of this knowledge, trifle with their health. I have now before my mind a melancholy example of this thoughtless temerity in the person of a pure and loving creature, whose life was forfeited, and whose death caused a blank in the parental heart, and threw a gloom over the domestic hearth, which no time can dissipate. Without guile, and full of purity, this young girl, unconscious that the rash act would prove her destruction, plunged her feet into a bucket of ice-water a few hours after the menstrual flow commenced. The function became immediately arrested, and such was the reaction on the brain, that in less than six hours she was a corpse from apoplexy. It is not for me, gentlemen, to depict the anguish of that hour, or to tell you of the bleeding hearts that hung in the bewilderment of grief over the lifeless body of that beloved daughter, and fondly cherished sister. Let it suffice to tell you that I was a witness to the scene, and that night, in harrowing but graphic truth, revealed to me how death can sport with human affection. It is a great misfortune that

young girls budding into life should be kept in such profound ignorance of their own peculiar mechanism, and of the laws by which its harmony is maintained. Interrogate the grave, and ask that last and dismal abiding place to reveal its triumphs, obtained through this ignorance, and it will tell you their name is legion. On us, as medical men, devolves the sacred duty of admonishing mothers to instruct their daughters as to their physical well-being.

“What parent who is not a maniac would give to her infant an open razor with which to amuse it? Would not her common sense at once disclose the absurdity of such an act? She would see that this was placing in the hand of her child an instrument of destruction, and if forfeiture of life were not the result, it would be only because of the interposition of a merciful providence to protect the child against the insanity of the parent. The open razor to the young child is not more fatal in its effects than are the multitudes of vicious practices countenanced by society to the young girl.

“The whole system of female education among us is, in my judgment, radically wrong, and the wrong strikes at the very foundation of all happiness—health. The three leading objects which should interest a mother in behalf of her daughter are—healthy physical development, high mental cultivation, and a moral training, which will not only cause her to appreciate, but will also enable her to perform with inflexible fidelity her duties to society.

“Does the present system of education—do the prurient books with which the boudoir and chamber

are crowded—does the no less prurient dance, which so few have the moral courage to resist, though in their hearts they condemn it—tend to the accomplishment of these objects? No, gentlemen, they are like the fatal upas, whose touch is withering, and whose impress is death.”

APPENDIX.

I APPEND to the illustrative cases contained in the body of my present work, a few abstracts of cases I have treated, all derived from private practice.

CASE XXIX.

Engorgement and inflammatory ulceration of the neck of the womb, fainting fits etc., in a married lady. Complete cure after a course of medico-surgical treatment.

In September, 1857, Mrs. R——, aged thirty-five, twice married, but without children from either marriage, consulted me for the following state of her health, which had gone on declining for four or five years. She complained of pains in the head and back, generally constant; occasional dizziness; obstinate constipation, with disposition to piles, bleeding at intervals, and tenesm, when the bowels moved; want of appetite; menstruation irregular as to quantity, bearing down pains, scalding pain when urinating, and profuse leucorrhœa. But the chief symptom she spoke of was fainting spells, coming on without any apparent, immediate or direct cause; she dreaded going out, lest an attack might overtake her in the street, and, consequently, kept much to her room.

On examination, I found the womb greatly hypertrophied, extending to the neck, which was soft, and in a state of great congestion, with extensive ulceration around the margin of the mouth of the womb, and extending upwards within its cavity. This lady was declared entirely cured of her affection after a few months of medico-surgical treatment, with an interruption of some five weeks spent in another State on the occasion of death in the family. Meeting her a few months subsequently to her withdrawal from treatment, she informed me that her health was excellent, and that no fainting fits had intervened to mar her new enjoyment of life.

CASE XXX.

Partial prolapsus, the result of engorgement and ulceration of the neck of the womb, the inflammation extending downwards and to the external parts, in an unmarried girl. Cured after a few months of steady treatment.

In 1857, Mary C——, aged twenty-three, single, and seamstress, of New York, consulted me for pains in the head and back, both being nearly constant, and occasionally more or less severe, burning sensation in urinating; sometimes dizziness; whites; great nervousness and a general inaptitude for work. Digestion was impaired; tendency to constipation existed; menstruation was accompanied with pain for a day or two; the complexion was sallow and very sickly. Having been for over a year under treatment, without benefit, I made an examination of the womb, and found it in the following state: the neck swollen,

rounded almost in the shape of a ball, lowered in the vagina, which was lax and moist, the hypertrophied lips of the mouth of the womb open, and its margin ulcerated, the ulceration ascending and involving the cavity of the neck; the vagina slightly inflamed and extending downwards towards the external organs, rendering these parts very sensitive to manipulation.

After a few months of steady and uninterrupted attendance, the local disease was entirely removed, the patient's health improving daily, while under treatment. She regained with it her previous aptitude for work, and was finally, as she expressed it, "herself again."

CASE XXXI.

Inflammation, ulceration, engorgement and induration of the neck of the womb; profuse leucorrhœa. The look and complexion the index of great sufferings, in a widow lady. Complete cure.

In October, 1857, Mrs. K——, a widow, between thirty-five and thirty-eight, consulted me. Five years before, her husband died. She took this event much to heart; her youngest child being then seven years old. Her previous health was indifferent, neither good nor bad; but after her husband's decease, it began sensibly to flag, sinking almost daily. Symptoms, which had previously been slight, and hardly considered important in her daily avocations, such as a vaginal discharge, pains in the head, back and left side, became now more prominent, and at times quite severe. To these, other symptoms were soon added, such as dizziness, weight in the pelvis, with shoot-

ing pains, radiating down the thigh; costiveness; a very poor appetite, with great distress in the region of the stomach; occasional disagreeable feelings of sinking; exhaustion. Menstruation became very irregular as to time, periodicity and quantity. The look and complexion of this lady were those of one "whose sands of life were nearly run out." She had a pinched nose, sunken eyes, hollow temples, skin dry, wrinkled and cold; complexion yellowish, sallow and livid. For the last two years, she had at times been under medical treatment, but no improvement had resulted from it.

On examination, I found the womb in a wretched condition. There was considerable inflammation and swelling of the neck, involving the whole organ; the neck very much thrown backwards, presenting externally a large ulcerated surface, partly indurated, the ulceration extending within the cavity of the neck, from which issued a thick, viscid, tenacious, yellow-brownish secretion, removed with difficulty. This patient, after a few months of uninterrupted medico-surgical treatment, entirely recovered her health, and looked ten years younger. A few months later, she visited the continent. As I write (October, 1864), I have heard from her, and she enjoys the best of health.

CASE XXXII.

Prolapsus of the womb, the result of extensive ulceration of the neck of the womb, in a married lady. Complete cure.

In April, 1858, Mrs. B——, aged twenty-seven, mar-

ried, and the mother of three children, consulted me for a dull aching pain in the summit of her head and back, for weight and for bearing-down pains in the pelvis; a slight but permanent vaginal discharge, at times more profuse and debilitating; costiveness, with disposition to piles, defecation occasionally very painful. Menstruation was regular, but of longer duration than formerly (from eight to ten and twelve days). Sexual congress had been painful for the last two years, and lately almost impossible. She had miscarried twice. On examination, I found the womb decidedly low down, with swelling extending to the neck of the womb, which reached within an inch from the external organs; the mouth of the womb open, so as to admit the extremity of the finger, and extensively ulcerated; the external parts hot and very sensitive. After a course of irregular and interrupted treatment, the lady was entirely cured from all her troubles, and restored to perfect good health.

CASE XXXIII.

Inflammation and ulceration of the neck of the womb; itching of the external organs; profuse leucorrhœa; obstinate cough, in an unmarried girl. Complete recovery.

In June, 1858, Charlotte D——, aged twenty, and single, consulted me for the following symptoms: She complained for the last two or three years of pains in the head and back; of dizziness; irregular courses; constipation, with occasional painful evacuations;

weight in the pelvis and pains shooting down the right leg; at times swelling of the feet; yellowish-sanious vaginal discharge; dry, hacking, harrassing cough for nearly five years; has to make water often, particularly in the night. This was for some time painful and burning. Sleepless nights were passed, ugly dreams experienced. Internal and external itching of the genital organs was present. She acknowledged that she had indulged in sexual pleasures. Had been under treatment of several physicians without improvement. On examination, I found the genital organs hot, and filled with a thick yellow-brown secretion. The neck of the womb was inflamed, very painful to the touch, and considerably displaced backwards, with a bleeding livid ulcer on its anterior lip. External parts and vagina were very sensitive on manipulation. After a due course of appropriate treatment, this patient was cured of all her uterine derangements, and only complained of her cough, which was by no means so harrassing as formerly, with some weakness of the digestive organs. For these latter symptoms, I treated her on general principles, and had the satisfaction to be informed shortly afterwards, that the cough had disappeared, her appetite improved, and, finally, that her health was now most satisfactory.

CASE XXXIV.

Pruritus Pudendi, or itching of the external organs, dependent on follicular and granular inflammation of the neck of the womb, with an excoriated surface on its inferior lip; profuse vaginal discharge, etc., in a married lady. Complete cure.

In June, 1858, Mrs. G——, aged thirty-four, married, but without children, applied to me on account of a distressing and almost unbearable itching of the external sexual organs, which had already lasted for some three months. This was the only trouble she complained of, and for it she anxiously sought relief. On further inquiry, however, she acknowledged the presence of a profuse vaginal discharge, and of pains in the head and back, with lightness in the head, and an extreme nervousness. Her courses were more profuse than formerly, and increased all her troubles. Intercourse had lately become painful, almost impossible. On examination, I found the external organs very much inflamed and swollen, and of extreme sensitiveness; no doubt the effect and extension of inflammation of the womb, and of its appendages. After a few weeks of general treatment, the inflammation and sensitiveness of the parts just described having somewhat abated in intensity, I made a further examination, and found the neck highly inflamed, and excessively sensitive to the touch; the inferior lip of the mouth of the womb excoriated (slightest form of ulceration); the vaginal walls still swollen, red, and covered in its whole length, extending to the upper

part of the neck, with red, rounded, elevated spots, secreting copiously a thick transparent mucus, which also issued abundantly from the mouth of the womb.

No doubt could exist but that the severe inflammation of the neck, and of its cavity, was the primary cause of the inflammation and its accompanying itching of the external sexual organs—a circumstance which had been overlooked by the practitioner whom the lady had consulted on the breaking out of the itching. He had satisfied himself by merely prescribing medicated washes, etc., for nearly three months—a treatment which she might have pursued during her natural lifetime, and have neither been cured nor relieved of it. After a short ultimate treatment, the patient was cured of all her troubles, and health regained.

CASE XXXV.

Inflammation, ulceration, engorgement, and induration of the neck of the womb; profuse leucorrhœa, etc., in a married lady. Premature termination of the case; the cure nearly completed.

June, 1858, Mrs. C—, aged thirty, mother of four children, consulted me for the following state of her health: she had suffered for the last three or four years from severe pains in the back and head; the lower extremities easily fatigued; from a profuse vaginal discharge; was inclined to constipation; sharp and stitching pains darted across the pelvis. Menstruation was, she said, normal; digestion greatly impaired; her nervousness extreme; complexion sickly.

On examination, I found the genital organs hot and well lubricated; the neck of the womb so considerably enlarged, as to render its insertion within the field of a speculum of the largest size difficult; the anterior lip partly indurated; the mouth of the womb ulcerated, and from it issued abundantly a thick yellow bloody secretion. After a treatment of nearly a year, the hypertrophied indurated and ulcerated neck had considerably changed for the better, and was so much improved as to enable me to predict, at no very distant day, its entire restoration to its normal state. But the case came to a premature end, through the vicissitudes of fortune. The lady's health had, in the mean time, greatly improved, and most of the local symptoms had left her. Her husband failing in business, he removed with his family into the country.

CASE XXXVI.

Inflammation and ulceration of the neck of the womb, complicated with a polypus; menorrhagia, or profuse menstruation, and metrorrhagia, or hemorrhage from the womb in the intervals of menstruation, etc., in a married lady. Complete recovery.

In November, 1859, Mrs. C——, aged twenty-eight, a rather robust looking lady, and mother of a son seven years old, consulted me, and the account she gave is as follows: "Though I may look stout and apparently healthy, I nevertheless enjoy less good health than for some years back. I am much troubled with my courses, which have for the last two years become ex-

cessively profuse, lasting from ten to twelve days. I have known them on me for fourteen days; now they seem to come on for some time past every two weeks, and they leave me quite weak and prostrated. I am much troubled with bearing-down pains. These pains become exceedingly distressing when I am unwell: they make me nervous and apprehensive that something will fall from me. I am a good deal troubled, too, with the whites. I have in several instances taken physic, but nothing seems to stop my floodings."

On examination, a polypus, half the size of a hen's egg, was found lying in the vagina, and its pedicle traced within the cavity of the neck; the neck inflamed, and very tender to the touch. A bivalve speculum enabled me to ascertain that considerable ulceration existed without and within the neck, and that from this ulcerated field originated the polypus. I at once removed the polypus, and with its removal no more flooding between the courses occurred, nor were the courses attended with such loss of blood as before. They assumed soon the character of healthy menstruation. After further treatment for some time, the womb was restored to its normal state, and Mrs. C—— recovered the best of health. Two years after this, I heard from her, and her health was still excellent.

CASE XXXVII.

Slight retroversion, with inflammatory ulceration of the neck of the womb; profuse vaginal discharge, in a widow lady. Ultimate cure.

In May, 1859, Mrs. H——, a widow lady of good family, aged thirty-five, consulted me for the following symptoms, which had appeared gradually for the last three years: headache, which, as she said, was of a confused, dull, burning sensation situate on the summit of her head; pains in the back, at times very severe; flushes to the head and face; inclination to costiveness; pains under the left breast; thick yellow leucorrhœa; weight in pelvis; menstruation appearing every two or three weeks, and very great nervousness. She had been treated without benefit. On examination, I found the vagina slightly congested and sensitive, hot and well saturated; a thick mucus, dark-looking secretion, issued freely from the open mouth, which was also painful on pressure. Extensive ulceration existed without the mouth, and within the cavity of the neck. After a due course of medico-surgical treatment, the womb was restored to its natural condition, and Mrs. H—— to perfect good health.

CASE XXXVIII.

Partial prolapsus, the result of engorgement and extensive inflammatory ulceration of the neck of the womb, extending to the upper part of the vaginal mucous membrane, occasioning a most uncomfortable friction-pain, not described hitherto in works on the diseases of women, in a married lady. Complete cure.

In September, 1859, I was consulted by Mrs. W—, a German lady, twenty-eight years old—married three years, but childless—in relation to her health, which began declining shortly after her marriage. Before her marriage, she enjoyed good health in every respect. She complained of great headache and pain in the back; of a considerable vaginal discharge; of sharp pains across the pelvis; sexual congress was decidedly painful, and attended occasionally with a slight bloody discharge. She miscarried in the first year of her marriage, when three months pregnant, with no ascertained cause. But she complained particularly of a deep-seated, circumscribed pain in the region of the womb, apart from the other pains above mentioned; this pain was generally present, and more severe when she was seated for ever so short a time. She compared this pain, very properly, as if two sores came in contact with, or were rubbing against each other.

On examination, I found the neck of the womb very low down, that is to say, resting on the floor of the pelvis, greatly enlarged, and very painful on pressure. Owing to extreme retroversion, the neck could but

partially be brought into the field of a large-sized speculum. Enough was ascertained, however, to indicate a section of a considerable ulcerated surface. Any attempt to explore the parts more thoroughly was out of the question, being attended with too much distress. I had to renounce at the time, very reluctantly indeed, the discovery of the cause of that particular pain so graphically described by my patient. After some six weeks of treatment, the neck became more favorably situated, owing to the womb being raised higher up, and placed now nearly in its natural position in the pelvic cavity. With this change, the neck of the womb was brought in full view, and the extension of the ulceration ascertained. I now discovered another ulcerated surface (perhaps it would be more correct to say an excoriated surface) circumscribed, on the upper extremity of the vaginal mucous membrane, just on that part whereon the neck would, as in this case, very naturally repose, and thus the two surfaces being in so close contact, the ulceration of the neck could not but extend to the vaginal mucous membrane, and produce that peculiar friction-pain described by Mrs. W——. That this pain showed its cause and effect is to be gathered from its total disappearance as soon as the womb had changed its position for one higher up.

This friction-pain was said to be more uncomfortable, and even intolerable, when the patient was seated, or turned or moved in her chair, were the motion ever so slight. One day being sent for to prescribe for her husband, I noticed her bearing and her distress, when I had scarcely been five minutes in

the house. And this was the explanation of the cause and effect of the trouble. When Mrs. W—— was in a sitting posture, the whole upper part of the body weighed upon the pelvic organs. These latter, the womb, and particularly its neck, increased in bulk as they were, through inflammation, in turn crowded down, as it were, and weighed heavily upon that part of the pelvic floor upon which it (the neck) rested, usually lightly, and the close contact of the ulcerated surface of the neck, together with its irritating secretion, and the vaginal mucous membrane, occasioned the latter to inflame, and finally to ulcerate. Hence, that uncomfortable friction-pain complained of, and its increased severity, when the lady turned or moved in her chair. After nearly ten months of appropriate treatment, Mrs. W—— was perfectly cured of all her troubles; her health had improved steadily, and was finally restored to her entire satisfaction.

If I have dwelt somewhat upon this case, it is because I think it to be the first, if I can trust to the results of my researches in works on the diseases of women, wherein has been described and substantiated with a case, the possibility of severe ulceration of the uterine neck, extending, under particular circumstances, as in falling of the womb, to the vaginal mucous membrane, with which it may come in so close a proximity and contact. Scanzoni, I notice, alludes casually to an ulceration of the mucous membrane lining the vagina, but he does not enter into any explanation in reference to it.

CASE XXXIX.

Engorgement and inflammation of the neck of the womb ; hysterical convulsions, in a married lady. Ultimate cure.

In January, 1860, Mrs. B——, nineteen years old, married two years, but with no children, consulted me for the following symptoms: severe pain in front of her head and temples; dizziness; menstruation regular, as to time, but very painful, increasing her headache, and accompanied with soreness in the small of the back; abundant vaginal discharge and bearing down pains; sexual congress attended with great suffering. She had miscarried twice; the first at about four months, the last still earlier. The chief symptom, however, for which she sought advice, was fits. These fits came on on the least excitement. Sexual congress had sometimes brought them on; when so affected, she experienced a feeling as if the chest was tied up in a knot. This feeling would occasionally ascend to her throat, and produce a feeling of choking. She had no fits before her marriage, and then enjoyed excellent health. These attacks of fits came on after marriage gradually, and occurred particularly at the time of her courses, with great severity. On examination, I found the womb greatly increased in bulk, the neck of the womb greatly inflamed and very tender to the touch; the mouth of the womb excessively small, and its opening by separating the lips, giving issue to a stream of a dark, dirty mixture of mucus and blood.

Mrs. B——, after persevering in treatment, with only two or three short interruptions, got rid of all her troubles, nervousness was greatly diminished, and she experienced in the last three or four weeks of the treatment, only one slight attack of convulsions. I met this lady some seven or eight months after her last call at my office, and she enjoyed as good health as could be wished, particularly under the circumstances, she being with child. No fits had occurred since the cessation of treatment.

CASE XL.

Partial prolapsus and inflammatory ulceration of the neck of the womb; hysterical sore throat, in a young girl twenty years old. Ultimate recovery.

In August, 1860, Margaret S——, aged twenty, single, a very stout, tall and good-looking girl, chambermaid, recommended to me by her mistress, who had herself received my professional services, consulted me for the following conditions: Her health had been gradually failing for the last three years. It commenced with a cough and some soreness in the throat, this throat trouble coming on every few days, and lasting from two, three, to four days. Then and gradually came severe headaches, irradiating all around, with dizziness and pain in the back; leucorrhœa; shooting pains down the legs, disabling her occasionally from walking. A tendency to constipation, with distress when the bowels moved, existed, as also a burning pain in making water for two or three days

before her courses ; the latter lasted from five to ten days, weakening her greatly, and were attended with pain in and sickness of the stomach. Hesitation as to the proper treatment to be pursued would have been unjustifiable. Having explained to the girl what her case seemed to demand from her and from me, she consented to an examination, and I found the neck rather low down and very sensitive to the touch ; the mouth of the womb highly inflamed and ulcerated all around its margin, and open enough to admit the tip of the finger. The hymen was intact, and the aperture small, but extraordinarily dilatable, allowing the introduction of a small-sized speculum at her second call, without having to resort to a division of it. After a course of uninterrupted medico-surgical treatment, this girl was dismissed, cured of all her ailings, and restored to as good health as she could wish.

CASE XLI.

Inflammatory ulceration of the neck of the womb in a married lady, three months pregnant, threatened with a second miscarriage, but averted by the timely course of the treatment recommended. Happy termination of pregnancy, and ultimate recovery and restoration to health.

In October, 1860, I was requested to call on Mrs. S—, a lady of a highly respectable and well-to-do family, aged twenty-five, on account of her peculiarly delicate health. The history of the case was as follows : Mrs. S— had been married two years. Be-

fore that event she would have enjoyed pretty good health, but for the irregularity of her courses. For two or three years following their first appearance, they were regular in every respect; but in some way or other, and quite unaccountably to herself, they became deranged, and would come on every three weeks, were more abundant, and accompanied with a good deal of pain, generally preceded and followed for a few days by a vaginal discharge. Such was her condition for two years, when she married. Shortly after she had entered into new relations, her health gave way under the combined influence of uterine irritation and pregnancy; the hitherto white vaginal discharge, present only at the time of her courses (the secretion of congestion), now became permanent, and of a thick yellowish character, and she complained also of pains in the back, and a general tendency to weakness. In the latter part of the third month of her marriage, and also of her pregnancy, her health grew rapidly worse, and, notwithstanding the best of care and medical advice, she miscarried. She rallied slowly, and in time recovered a tolerably good state of health. However, the whites from this period became more abundant and debilitating, while the pains in the back became permanent. Pains in the head would also occasionally trouble her. Intercourse had become highly distressing. All the symptoms just described, moreover, were always aggravated preceding and during menstruation.

Mrs. S— was then in the third month of her second pregnancy, and, as in her first gravid state, her health was again growing worse and giving way.

After due consideration of the case—she being very anxious to avert the calamity that had befallen her first offspring—I advised a short course of uterine treatment, until all symptoms of threatened miscarriage should have disappeared, to which she readily consented; thus putting full confidence in my promises. On examination, I found the vagina very hot, and well covered with a thick muco-pus secretion, slightly tinged with blood. The neck was very voluminous and highly inflamed; the mouth of the womb exhibited all around its margin severe ulceration, extending upwards within the cavity of the neck, and bleeding on contact with the speculum. The whole of the generative organs presented a much more florid red hue than is the case in severe inflammatory ulceration of those organs in the non-gravid state. After three weeks treatment, all the more prominent symptoms were subdued, and miscarriage averted, and from that time Mrs. S—— continued to improve daily. The treatment was discontinued at the end of the fifth month of her pregnancy. Her pregnancy progressed most favorably, and I had the satisfaction to deliver her at full term of a healthy and lovely little daughter.

Mrs. S—— spontaneously solicited, three months after her *accouchement*, the continuation of the treatment so auspiciously commenced and discontinued, and perfect success was its result. Her uterine affection was entirely cured, and with it all the symptoms which had marked its existence, while her health had rapidly improved, and was better than she had ever known it. As I write, 1863, she still enjoys excellent health, and has added a boy to her family.

CASE XLII.

Partial prolapsus and inflammatory ulceration of the neck of the womb, the cause of severe dysmenorrhœa, in a young girl twenty-one years old. Complete cure.

In October, 1860, Margaret K——, twenty-one, single, came under my treatment for the following state of her health: she complained that for nearly two years she had pain in the back and head; was inclined to constipation, with distress occasionally (tenesm) when the bowels acted; menstruation was painful, the pains being present throughout the flow, lasting in most instances for eight, ten and twelve days—was always accompanied with nausea, and at intervals severe vomiting, her distress at this time being so great as to oblige her to stay in bed till the severity of the symptoms had abated. She dwelt also upon distress and scalding when urinating, and said she often remained twenty-four hours before relieving the bladder. Her appetite was very poor; her nervousness great, and in all respects she was a very sickly girl.

On examination, I found the hymen so softened and lax, as almost to doubt of its still existing; the neck lower than was normal, and resting against the urethra and bladder. It was swollen, tender, and highly inflamed. The mouth of the womb was slightly ulcerated; the genital organs were hot and moist with a thick yellowish muco-pus secretion, of which latter the patient had also complained. This girl was declared cured of her affection, and the symptoms which characterized it, after a due course of treatment, with

an occasional short interruption, depending on the durability and severity of her courses. These latter had become quite regular, and she enjoyed, when withdrawing from further attendance, as excellent health as she well could ask for.

CASE XLIII.

Engorgement and inflammatory ulceration of the neck of the womb, cough and weakening leucorrhœa, in a married lady. Premature termination of the case, with the cure nearly complete.

In April, 1861, Mrs. M——, twenty-three, a delicate, refined and prepossessing lady, consulted me. She married in March, 1860. Before this event, she complained of a slight white vaginal discharge, of cough, and of some sickness preceding menstruation, this function being in other respects quite normal. This state of things, however, was thought of little importance, as her health did not suffer specially from it. But, since her marriage, the vaginal discharge, from white, had become yellow and more profuse than formerly, and of rather a weakening tendency. Her courses were about the same as in the past, except that they lasted longer; the cough was still troublesome, and as before her marriage, was unattended with expectoration. Digestion was slightly impaired. Mrs. M—— had been constantly under the care of her family physician for "constitutional weakness," without deriving any benefit from it. No signs of pregnancy existed thus far. In the presence of well-marked

uterine symptoms, and considering the total failure of her family physician to restore her health, I proposed, and it was instantly agreed to, exploring the organs of generation to ascertain their true condition. I found the neck of the womb greatly congested and engorged, with a highly inflamed and corroded border all around the mouth, from which issued a mixed viscid muco-pus secretion, indicating the extension of the inflammation and ulceration within the cavity of the neck. Great sensitiveness existed in manipulating the parts. So much for "constitutional weakness."

This lady was a short time under medico-surgical treatment; the inflammation and ulceration of the neck being mostly cured, and her health considerably improved, when she went for a short time on a visit, previously postponed, to her family in the Western States: she thought and hoped that this trip to the country would achieve and accelerate the entire restoration of her long lost health before coming back to the city. My advice to put off this visit for a few weeks did not prevail. As I have not seen her since she started for the West, it is surmised that the state of her health was such as to be in no need of any further medical attendance. While preparing this paper (1865), I have been informed that Mrs. M— is mother of a son a little over a year old, and enjoys excellent health.

CASE XLIV.

Inflammatory ulceration of the neck of the womb, the cause of dysmenorrhœa, enuresis and impairment of sight in a young girl, aged twenty-two. The case prematurely ended, but so greatly benefited from the treatment as not to have required its further continuation.

In 1861, Mary C——, twenty-two, single, consulted me in reference to her impaired state of health. For a year she had complained of a profuse vaginal discharge, which increased at the time of her courses. These latter, recurring every three weeks, were scanty, lasted about three days, were accompanied by severe pains, nausea and vomiting, with pains in the back. Her appetite was good, but she experienced some distress in the region of the stomach, though at no particular time. Had frequently to pass water a little at a time. This was attended with scalding and involuntary discharge of urine in the night. She complained also of lightness in the head and weakness in the eyes, meaning that her sight was slightly impaired, constituting what is called near-sightedness; lastly, she was exceedingly nervous; complexion pale and sickly.

On examination, I found the hymen intact, but very dilatable, the genital organs hot and moist with a thick yellow mucus discharge. The neck of the womb was inflamed and sensitive to pressure; the mouth of the womb very small, slightly ulcerated, giving vent to a goodly discharge of blood on separating its lips, so much so as to fill the speculum with it, and obscure the sight of the cavity of the neck.

This girl, after a short course of medico-surgical treatment, took leave to go into the country with the family with whom she resided, a little prematurely, as I thought. However, while under treatment, the local affection had considerably improved and was well nigh cured, at the same time that her health had likewise improved in every respect. I have not heard from her since I last saw her, and it is surmised that the cure was complete, as I think that my professional services, being well known to the family, would have been anew called for at her return from the country, or subsequently to it, if it were not so.

CASE XLV.

Follicular Inflammation of the neck of the womb, the primary cause of a chronic cough and leucorrhœa, in a young girl seventeen years old. Constitutional treatment unsuccessful. Cured by local treatment alone.

In 1861, Miss A——, seventeen, single, a slender and rather prepossessing girl, accompanied with her mother, consulted me for cough and a leucorrhœal discharge, with which she had been troubled for the last two years, always increased at the period of being unwell. This periodical function, moreover, was performed irregularly as to time, being occasionally two or three weeks behind time. For this state of her health she had been attended by the family physician for over a year, without the least change for the better. I carefully examined Miss A——'s chest, but neither auscultation or percus-

sion could detect anything amiss there, and I submitted her for some three or four months to general or constitutional treatment alone, without a shadow of improvement. I then informed Mrs. A—— that I saw little prospect for her daughter's health under the treatment hitherto pursued, that I thought that constitutional treatment alone had been fairly tried (nearly fifteen months), and that I had reason to believe that the cause of Miss A——'s impaired health would be found to be connected with some abnormal state of the womb, that this should be investigated at once and a treatment adopted accordingly, and I assured Mrs. A—— that the cure of the affection of the womb, if such affection existed, would restore her daughter to perfect health. A few days subsequent to the last call, an examination was granted, and I found the hymen perfectly intact, but dilatable enough to admit without difficulty and without division a small sized speculum. The neck of the womb and the vaginal mucous membrane were the subjects of follicular inflammation, the neck somewhat increased in bulk, and on its anterior lip existed a small, circumscribed, ulcerated, or I should say, corroded patch, just issuing from the mouth of the womb, which was highly inflamed.

Miss A—— improved fast under treatment, and the last vestige of the local affection soon gave way. In the mean time, she had entirely recovered her former good health, and was joyfully preparing herself to assume new relations in society. I would add that she belonged to a first-class family, who had always enjoyed all the comforts which wealth bestows, but that,

through reverses of fortune, their means had become limited and compelled them to assume a part of the numerous household duties which in former times they had left to the hands of others. It is useless to say that Miss A—— had her share in the household drudgeries, and that to these circumstances her ill health was undoubtedly due.

CASE XLVI.

Prolapsus and chronic engorgement and ulceration of the neck of the womb, the cause of chronic weakening diarrhœa in a married lady. Premature termination of the case, but great improvement under the treatment.

In December, 1861, Mrs. T——, thirty-two years old, a very refined and intelligent lady, consulted me for a supposed chronic diarrhœa with which she had been troubled for over a year, and for which she had consulted more than one practitioner, and been treated without benefit. This diarrhœa consisted in three or four successive liquid evacuations very early in the morning (between 1 and 3 o'clock, A. M.), sometimes preceded by rumblings in the intestines, but most generally without any forewarning at all, occasioning hurry and scarcely allowing suitable dressing. The evacuations, at times, commenced with what was presumed to be a natural one, and were immediately followed by several very watery yellowish discharges. At other times, quite the reverse of this would take place. They were unaccompanied by any pain or any of the sensations usually present in cases of chronic

diarrhoea, but they left behind them a weakened state of the system at large. This weakening was gaining ground daily, and seemed occasionally to cast its influence upon Mrs. T——'s mind, as shown by some dread or forebodings of impending evil, in which she could not help occasionally indulging. These evacuations, moreover, were always more numerous at the period of her courses. Such was this lady's history of the state of her health when she consulted me. She complained of no symptoms characteristic of an affection of the womb, though I carefully made inquiries in that direction. The functions of the womb were performed regularly and naturally; the digestion was, however, somewhat impaired.

This case, as might be expected, was the occasion of a good deal of reflection. To resort to general or constitutional treatment alone, and to consider this diarrhoea as an idiopathic disease, would probably have exposed me to failure, as others had failed before, and there could be no doubt that every therapeutical resource that might benefit her had been tried by her former medical advisers. To recommend and to resort at once to a treatment for disease of the womb, in the absence of well-defined symptoms indicating its existence, could not well be thought of, and seemed uncalled for. Yet, for all this, I made up my mind and I believed that the origin of the diarrhoea could be traced to some morbid state of the uterine organs. I was aware that, in some instances, the almost permanent state of congestion of the womb, or its chronic inflammatory state might, and does occasionally extend to the liver, as was stated when I

enumerated the biliary sympathetic symptoms, page 149, and that the congestion of the liver is necessarily the occasion of a greater activity in its functions, and as a consequence, it must relieve itself by throwing off the superabundant bile, by vomiting, if it reaches the stomach, or by purging, when it reaches the intestines. The case of Mrs. T—— seemed, in my opinion, to illustrate unequivocally one of the two conditions just stated. In this dilemma, I adopted general treatment, with the understanding, however, on both sides, that, should no benefit be derived from it within six weeks or two months, then I would urge an examination of the womb, and a treatment more adapted to the state in which it might be found. In the latter part of January, or more than six weeks after the commencement of the treatment on general or constitutional principles, there was no amendment whatever in the lady's condition, and she urged spontaneously an examination. I found the womb in the following abnormal condition: the womb and the neck decidedly increased in bulk and low in the pelvic cavity; the neck was the seat of considerable ulceration, without and within its cavity, and from it issued a long stream of a thick, tenacious, brownish muco-pus secretion. Of the existence of the latter, the lady had made no mention whatever. There was, moreover, a total absence of any active inflammation (generally characterized by pain, sensitiveness and increase of the temperature of the organs of generation), but the womb presented unmistakably a low congested or chronic state of existence or vitality. After seven months of medico-surgical treatment, and when there was a great change

for the better in the local affection, and while Mrs. T—— was improving in health and gaining strength daily, the diarrhoea modified in so much that it was no longer of daily occurrence, less debilitating, and the attacks, instead of occurring early in the morning, setting in later in the day—this case came to a premature end, both through death in the family and the lady's husband's business prospects. If the modification of the diarrhoea, the change for the better in the local affection, and the improvement in Mrs. T——'s health, as above stated, be taken into consideration, there is scarcely room left to doubt respecting the cause and effects in the case. To state it more clearly, the disease of the womb, and through it, the congested state of the liver and its appendages were the primary cause, the diarrhoea its effects, and as soon as the two organs, the womb and the liver, should have returned to their normal, physiological state, so soon would the diarrhoea have ceased to recur.

CASE XLVII.

Falling of the womb from inflammation and engorgement of the neck of the womb, severe pains in the back and dragging down pains, painful menstruation, etc., in a married lady. Complete recovery.

In February, 1862, I was consulted by Mrs. R——, about twenty-eight years old, a lady of good standing and the mother of four children, the last three years old. Her health had been tolerably good till the birth of her last child. Her confinement, on this occasion,

contrary to her former ones, was greatly protracted, tedious and laborious, and had been entrusted to a lady acquaintance, in the absence of her family physician. She made a very slow recovery, and from this time dated her sufferings. By degrees, her health flagged; and began to give considerable concern to her family and friends. This state of health had now lasted for over three years, and the medical attentions she had received during this period, had never relieved her for a moment. The family physician attributed all her troubles to nervous prostration in consequence of her last hard *accouchment*, and prescribed accordingly.

A friend of Mrs. R——, who had formerly been a patient of mine, recommended her to me, and both called on me. She complained of an almost permanent pain in the back, of a dragging sensation in her groins, and a bearing down feeling “that makes me apprehend that something will fall away from me,” (her own words). She experienced frequent desire to pass water, spoke of nausea and of a greater or less tendency to constipation; her appetite was very poor, and her nervousness great. Her courses, which aggravated all her painful sensations for the time being, were defective in quantity and lasted only about forty-eight hours. Finally, Mrs. R—— looked in every respect the picture of suffering.

I at once requested a physical examination, and found cause enough for the lady's wretched condition of health. The womb and its neck were the subjects of considerable hypertrophy, and the latter (the neck) situate an inch from the external organs, inflamed

and very sensitive to the touch. No ulceration could be detected in the cavity of the neck. On separating the lips, quite a quantity of blood escaped from it as fast as I wiped it away. The prolapsus, in this case, was caused evidently by engorgement or hypertrophy consequent on chronic inflammation of the womb in considerable activity, dating probably from the birth of Mrs. R——'s last child. After seven months of a persevering treatment, Mrs. R—— had recovered her health; the womb had gradually ascended the pelvic cavity, while its hypertrophied or engorged state diminished, and finally assumed its normal condition. No pessaries or other mechanical supports had been made use of.

CASE XLVIII.

Prolapsus or falling of the womb of several years standing; severe sufferings from sympathetic irritation of the right ovary, and of the back, the result of chronic inflammation of the cavity of the neck, with occlusion of the mouth of the womb, in an elderly lady, erroneously treated for neuralgia of the back. Complete recovery.

In January, 1862, I was requested to see Mrs. G—— at her residence. I found Mrs. G——, who was a lady apparently fifty or fifty-five years old, in bed, laboring under a certain amount of febrile action, as indicated by a flushed face, an increase of the temperature of the body generally, and a rather active pulse, etc. She complained of severe pains in the right ovarian

region, which she described as of a continuous, deep-seated, dull, aching character (quite characteristic of sympathetic symptoms), irradiating towards the loins on that side, and descending down the thigh to the knee. When these pains were at their height, she experienced an uncomfortable sensation of heat and burning in the seat of the right ovary, extending to the organs of generation.

She complained also of severe pains in the lumbar vertebræ (generally called the "back"), which seldom left her. Standing, walking, or any bodily exertion, going up stairs particularly, were all alike, and were all so many causes of their increase in severity. These attacks of pain came on almost daily, at variable hours, but oftener towards four or five o'clock in the afternoon, lasted throughout the night till early in the morning, and were always attended with more or less fever, at whatever time they did set in. They continued several hours, and subsided very slowly. These attacks left Mrs. G— exceedingly prostrated, and in direct proportion to the severity they assumed. In consequence of these repeated attacks, this lady had for the last six or seven months past scarcely left her bed. Her nervousness was very considerable, and her appetite greatly impaired. Since the attacks commenced, she had till very recently been under treatment by two highly reputed physicians of New York in succession, for neuralgia of the back, but with not a shadow of amendment in her sufferings. Mrs. G—, some ten years before had been seized with attacks similar to those just described, when it was the left ovary that was the seat of the most intense

agony. Such was the history of her sufferings, as given me by herself. I do not believe that any practitioner at all cognizant of the various diseases peculiar to woman, could have doubted for a moment as to the true cause and effect of her distress. He would at once have discerned that the pains in the right ovary, together with the pains in the back, etc., were mere sympathetic manifestations, the effects of some affection of the womb, very likely the lingering remains of inflammatory disease operating at the time her menstruation ceased, and would not, consequently, have considered said ovarian and lumbar pains as the cause of the disease, as the physicians alluded to had done, and thus signally failed to benefit or cure their patient.

On examination, I ascertained that the right ovary was very tender to the touch, and slightly swollen; the genital organs were dry and hot; the neck of the womb poised at the very threshold of the external organs, enlarged, round, soft and fluctuating, as if containing some fluid matter, and rather sensitive. The mouth of the womb had disappeared; there was complete occlusion, and its original situation was only discernible through a very small depression.

The first indication called for was obviously to puncture this depression, and re-open the communication of the cavity of the womb with the cavity of the vagina. This operation was immediately followed by a goodly discharge of a thick dark, mixture of blood and pus, indicating unmistakably the existence of ulceration in the cavity of the neck of a chronic character, which extended probably high

up, and involved perhaps the cavity of the womb itself, as the womb seemed too bulky for an organ which could never have been very considerably distended, the lady having had no children during her married life. On my second visit, I carried a stick of solid nitrate of silver very carefully up the cavity of the neck, and as high as it would reach. This was followed for several days in succession by a similar discharge to that which had followed the opening of the mouth of the womb on my first call. This discharge was quite profuse for two or three days. The lady subsequently continued the treatment for some eight months, after which all her ovarian and lumbar pains had gradually disappeared, while her condition had daily improved, and she declared on her leave-taking, that she had not enjoyed such excellent health for many years past, but felt herself several years younger. A circumstance in this case which I cannot well omit to state, was, that Mrs. G—— was aware of, and felt the greater beneficial influence of one cauterization over the other; she would almost invariably ask me on entering my office, "Doctor, will you make use of the strong cauterization to-day?" The caustic alluded to was the acid nitrate of mercury. I would add, that this circumstance is not a solitary one, and that in several instances patients requested this strong cauterization, in preference to the milder one (the nitrate of silver); the influence of the former over the latter, on the system generally, and on the local disease in particular, being so much greater in strengthening and healing.

CASE XLIX.

Partial prolapsus, the result of extensive ulceration of the neck of the womb, complicated with a small vascular polypus; profuse vaginal discharge, in a widow lady. Complete recovery.

In March, 1862, I was consulted by Mrs. P—, twenty-nine years old, for the following state of her health, which she said, had become deranged within the last four years. She complained of great pains in the head, over the eyebrows, and severe pains in the back; of a very profuse vaginal discharge, so profuse, as to compel her constantly to wear napkins; of a great enlargement of the breasts with tenderness of the same, occasional swelling (bloating) of the abdomen and region of the stomach; of straining and burning when urinating, which was performed often, was scanty, red-colored, and left a thick deposit on cooling; of dragging and heavy weight in the pelvis, incommoding her considerably when standing, with shooting pains down the thigh and leg. Menstruation was regular but very profuse; bowels rather constipated; appetite good, etc. A superficial looker-on would have thought this lady enjoyed excellent health; but on examination, I found the neck of the womb very low down, and considerably retroverted, so much so, as to be brought in view with difficulty; highly inflamed, swollen, and very tender on pressure. The mouth of the womb was open, and the seat of an extensive, luxurious ulceration, and from this ulcerated

surface originated and protruded a soft, flattened, fleshy surface (fungous or semi-organized granulation), bleeding profusely, and along this fleshy substance protruded a small vascular polypus, the size of a large pea; the endeavor to bring this vascular organized neck well in view produced considerable distress and bleeding.

After eight months of almost uninterrupted treatment, the neck of the womb was entirely restored to its normal state and position in the pelvic cavity, while the lady's health had constantly improved in every respect, and was finally as good as she could wish it.

CASE L.

Partial prolapsus, the result of congestive engorgement of the neck of the womb, and the cause of aphonia or loss of voice, etc., in a married lady. Complete recovery.

In May, 1862, Mrs. C——, a very refined and rather handsome lady, aged twenty-four, consulted me for weakness of the voice, which at times was quite audible, but at others was nearly reduced to a whisper. Change of weather generally exercised its influence upon her voice. Her general health, previous to her marriage, which took place three years before, and for a year or so subsequently to it, was excellent, and she complained of nothing else but a deviation in her menstruation from what it had been years back. This only lasted two days, or at most three; the flow was scanty, and would come on a few days earlier or later than the previous one. She had not been preg-

nant. For this state of her health, she had been under the care of the family physician, without any change for the better, all his attentions and solicitude as well, having been merely directed to her chest, and her throat in particular. To satisfy Mrs. C——, and the lady friend who accompanied her, I examined her throat, but we could not notice any thing amiss there; it looked perfectly natural.

I then examined the state of the womb, and found it in such an abnormal condition as accounted both for the lady's troubles in her throat, and the abnormal state of her menstruation. The womb itself was increased in bulk, the hypertrophy extending to the neck, the latter retroverted, and lower than was natural. No ulceration was visible externally, nor did any seem to have existed within the cavity of the neck; but the inflammation and congestion of the organ were very apparent; there was also pain on pressure; this pressure on the neck produced such an effect or sensation, that Mrs. C—— started, and said instantly that it had affected her throat—a circumstance that illustrated the "cause" and "effects" in her case. A little over four months of medico-surgical treatment removed Mrs. C——'s vocal affection, and with it the abnormal state of her menstruation, while her voice had become perfectly natural for the last month or so, and her health, moreover, was all that she could desire. This case illustrates fully the sympathetic effects of an affection of the womb upon the organs of the voice.

CASE II.

Partial prolapsus, and inflammatory ulceration of the neck of the womb, the cause of globus hystericus, in an unmarried lady, treated for chronic spasmodic laryngitis. Premature termination of the case, but considerable benefit from the treatment.

In October, 1862, Miss H——, twenty-eight years old, consulted me on account of being troubled with occasional lightness and pain in the head, the latter mostly felt above the eyebrows, irradiating to its summit; complained of weakness in the back; tendency to constipation; of great nervousness; her menstruation was regular, but was attended with some pain before its appearance. However, the main complaint, for which she felt a considerable solicitude being a teacher, was a spasmodic sore throat, coming on at intervals more or less apart from each other; it consisted in a dry cough, unattended with any expectoration; uneasiness and scraping in the throat; dryness or hoarseness after speaking or reading for a while; a ringing cry and a hard object wandering in her throat, etc. She was treated for a long while by the family physician and others, for chronic spasmodic laryngitis, without any improvement.

In presence of well-marked symptoms denoting disease of the womb, and considering the globus hystericus with which Miss H—— was affected, a mere sympathetic manifestation, the "effects" having for cause some abnormal state of the womb, I made an examination, and found the neck of the womb lower than is

usually the case in unmarried women, inflamed and very tender, even painful on pressure; the mouth very small; its internal margin ulcerated, and extending high up in the cavity of the neck: the vagina lax, and filled with a thick muco-pus secretion, the presence of which had not been mentioned. Miss H—— was some five months under treatment, and the bulk of her symptoms had disappeared, while she had only once or twice experienced, under treatment, any attacks of sore throat, and those were of a much milder character than her former attacks. She then withdrew from further attendance, on account of the death of a sister.

No doubt could exist but that the attacks of the throat difficulties referred to would have entirely left her, had the local affection been entirely cured.

CASE LII.

Inflammatory ulceration of the neck of the womb the probable cause of two previous miscarriages, in a married lady, three months pregnant. Her third threatened miscarriage averted by the timely treatment pursued.

In April, 1863, Mrs. McC——, a rather stout and at first sight, a healthy looking lady, aged twenty-nine or thirty, asked my advice on account of the state of her health, which she described pretty nearly in the following language, to wit: "I have been married five years, but have no children. I miscarried twice, both happening between the third and fourth month,

and I cannot account for either. My health was very good before I married, the only trouble having been that I had a good deal of pain when my courses came on, with nausea and sometimes vomiting; I could then scarcely keep anything on my stomach. After my first miscarriage, my health became poor, and my appetite impaired; my courses came on as before, but they lasted much longer and were more profuse. After my second miscarriage, I grew worse and gradually have been losing flesh. I have the whites very badly, and I have almost constant pain in the back and head, with dragging pain in my hips and a heavy load across me; my face flushes up occasionally, and I then feel cold all over. I believe it to be now three months since I have become again in the family way, and I fear to lose my child again. I wish, doctor, you could do something to save it."

My advice was readily listened to, and an examination at once obtained. I found the genital organs in a high state of congestion, lax, moist and very sensitive. The neck was voluminous and highly inflamed, the mouth of the womb plugged up with a thick, whitish, viscid secretion, considerably ulcerated all around its margin, and of a very florid and inflammatory character. This lady was under treatment till past her sixth month of pregnancy, and was safely delivered, at full term, of a very stout and healthy boy. It is almost useless to add, that the threatened miscarriage was only averted through the timely treatment the lady had undergone, as she recognised in her last condition exactly the same train of symptoms which had preceded her two former miscarriages.

CASE LIII.

Severe inflammatory ulceration of the neck of the womb, complicated with a small vascular polypus, in a married lady. Complete cure.

In June, 1862, Mrs. L——, aged thirty-two, mother of three children, the last five years old, came under my treatment. She had enjoyed very good health in every respect until within the last three or four years. Some day about the latter part of December, year not remembered by Mrs. L——, she crossed the river to New York from Brooklyn, in rather rough and stormy weather, while she was and had been menstruating for twenty-four hours. Returning towards evening, the drifting rain and snow and the cold had increased since morning; she retired at night fatigued, nervous and rather feverish, and noticed that her courses had discontinued to flow. After a wakeful and restless night, she arose apparently as well as usual. At the next monthly period, however, her courses did not make their appearance, nor did they appear at the two subsequent periods. In the meantime, she had experienced a good deal of sickness at each of the last mentioned periods. She menstruated the fourth month, after having taken, as she said, a good deal of physic to bring back her courses. From this time, with Mrs. L——, menstruation became deranged and irregular; that is, her courses would either make their appearance one week earlier or one week or about that later, and instead of lasting from five to six days, lasted from ten to twelve days. She lost

much more blood, and, moreover, her courses were accompanied with a good deal of sickness and pains in the back, hip, head, etc. This state of things had continued for more than three years, and seemed to go from bad to worse. She complained of almost constant pains in the back, head, loins, and dragging pains in the chest and legs; a slight, bloody vaginal discharge occasionally attended sexual congress. This discharge would take place, indeed, when she was greatly excited or had over-exerted herself in domestic duties. It was a thick, yellowish, viscid discharge. A burning sensation accompanied her making water; she spoke of alternate costiveness and looseness of the bowels, of sensations of lightness in the head as of impending dizziness. Most of these troubles and sensations increased at the periods of menstruation. Her appetite was exceedingly capricious, but was usually poor, and she experienced feelings of weight and an indescribable uneasiness after eating. Her general appearance indicated poor health. She had been treated unremittingly for the last two years, her troubles being regarded as the forerunners of her "change of life."

On examination, I found the genital organs hot and well lubricated, the neck of the womb considerably congested, enlarged and sensitive on pressure and inclined somewhat backwards. The mouth of the womb was open, and its margin nearly all around extensively ulcerated, extending over the neck externally and up the cavity as high as could be perceived; the ulceration bleeding profusely and especially on manipulation: just within the lips of the mouth, and imbed-

ded, lay a small red soft vascular polypus, of about twice the size of an ordinary pea. After nearly a year of persevering treatment, the lady was declared entirely cured of her local disease, and her health effectually restored. Meeting her in December, 1864, she declared her belief that she was pregnant, and spoke of her excellent health.

CASE LIV.

Engorgement, inflammatory ulceration and elongation of the anterior lip of the neck of the womb in a married lady. Ultimate recovery.

In March, 1864, Mrs. M——, a very refined and accomplished lady, aged twenty-five, called for advice in reference to the following state of health. She married five years previous, her health having been till then most excellent in every regard. She became a mother at the expiration of a year, but had not since given birth to any children, nor had she been pregnant. Her *accouchment*, she said, had been a natural one, but very tedious, having lasted over three days, and left her prostrated and an invalid for five months, after which she recovered tolerably good health. However, from the time of her first and last confinement, she dated the state of her ill health. Gradually her courses had become irregular as to time and quantity. Subsequently, she was troubled with a slight whitish discharge, which later became, and had been for the last three years, yellowish and quite weakening. At the same time, her appetite was im-

paired and pains in the back and head made their appearance, first occasionally, but afterwards more habitually. Her bowels were alternately constipated and loose. Her nervousness was great, her humor changeable, her sleep unrefreshing, restless and interrupted by dreams of a frightful character. She gave up nursing a short time after her confinement; her health, it was evident, not being equal to the effort, and the child suffering from the delicacy of its nurse.

On examination, I found the vagina in a rather high temperature and quite moist. The neck of the womb was poised in about its natural place, but somewhat hypertrophied, and very sensitive to pressure; the anterior lip of the mouth of the womb elongated, I should think, three-quarters of an inch beyond the posterior lip. On raising the elongated, hypertrophied lip upwards, the mouth of the womb was noticed to be well open, of a transverse, enlarged shape, indicating considerable inflammation and ulceration around its margin, extending within the cavity of the neck, from which issued abundantly a mixture of a viscid muco-pus secretion. After a few months of medico-surgical treatment, this patient recovered perfect good health. The elongated lip had returned to its normal state and left no trace of its former existence.

CASE LV.

Partial prolapsus dependent on inflammatory ulceration and engorgement of the neck of the womb, in a married lady. Complete cure.

In June, 1864, Mrs. McM——, aged twenty-six, a well educated and refined lady, and a sister of Mrs. R——, whose case is noticed in this Appendix (Case XXIX), consulted me respecting her health, which had, for the last five years, become considerably impaired. Her experience, as she conveyed it to me, runs thus: She married seven years before, in her nineteenth year, while enjoying perfect good health in every respect, her courses being regular, and attended with no difficulties. She had given birth to five children, the youngest then seven months old. She miscarried about a year before, between her fifth and sixth months of pregnancy. After the birth of her second child, she recovered less rapidly than after her first, and her health from thence seemed to flag; nor could she well account for this, unless it were from a slight white, glairy mucous vaginal discharge she had lately observed to appear from time to time, and particularly before the coming on of her courses, and also an occasional weakness in her back. These symptoms were, however, of rather a fugitive character, and it did not seem to her that they accounted for what she felt. After the birth of her third child, these symptoms assumed a more serious character. The white discharge that had been previously noticed at

intervals only, became yellowish, of a thicker consistency, and almost permanent, and of a rather weakening character. The backache, too, had become more acute, and was felt almost constantly. Her bowels were disposed to constipation, and could only be acted upon through medicine; this state of the bowels originated piles. Her courses so far were very regular, and appeared almost to the very day, but they produced a greater loss of blood than before, and also lasted longer. Moreover, she lost blood from her piles. Still further, her courses had begun to be attended with considerable sickness, and obliged her to remain in bed for several days, and all the symptoms above enumerated became greatly intensified. To this state of suffering were joined stupefied headache, uneasiness in the stomach, severe dragging sensations: in one word, she "ached all over." Lastly, she was laboring under a highly excited state of the whole nervous system. From this period, she began to be attended by the family physician, who declared her troubles to originate from "constitutional weakness."

After some time, and with scarcely any improvement in the state of her health, as fully described just now, she passed through two other *accouchments* and a miscarriage, and all within the space of about three years. This rapid increase of her family, it must be imagined, could not but be greatly injurious to her already deranged health. In June, 1864, or more than five years from the period her health began to fail, she became one of my patients. It would be tiresome and useless to recapitulate all of her symptoms. None I have mentioned had left her; all were still in

active operation, and her countenance bore the unmistakable stamp of the most wretched state of health that can well be imagined.

Examination revealed the womb to be in the following condition: the organs hot, moist, and considerably relaxed; the neck of the womb resting on the floor of the pelvis, greatly enlarged, sensitive, and retroverted. The latter circumstance, undoubtedly prevented the womb from descending lower down, so as to constitute a *procidentia uteri*, or complete falling of the womb. The mouth of the womb was open, giving vent to a thick viscid, muco-pus secretion, with difficulty wiped away. The body of the womb was increased in bulk, lower, and its posterior wall very sensitive.

After three months of medico-surgical treatment, the neck had assumed nearly its natural situation, and five months later, the lady was entirely cured of the local affection, while her health had rapidly improved during the treatment. I recommended her a short stay in the country, and, if possible, to avoid an increase of family for some time to come. Two years have now gone by, and Mrs. McM—— enjoys perfect good health. Her family has not increased. Never before did I receive warmer, and, I believe, more sincere thanks, than the day Mrs. McM—— took her leave from further attendance.

CASE LVI.

Partial prolapsus, or falling of the womb, the result of inflammatory ulceration and hypertrophy of the neck of the womb, in an unmarried lady. Aggravation by the use of a pessary. Complete recovery.

In January, 1866, I was consulted by Miss H—, aged twenty-three, a very accomplished and prepossessing young lady, for her health. The history of the case is as follows: It appears that some ten months previously, in March or the beginning of April, 1865, Miss H— came to New York to see relations and friends. While leaving her carriage in one of her visits, she missed its steps, and fell rather than stepped heavily upon the sidewalk, without any other apparent mischief at the moment than a sudden fright, vanishing almost instantly. She reached home safely, as lively as when she started on her trip, forgetful of the incident just related. However, her courses appeared unexpectedly a few days earlier than usual, and were accompanied with pain and sickness of the stomach, with a feverish state of the system—symptoms which had never before attended their occurrence. Her courses, from having been regular, now appeared earlier or later, while the quantity of the flow varied also, and became, in other respects, more and more sickening and troublesome. At the same time a vaginal discharge had made its appearance, at first slight and white, but subsequently yellow, and more profuse. This was accompanied with pains in the back, weight, and a dragging sensation in the pelvic region, which

disabling her from walking or standing any time, made her fearful that something was going to escape from her person. She began also to complain of distressing headache; her appetite was capricious; her humor changeable; her sleep restless, and her nervousness so great that she did not know what to do with herself, and she was discontented with almost every thing that was done for her comfort. This state of things seriously alarmed her parents, who, after a good deal of persuasion, induced her to consult a physician. Her case was stated to be falling of the womb, owing to relaxation of its supports, and she was told that she would soon improve and recover her health, as soon as the womb should be properly supported. To effect this, a pessary was introduced into the vagina—an operation from which she suffered considerably. This pessary, notwithstanding its presence was declared to be painful, even insupportable, and its withdrawal bitterly begged for, was readjusted about once a week, with such words of encouragement, patience and promises of a speedy relief, as were best calculated to soothe the suffering lady. Thus was this unhappy girl martyred for some three months, when all patience, and forbearance, and fortitude had forsaken her. The state of her health, instead of having improved under this treatment, had, on the contrary, grown worse from day to day. She was then recommended to trust her case to me. After hearing her sad story, I proceeded to investigate the condition of the organs of generation, and found, indeed, a most shocking state of things. The external organs looked red, were slightly congested, and somewhat swollen, and

very sensitive, amounting to soreness: when penetrating farther and higher up the canal leading to the womb, within about an inch and a half from the external organs, the pessary ring lay wedged in the soft parts. Its extraction was more difficult than I expected, and accompanied with considerable soreness. Great relief seemed then to be experienced by my patient. The withdrawal of this mechanical support, however, was followed immediately by the descent of the neck of the womb to a point just within the threshold of the external organs. The neck was considerably inflamed, red, engorged, and painful, covered thickly with mucus, mixed with blood. In separating the lips of the mouth of the womb, the inflammation was perceived to exist all along the canal of the neck; there was ulceration around the margin of the mouth, extending upwards, and giving issue to a copious viscid, mucopus secretion.

Such was then her general and particular state of health. I recommended the wearing of a bandage by day, to be left off on going to bed, till further order. The materials of the bandage were left to the choice of the patient, only it was to be similar to the one generally worn when menstruating. This was dispensed with after six weeks of treatment, when the neck of the womb had ascended nearly two inches, had assumed a healthier and firmer condition, and no descent of the organ was any longer to be apprehended. After a further treatment of five months every vestige of the late inflammatory condition of the womb and its sequelæ had disappeared; the neck was ascertained to be poised some three inches higher up

than it had been before : it had, in a word, assumed its natural position. The health of Miss H—— had gradually improved under the treatment pursued, and the day I declared her to be free from all disease, it was as excellent as it had ever been before.

CASE LVII.

Slight prolapsus, the result of extensive inflammatory ulceration of the neck of the womb : profuse leucorrhœa, in a married lady. Cure complete.

In March, 1865, Mrs. R——, twenty-six years old, a very prepossessing lady, consulted me in reference to the state of her ill health. She married in October, 1863, and enjoyed excellent health ; a slight white vaginal discharge only existed at the time, but she took no notice of it, neither did it seem to affect her health in the least. She miscarried in the second month of her marriage and pregnancy, through fright, she thought, in witnessing an attack of epilepsy in a young girl. She had not noticed any signs of pregnancy since, and her health from that period has become impaired.

When she consulted me, a year and five months from the time of her miscarriage, she complained of a profuse thick yellow discharge, which seemed to increase when she walked ; of lightness and dizziness in the head, of impaired appetite, having no appetite in the morning, but later in the day ; her bowels were inclined to costiveness ; her courses appeared eight days too soon, were accompanied with a good deal of sickness,

and were rather profuse ; she experienced sharp shooting pains in the region of the womb, and often fainting feelings ; also weight in the pelvis as if everything would escape from her person. Intercourse was attended with a sensation of fainting, and occasionally followed with a slight bloody discharge. Her water was high colored and voided with some trouble, etc.

On examination, I found the organs in a higher temperature than was natural, well lubricated with the secretion complained of, and rather lax ; the neck of the womb resting on the floor of the pelvis, in the close vicinity of the rectum, greatly congested and hypertrophied, and sensitive to pressure. On bringing the mouth of the womb into the field of the speculum, it was found open and excoriated all around its margin, extending externally a little over the anterior lip, and internally the mucous membrane was, as far as could be seen, in the same inflammatory and ulcerative condition. Moreover, the neck, externally, was seen to be dotted with a few florid papulæ, and the organ, *in toto*, was colored with the secretion mentioned above. Six months of irregular attendance cured Mrs. R— of all her local affection. Her health, she said, when taking final leave, could hardly ever have been better.

CASE LVIII.

Slight prolapsus, the effect of chronic inflammation of the womb, and of considerable inflammatory ulceration of the neck of the womb, irritation in the ovaries and bladder, in a married lady aged forty. Cure complete.

In July, 1865, I was requested to see Mrs. D—— at her residence. She complained that for the last five years, her courses suddenly remained behind, spoke of constant backache, soreness under the left breast, of a slight yellow, thick discharge, of distress when making her water, etc., of shooting pains in both ovaries, but principally the left, descending towards the thigh and knee, of lower limbs generally weary, devoid of strength and support. She could neither stand or walk, for ever so little time, without an immediate increase in all her pains, and she experienced then considerable heat, even burning in the vagina or canal leading to the womb; had a changeable appetite, bowels were generally constipated. On examination, I discovered the womb increased in bulk, sensitive and low down; pressure over both ovaries produced pain; the neck of the womb was very large, diminished in length; the mouth of the womb was exceedingly small, with a small abraded surface just visible. On separating the lips, considerable inflammation and ulceration was noticed to exist within the cavity, from which issued a bad looking viscid mucopus discharge.

A few months of close attendance restored this lady to a pretty good state of health; the womb was, as far as I could ascertain, free from disease. I recom-

mended a stay in the country for some time, in order to enjoy its wholesome and strengthening influence.

CASE LIX.

Inflammatory ulceration of the neck of the womb, the cause of previous miscarriages, in a married lady a little over two months pregnant. Third threatened miscarriage averted by the timely treatment pursued; pregnancy progressing satisfactorily towards its termination.

In October, 1865, Mrs. McL——, a rather delicate looking lady, twenty-six years old, called in reference to the state of her health, which, she said, had become greatly impaired. She married when twenty-three years old, but was childless so far. Her general health was very good before she married; she only experienced some difficulties at the time of her courses, and as she described these difficulties, it was not difficult to conjecture that they were characteristic of severe dysmenorrhœa. After a first miscarriage, her health changed considerably, and grew worse when a second happened. She thought herself in 1865 to be nearly three months with child, and experiencing sensations and difficulties which had preceded and accompanied her former miscarriages, she sought the means of preventing, if possible, a similar catastrophe.

She had thus lately been troubled with the following symptoms: impaired digestion, increased painful courses (when not pregnant), profuse vaginal yellow discharge, pains in the back with dragging down pains and weight in the pelvic region, pains on the

summit of her head, loss of flesh, great nervousness, depressed spirits, pains in the breasts, flashes of heat and sensations of cold. Some of these symptoms were almost constant with increasing gravity; some had just appeared; all characteristic of both disease of the womb and pathognomic of impending miscarriage. Having explained to Mrs. McL—— the probable cause of her trouble and the means to be adopted in her present emergency, she willingly assented to my proposed treatment. On examination, I found the organs throughout in a high state of congestion, hot, lax, moist and very sensitive. The neck of the womb was considerably inflamed, voluminous and tender to the touch; the mouth of the womb plugged up with a thick, whitish, viscid mucous secretion, which, when wiped away, left the *os* gaping, and showing its margin to be all but ulcerated, and of a very florid inflammatory character. Apart from the exaggerated state of the womb attendant on pregnancy, and from the increased activity of the disease at a time that pregnancy was threatened with a premature termination, there existed cause enough to account for Mrs. McL——'s wretched state of health in the intervals of her gravid state.

After a treatment of five weeks at most, all the symptoms premonitory of threatened miscarriage had long disappeared, and the treatment was continued until the sixth month of pregnancy. She was safely delivered at full time of a boy weighing nearly ten pounds. Six weeks later, she solicited the continuation of a treatment that had inspired her with confidence, and every vestige of the local disease was soon

removed, while her health gradually and steadily improved.

CASE LX.

Inflammatory ulceration of the neck of the womb, the cause of severe Angina Pectoris, in a married woman. Complete cure after six months of medico-surgical treatment.

In October, 1865, Mrs. McF——, a colored woman, married, but childless, aged twenty-eight, consulted me respecting her health, which, she said, became impaired ever since she miscarried, nearly three years ago. It had been perfectly good before she married; she had not known a day of sickness. She miscarried between the fourth and fifth month of her pregnancy, but she did not know to what cause to attribute it. She complained of a distressing fluttering and palpitation of the heart, always increased by the least excitement. This sensation of distress would radiate from the region of the heart towards the left shoulder and down the left arm in the direction of the wrist and fingers, and she experienced then sensations of prickling and numbness in these parts. Her distress and anxieties were greatest at night, when these symptoms became aggravated; she was often compelled to sit upright, pillowed, on account of a sensation of suffocation or shortness of breath. These symptoms were of a paroxysmal character, and lasted for a time more or less long. She had consulted some physicians, who attributed her troubles to disease of the heart, and hence her great alarm in relation to the symptoms just noticed,—the only ones she complained of. She

had not been benefited from the treatment so far pursued. On questioning her, she acknowledged that she had been troubled very badly with the whites, as also by backache, weight and dragging in the pelvis, severe only at the time of her courses, by heat and scalding in urinating, and by impaired appetite, etc.

Here, then, were some symptoms of such a nature that it was impossible not to refer to some affection of the womb. Consequently, I paid no regard for the time being to the *Angina Pectoris*, or to the symptoms simulating this disease, and requested an examination of the womb. After some hesitation she complied, and I found cause enough for her condition. The genital organs were hot and very much saturated with a yellow, viscid, bad-smelling muco-pus secretion, and exceedingly relaxed; the neck of the womb placed at about its natural position, was somewhat retroverted, enlarged to more than twice its natural size, and sensitive to pressure. The uterine opening or mouth of the womb was large enough to admit the first phalanx of the finger, and plugged up with the secretion alluded to, which, when removed, showed the internal mucous membrane to be very much inflamed, bleeding and ulcerated; the ulceration extended upwards. The womb itself was enlarged, and slightly sensitive on pressure externally. This patient was some six months under treatment, when all the local affection was ascertained to be cured. Her health had improved considerably while under treatment, and was finally considered as good as ever. The *Angina Pectoris*, above alluded to, had only visited her three times during the first four months of the commence-

ment of the treatment, and had entirely ceased to trouble her afterwards.

CASE LXI.

Procidentia, or complete falling of the womb, in a married lady, thirty-five years old, the mother of six children, the youngest one year old; consequence of too early rising after confinement. Complete cure.

In October, 1864, I was consulted by Mrs. P——, a lady thirty-five years old, for falling of the womb. Mrs. P—— had enjoyed tolerable good health until after the birth of her last child, a year before. Three days after her last confinement, she was one afternoon suddenly aroused from sleep, in which she had been indulging for a few moments, after having fed the baby and consigned it to the nurse, who retired to an adjoining room. She was suddenly aroused by a loud scream and crying from one of her younger children, also confined in the adjoining room; she jumped out of bed, and hurriedly ran to ascertain what had happened, but soon returned to her own room and laid down. A week later, she had a regular "getting up," and a family sociable in the evening. However, Mrs. P—— did not enjoy the congratulations of her family and friends, not feeling so well as she usually did after the same lapse of time from her other confinements. Consequently she withdrew early. From that time she began to complain of pain in the back; of a dragging sensation in the groins; inconvenience

and distress in walking or even standing a few moments; difficulties in making water; nausea, and occasional vomiting; and most of all, of the presence of her womb between her thighs. She consulted her family physician, who, on ascertaining her condition, had at once reintroduced the prolapsed organ, and tried to maintain it in position with instruments, which, she said, he had changed several times, within two or three months, because she could not tolerate them on account of the pain and irritation their pressure produced. She had withdrawn the last, for the same reason, and had not had another applied for some six weeks, when she consulted me.

On close inquiry, Mrs. P—— said, she thought, that at the time she left her bed precipitately to ascertain the cause of the screams, she felt a sensation internally as if something had given way; but in the excitement of the moment had forgotten the incident, and only reverted to it later, when her health began to fail, and the womb began to appear outside the external organs.

On examination, I soon ascertained that the case was one of complete falling of the womb. The organ was slightly increased in bulk, congested. I readjusted the fallen organ, and maintained it in position by means of a ring pessary, which proved to be the right thing in the right place. The rest of the treatment was directed to invigorate the general system, and to strengthen the natural supports of the womb, by medicated and other injections, etc. Within five months, Mrs. P—— was entirely restored to her former good health, and the womb remained in its natural

position afterwards. I saw this lady in 1867, and she continued to enjoy perfect health in every respect.

CASE LXII.

Pruritus pudendi, or itching of the external organs, the effect of the final cessation of the menses, in a married lady, forty-eight years old. Complete cure by constitutional or general treatment alone.

In 1865, I was consulted by Mrs. A——, of New York, a lady forty-eight years old, for the following state of her health: Mrs. A—— had been married eighteen years; had borne seven children; had never miscarried, and had all that time enjoyed good health. Her courses ceased to appear about a year previous. With the cessation of her menstruation, her health became impaired, and was decidedly aggravated for the last six months. She complained, on consultation, of a constant itching of the external genital organs, which became exceedingly severe, and almost unendurable once a month, at the period she used to menstruate. She could not help, at some time or other of the attack, seeking relief by scratching, and to such an extent as to occasion ulceration. When this period passed off, the itching subsided considerably, but did not disappear entirely. Its presence became merely endurable. Besides this itching, she complained of impaired appetite; of growing emaciated; of flushes to the head, with lightness of the same, amounting occasionally almost to vertigo.

Considering the itching, together with the other symptoms with which Mrs. A—— was affected, as probably caused by the final cessation of the menses, producing a plethoric state of the system, and in the absence of any well-marked symptom characteristic of disease of the womb, no physical examination was required, and the patient was subjected to constitutional treatment alone, or the internal administration of suitable remedies. She was, besides, recommended to abstain from rich and too substantial food, and to adopt for some time a diet almost exclusively vegetable,—the parts to be washed two or three times a day with Castile soap and water; she was also to use freely a solution I prescribed. Mrs. A—— was entirely cured within six weeks from the commencement of this treatment.

FINAL REMARKS.

TO CONCLUDE, the author would state, that if the abstract of cases given in this work and Appendix are few, it is not because a greater number could not have been added; on the contrary, numerous additional cases might have been taken from his note-book, had it appeared that the interest of his readers required it.

The abstract of cases which are given may be considered as typical of the diseases treated in these contributions. The perusal of a long series of cases, all reproducing more or less the same phenomena, would have been tedious, if not altogether uninteresting to his readers. Is not the history of a few, moreover, the history of a hundred?

The author would also again repeat, that by his plan for this work no particulars have been given, in relation to the treatment pursued. This was done advisedly. It must be obvious to his readers that, if minute indications of the treatment pursued in each individual case had been given, it would very unnecessarily have swelled this work to an inordinate size; and the reading of such details would have been a tedious labor, without much practical interest or utility.

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GLOSSARY

OF

MEDICAL TERMS USED IN THIS WORK.

- ABDOMEN.** That part of the body containing the stomach, liver, spleen, pancreas, kidneys, bladder and intestines.
- Aberration.* A straying or wandering from, as "aberration of the mind."
- Abortion.* Synonymous with miscarriage—applied to the expulsion of the *ovum* before the seventh month of utero-gestation.
- Abrasion.* Superficial excoriation, with loss of substance; also used as ulceration of some part of the skin, etc.
- Acquired diseases.* Diseases which occur after birth, and which are not dependent upon hereditary predisposition.
- Acrid.* An epithet for substances or secretions which occasion a disagreeable sense of irritation or of constriction. The "whites" are occasionally acrid.
- Active.* This word conveys the idea of superabundant energy, or strength; is the reverse of passive, *which see*.
- Acute.* Having a certain degree of severity; a rapid progress, and short duration.
- Adjuvant.* A medicine to aid the operation of the principal remedy.
- Adynamia.* Appertaining to debility of the vital powers.
- Agony.* The last struggle of life.
- Amaurosis.* Diminution, or complete loss of sight, without any perceptible alteration in the organization of the eye.
- Anæmia.* State of the system characterized by every sign of debility. It is the opposite of plethora.
- Anasurea.* For dropsy. Swelling of a part.
- Anomalous.* Irregular, contrary to rule—unusual.

- Anorexia.* Absence of appetite, without loathing; a sympathetic symptom of most diseases.
- Anteversio.* Displacement of the womb, forward.
- Aphonia.* Privation of voice, or of the sounds.
- Apnœa.* Absence of respiration.
- Ascites.* Dropsy of the peritoneum.
- Asthenia.* Debility of the whole economy, or diminution of the vital forces.
- Asthma.* Difficulty of breathing, recurring at intervals.
- Atrophy.* Progressive and morbid diminution in the bulk of the whole body, or of a part.

BENIGN DISEASES. Diseases of a mild character.

- Bile.* A yellow-greenish, viscid, nauseous fluid secreted by the liver.
- Bronchitis.* Inflammation of the lining membrane of the bronchial tubes.

CACHEXIA. A condition in which the body is evidently depraved.

- Cardialgia.* Pain in the stomach; also heartburn.
- Catalepsy.* A seizure, surprise, etc. A disease in which there is a sudden suspension of the action of the senses, and of volition; the limbs and trunk preserving the different positions given to them.
- Caustics.* Bodies which have the property of corroding.
- Cephalalgia.* Pain in the head; headache.
- Cervix uteri.* Neck of the womb.
- Chorea.* Synonymous with "St. Vitus's Dance." A disease which usually occurs before puberty.
- Chronic.* Diseases whose duration is long, or whose symptoms proceed slowly.
- Circulation.* Motion of the blood through the different vessels of the body.
- Climacteric.* Has reference to the period of puberty in both sexes, and of cessation of menstruation in women.
- Complication.* The presence of several diseases.
- Congestion.* Accumulation of blood in the organ.
- Conjunctivitis.* Inflammation of the globe of the eye.

Constitution. The state of all the organs of the human body considered in regard to their special and relative arrangement, order, or activity.

Consumption. Progressive emaciation or wasting away.

Convulsion. Any violent perversion of the animal movements, or alternate contractions, violent and involuntary, of muscles, which habitually contract only under the influence of the will.

Corrosive. Substances which, when placed in contact with living parts, gradually disorganize them.

Curable. That which is susceptible of cure.

Cutaneous tissue. The skin.

DEBILITY. Synonymous with weakness.

Dementia. Synonymous with insanity.

Diathesis. Predisposition to certain diseases rather than to others.

Dynamic. Relating to the vital forces.

Dysmenorrhœa. Painful menstruation.

Dyspepsia. Disturbed state of the function of the stomach.

Dysprœa. Short breath ; difficulty of breathing.

Dysuria. Difficulty of passing the urine.

ELONGATION. Lengthening, extension.

Emaciation. That condition of the body, or of a part of the body, in which it grows lean.

Emmenagogues. Medicines believed to have the power of favoring menstruation ; also "forcing medicines."

Epilepsy. Disease of the brain, which occurs in paroxysms, with uncertain intervals between.

Erosion. Synonymous with ulceration and excoriation.

FLATULENCE. Accumulation of wind in the digestive tube.

Fluctuation. The undulation of a fluid collected in any natural or artificial cavity.

GASTRITIS. Inflammation of the stomach.

Genital organs. Private parts.

Globus hystericus. A sensation experienced by hysterical persons as if a round body were rising from the abdomen towards the larynx (throat), and producing a sense of suffocation.

Granulation. Reddish, conical, flesh-like spots, which form at the surface of suppurating wounds and ulcers.

Gynecologists. Practitioners who treat the diseases peculiar to women.

HÆMATEMESIS. Vomiting of blood.

Hæmorrhagia. Synonymous with bleeding; loss of blood.

Hæmorrhoides. Synonymous with piles.

Hallucination. A morbid error in one or more of the senses; a frequent symptom in uterine diseases.

Hemicrania. Pain confined to one half of the head.

Hemiplegia. Paralysis of one side of the body.

Hepatitis. Inflammation of the liver.

Hereditary diseases. Diseases prevailing among several members of a family, or family diseases or complaints.

Hygiene. The part of medicine whose object is the preservation of health.

Hymen. A small membrane existing at the entrance of the female genital organs. This membrane is ordinarily ruptured by the venereal act. Many circumstances, however, of an innocent character may occasion a rupture or destruction of this membrane. It is often found absent in children soon after birth; while it may remain entire after a venereal act. Hence its presence does not absolutely prove virginity, nor does its absence prove incontinence.

Hyperæmia. Local plethora; congestion.

Hypogastrium. The lower part of the abdomen.

IDIOPATHIC. Primary disease, not depending on any other.

Idiosyncrasy. A peculiarity of constitution, in which one person is affected by an agent, which, in numerous others, would produce no effect.

Imperforate. Absence of a natural aperture.

Injection. The art of introducing, by means of a syringe, a liquid into a cavity of the body.

Intestinal canal. That which belongs to the intestines.

KIDNEYS. Secretory organs of the urine.

LABIA. Synonymous with lips.

Laceration. The breach made by tearing or rending.

Laryngitis. Inflammation of the larynx. *See Larynx.*

Larynx. The apparatus of the voice.

Laxity. Condition of a tissue when loose or relaxed, or of one which wants tone.

Lesion. Synonymous with hurt, injured; also derangement, disorder.

Leucorrhœa. The "whites."

Liver. The organ secreting bile.

Lymphatic. That particular system of organs which is subservient to the formation and circulation of lymph.

MALIGNANT. Term applied to any disease whose symptoms are so aggravated as to threaten the destruction of the patient.

Mamma. Synonymous with breasts.

Mania. Disorder of the intellect. In some cases it means insanity.

Melancholy. A variety of mental alienation, characterized by excessive gloom, mistrust and depression.

Menorrhagia. Profuse menstruation.

Metritis. Inflammation of the womb.

Metrorrhagia. Hemorrhagia or bleeding from the uterine organ, either at the time of menstruation or other periods.

Modus operandi. Mode of operating.

Molimen hæmorrhagicum or menstruale. The struggle and symptoms preceding menstruation.

Morbid. Diseased, or relating to disease.

Mucus. A substance analogous to vegetable mucilage.

NEPHRITIS. Inflammation of the kidneys.

Nervous diathesis or nervousness. Unusual impressibility of the nervous system.

Neuralgia. A name given to a certain number of diseases, the chief symptom of which is a very acute pain, exacerbating or intermitting, which follows the course of the nerves, and their branches.

Nutrition. The substance and act of nourishment.

OCCCLUSION. Synonymous with a "shuting up." It signifies, also, simply the transient approximation of the edges of a natural opening.

- Odontalgia.* Toothache.
- Oedema.* Swelling of some part.
- Oesophagus.* The gullet.
- Ophthalmia.* Inflammation of the eyes.
- Organic diseases.* Diseases which concern the organ itself, in contradistinction to functional, etc.
- Os uteri or os tincae.* Mouth of the womb.
- Ovaries.* Organs in which the ova are formed and matured.

PALSY. Synonymous with paralysis.

Paralysis. Abolition or great diminution of the voluntary motions, and sometimes of sensation, in one or more parts of the body.

Paraplegia. Palsy of the lower half of the body, including the bladder and rectum.

Passive. The condition of a diminution of the strength, or that state where there is no apparent reaction.

Pathognomonic. A characteristic symptom of a disease.

Pelvis and pelvic organs. The part of the trunk which bounds the abdomen below, containing the womb, the ovaries, the bladder, etc.

Phenomena. Changes in disease appreciable by our senses, which supervene in an organ or function.

Phthisis. Synonymous with consumption.

Plethora. Synonymous with abundance; repletion of blood in the system, or in some part of it.

Pleurisy. Inflammation of the membrane covering the lungs.

Pleurodynia. A spasmodic or rheumatic affection, generally seated in the muscles of the chest, etc.; frequently a mere sympathetic symptom of disease of the womb.

Pneumonia. Inflammation of the substance of the lungs.

Predisposition. That condition of the constitution which disposes it to the action of disease under the application of an exciting cause.

Prolapsus. Synonymous with falling of the womb.

Prostration. Almost total loss of power over the muscles of locomotion.

Pyrexia. The febrile condition.

Pyrosis. Synonymous with waterbrash.

RECTUM. The third and last portion of the great intestine.

Retroversion. A displacement of the womb backward.

SACRUM. The bone which forms the posterior part of the pelvis, and is a continuation of the vertebral or spinal column.

Scrofulous. A state of the system characterized by indolent, glandular tumors, chiefly in the neck, etc.

Spinal. Relating to the vertebral column.

Spontaneous. That which occurs of itself, or without any manifest external cause.

Sterility. Synonymous with barren, infecund.

Sternum. Synonymous with breast-bone.

Stricture. A diminution or contracted condition of some tube or duct, etc.

Sympathetic. That which depends on sympathy. Sympathetic affections of an organ are those morbid phenomena which supervene without any morbid cause acting directly on it, and by the reaction of another organ primarily affected.

Syncope. Synonymous with fainting.

TEMPERAMENT. A name given to the remarkable differences that exist between individuals, etc.

Tenesmus. A frequent, vain and painful desire to go to stool.

Tent. A small roll of lint, or of prepared sponge, gentian root, etc.

Thorax. Synonymous with the chest.

ULCERATION. A superficial ulcer.

Uterus and uterine organs. Synonymous with the womb.

Uterine cervix. Synonymous with neck of the womb.

Uterine os. Synonymous with mouth of the womb.

VAGINA. Canal leading to the womb.

Venereal. That which relates to sexual intercourse.

Vertigo. A state in which all objects seem to be turning round.

Vulva. Appertaining to the external organs of generation of women.

WHITES. Synonymous with leucorrhœa.

Womb. Synonymous with uterus. The organ of generation in females.

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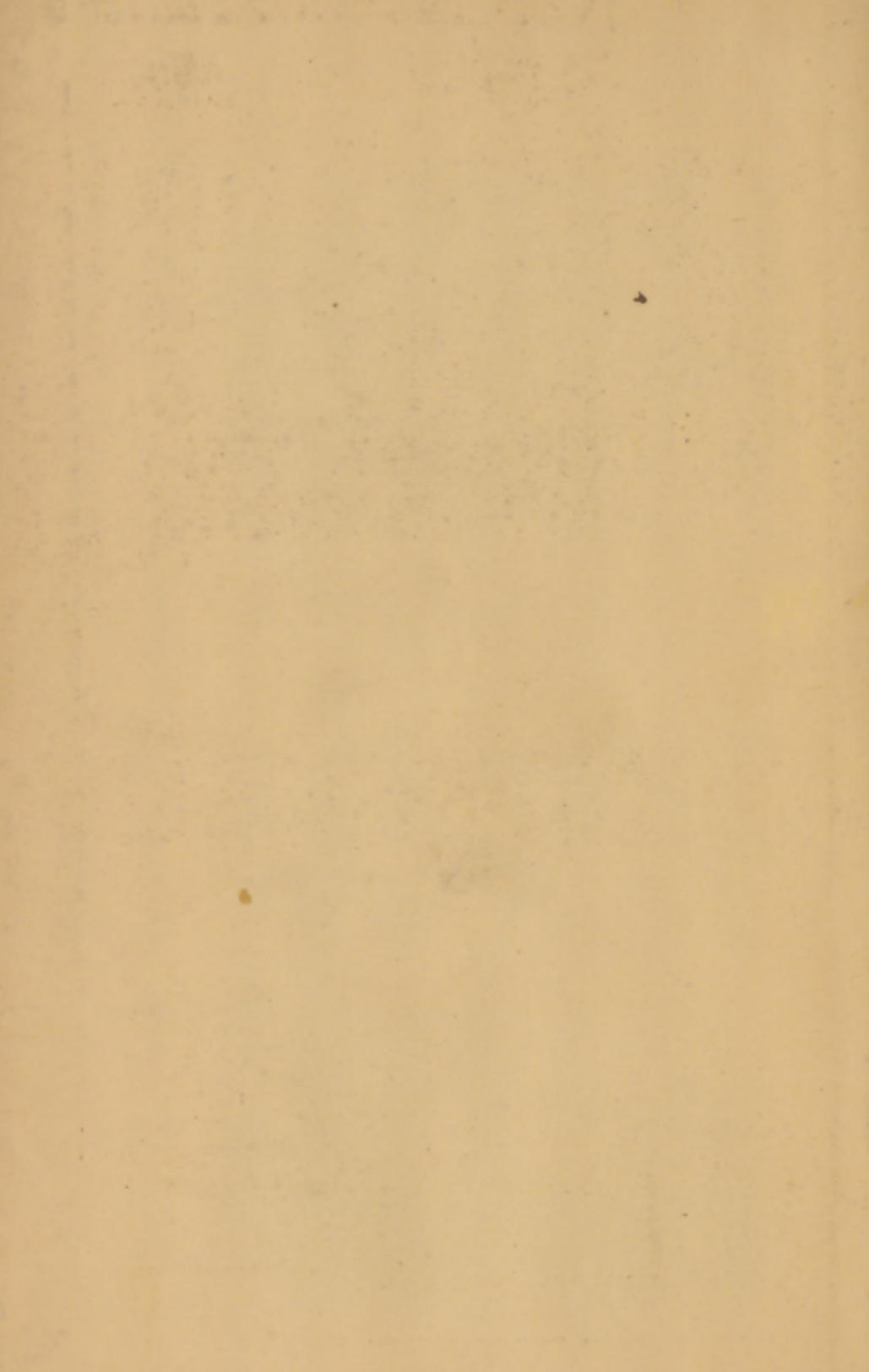
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