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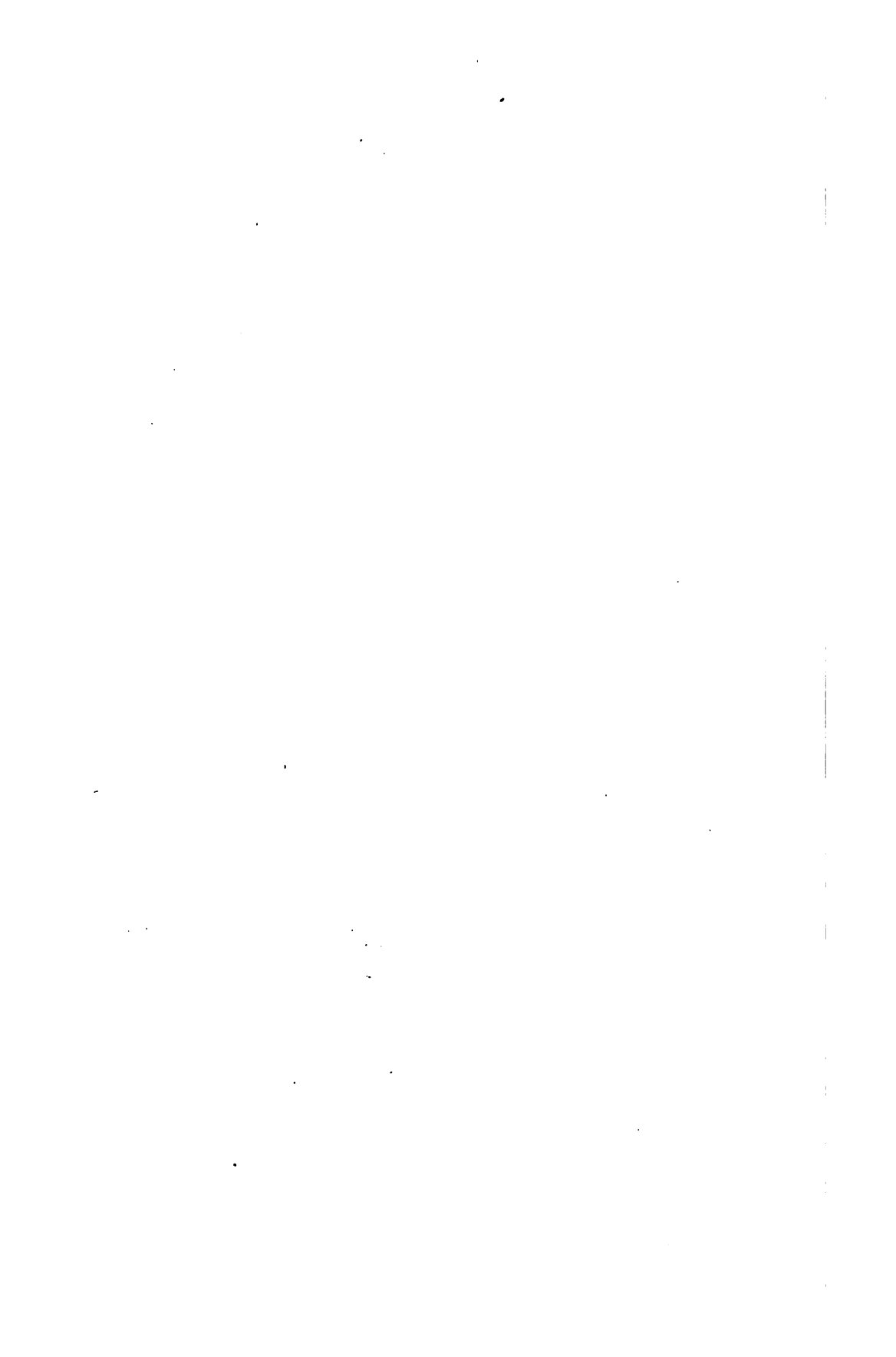
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PATTISON  
ON  
FEMALE DISEASES

**TURNER & Co.,**  
HOMOEOPATHIC CHEMISTS,  
74, New Bond St., W.  
LONDON.







DISEASES PECULIAR TO  
WOMEN:

THEIR NEW AND SUCCESSFUL TREATMENT  
WITHOUT THE USE OF CAUSTICS,

ILLUSTRATED BY CASES OF PERMANENT CURE.

BY

JOHN PATTISON, M.D., F.R.M.S.L.,

AUTHOR OF

"CANCER AND TUMOURS: THEIR NATURE AND TREATMENT BY NEW REMEDIES, AND  
BY OPERATIONS DIFFERENT FROM THOSE USUALLY PERFORMED BY THE KNIFE OR  
CAUSTICS, WITH REMARKS ON HEMORRHOIDS, FISSURE, AND PISTULA IN ANO,  
WITH NEW AND COMPARATIVELY PAINLESS OPERATION FOR THEIR CURE, ILLUS-  
TRATED BY CASES OF PERMANENT CURE."

Tenth Edition.



LONDON:  
H. TURNER & CO., 74, NEW BOND STREET, W;  
77, FLEET STREET, E.C.  
AND  
MANCHESTER.

1869.

*Price Three Shillings.*

ENTERED AT STATIONERS' HALL.

157. m. 143.

BY THE SAME AUTHOR.

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## TUMOURS:

THEIR NATURE AND TREATMENT BY NEW REMEDIES, AND BY  
OPERATIONS DIFFERENT FROM THOSE USUALLY PERFORMED  
BY THE KNIFE OR CAUSTICS.

TO WHICH ARE ADDED,

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## PREFACE

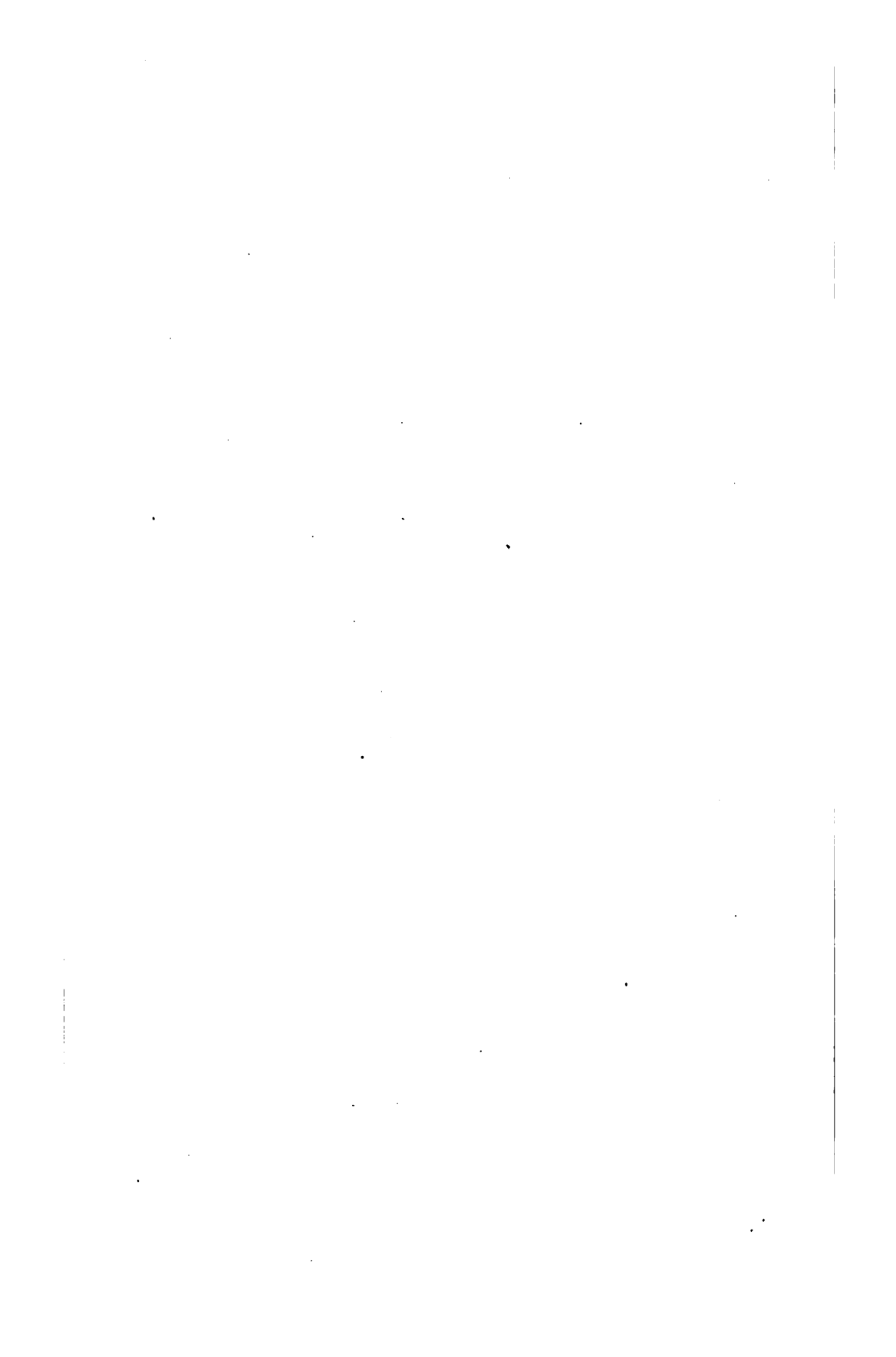
TO THE TENTH EDITION.

It is just two years ago since I published my first work on "Diseases peculiar to Women." Since this period I have met with many cases, proving to me that the original views I then advocated were correct. I have enlarged the present edition, introducing and extending my method of treatment to other forms of disease which I had not written upon before. The treatment and the remedies I employ are fully detailed; and I hope, for the sake of suffering woman, that many may be induced to test the treatment I advocate, and which has proved so eminently successful in my hands.

26, WELBECK STREET, CAVENDISH SQUARE,

*20th February, 1869.*





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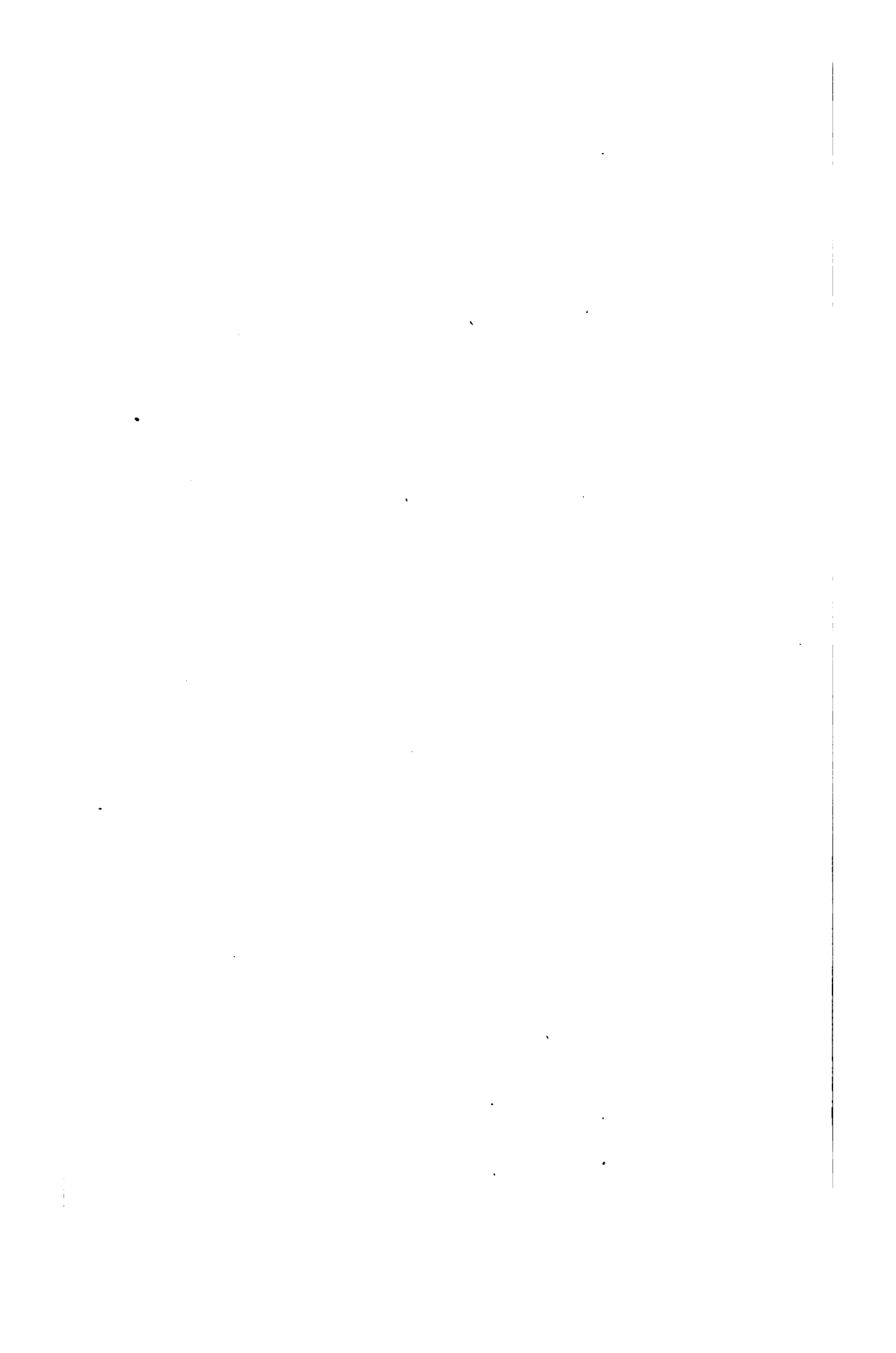
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# DISEASES PECULIAR TO WOMEN.

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DISEASES peculiar to women are those which affect the womb, the ovaries, the vagina, and the external organs of generation. Those affecting the womb are of two kinds—the *functional*, or those dependent upon derangement of the uterine functions; and the *organic*, or those in which the organ itself is involved.

I shall, in the first instance, proceed to treat upon *functional diseases*, or diseases owing to the derangement of one or more of the functions of the womb.

In the healthy female a periodical discharge takes place once in the lunar month, generally first occurring about the age of fourteen or sixteen years, and terminating from forty to fifty-five years of age. Amongst the profession it is known by the name of the *catamenia*. No female between the ages of sixteen and forty years of age can be said to enjoy good health unless this discharge takes place with regularity, is sufficient in quantity (from four to six ounces), and lasts a proper length of time (from three to six days). When the discharge suddenly

ceases between the ages mentioned, or continues longer, or occurs more frequently, than every lunar month, or is accompanied with much pain and suffering, then we say there is functional disease of menstruation.

Before entering upon this subject, it will be necessary to explain the nature of menstruation.

### MENSTRUATION.

“Normal menstruation is a flow of a coloured fluid like blood, appearing regularly once every four weeks, or lunar month, and continuing from three to six days.” In the normal condition it is of a dark bloody hue, and unattended with pain or suffering. This discharge consists of blood effused from the inner surface of the womb, mixed with mucus from the uterus, vagina, and the external parts. Being diluted by this, the menstrual fluid seldom coagulates, more especially if acidity exist in the vaginal mucus. From the regularity with which it appears every lunar month, it was supposed that the moon had some specific effect in regulating this discharge, as it does in cases of the tide or lunacy. The fallacy of this is proved by the fact that thousands of women daily are menstruating in this great city: otherwise, if the moon had any specific influence, all would menstruate at the same time.

Previous to the last thirty or forty years menstruation was but very imperfectly understood; and, indeed, it is only in comparatively recent times that its causes have been satisfactorily explained. It is

now considered that "Omne vivum ex ovo" (all life proceeds from an egg, or cell) is the universal law of reproduction, this being visible not only in the vegetable, but also in the animal kingdom; for it has been ascertained that every animal, as well as each plant, that comes into existence is provided with organs for the evolution of germs or cells. To this law the human race forms no exception, the organs in the female being denominated the ovaries. These are two in number, each being attached to an angle of the womb on either side, by a ligament about an inch or rather more in length. Of course, being attached by so short a ligament, their position varies with the position of the womb. The functions of the ovaries, as their name imports (*ovum*, an egg), are to mature and deposit ova, or eggs (which contain the germs), once in every twenty-eight days; and this is done, in the healthy female, with great regularity. During the maturation and discharging the ovum into the canal (Fallopian tube) which conducts it into the womb, the whole vascular apparatus of the generative organs is congested, and appears as if inflamed. This local congestion increases, until a bloody fluid discharge ensues, which exudes from the vessels in the inner surface of the womb, relieving the engorgement, and producing the outward signs of menstruation.

The whole act of menstruation, then, consists in discharging an ovum, which, when not impregnated, is washed away by an exudation of blood from the congested inner surface of the womb.

Such is the simple and satisfactory explanation of the cause of menstruation, on the regular recurrence



of which the happiness and comfort of the adult female depends; for if this law of nature be interfered with, or its course arrested, great suffering and misery ensue, followed, in not a few cases, by hysteria, insanity, or death.

I will now proceed to consider those diseases arising from abnormal menstruation, which may be divided, for convenience, into three classes:—

I. AMENORRHOEA, or absence of the menstrual flow, arising either from malformation, obstruction, or from suppression of the flow after having been once established.

II. DYSMENORRHOEA, or painful flow.

III. MENORRHAGIA, or profuse menstruation.

### I. AMENORRHOEA.

Amenorrhœa is the term given to absence of the monthly flow at the time when, in the ordinary course of nature, this periodic discharge from the womb should take place. It may be divided into two classes: 1st, complete retention, the menses never having made their appearance; and, 2nd, suppression, after they have occurred with regularity.

The first may be owing to imperfect formation of the generative organs; thus, the womb may be normal, but the ovaries may be wanting or diseased, or *vice versâ*. The ovaries may be perfect in every respect, but the womb itself may be incompletely developed; the canal in the cervix or neck may be obstructed, or the mouth of the womb firmly closed; or, as has been known in some cases,

both ovaries and womb may be altogether wanting. Again, the passage, or vagina, may be closed or narrowed by adhesion of its walls, be only partially open, obstructed by false membrane, or even absent altogether.

When this defect is traceable to causes affecting the ovaries, while the rest of the body seems well developed, the characteristic marks of the sexes are absent, and menstruation is not even attempted. When the fault lies in the womb, however, the attempt is made, though no discharge results, and those marks I have referred to, are sufficiently distinct. In the case of obstruction, the menses may be duly secreted, but retained in the womb or the passage, giving rise to serious mischief from over-distension, unless speedily relieved.

Absence, after the discharge has been well established, is known as "suppression of the menses." This, I believe, is by far the more frequent form of amenorrhœa. I have met with but comparatively few cases arising from malformation. Suppression may be caused by many circumstances—as inflammation of the womb or ovaries, or more frequently it is brought about by carelessness, but in some cases with deliberate intention, as by sitting with wet feet, standing in draughts when heated, &c. Two cases have come under my notice in which the flow was suddenly checked by two young ladies deliberately putting their feet into cold water, in order that they might join some party of pleasure. Both paid a fearful price for their folly. One fell into bad health and died within the year; the other was a sufferer for many months. I have occasion-

ally met with her, but she has never recovered her former health. Sudden fright during the flow may stop them, as the following case proves :—

Mrs. —, aged 41, was always periodically regular. One day in July, 1864, in getting out of a railway carriage on the South-Eastern Railway, the train suddenly moved, and she fell on the platform; it was the second day of the flow. She was much frightened; the flow suddenly ceased. I saw her about nine months after this; at the time she complained of fulness about the head, pain in the chest, and lower parts of the body. I put her under *Nux vomica*, *pulsatilla*, *Macrotys racemosa*, and in about three weeks the catamenia were re-established, and I believe she is now quite regular.

In these cases, when an attempt at menstruation is made, at each usual period, the patient generally complains of a feeling of lassitude, with a strong aversion to physical or mental exertion. The countenance becomes pale, the skin discoloured, and the general appearance flabby and swollen. The pulse is small and frequent, and the bowels are irregular. Headache occurs, with a sensation of fulness, and buzzing in the ears; the appetite is capricious, longing for vinegar, chalk, and even cinders, while sickness, vomiting, and hysteria are of frequent occurrence. The general health also declines, and chlorosis, or the green sickness, consumption, epilepsy, insanity, and death are the frequent terminations of amenorrhœa, especially when it has been induced by carelessness, exposure to draughts, wet feet, or bathing in cold water to arrest the menstrual flow.

I shall now consider the treatment for these varieties of amenorrhœa. Of course in the first, where there is manifestly a complete absence of both

womb and ovaries, nothing can be attempted; and when the mouth of the womb is occluded, or there is a positive obstruction in the passage, surgical assistance to open one may be absolutely required. But in cases where the non-appearance of the menses is entirely due to functional derangement of the ovaries, or inaction, medical aid, properly so called, may be of great utility.

AMENORRHEA CAUSED BY MECHANICAL OBSTRUCTION  
TO ITS FLOW.

Mechanical obstruction to the menstrual flow is of more frequent occurrence than is generally supposed. These causes of obstruction are generally met with under four different forms: (1) Where the os (or mouth) is covered with a strong fibrous membrane; (2) Those cases where the vagina, having formed adhesions, is glued together, or partially obliterated; (3) From malformation of the parts; and (4) Occlusion of the os uteri, generally the result of inflammation.

1. *Obstruction to the Menstrual Flow, caused by a  
Membrane covering the Os Uteri.*

Fortunately these cases are seldom met with, and then only in the young. Constitutional symptoms are alarming,—swelling and fulness in the lower part of the abdomen, enlargement of, and pain in the breast, intense headache, flushed countenance, fever, hysteria, mania, and death. The first thing to be done in these terrible cases is “to make an opening through the barrier and give an exit to the pent-up fluid.” The operation is simple, very simple,

but not unattended with imminent danger. Fortunately, I have met with but few of these serious cases. In all I have at once divided the membrane by introducing, guarded by the index finger of my left hand, a peculiar-shaped bistoury—straight, blunt, and rounded on its edges, but with a square cutting point. This I gently press against the tense swollen membrane, through which it speedily makes an opening, allowing an immediate flow of dark grumous fluid. I allow only a portion of the accumulated discharge to escape at first, by plugging the aperture. My reason for doing so is, that this seemingly simple operation is always attended with imminent danger—arising, as I believe, from allowing a long-accumulated discharge suddenly to escape. The abdomen must be carefully supported by a proper bandage, and great attention must be paid to all constitutional symptoms that may arise; for, simple as the merely making an opening through a membrane may appear, it is attended with much more danger than in many of the seemingly more serious operations.

Sometimes the hymen (a fold of the mucous membrane lining the vagina) is imperforate, thereby arresting the catamenial flow. If relief be not speedily afforded, very serious constitutional disturbances will arise. In these cases I make a crucial incision through the membrane, giving exit to the pent-up fluid. Great attention (even in this seemingly trifling operation) should be paid to the general health, otherwise serious symptoms may arise. I may here remark that in cases where I make an opening to evacuate fluid, I invariably

support the parts, if possible, by means of equable pressure, from bandages. This in all cases is most important.

2. *Obstruction to the Menstrual Flow, caused by the Vaginal Walls being glued together, or, having formed Adhesions, the Passage is either completely or in a great measure obliterated.*

Amenorrhœa from this cause is seldom met with. It may arise from any irritation that sets up sufficient inflammation to produce adhesion of the walls of the vagina, as acute inflammation and destruction of the lining mucous membrane. (No mucous membranes, however great the inflammation may be, can adhere to each other; it is only after the mucous membrane has been destroyed, that adhesions can take place.) This may be caused by the long-continued pressure of the head of the fœtus in the vagina during protracted labour, giving rise to suppuration, or from disease. It is seldom met with in the virgin. It is generally the result of acute inflammation. I believe one or two cases are described by writers in which these adhesions had existed from birth. I have never met with such a case. All those I have seen have been produced by inflammatory action. In this difficulty the surgeon has only one thing to do, and that is to open the passage, carefully dividing the adhesions, and, when divided, keeping them apart by lint saturated in a solution of carbolic acid or oil. This operation, though requiring a skilful hand, care, and patience, is, when compared with the seemingly more trifling operation of dividing the membrane covering the

os uteri, unattended with danger; for, with common care and prudence in performing the operation, and in the after-treatment of the patient, the results are always most satisfactory. There is a frequent form of obstruction met with by occlusion of the os uteri, thereby preventing the menstrual flow; but, as this form of obstruction is seldom primary, but the sequence to inflammation, I shall consider it fully when treating upon Dysmenorrhœa, or painful menstruation.

3. *Malformation of the Parts (although the Organs may be intact and normal in themselves) may cause Obstruction to the Menstrual Flow.*

The forms of malformation of the uterine organs are many. It is neither necessary nor expedient to discuss them in these pages. I will, therefore, only quote one case from my note-book.

In the Spring-time of 1861, a gentleman whom I had previously treated successfully for cancer brought his wife to me, stating that he thought something was wrong, but he did not exactly know what. They had been married some four years, and, although the lady enjoyed good health, yet the flow came away slowly, lasting a long time, and generally towards the close offensive. On examination, at first I could find no womb, the passage terminating in a *cul de sac*. I soon, however, felt the womb through the anterior wall of the vagina, and on further examination I discovered a small opening not large enough to admit a quill, ascending upwards and forwards, immediately behind the symphysis pubis. This opening was dilated by means of sponges, and when sufficiently large to admit a finger, I found the womb quite normal, healthy, and at the end of this narrow canal.

Her husband placed her under my care, and I dilated the passage with some success, and although it was dilated to a natural size, yet contraction in the course of a few weeks always

took place. So at last, to avoid this constantly recurring difficulty, I divided the posterior wall, and filled the passage with oiled cotton wool. The incisions rapidly healed, no contraction followed, and I had the pleasure of sending the lady home quite well.

When no mechanical difficulty is present, many remedies have been prescribed, with the hope of establishing the flow; but the first object of the physician should be to improve the general health, and to excite the uterine functions to action.

There are two states in which amenorrhœa is found; or perhaps, more properly speaking, amenorrhœa gives rise to two different classes of symptoms—one of *anæmia*, and the other of *plethora*. In the first, the health rapidly fails, the pulse is feeble, the skin cold and clammy, the face pale and colourless, and the signs of puberty appear slowly and imperfectly; and seldom has the poor girl strength to pass through the transition stage from childhood to womanhood, often dying from rapid consumption. In the second form, the *plethoric*, the change in figure is rapid; the body speedily assumes the form of womanhood, the girl now suffers from flushing of the face, headache, back-ache, constipation, furred tongue, full beating pulse, but no menstrual discharge. The girl soon becomes a confirmed invalid; the powers of digestion fail, the appetite is gone, physical strength rapidly fails, the hitherto healthy face becomes yellow or greenish and pallid, and palpitation of the heart (owing to a diminution in the quantity and constituency of the blood) becomes painful and troublesome. In the first of these conditions, allopathic physicians differ greatly in the remedies they prescribe and the hygienic means to be enforced. In



this stage of decline, phthisis is frequently rapidly developed. A change of residence to a warmer climate, as Torquay, Madeira, or Mentone, is insisted upon. Some recommend the preparations of iron to be administered in these cases; but others, again, wisely condemn its use. Others recommend gentle aperients, as the watery extract of aloes. Horseback exercise, change of scene and air, have all been recommended in these cases. Again, some physicians, on the other hand, recommend generous diet, gentle exercise, accompanied with the preparations of iron or iodine, strychnine, and electricity.

The allopathic treatment of plethoric amenorrhœa is also more varied. Horseback exercise and cold shower-baths are among the hygienic remedies. Mercurials are insisted upon, to relieve the engorgement of the liver; bichloride of mercury (corrosive sublimate) in small doses, continued for several weeks, being highly recommended. If any symptoms should arise, indicating an attempt at menstruation, then exercise is to be discontinued; the patient is directed to keep very quiet, hip-baths of hot water, in which mustard has been mixed, are to be used night and morning, and nitrous ether, or spiritus juniperi, or gin, are to be administered. Others again recommend general and local blood-letting, at the time when the flow should appear, to be followed up with fasting, exercise, and purgatives.

The local treatment consists of stimulating injections into the vagina or uterus; leeches to the breast, or cupping-glasses; leeches to the mouth of the womb.

Much injury has been done to numbers of young

women by the enormous doses of iron given with the idea of improving the health by adding to the blood what it might seem deficient in; pounds of iron in this way have been "thrown in" to patients, until not only are the stools rendered black as ink, but the stomach, the liver, and spleen have been so irritated and damaged, as to add tenfold to the trouble of the patient, and leave but slender hope indeed of ultimate recovery.

The physicians of the homœopathic school treat these diseases differently. They endeavour to establish the flow, by administering those medicines that produce a direct action on the parts, at the same time paying attention to the general health.

The principal homœopathic remedies usually prescribed, where there is a total absence of the catamenia, are: puls., sepia, sulph.

In plethoric girls—Acon., bell., bry., plat., sabina, &c. In weak exhausted persons—Ars., chin., con. graph., iod., fer. acet., veratrum, merc., &c.

To these are added a nutritious diet, warm clothing, gentle exercise, and occupying the mind by light and pleasant work, so as to prevent it brooding on itself. In these cases I have had much success, in employing the new remedies recently introduced into the homœopathic materia medica, but many of which I have administered during the last twenty years with marked results.

Twenty-five years ago, when I was a strict allopath, my favourite and most successful remedy in treating suppression was a mixture of gum guaiacum, and carbonate of potash, introduced and first used by Dr. Dewees, a celebrated accoucheur, of

Philadelphia ; and although more generally effective than any other. allopathic remedy, yet, from the disgusting nature of the dose, causing derangement of the stomach and other difficulties, it has been given up, even by the old school. However, my mode of treating this form of amenorrhœa now is very different. In treating it, my first endeavour has been to discover the cause of the retention or suppression of the fluid ; if mechanical, then I endeavour, by operation, to remove the difficulty ; but, if from other causes, I direct my attention to relieve the exciting cause. As, for instance, it is necessary, for the successful treatment of the case, to ascertain whether the suppression be caused by inflammatory action, exposure to cold during the catamenia, or from wilfully checking them by putting the feet into cold water ; and after this knowledge is obtained, the treatment must again be varied by the symptoms that have arisen. In the stout and robust the symptoms are more alarming at the time than those usually found in the pallid and delicate. In the former I arrest inflammatory action by the internal use of aconite, or *Veratrum viride* 2/ $\mathcal{z}$ , and *podophyllum* 2/ $\mathcal{z}$ . If, as is almost always the case, pain is felt in the hypogastric region, I even order that the lower part of the abdomen be encircled with a bandage wet with a lotion of *Veratrum viride* and water, and covered with oiled silk ; if this does not produce relief, I direct a warm bath, of the temperature of about 90° to 95°, in which is mixed a teaspoonful of some of the alkaloid tinctures to each gallon of water. Of these tinctures, *Baptisia tinctoria*, *Macrotys race-*

mosa, *Podophyllum peltatum*, and *Veratrum viride* are the best. These medicines are also given by the mouth, according as symptoms arise, but in ordinary cases I generally find that a few doses of either the *macrotys* or *baptisia* are sufficient to re-establish the discharge, and, when these fail, I generally have recourse to *gossypium*, which in almost every case is successful.

I may here state a curious fact which I heard many years ago when travelling through the slave states of America, and that was, "that the root of the *Gossypium herbaceum*, the cotton plant, was such a powerful emmenagogue, that on very few plantations where the plant was cultivated were any children born, the fact being known to the poor slaves, who, when pregnant, made a decoction of the root, which never failed to produce miscarriage; and it is from this fact, although not generally known, that the cotton-growing states never raised enough of slave children to fill the vacancies caused by death or otherwise among the adults, but depended for their supply on the tobacco-growing states, as Virginia, Kentucky, &c."

On the other hand, when the weak and delicate suffer from suppression, then the symptoms are very different; a chlorotic state occurs—the countenance assumes a waxy greenish hue; dark circles form around the eyes; the lips become bloodless, and the poor sufferer generally sinks, seemingly through other complaints, although the primary cause is suppression of the periodic flow. In such cases I generally order *heloniadin*, *xanthoxylin*, *cerasin*, and *asclepiadin*, with nourishing diet,

gentle exercise, a liberal allowance of Hungarian wines, and give careful attention to the bowels; and when tone is given to the system, I then cautiously administer macrotidin or baptisin in such form as the case may demand. With a knowledge of these powerful new remedies the physicians of the present day might, with judgment in their application, render suppression one of the forgotten difficulties of a bygone age.

Before concluding this subject, I may again mention a form of retention that is so frequently met with. It occurs only in the young and among those from fifteen to twenty-five years of age. In these cases they suffer from the same symptoms that occur in suppression from exposure to wet and cold, with the exception that nature often makes an effort to relieve herself through the lungs, for frequently young women in this state suffer from hæmoptysis (bleeding from the lungs), which gives rise to much alarm to their friends, and certainly not a groundless feeling of fear; for if the womb, the original cause, be not looked to, and the treatment be directed exclusively to the lungs, then true phthisis or consumption sooner or later becomes developed. The experienced physician in such a case treats it as one of suppression of the menses from cold and exposure, and if so he will meet with success, and all pulmonary symptoms will speedily disappear. One remark I would here make, that no attempt at digital examination should be made in such cases, unless there are good grounds for supposing that the retention is caused by malformation, or occlusion of the os.

It would be easy for me to describe many cases from my note-book to illustrate the facts I advance, but in a popular work like this I wish to avoid filling my pages with dry cases. To avoid this I will only transcribe a case here and there, to illustrate my subject or theory as I go along.

Miss —, aged 23 years,

Came with her aunt, Miss —, to consult me in April, 1859, about a small simple tumour in her left breast. It had been there for some eighteen months, caused no pain, but, having heard so much lately about cancer, became alarmed, and she determined to consult me. She informed me "*that she had never menstruated,*" but that every two or three months she suffered from violent headaches, pain in the back and thighs, and that her breasts, especially the left one, always became enlarged, hard, and painful, during these attacks. She considered them as nothing more than common bilious attacks, as, to use her own words, she was always very bilious, (how fortunate it would be for some, if they had never known that there was such an organ as the liver, or such a thing as bile!), and that the lumps in her left breast had been left after one of these attacks; further, that she frequently spat up some blood, which she supposed to have been caused by vomiting, and after this she always soon got better. In this case the tumour in the breast was of secondary importance. I prescribed with the view of establishing the catamenia. I gave Nux vomica and pulsatilla without benefit; but after using *Macrotys racemosa* in small and repeated doses, in a short time, through God's blessing, they were established, and with a little care and precaution during the first few months, she became perfectly regular, and continued to enjoy good health. I saw this lady some two years ago, when she told me she could not find any lump in her breast then.

## II. DYSMENORRHŒA.

This term is applied to that state when, though the monthly flow may be regular, profuse, or scanty, it is always accompanied with a considerable amount of pain and suffering.

It may be divided into three varieties: (1) dysmenorrhœa from inflammation; (2) from neuralgia of the womb and ovaries; and (3) from obstruction or narrowing of the os, the result of previous inflammatory action.

1. *Dysmenorrhœa from Inflammation.*

This form of dysmenorrhœa occurs only in females of a full habit and sanguine temperament, in virgins as well as in married women. The attacks are preceded by restlessness, shiverings, flushing, and headache, and at the period are marked by some pain in the back, aching in the limbs, a feeling of heaviness in the lower part of the body, with a tendency to piles, weariness, inability to bear strong light or loud sounds, hot skin, and full rapid pulse. These painful symptoms generally commence and increase a few days before the flow comes on. At first the discharge is scanty, accompanied by much pain: as the discharge increases, the pain abates, but unless the flow is sufficient, the relief from suffering is only partial. The womb continues sore and painful during the whole of the menstrual period, and remains tender for some days afterwards. These symptoms are sometimes, but not always, relieved for the time by the occurrence of the menses, but recur at the next period with generally increasing severity. During the intervals the health is only slightly affected; there may, however, be headache and slight pain in the side, back, and loins.

In many cases of painful menstruation, caused by inflammation, the flow is not sufficient to relieve the

engorged vessels ; for frequently it continues only a few hours and then abruptly stops, and again reappears. It is generally intermixed with coagula, from the blood having been slowly poured into the uterine cavity and coagulated there, which in healthy menstruation never occurs ; for then the blood is freely poured into the vagina, where mixing with the acid mucus, coagulation becomes impossible. In most cases, fibrine in the form of shreds is mingled with the menstrual discharge, and in some few cases a membrane, the complete form of the, uterine cavity, is thrown off. In these cases the pains simulate those of abortion, and being accompanied by increased flow of blood, should render the attending physician very careful as to his diagnosis.

The most common exciting causes are exposure from cold (sometimes deliberate, as by bathing the feet in cold water), sudden fright, or violent mental emotion.

We find on examination during an attack that there is congestion of the womb, most frequently a swollen condition of the cervix, with increased heat of the parts, and always there is pain and swelling of the breasts.

#### TREATMENT.

In cases of inflammatory or congestive dysmenorrhœa, the allopathic school recommend cupping, leeching (leeches being applied to the cervix uteri, although admitted to be attended with no little pain and suffering), and scarification of the cervix. Ipecacuanha is given to produce nausea, and



nauseating draughts, and even tartar emetic, are prescribed. Purgatives are insisted upon; and croton-oil plaisters on the back and small blisters on the iliac regions are recommended. Truly, are not the remedies worse than the disease?

In these cases the physicians of the homœopathic school prescribe very differently. They prescribe rest, a nutritious but non-stimulating diet during the time of attack, and those remedies that will not only relieve the present suffering, but which are likely to prevent its return. They find that, by exhibiting acon., bell., cham., cocc., nux vom., plat., and puls., all these inflammatory and distressing pains can be relieved without the patient losing any blood (excepting from the restored flow), or submitting to any increased suffering.

The treatment I have lately adopted in dysmenorrhœa resulting from inflammatory action has been to arrest inflammation. For this purpose I have found the second decimal dilutions of *Veratrum viride*, alternated with the same dilution of *podophyllum*, most useful. When the pains in the lower parts of the abdomen are severe, a bandage, moistened in a watery solution of the *Veratrum viride*, applied tepid, and covered with oiled silk, relieves many of the more urgent symptoms. To establish the flow, no remedy, in the majority of cases, can be compared with *gossypium*. If fever should run high, *gelsemium* will then prove useful. A few repeated doses of these medicines are generally sufficient, especially if they are accompanied by the warm medicated bath; and if the painful symptoms do not speedily yield, the bath may be repeated

twice daily, but this is seldom necessary. The patient should immediately go to bed after each bath, as the diaphoretic effect should be encouraged as much as possible; and if care be not taken, a chill might occur, and serious consequences would arise from such a mishap. These medicated baths I have found of great use, not only in this form, but also in the neuralgic form of dysmenorrhœa. To these may be enjoined rest; in a word, the lady's bed-chamber is where she ought to be during the whole period of these abnormal cases. After inflammatory action has been subdued by the *Veratrum viride* and *podophyllum*, then *Xanthoxylum fraxineum*, *caulophyllin* (prepared from the *Caulophyllum thalictroides*) and *hamamelidin* (prepared from the *Hamamelis virginica*) are the most reliable medicines to be employed. I may here mention that in those cases where *xanthoxylum* fails to afford relief, the *hamamelidin* possesses a peculiar power, almost *sui generis*, in assuaging the pain caused by dysmenorrhœa, whether in its inflammatory or neuralgic phase. I mention this, as the *Hamamelis virginica*, from which it is extracted, possesses none of this property, acting mainly as a powerful and valuable styptic. Indeed, in a number of cases, I have warded off the periodical suffering without checking the flow by giving my patients repeated doses of the alkaloid a few days before the anticipated attack was expected. There is another point regarding dysmenorrhœa which I have never seen mentioned among modern authors, and that is its *regularity*. *It seldom fails to reappear on the twenty-eighth day.*

2. *Dysmenorrhœa, caused by Neuralgia of the Womb and Ovaries.*

This form of dysmenorrhœa is most frequently met with in the young and the unmarried, especially those in whom the catamenia appears late in life. In these cases the pain always precedes the period, increasing in intensity until the discharge is established, seldom ceasing entirely until the flow is over. In many cases the suffering is intense, accompanied with pains simulating those of labour, whilst the tenderness of the abdomen causes acute pain on the slightest touch, and simulates peritonitis. This neuralgic affection of the womb not only causes pain in the organ itself, but it is felt in the more distant parts of the body. The digestive organs are disturbed; sickness and vomiting occur, with intense headache (confined in most cases to one side of the head), while hysteria and hysterical mania are often the results of this form of painful menstruation.

Not unfrequently neuralgic dysmenorrhœa is met with in the unmarried woman over the age of thirty, and in the married who have not borne children, produced generally by cold and exposure. In these cases the patients are usually of a nervous, irritable, and hysterical temperament, and thin, spare habit of body. We find the symptoms somewhat different; a sense of general uneasiness, cold feeling in the deep-seated parts, and headache. The pain in the back commences in the lowest part of the spine or sacral regions, and thence extends round the abdomen and down the thighs. The discharge is slow and scanty, or comes forth in gushes, paler than

natural, and occasionally either mixed with clots, or containing shreds of membrane, which are shed from the cavity of the uterus.

The pulse is very little above the natural standard, and the general condition of the patient only slightly altered, if at all. An internal examination reveals nothing abnormal, and therefore the origin of the evil seems to lie in some irritable condition of the nerves of the womb or the ovaries, which cold, sudden shock, or mental emotions, have excited into neuralgia.

#### TREATMENT.

This, which should be soothing and restorative, is sought to be obtained by allopathic practitioners in the frequent use of various forms of opiates, draughts of compounds of ether and steel wine, ammonia, camphor mixture, blisters to the sacral region, or even caustic issues.

Homœopathy seeks to restore the tone of the nerves, and relieve any latent inflammatory condition of the womb or ovaries, by medicines which, in very minute doses, have a special power of acting upon the nervous tissue, and studiously avoids opiates, as tending to benumb the nervous sensibility to pain, at the expense of future power, while they leave the cause of that suffering untouched.

The remedies usually prescribed by homœopaths are belladonna, coffea, cocculus, Veratrum album, chamomilla, nux vom., pulsatilla, secale, &c. To these, between the periods, exercise in the open air is enforced, and cold or tepid baths; in a word, all hygienic means that tend to restore the former

strength, and to give tone to the constitution. The treatment I have adopted in this form of disease is, between the periods, to build up the constitution of my patient by moderate exercise, ablutions daily, in cold water, to be discontinued the third day previous to the expected flow; friction of the body with coarse towels, an airy chamber, and not too luxurious or soft couch, early hours, nutritious, but a non-stimulating diet. The only stimulant to be one of the Hungarian wines (mentioned at p. 225 in my work "On Tumours") mixed with equal parts of water. Great attention during this period should be paid to the digestive organs and the state of the bowels. The latter are easily regulated by pilules either of leptandrine or juglandine. Two or three days before the expected period I usually prescribe the *Actæa racemosa*, alternated with *Baptisia tinctoria*, both either of the second or third decimal dilution. If the pain is very great, I often substitute the *Mitchella repens* or hamamelin (not *Hamamelis virginica*; for the action of the alkaloid and the mother preparation is totally different): *caulophyllum* and *Hedeoma pulegioides* (the American pennyroyal) in many cases are of great benefit. Judiciously prescribing these remedies, and watching the effects produced, will in almost every case speedily relieve the sufferers from this painful periodical affection.

3. *Dysmenorrhœa from Obstruction or Narrowing of the Os, the result of previous Inflammatory Action.*

Many distinguished writers maintain that this form of dysmenorrhœa is of rare occurrence. My

experience has been very exceptional to theirs, for within the last twelve months I have had twenty-three cases, proving that it is not an unusual form of disease. In the majority of cases this form of obstruction is caused by inflammatory action. The os in early youth is seldom found to be entirely occluded. I have met with it in one case, in which the patient was forty-two years of age; previously she had menstruated with ease, but, after a severe attack of inflammation of the womb, the obstruction took place.

The symptoms in these cases are very severe and alarming. For some three or four days previous to the discharge there is a sense of great uneasiness, a deep-seated feeling of coldness; frequently chills, followed by flushes of heat, headache, and back-ache. The pain usually commences in the lower portion of the back, extending around the lower portion of the body, and down the legs and thighs. The suffering is very severe, the bearing-down feeling closely resembles that of labour; the whole contents of the pelvis feel as if they would be forced out; great restlessness takes place; the patient cannot lie still, but often rolls about in agony, pressing on the bowels. These symptoms are usually accompanied by retching sickness and nausea; they continue, in a greater or less degree, until relieved by the flow, which at first appears very slowly and then often in gushes. The cause of the agony I believe to be the collection of the menstrual fluid in the cavity of the womb. Finding no exit, the walls of the womb are distended until the pressure of the fluid forces a passage for itself, the discharge being usually mixed

with clots of blood. This blood flows in the first instance into the cavity of the womb, becomes coagulated, but the rest being mixed with the acid mucous exudations from the vagina, are prevented from becoming consolidated. In such a state of disease most persons would think the only consistent course of cure would be to restore the closed passage to its normal state; such, however, is not the opinion of many leading physicians; they prefer having recourse to leeching, cupping, warm hip-baths, mixed with mustard; tartar emetic, ipecacuanha, mercurials, and narcotics are administered. Others again, with clearer diagnostic powers, proceed to dilate the occluded orifice. Some employ bougies of different sizes. Sir James Simpson, of Edinburgh, invented bougies made from two different metals, so as to produce some galvanic action in the closed orifice. Instruments like speculums, which can be gradually opened, have had their advocates; these, however, in themselves are radically wrong and unphilosophical; for, if a bougie can be introduced into an orifice that when normal will not admit anything larger than a crow-quill, what necessity is there for dilating an os which is already open? I have treated cases where the os has been completely closed; and my operation for relief has been remarkably successful. In such a case it is absolutely necessary to bring the patient under complete anæsthesia, either by ether, chloroform, nitrous oxide gas, or the tetrachloride of carbon. The cervix is then exposed, and the situation of the occluded os is seen by the depression on the cervix. By gentle pressure, an instrument shaped like a probe, concealing two small slender

knives, is carefully forced through the adhesions caused by former inflammation, its passage being known by its entrance into the cavity of the womb. This instrument is constructed in such a manner, that, in the act of withdrawal, the slender knives are exposed, which make a free incision in the course of the os into the cervix. This is done rapidly, and is unattended by danger or suffering, and makes a sufficient and permanent opening, such as would require months of daily painful insertion of bougies, whether galvanic or not, to effect. In all cases (and these have not been few) in which I have adopted this safe mode of operation, the success has been marked and permanent. I may, however, remark that it should not be performed during the period; the best time being a week after the flow; the patient is generally quite well, and able to travel in about ten days after the operation; and, in all my cases, my patients have had none of the painful symptoms accompanying their subsequent periods.

In illustration, I will quote two or three cases from my note-book.

Miss —, aged 24 years.

This young lady consulted me on the 12th September, 1867. She menstruated at the age of 14 years, and experienced no trouble at the periods, until two years ago, when living in the country, she visited a friend at some little distance, when snow was on the ground, and sat with wet feet for some time before returning home. At this time the flow had just commenced; that afternoon it suddenly stopped, and for some time afterwards she was seriously ill. Ever since then the period has been accompanied with excruciating agony, generally for four or five days before its appearance. She had taken a great deal of



medicine, but nothing had done her any good. Her sufferings monthly were intense. On examination, I discovered the os to be occluded, and recommended an operation. On consulting her friends, she consented. On the 30th September I operated, and on the 8th of October she returned home quite well. I have frequently heard from this lady, and since the operation she has had no return of pain or suffering, either before or during the periodical flow.

Miss —, aged 27 years.

I have known this young lady and her family for several years. She is very delicate and hysterical; suffered intensely before the catamenia, and was only relieved by the occurrence of the flow, and even not then until a considerable portion was lost. At my recommendation she submitted to an operation on the 1st January, 1868. The os was freely divided, everything went on well, and on the 11th of January she returned home well. I have seen the lady frequently since, and she has had no return of her painful symptoms.

Miss —, aged 24 years.

This young lady is a native of Melbourne, Australia. She called on me on the 3rd June last (1868), and stated that she had enjoyed good health until eighteen months before, when she had suffered from inflammation of the womb; since then every period had been accompanied with intense agonizing suffering until the flow set in. She had been under the care of some of the principal physicians of Melbourne, but had experienced no relief. Having heard of my treatment in these diseases, with the consent of her family, she came over to England and placed herself under my care. On examination, I found the os to be occluded. I operated on the 9th June, 1868, and by the 23rd she was well enough to leave London and to travel through England and Scotland. This autumn the lady returned to Australia quite well, for every periodical flow, which have occurred regularly since, the menstruation has passed off naturally, and unaccompanied by either suffering or any other abnormal symptoms.

Surely these cases are sufficient. I could easily transcribe twenty or thirty such operated upon within the last eighteen months, but it would be only a repetition of the same story. When occlusion of

the os of the womb occurs, through inflammation or from other causes, the proper treatment is freely to divide and open it, so as to prevent any recurrence of disease.

Having treated amenorrhœa and dysmenorrhœa, I shall now proceed to discuss the third and last form of menstrual disease treated in this work—menorrhagia, or profuse menstruation.

### III. MENORRHAGIA, OR EXCESSIVE MENSTRUATION.

This term is applied to a profuse and excessive flow at the monthly period, sometimes accompanied with pure blood, and sometimes not. Excessive menstruation may be of three kinds: the return of the menses may be too frequent, or they may be too copious from constitutional disorder, &c., &c., or at unusual periods. In the normal state the quantity of blood discharged at each menstrual period varies in different individuals. In London the average quantity in healthy women is about five ounces, but in some healthy persons the discharge does not amount to more than two or three ounces; in others equally healthy, it reaches as high as six or eight. Menorrhagia may be dependent on two sources—affection of the uterine system, or constitutional disorder.

In the first of these, menorrhagia occasioned by causes acting directly on the uterus, we frequently find it resulting from sudden fright or mental emotion, while another fertile cause is found in undue sexual excitement. Miscarriage, over-fatigue too soon after delivery, ulceration of the cervix, dis-

placement or congestion of the womb, all tend to produce menorrhagia; but it should be borne in mind that I do not refer to fibroid tumours, cancer, or polypus, which produce, sooner or later, not merely menorrhagia, but flooding from the womb. To these causes may be added a hereditary predisposition to uterine hemorrhage, induced by too frequent child-bearing, miscarriages, undue lactation, &c.

In the second of these causes, (those dependent on constitutional disorders,) when the blood is thinned from the effects of other diseases, as degeneration of the kidneys, and especially in albuminaria, constipation, sluggish action of the liver, or undue lactation, menorrhagia is produced.

In addition to these causes may be mentioned those of over-exertion, lifting heavy weights, running, dancing, riding on horseback, and drastic and irritating purgatives.

Menorrhagia is most frequently met with in the married female, and, as before stated, in many cases is owing to too rapid child-bearing. However, it is not unfrequently met with in the childless. The discharge is frequently accompanied with coagula of fibrine, giving rise in their passage to much pain. These two forms may occur at any age during the menstrual period; but perhaps the most serious form of menorrhagia occurs at the change of life. The discharge then often amounts to a flooding, being composed of blood, besides the catamenia or menstrual fluid, and sometimes lasting for months at a time; in these cases some disease of the womb itself may be suspected. In all, this unnatural discharge is accompanied by feelings of exhaustion,

inability, or disinclination to move, weakness across the back and loins, chills, palpitation of the heart, giddiness, and throbbing head-aches, diarrhœa, dropsy, &c.

#### TREATMENT.

The first step in treating menorrhagia is to ascertain whether the attack is dependent on constitutional disturbance, or, as is most frequently the case, from some affection of the uterine system. If owing to the former, then attention must be directed to remove the exciting cause. If owing to the latter cause, then the first step to be taken is to arrest the exhausting discharge. This can only be done after a proper examination to ascertain the cause of difficulty: generally speaking, we find either the os (mouth) open, or the womb, or its neck, enlarged, or a displacement of the organ, probably caused by the presence of a morbid growth. The treatment must of course depend upon what condition the organ may be in; and this can only be ascertained by examination.

The practice of the old school for menorrhagia is strictly antiphlogistic; saline purgatives, sugar of lead and opium, ergot of rye, were all administered—with what success the gentlemen who use them alone can tell.\* The homœopathic remedies are numerous, and, to be successful, require care and

\* I hear that an infusion of digitalis is at present the fashionable remedy for menorrhagia: it is given in repeated doses until giddiness and other symptoms of poisoning become developed. Its advocates admit it is not a specific, and as its use must be attended with imminent danger, probably it will soon be discontinued.

discrimination in their administration. I have both practised allopathically and homœopathically, and I find that it requires much more judgment and observation to be a successful homœopath than it does in prescribing the good old-fashioned doses of the allopath. Acon., phos., plat., sec., sab., ign., &c., &c., are among the most useful.

It may not be out of place here to make a few remarks on the proper manner of making examinations of the womb. It may seem strange to non-professional readers when I tell them that I have met with few men in the profession who know, or rather seem to care, how to make these examinations in the cases of delicate females. The first object to a refined mind is to avoid, in every case, any exposure of the person. This is easily done. Secondly, the examination, in every case, should, in the first instance, be digital, and not until after this should an instrument be used, and then only if absolutely necessary. This is most important, for in malignant diseases especially, we are not aware how far the vagina may be filled with morbid growths; and I have seen much injury inflicted, and violent floodings result from the rash introduction of the speculum.

Digital examination, then, ought always to be employed to ascertain if there be any impediment in the way of the introduction of the instrument; if the slightest pain be caused by this mode of examination, it should be at once relinquished for some time, until the parts are soothed by proper treatment. When no impediment exists to the use of the speculum, then only one of a proper size, and of a

form adapted to the case, should be employed, not using one instrument for every case. If this be properly done, neither pain, irritation, nor the exposure so terrible to the refined mind need be occasioned.

If we find the excessive flow is owing to a want of contractile power, the proper remedies to be used are those which give tone and strength to the parts. In these cases heloniadin is a most valuable agent; caulophyllin, especially if the flooding be great, is also of much use, and the *Hamamelis virginica* may be beneficially used as an injection. In restoring the strength, after these exhausting drains, I find *asclepias* to be one of our best blood-makers, with a liberal allowance of the pure Hungarian Carlowitz.\* Menorrhagia, unlike dysmenorrhœa, is very irregular; seldom does it occur at the lunar month, but more frequently every third, or even every second, week. Again, its course is seldom prolonged beyond five or six days, but sometimes for as many weeks; for the sufferer never recovers from the effects of the draining discharge before another period commences; her strength rapidly fails, she is literally bloodless, and sooner or later dropsical effusion takes place. In 1858, I was called into consultation by a distinguished physician to see one of his patients, a lady at the West-end. When I saw her, she was almost exsanguinated—

\* These wines have become so well known to the medical profession and to their patients, that many spurious ones under the name of Carlowitz have been introduced into the market. I would advise all who require them to obtain them direct from the original importer, Max Greger, Esq., 7, Mincing Lane, London, E.C.

she could scarcely move without a gush of blood, during the discharge, which lasted from ten to twelve days, and always recurred from eight to ten days after its stoppage, and there was therefore no time for nature to recover her normal power. This sad state of affairs had been going on for about nine months, and from being a strong and healthy woman, she was reduced to the weakness of a child, the blood pouring from her on the slightest movement. In such a case I recommended plugging the passage with cotton-wool saturated in the tincture of *Hamamelis virginica*. This with the consent of my friend I did, and ordered arsenicum and Carbo v., also strong beef-tea and champagne. Next day we found her rather stronger, no discharge, but complaining of uneasiness from the plug. We did not consider it safe to remove it until the following day, which I did without any recurrence of hemorrhage. The same medicines and diet, with perfect rest, were enjoined, and an injection of the infusion of *Hamamelis virginica* was ordered to be thrown up the vagina night and morning. In a week the lady was able to sit up; on the ninth day the flux again reappeared. Rest on a hard mattress was ordered, with injections of the *Hamamelis v.*, the same being administered internally every three hours. On the fourth day the discharge ceased. On examination nothing abnormal could be observed, except that the os was rather more dilated than usual. The injections were continued once a day. It was nearly five weeks after the second attack before the flux reappeared, and as the lady at that time was fifty-four years of age, I had no hesitation

in recommending it to be immediately arrested. This lady, through the Lord's blessing, soon recovered her health, and at the present time is quite well, and enjoying uninterrupted health, although over sixty-two years of age.

Since that time (1858) I have had several serious cases of flooding, in which the means usually employed were insufficient to arrest the discharge; in these cases I injected not merely the vagina, but the cavity of the womb itself, with a strong solution of the persulphate of iron, and in every case with good results and permanent benefit.

Again, a frequent cause of menorrhagia is ulceration of the cervix, either of a simple or of a malignant character. This form of menorrhagia will be discussed when I write on ulceration, as also that caused by polypus or tumour in the cavity of the womb. It is needless to insist that the health and strength of the patient must be supported by nourishing food, proper stimulants, and rest. Indeed, all persons suffering from menorrhagia should be kept as quiet as possible; above all things carriage exercise, and more especially railway travelling, should be avoided, for there is something in the peculiar jerking, shaking motion of a railway, even in the most comfortable carriages, which frequently causes this discharge, more especially in those cases complicated with malignant disease or tumours.

Some years ago a lady having malignant ulceration of the womb, and suffering from menorrhagia amounting to flooding, attempted to come up from Yorkshire to see me. She had not travelled many miles ere copious flooding ensued, and she



had to be removed at the next station, where she remained nearly a month before she could be conveyed home by road in her own carriage.

The patient should not be allowed to remain all day in bed (which should never be too soft, a good hair-mattress over a feather-bed is the best), but be removed in forenoon for the remainder of the day to a couch in her chamber. This should be done even during the flow; she should not be allowed to put her foot to the ground, but should be carried from her bed to the sofa, as sometimes, these parts are so relaxed, the slightest movement not only causes an increased flow, but even displacement of the organ itself.

#### CESSATION OF THE MENSES: CHANGE.

The final cessation of the menstrual flow is viewed, and correctly so, as the most critical period of a woman's life. It usually takes place during the time between the forty-first and fifty-fifth year; this, however, is not always so. I have known one case where the flow finally ceased at twenty-nine years of age, while in another case it continued till the age of sixty-one. Forty-five years of age, however, is the average when the menses finally cease. This event is properly considered the critical period of woman: for if the germs of other diseases should lurk in the system, they are pretty certain to become developed shortly after this time; for instance, consumption, the various forms of fibroid, painful or malignant tumours, and hydatids, especially those of the ovaries, provided they existed in an incipient stage, previous to the change. If here-

ditary, scrofulous and tubercular diseases may develop themselves; even ramollissement of an organ may take place, especially that of the brain.

This, however, does not always occur; for in many cases women pass quietly, and without difficulty through this great change. It should, notwithstanding, be carefully watched, especially in those in whom any taint of hereditary disease may exist, and every untoward symptom at once combated. It will thus be seen how important it is during this period, that every unpleasant and unusual symptom be promptly communicated to an able and confidential physician, who may then direct such a course of treatment as shall avert, future years of misery or enfeebled health, or even death itself.

When the cessation of the menses occur naturally, the discharge generally becomes less at each succeeding periodical flow, which takes place irregularly, sometimes only appearing every second or third month; then total cessation for four, five, six, or even nine months, until it disappears altogether. This, however, is not always the case; for in some few instances the discharge occurs more frequently than usual, sometimes for a time, every two or three weeks.

This change is seldom sudden; as a rule it occupies from nine to eighteen months. In the majority of cases these symptoms are attended with more or less constitutional disturbances, as headache, bilious disturbances, indigestion, constipation; at times, even diarrhoea, pains in the back, pruritis, piles, pains in the loins and limbs, swelling of the feet, and feeling of great weakness, swelling of the abdomen,

flatulence, pallor, palpitation of the heart, hysteria, &c. These symptoms require the constant care and watchful attention of a skilled physician. In such cases the old school of treatment depends in a great measure in trying to substitute a discharge, which nature, in her own judicious way, is attempting to stop. Is this wise? Drastic purgatives, leeching, cupping, and in some cases even venesection, are some of the means usually employed. Tartar emetic, ipecacuanha, and similar remedies are also freely administered. The homœopathic school, in my opinion, use more judicious means, not in attempting to undo that which nature has begun, but to assist her laws in their course. These remedies are usually pulsatilla, lachesis, ignatia, sulphur, bryonia, at the same time giving great attention to diet, &c. In addition to these remedies I have used with success the *Polygonum punctatum* and the *Mitchella repens*. *Gelsemium*, *Lobelia inflata*, *Podophyllum peltatum*, *Veratrum viride*, &c. produce remarkably good results. To these must be added a strict hygienic treatment, as suitable dress, varying with the temperature, exercise in the open air daily, nutritious but non-stimulating diet, with a watchful eye, meeting every symptom that may appear by appropriate remedies. By these means, under God's blessing, this critical and dangerous period may be passed in safety even by those in whom malignant hereditary taint may lurk.

I now proceed to treat upon the second division of diseases affecting the womb—those which are *organic*, or diseases which involve the womb itself.

It would be out of place here to say anything of metritis, or inflammation of this organ depending upon parturition, or undue sexual excitement, nor shall I in this book consider acute inflammation, as this small work is intended to direct the patient, rather than the physician in the treatment of uterine disease.

*A frequent form of Congestion of the Womb.*

This peculiar and (as far as I have examined medical works), unnamed form of congestion is often met with in women suffering from some chronic form of uterine disease. It is usually developed about the fourteenth day, or midway between the periods, although it is liable to occur at any time from over-fatigue, mental anxiety, or similar causes. The symptom in these cases is a dull, aching pain in the lower portion of the abdomen, more especially in one of the iliac regions, more frequently the left, causing great uneasiness, but relieved in a measure by pressure. There is also a feeling of weight or pressure on the bladder, from the increased size of the congested womb, giving rise to frequent desire to pass water. This inflammatory action extends to the cervix, or neck of the organ, which, being covered with a mucous membrane, gives rise to a white, thick, matter-like discharge, accompanied with a sense of heat, loss of appetite, nausea, and great mental despondency. These symptoms, if not speedily relieved, are the precursors of more serious mischief, the first of which is generally prolapsus, or displacement of the womb, owing to its increased weight from the accumulation and determination of blood to these parts, and from

the vaginal walls being relaxed by the continued discharge. In these cases I have found the first or second decimal of Podophyllum alternated with the same dilution of Veratrum viride invaluable. A compress, dipped in a dilution of the Veratrum viride is always useful. The cervix and vagina having become implicated, and being lined with a mucous membrane, I have derived much benefit from injections of the Hydrastis canadensis, or, better still, its alkaloid, the muriate of hydrastia, an agent which has a wonderful power, and an effect *sui generis* in inflammation of mucous membranes. These injections, however, must not be applied in the manner usually recommended by surgeons, which is to thrust the syringe up the passage as far as possible, and, standing over a bidet or chamber, to use the instrument. Common sense might long ago have shown to every one but the most prejudiced, that thrusting an instrument up a passage, and bringing it in contact with an inflamed organ, must cause much mischief and irritation, and aggravate the complaint. No wonder, therefore, that this important appliance in treating this class of diseases has fallen into disrepute among the more scientific practitioners of the present day. But if the injections are applied in the manner now first recommended by me, and known to many of my professional friends, then they will be found to be most beneficial, often affording relief in a few hours. The first step is to procure a proper syringe, very unlike the ordinary instrument usually employed. It ought to be made of glass, of a proper diameter, regulated by the consideration whether the patient

be married or not. It ought not to be more than four or five inches in length, and never to be introduced further than half an inch into the passage. My chemist has had these syringes manufactured at my request. About half an inch from the extremity there is a small ridge, and about a quarter of an inch beyond that another ridge; between these is an oval piece of soft vulcanized india-rubber, the entrance of the instrument further than necessary being thus prevented. The syringe having been filled with the fluid to be injected, the patient lies upon her back, having her hips well raised with pillows—the neck of the womb in this situation is lower than the vagina—and, introducing the instrument, she can herself throw up the injection. By remaining in the same position for ten minutes or a quarter of an hour the medicated agent is kept for that time in constant contact with the diseased parts, and that without the usual irritation produced by the former useless modes. These injections ought to be repeated frequently, and relief will soon be afforded.

In addition to these constitutional and topical applications the general health ought to be supported with a nutritious diet and a moderate allowance of stimulants, for this disease is not in reality constitutional, but only a local inflammation; and if the system be reduced, the disease will rapidly degenerate into a malignant form.

In these cases I would implore all to avoid—

1st. Local depletion by leeches. This is the too common malpractice of the old school of practitioners, who recommend leeching with the idea of

relieving the engorged vessels, without adopting means at the same time to cause their contraction. The consequence is that as soon as the vessels are emptied by the leeches they are again filled, and the patient is worse than ever—it being forgotten all the time that this is a disease of debility. I know several ladies, at present, who are in the constant habit, every week or two, of applying these noxious reptiles to themselves. Of course they are only relieved for a day or two. They all are confirmed invalids, with shattered constitutions, and scarcely able to leave their homes for the slightest exercise, without suffering severely for days afterwards, whilst in two of them dropsical symptoms have been developed.

2nd. Iodine in the form of tincture ought also to be avoided. I have known one instance in which this cruel application was applied to the neck of the womb, causing the local ailment speedily to degenerate into malignant cancerous disease. And this experience of mine is borne out by Mr. Leadam in his work, who states, “Iodine has been known to accelerate the metamorphosis of induration of the cervix into cancer, and one of its properties is to cause the disappearance of the cellular and adipose tissues” (Leadam on “Diseases of Females,” p. 214).

3rd. Cold hip-baths have been highly lauded and enforced. In my opinion they are worse than useless; because, lowering the temperature of the hips and adjacent parts, reaction occurs, and an increased flow of blood rushes to the parts; the disease becomes speedily aggravated, and, assuming a chronic

form, entails misery and suffering upon the patient for the rest of her days.

I might fill pages with the remedies advocated by many surgeons who have written on this subject; but surely the above are sufficient. In conclusion, I should state that, in these cases, if a cancerous diathesis exist at the time, the congestion, acting as, or being an exciting cause, will probably cause a speedy development of malignant disease in the cervix of the womb.

Miss —, aged 37 years.

This lady had cancer of the left breast in 1856, when it was removed by a distinguished surgeon in the usual way. The disease reappeared in the right breast in 1858, and in September of that year she was placed under my care. I removed the disease. Some months after her recovery, she suffered periodically from congestion of the womb. In 1859, symptoms of cancerous disease occurred in the cervix, and on examination in the Spring of 1860, I found cancerous ulceration had commenced. She again placed herself under my care. Hydrastis injections were used twice daily, with the local application of hydrastidin, myricin, and baptisin, combined with Spermaceti ointment, to the cervix itself, and in the course of a few months I was enabled, through God's blessing, to pronounce the lady well, and I am glad to say that so far, now nearly seven years, there has been no return of the cancerous disease, although she has had several attacks of congestion. As she then knew their danger, I was at once sent for, and in a very short time, by the use of *Veratrum viride*, *podophyllum*, and other medicines, internally and locally, and by using warm baths, medicated with the same remedy, they have passed harmlessly off.

I have met with only two cases in which congestion was owing to sexual over-excitement without gratification. In the Spring of 1864, I was consulted by a lady of twenty-eight years of age, who had been married some six years. She appeared to be



suffering from all the symptoms of congestion, which periodically prostrated her, causing much suffering and inconvenience, accompanied by leucorrhœa, pains in the back, tenderness on pressure in the left hypogastric region, &c., &c. In such a case an examination was essential, which having been twice refused, I discontinued my visits, being satisfied that until I was certain as to what the exciting cause was, I could not conscientiously prescribe. Another attack soon came on, and in her pain she gave her consent to the examination. On attempting this I was surprised to find that she was not in the condition that is expected in a married woman, and on taxing her with the fact, she acknowledged that her husband was impotent. I urged the necessity of separate rooms, and a proper course of treatment; but, owing to family affairs, neither would consent to this course, and I finally retired from the case. The other case was that of a young married lady, in which over-sexual excitement was the cause of her difficulty. In this case the os was occluded; by opening it, and by judicious treatment, she was soon restored to her former state of health.

Congestion frequently occurs without any apparent exciting cause, unless it be the catamenia; but what is strange in some cases, it does not occur immediately before the flow, but either immediately after, or between the two periods; for instance, I have at present under my care an unmarried lady who suffered regularly for months from congestion of the womb, three or four days after the catamenia ceased, and I have another lady who suffers from congestion every fortnight after the period has passed; in both

these cases there seems to be no exciting cause, for the attacks of congestion come on as regularly and with the same interval of time as the catamenial flow, giving rise, in my mind, to the idea that the parts have got into a bad habit; and in such cases it is only by care and attention in anticipating these attacks that we can hope to effect a cure. One of these ladies has been under my care some two years, and the other only a few months, and I am glad to say that, although there is no diminution as to regularity, yet in both the attacks are reduced to a minimum, and are now comparatively slight.

### CHLOROSIS, OR GREEN SICKNESS.

This is a disease resulting from abnormal menstruation. It is usually met with in the young, although it is sometimes the pregnant female who suffers from it. It is characterized by a pallid, greenish hue of countenance, perverted appetite, palpitation of the heart, sickness, great debility, both physical and mental, with derangement of the menstrual functions, and is usually found accompanying amenorrhœa. It is caused by a thinning of the blood, a decrease of the red corpuscle, owing to a want of nervous energy, and dependent on imperfect menstruation. It is met with in scrofulous phthisical girls, who have led an easy, luxurious life, and those who have been confined in close rooms, working from morning to night in a vitiated atmosphere, especially in those trades where constant stooping and sitting are enforced. It is also common in damp, miasmatic localities, or may arise from insufficient

or non-nutritious food, tight lacing, or any cause that impairs or restrains the growth or development of the constitution. To these causes may be added mental emotion, depression of spirits, home sickness, or any cause producing sadness, such as unfortunate attachments.

The first symptom observed is a feeling of general lassitude. The person become emaciated, the appetite is depraved, longing for cinders, slate-pencils, chalk, &c. The breath is fetid, the tongue white and furred. On the slightest exertion the heart palpitates, and breathing becomes short and laborious. The bowels are confined, sickness and vomiting are frequent, especially in the morning, with a desire for seclusion; sleep restless and unrefreshing. The menstrual discharge, if it does occur, scanty, pale, and frequently offensive. The countenance rapidly assumes a pale, waxy, greenish tint; even the lips and gums become of a paler colour. The muscular fibres of the body become flabby and soft, the feet and hands cold, the ankles swollen. Breathing becomes more and more laboured, and on the least exertion the heart palpitates. The menstrual flow becomes still more irregular, more scanty in quantity, paler in colour, and recurring at longer intervals, accompanied by increased pain and depression. Hectic, fever, with a troublesome cough, set in, not unfrequently coughing up clots of blood; the abdomen becomes distended, giving rise to suspicions of pregnancy. Hysteria frequently occurs, and, unless relieved, mania, insanity, and death result.

In treating chlorosis successfully, as in all other

diseases, it is the physician's duty to ascertain the exciting cause; whatever that may be, it must first be removed. If from a hereditary scrofulous taint, then the treatment necessary for scrofula (see my work "On Tumours," page 186) must be resorted to. When close confinement in a vitiated atmosphere has been the exciting cause, then change to a pure country air is necessary. If from difficult or suppressed menstruation, then the physician's attention must be directed in the first instance to restore the normal discharge. If the exciting cause be removed, the difficulty will soon be relieved: but if the disease has existed for some time, and the various organs have become implicated, then an experienced physician's care becomes necessary.

The mainstay in the allopathic school is the free administration of iron in its various preparations.

In chlorosis I have found much benefit from the dilutions prepared from the *Sarracenia purpurea*, and the *Helionus dioica*, with suitable hygienic remedies. In the homœopathic school of medicine, *sepia*, sulphur, *lycopodium*, *ferrum*, &c., are very successful. Great attention should be paid to diet, which should be of a nutritious but non-stimulant character, with gentle exercise, and the mind, if possible, be diverted.

### LEUCORRHŒA, FLUOR ALBUS, OR THE WHITES.

This disease is frequently classified among those dependent upon functional derangement of the womb; but, in my opinion, it is better to class it among those diseases that are owing to organic derange-

ment, because in most cases where it exists, it is accompanied by organic lesions, and in all, if it continues for any length of time, it results in ulceration.

It usually consists of a slimy mucous discharge, variously coloured, and of different consistency; it is the usual name given to all non-sanguineous vaginal discharges, no matter what their character may be. Copland states "leucorrhœa," "fluor albus," "whites," and "female weakness," are synonymous terms, and by them is understood "a light, colourless discharge from the female genitals, varying in colour from a whitish, or a colourless hue, to a yellowish, light green, or slight red or brown; in consistency from a thin, watery discharge to a thick, tenacious, ropy substance, and in quantity from a slight increase of the healthy secretion, to several ounces in the twenty-four hours." Leucorrhœa may occur at any age, but it is most frequently met between the ages of puberty and the period at which menstruation ceases. It is sometimes met with in the child, and in these cases is generally owing to some minute thread-worms passing from the rectum into the vagina, and giving rise to great irritation. It may also occur in weakly and excitable girls before the menstrual flow is established. This is not uncommon in scrofulous subjects, and it materially interferes with the free and full development of the necessary periodical flow. "The whites" are not unfrequently met with at the usual periods in suppressed menstruation, in menorrhagia, about the cessation of the flow, and in chlorotic patients. If leucorrhœa should occur after the

change of life, this serious disease of the uterus should be feared.

This disease may be divided into the idiopathic and symptomatic; the idiopathic being of primary origin, and the symptomatic, on the other hand, a symptom or sequence of other diseases, or the result of specific poisons, such as the venereal.

The idiopathic form is frequently caused by cold, being simply catarrhal inflammation, or from a constitutional predisposition in some females, especially in those of a weakly or scrofulous diathesis, whose sexual organs are easily excited by menstruation, and aggravated by the use of exciting drinks, as tea or coffee in excess, chocolate, wines, highly-seasoned food, too luxurious a couch; strong mental emotions, either of joy or grief, severe loss of blood, over-exertion, or want of proper nutritious food; all may give rise to the primary form of leucorrhœa, which is generally a disease of the vagina, but not always so.

The symptomatic form of this disease, on the other hand, is caused by the presence of other diseases in the system, such as polypi, or fibroid tumours in the uterus, cancerous disease of that organ, ulceration of the cervix uteri, displacement of the womb, hemorrhoids, want of cleanliness, &c. Such a form of disease cannot be cured until the primary cause is removed. In leucorrhœa, when the discharge proceeds from the vagina alone, it resembles thick cream, and is not adherent or ropy; but when it proceeds from the womb, it is of the consistency of jelly, ropy, and adhesive. In colour it varies, being whitish, or yellowish, or even of a greenish hue; in some cases, especially if cancerous

disease be the exciting cause, it is frequently streaked with blood; and in the majority of cases is of an acrid nature, irritating and corroding the adjacent healthy parts. This form of leucorrhœa is not a disease of the vagina, but a disease of the womb; and, on examination, which in these cases should always be insisted upon, congestion, inflammation, ulceration of the cervix, malignant disease, or tumours in the cavity of the womb itself, will be found to be the cause of the exhausting discharge.

The successful treatment of this frequent and serious disease in all cases must depend on a correct diagnosis; for the treatment that would prove effectual in simple catarrhal inflammation of the mucous membrane of the vagina would have no effect in the symptomatic form of the same disease. The older school of medicine generally prescribe cupping and leeching, followed up by baths and the free internal administration of Balsam copaiba, various preparations of iron, ergot of rye, injections of logwood, oak bark, gallic acid, iodine, nitrate of silver, &c.

The homœopathic school has a larger repertory to have recourse to; they prescribe not only to arrest a present discharge, but employ those remedies, after ascertaining the primary cause, that have a specific action, not on the discharge itself, but on the parts primarily affected; as in some cases *pulsatilla*, *sepia*, sulphur, silica, nitric acid, *mercurius*, *kreasotum*, *cocculus*, *conium*, *calcareæ*, *alumina*, &c. Bathings in pure water, with injections of the same, are of great use in the idiopathic

form of leucorrhœa. This, however, may be carried to extreme, for I have met with several cases of vaginal discharge arising from the too frequent and free use of water, for some ladies are so particular in regard to personal cleanliness that they inject the vagina night and morning with cold water. This is a most serious mistake. For in health, the mucous membrane of the vagina is kept constantly moistened by a mucous secretion, which prevents adhesion and excoriation of the vagina walls. The washing away this wise provision of nature cannot be done with impunity, for the walls of the passage are thereby left dry, causing excoriation, and is a fruitful cause of disease. In all cases of leucorrhœa that I have met with, I have always found more or less debility, or prostration of strength. If my opinion be correct, then leeching, cupping, and the other antiphlogistic means employed by the allopaths must aggravate this disease; and that this is so, I unhesitatingly refer to the experience of any honest practitioner who has used these ancient remedies. If any disease may be called a "disease of debility," that disease is leucorrhœa, for we never find it existing alone, in the healthy female. It is also a frequent accompaniment of displacement, though displacement may exist without leucorrhœa, and leucorrhœa exist without displacement; but wherever it exists, no time should be lost in attempting its cure; for if allowed to act as a continued drain on the system, its effects will become painfully evident in a very short time.

In the incipient stages of this disease, if of the idiopathic form, I have found frequent injections of a solu-



tion of the muriate of hydrastia, or if this alkaloid cannot be obtained, a watery infusion of the root of the *Hydrastis canadensis*, do much in effecting a cure. Infusions of the leaves or bark (I prefer the bark) of the *Hamamelis virginica*, or of the *Myrica cerifera*, are of much use. In addition to these injections I administer some of the vegetable preparations, as *Apocynum androsæmifolium*, *Aletris farinosa*, *Asclepias tuberosa*, *Chimaphila umbellata*, *Actæa racemosa*, *Erygeron canadensis*, *Geranium maculatum*, *Helonias dioica*, *Myrica cerifera*, *Pulsatilla nuttalliana*, *Trillium pendulum*, *Xanthoxylum fraxineum*, &c. These I generally administer in the second or third decimal dilution. If the leucorrhœa be acute, dependent on inflammation alone, I have found *Veratrum viride*, alternated with *Podophyllum peltatum* in the second decimal dilution sufficient to arrest the disease. In addition to these I insist upon rest; all violent exercise, as that of horseback, long and fatiguing journeys in railways or coaches, should be forbidden; and to these a nutritious and stimulating diet should be prescribed. With these simple means I have been enabled to cure cases of pure leucorrhœa (*i. e.*, leucorrhœa not dependent on other causes, as displacement, ulceration, &c., &c.), in a very short time.

MRS. —, aged 34 years.

Had been suffering for rather more than two years from the whites; they first appeared after a severe illness. Her physician prescribed leeches, which were applied three times, but the discharge increased. Alum injections were also prescribed. She suffered much discomfort from a sense of weakness, pain in the back, and an inability to walk without a feeling of great weak-

ness. At times she suffers agonies from irritation. On examination I could detect nothing radically the matter with the uterus; it was normal in size and in position. Ordered injections of hydrastis. After using these two days the irritation returned, and she felt as if she could almost scratch herself to pieces. I tested the discharge with a piece of litmus paper, and found it to be decidedly acid. Ordered carbonate of soda, dissolved in tepid water, to be thrown up the passage; the vulva bathed with the same. In two days all irritation disappeared, and the hydrastis was resumed. The heloniadin was administered for ten days with marked improvement; after this I gave xanthoxylin with great benefit. The whites ceased altogether in about three weeks from the time I first saw her; she rapidly regained her strength, and I believe is now quite well.

This case reminds me that irritation both internally and externally is a frequent accompaniment to leucorrhœa; indeed, in some cases, I have found the labia enormously distended and swollen, and the agony of the patient, wishing to tear herself to pieces, is something much worse than pain. In most of these cases the discharge will be found to be of an acid character, and, when so, I have found that nothing affords such speedy relief as a solution of the bi-carbonate of soda.\* This lotion should be persevered with for several days until all irritation disappears, when recourse may be again had to those remedies that have a more specific effect on the disease. I have also found much benefit, when the irritation has been external, in prescribing an ointment composed of a few drops of kreasote to an

\* Since writing the above I have met with an old patient, an Irish lady, who told me that her sister during the past summer (1866) had suffered dreadfully from the irritation, and that she had herself suggested the use of common washing soda dissolved in water as a wash. It was effectual, although from its nature it caused some pain, but anything was preferable to the irritation.

ounce of spermaceti ointment. This, however, is only useful in slight attacks, and when the irritation is confined to the external parts.

Miss —, aged 16 years.

Had menstruated twice; her mother had detected a leucorrhœal discharge on her linen, and, on questioning her, she learned it had troubled her daughter more or less for some six months, but she had not attached much importance to it. I was sent for; the young lady looked wan and pale, with a slight chlorotic colour. Ordered *Apocynum androsæmifolium* without much effect. *Heloniadin* and *Hamamelis virginica* were prescribed, with an injection of the latter, and lastly *xanthoxylin* was given in the first decimal dilution. Her bowels, being confined, were regulated with doses of *leptandrin*. In a couple of months the young lady's appearance was much changed for the better, and she became stronger, and enjoyed better health than she had had during her life.

These cases of pure leucorrhœa are sufficient to prove, I think, that this, being a disease of debility, can only be properly treated by those remedies which will give strength and tone to the affected part and to the system, and that all cupping, leeching, and purging must prove most mischievous, and would be the means, if persevered in, of entailing a life of future wretchedness and suffering to the poor women on whom they might be tried. Indeed, that this is so, I know too well, for I have one nearly related to myself who was so treated, and the consequence has been that since she was fifteen years of age she has been a great sufferer, and is in wretched health, all owing to the injudicious treatment of leucorrhœa when young.

Such has been my successful treatment of idiopathic leucorrhœa; but the symptomatic forms of this disease can only be treated successfully by curing

or removing the primary exciting cause. Some of these will be described under their proper heads in future pages.

Before concluding this subject I may mention that onanism is a fruitful cause of leucorrhœa, and that nothing will arrest the disease until the habit is stopped ; for this vice, if not arrested, causes insanity and death. Surgical interference in these cases is often necessary. I do not refer to an unjustifiable and barbarous operation, introduced some years ago by a London surgeon, and which has been universally condemned by the profession, but I mean a simple, harmless interference, that will prevent the parts being irritated, at least for some time, and the evil habit thereby eradicated.

#### NON-MALIGNANT ULCERATION OF THE CERVIX UTERI (NECK OF THE WOMB).

Leucorrhœa in its symptomatic forms naturally leads me to consider ulceration of the neck of the womb, one of its most fruitful sources.

This may be popularly defined to be a breach of surface in the mucous membrane of the neck or canal of the womb—always the result of a greater or less degree of inflammation. It is said to occur more frequently in married women, whether they conceive or not, than in unmarried, and it is considered to be the cause of sterility ; it also occurs in pregnant women and in elderly females.

Ulceration may be of two kinds—superficial or deep.

The superficial, called also erosion or abrasion, commences generally around the os uteri, and ex-

tends in different directions. This form sometimes shows itself as nothing more than a simple abrasion of the cuticle, with smooth surface, and with hardly any more congestion or induration than usual, but in other cases there are often found granulations sprouting and projecting into the vagina or the body of the uterus. A muco-purulent discharge also may accompany this form.

Another variety affects both lips of the uterus, in which it is of a vivid red colour, pointed and lobular, bleeding very readily, and having a peculiar yielding feel to the touch. In all cases where there is abrasion, a certain velvety feel is communicated to the finger, though some hardness may be felt round the edges of the ulcers. If ulceration occurs after conception, it frequently induces abortion, and occasionally gives rise to an obstinate form of leucorrhœa. In the second form or true ulceration of the cervix, we find the mucous membrane much more deeply affected, and the destruction of tissue extending down into the substance of the cervix itself.

The ulcer presents the following appearances: The edges are cut out as if cut with a punch, well defined; there is no hardness or raising of them above the surface, and the face of the ulcer is covered with muco-purulent matter, beneath which are some healthy granulations. These granulations may be either livid, firm, and red, or livid, granular, and bleeding profusely when touched. At the same time the cervix and vagina are much congested.

Another kind of ulcer also has been described by Mr. Barnes, who remarks, "It is hollow, smooth,

and glossy, with hard margins, and the cervix a little beyond it is indurated and somewhat enlarged, but the rest of the uterus is healthy. The discharge is serous, or somewhat purulent. The pain is pretty constant; and the progress is generally slow, though it ultimately proves fatal by hectic."

The pain in this kind of ulcer is not felt merely in the back, but in the womb itself, to which the pain radiates. It is sometimes stinging, sometimes burning, and is most agonizing during the menstrual period. Leucorrhœa is present, and at times a profuse discharge of blood.

Allopathic authors endeavour to prevent ulceration taking place as the result of inflammation, by attacking the inflammation previously, and cup the patient in the loins, and scarify or apply leeches to the neck of the womb, followed by hip-baths, and constant vaginal injections, aperients, and afterwards counter-irritation by blisters to the sacrum or lower part of the spine.

When erosion or abrasion has taken place, they advise the use of astringent injections, or ointment of the acetate of lead or mercurial ointment; but when ulceration proper has set in, then nothing contents them but the most powerful caustics known, such as nitrate of silver, chloride of zinc, potassa fusa, applied either in solution or in the solid form, and even the actual cautery is sometimes employed.

That this is the opinion and dicta of the professors of the allopathic school, I quote what Dr. West has written in his work, entitled "Lectures on Diseases of Women" (2nd ed., p. 116):—

"As uterine pathology is simplified beyond ex-

pectation by the discovery of an almost invariable cause of the most diverse symptoms, so uterine therapeutics also are made easy, according to the writers whose opinions I am relating, by one remedy being found almost always applicable for its cure, be the duration of the disease or its severity what it may. If the evil be slight, its removal will be speedy; if severe, a longer time will be required: but to modify the vitality of the part by caustics is the one unfailing indication; and, this accomplished, the ulceration and the inflammation and its results disappear together, and the sufferings of years are thus almost infallibly got rid of in a few weeks, or at latest in a few months. There are, indeed, some cases of slight mischief, which rest, antiphlogistic treatment, and vaginal injections, may cure; but these are rare. There are also some circumstances in which the local abstraction of blood may be of service; but what caustics to use, how often to repeat their application, how to prevent or to remove those inconveniences which sometimes result from their employment, are questions discussed as of chief importance; since to these remedies all other local measures as well as general treatment are but secondary and subservient."

Dr. West does not advocate the application of caustics as a "universal panacea" for all ulcerative diseases of the womb. However, is not this the doctrine practised and inculcated by the majority of the allopathic surgeons? If so, "sad is the fate of the women of England!"

Homœopathic practitioners, regarding these ulcerations as evidence of a taint in the system generally,

not merely as local manifestations of disease, endeavour, by the administration of such medicines as mercurius, nitric acid, sepia, hepar s., silica, and thuja o., to overcome this hidden miasm and stimulate nature to drive it out of the system, when the ulcerative disease will speedily heal itself. Allopaths have always overlooked this, and steadily, obstinately, refused to see anything but the mere ulcer itself; and the ruinous effect has been, that, whilst the outward manifestation was suppressed in one direction by their cruel caustics, it has broken out in another, and in a more intractable form, which the doctor sometimes pronounces to be another totally different malady.

The mismanagement of simple ulceration of the cervix uteri is, in many cases, a source of future misery, and even of premature death. Is it not strange that, although all admit that there are several well-marked and distinct forms of ulceration of these parts, yet all, especially the allopaths, adopt, as it were, only one mode of treatment, and that is by the use of caustics? Can anything be more unphilosophical, or less consistent with common-sense, than in attempting to cure a disease by destroying it with caustics? Surely the destruction of a part does not mean healing or curing that part. The duty of a physician and of a surgeon is conservative, not destructive. Of late years the theory that ulceration of the cervix can only be cured by the destruction, either partial or complete, of the ulcerated surface, is the theory adopted not only by allopaths but, I state with shame, by some professing to be the followers of Hahnemann.

The dogma that ulceration of the cervix can only



be cured by its destruction is due, I believe, in a great measure to Sir James Simpson, of Edinburgh, who introduced this mischievous mode of practice in cases of ulceration many years ago. Indeed, I have had many ladies who have submitted to the applications of caustics, and who had come to me when given up, in which, on examination, I found that not only was the cervix destroyed, but a portion of the uterus itself had been burnt away, and the vaginal walls seriously injured. Of course in such cases I could do but little. My practice has always been a conservative one. I never, like the veterinary surgeon, recommend the destruction of life, or of a part of the body, to cure a disease. In all cases I endeavour, first, to find out the cause (for there can be no effect without a cause), and having ascertained this, to remove it, and then by simply soothing treatment attempt to repair the parts that have been already destroyed by ulceration. This is effected, not so much by topical as by constitutional treatment, although the local application of medicaments in many cases is very important. Having discovered and, if possible, removed, the exciting cause, I have found in many cases of simple ulceration, that the injection, either of a solution of the muriate of hydrastia or of hydrastis canadensis, or of myricin, is sufficient, especially in recent cases, to effect a cure, giving internally xanthoxylin, Helonias dioica, cerasin, and other alkaloids; but in those cases where ulceration has been of long standing, and especially where disease has been aggravated by the use of caustics, then the topical application of some of the vegetable alkaloids becomes necessary. Of course this de-

pends on the form and stage of the ulceration. These alkaloids I combine either with simple benzoated cetaceous ointment, or, if the sores are sluggish, with the Unguentum resinæ flavæ. These ointments are spread on pads of cotton-wool and applied to the cervix by means of a speculum.\* In addition to these applications I pay particular attention to the health, putting my patients on a generous diet, enjoining quiet, and to avoid as far as possible any mental anxiety or annoyance (for in woman the mind has as much influence on the womb as the womb has on the mind, and that is very great). Ulceration occurs at all times of life; and although the majority of cases are stated by hospital surgeons to be those in married life, yet what I have seen has led me to doubt the correctness of the statement. On looking over my list of patients, I find that the unmarried who suffered from ulceration are slightly in excess of the married, but my experience in a matter of numerical comparison is not so reliable as the vouched-for reports of our London hospitals.

Miss —, aged 22.

Of an active habit, menstruated before fifteen years of age. During the last three years the catamenia had degenerated into menorrhagia, ensuing every third week; no dysmenorrhœa, but, to use her own words, she always felt tired. About a year previous to seeing me she had consulted a surgeon, who applied caustics twice. She suffered from leucorrhœa, which at times was streaked with blood. I first saw her professionally early in

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\* In the majority of cases of uterine disease I have found Sir William Ferguson's reflecting speculum, lined with a mirror of glass, and the three-tube instrument of Sir James Simpson, the most useful.

March, 1865, and, on examination, found that her former medical attendant had used his caustic to some purpose, for nearly one-third of the cervix was destroyed. I put the lady on cerasin and hydrastis, and ordered an injection night and morning of the latter; these injections cleansed the parts, and healthy pus was secreted for the first time. Three times a week hydrastidin or myricin was applied to the cervix, and in about five months the young lady was restored to health.

Mrs. —, aged 57 years.

This lady consulted me in the Spring of 1860. All the symptoms were those usually accompanying displacement and ulceration. On examination I detected the presence of a deep excavated ulcer on the cervix. The catamenia had stopped for eight years, but the leucorrhœal discharge was incessant, and frequently streaked with blood. Ordered hydrastidin to be applied topically to the cervix, also phytolaccin and myricin; all these did good, each being applied for about ten days at a time, when another was used for the same period and then alternated. In the course of four months she was quite well.

In such a case, what would caustics have done? They would have increased the disease, the womb itself would have soon become involved, and death, sooner or later, would have been the result of the malpractice.

Miss —, aged 48 years.

This lady came from Dorsetshire. I saw this lady in June (1865). Had been suffering from leucorrhœa tinged with blood for about six months. The catamenia had ceased about two years previous. On examination, found superficial erosion on the posterior portion of the cervix. Ordered injections of hydrastis, alternated every week with those of phytolaccin and scutillarin. Hydrastis, of the third and sixth decimal, were next administered almost for a month, when xanthoxylin was prescribed. I heard from the lady last September, when she mentioned that she was quite well.

I have surely stated enough to prove that ulceration of the cervix uteri may be, and is, cured without the aid of caustics, and that, this being the

case, the physician is not to view an ulcer in these parts in the same light as the veterinarian does the rinderpest, viz., "that the only cure is to destroy the animal," for the free use of caustics in these cases is frequently as fatal to the woman as the pole-axe is to the ox. Nor should he, like the City of London Committee on the same disease, adopt a resolution that nothing new should be tried; for if allopathic physicians continue to use caustics, and also are determined to try no other means for curing ulceration, their responsibility in sacrificing human life must be very great.

There are numerous forms of ulceration affecting the vagina, but in this work I intend to confine myself to the uterus and its diseases alone. But there is one form of irritable ulcer that is not infrequent, and which gives rise to great inconvenience. The ulcer I refer to is found close to the orifice of the meatus urinarius; it seldom is larger than a large pin's head, but causes much pain and suffering. I have met with several cases of this disease, and all have been among the married.

Mrs. —, aged 33 years.

I first saw this lady in 1857; she suffered great pain if anything touched a spot near to, but anterior to, the meatus urinarius. On examination I discovered a minute irritable ulcer, which, when slightly touched with a probe, caused great pain. I applied a minute plaster spread with my enucleating paste,\* rather larger than the ulcer. This caused, to my surprise, but little pain. The next day a second and last application was made; on the seventh day the slough came away, leaving a healthy, painless,

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\* This paste is described at page 44 in my work "On Tumours."

granulating surface. It was dressed for a few days with cloths dipped in an infusion of the *Hydrastis canadensis*, which healed it, and she has not suffered pain from that cause since.

### DISPLACEMENT OF THE WOMB.

Displacement,\* or misplacement of the womb, is either simple prolapsus or displacement, or procidentia or protrusion of the womb. The wisdom of God is shown in the adaptation of simple means to guard this important organ from external injury, giving it mobility to prevent injury from concussion, and allowing it at the same time (as in pregnancy) to increase its size without discomfort to the female. These important means are obtained by suspending the womb within a bony cavity by ligaments or bands, composed of duplicatures of the lining membrane of the abdominal walls. These are four in number,—two broad and two round. If these supports were all it would sway to and fro, but it is kept in position by what I, with a few others, consider to be its principal support, namely, the walls of the vagina. In proof that this is so I may state that I have never met with a single case of prolapsus in the healthy virgin. When it does occur in the unmarried we find that the walls of the vagina have been weakened previously by leucorrhœa or other abnormal discharges, promoted further by a relaxed constitution.

From the situation the womb naturally occupies, it is seen that it can change its position in any direction. The principal of these is, its sinking more or less

\* Some authors name this misplacement, but I prefer the word displacement, and will retain it throughout this work.

into the pelvic cavity; in some cases so far as to protrude externally from the vagina. This displacement must give rise to serious constitutional disturbance. Dr. Dewees's (of Philadelphia, U.S.) description of these symptoms is the best that I have met with. He states: "The symptoms characterizing this complaint will be modified by the greater or less descent of the uterus into the vagina." This is not always the case; for in many cases I have found more acute suffering caused by a very partial displacement or descent, than is met with even where procidentia has occurred. "They will be intense in proportion to the extent of the displacement; but in all there will be a sense of something sinking in the vagina, as if the perinæum were sustaining an unusual weight, with a dragging sensation about the hips and loins, a desire to make water, sometimes without the ability to do so; or if it do pass, it is reluctant, and oftentimes painfully hot—a sense of faintness, and occasionally a number of nervous or hysterical feelings and alarms, which almost overwhelm the patient—a pressure and feeling about the rectum resembling a slight tenseness, sometimes unfortunately demand the patient's attention, which, if she obey, almost always end in an unavailing effort. The pain in the back is sometimes extremely distressing, while the patient is on her feet, and gives to her walk the appearance of weakness in her lower extremities. A benumbing sensation shoots down the thighs, especially when the woman first rises on her feet, or when she changes this position for a horizontal one. In some few instances, the woman is obliged to

throw her body very much in advance, or is obliged to support herself by placing her hands upon her thighs, when she attempts to walk. But all these unpleasant symptoms subside almost immediately if she indulge in a recumbent position; and this circumstance pretty strongly designates the disease."

In these cases it is most important that an examination should be insisted upon; for, well marked as are the symptoms described by Dr. Dewees, we cannot depend on them alone, there being other diseases of the uterus and its appendages that simulate in symptoms all that has been described. Dr. Dewees gives this caution as to the necessity of examination; for he relates one case in which he was deceived himself, notwithstanding his vast experience, from not in the first instance ascertaining by examination the true character of the disease. He relates: "I was consulted by a lady who had long suffered from almost every symptom of prolapsus of the uterus; and without an examination per vaginam, had a pessary made for its support; but, to my sad mortification, when I was about to apply it, a careful examination proved that no such condition existed, and that all the unpleasant symptoms had arisen from a thickening of the neck of the bladder."

Unfortunately few physicians have the moral courage to avow an error in judgment as Dr. Dewees has done. His mistaken diagnosis shows the absolute necessity of ascertaining by examination whether displacement really exists or not, for there are many diseases simulating it. In rheumatism of

the womb, for example, the symptoms are identical, while the treatment is almost diametrical, and neuralgia, congestion, and cognate diseases may give rise to almost similar symptoms, requiring an opposite mode of treatment. An examination should therefore, in every case, be insisted upon.

In a brief treatise like this it would be out of place to enter into any anatomical or physiological details, but I will now briefly state that the womb is liable to prolapsus or displacement from its normal position, and to procidentia or protrusion of the organ externally.

Prolapsus, when occurring only to the extent of half an inch or an inch from its original situation, is known as *relaxation*, but when it descends further it is then known as *prolapsus proper*.

As I have mentioned, the uterus or womb being supported by the vagina, it must necessarily follow that, as the womb sinks lower, it must drag with it the connexions of the vagina walls, viz., the bladder and the rectum; and from this arises our greatest difficulty in treating far-advanced stages of prolapsus; for as the womb descends, from the intimate connexion of its cervix with the bladder, it is thrown backwards, forming a pouch or loop over the uterus; and this, acted upon by the intestines pressing downwards, greatly tends to increase the evil; further, by pressing upon the rectum, renders defæcation more difficult, and the straining necessary to evacuate the fæces causes a downward pressure on the organ, until, if not relieved, prolapsus speedily terminates in procidentia.



We must now proceed to consider some of the causes which give rise to this sad state.

In the virgin and in the mother they are different, although the same causes that may produce it in the former are also effective in the latter.

In the unmarried, when a relaxed habit of body exists, relaxation, prolapsus, and even procedentia, if not promptly and judiciously treated, may follow any sudden exertion, as lifting a heavy weight; and also from abnormal discharges, as those of leucorrhœa, or from ulceration of the cervix uteri. But the most frequent causes are the abuse of drastic or even the continued use of comparatively mild purgatives; violent exercise, especially during the catamenia. In the mother, to these causes may be added prolonged or difficult labour; the injudicious interference of the accoucheur; getting up too soon after delivery, more especially in those cases where the perinæal fascia and muscles have sustained some injury; relaxation of the vaginal walls from long-protracted labour.

That mere relaxation of the muscular tissue will produce prolapsus was strikingly illustrated in a case I was called to last Spring (1865) in Ireland.

Mrs. —, aged 46.

This lady was of a scrofulous diathesis; so great was muscular relaxation, that she could not stand or sit up, for any length of time; in her case not only was prolapsus constant, but procedentia occurred when walking across her bedroom. To this difficulty was added profuse flooding, brought on by the slightest exertion, owing to the fact that even the uterus had lost its muscular contractability.

The amount of suffering caused by this disease varies greatly; generally the wealthy and the very

poor suffer most, whilst those of the middle class suffer the least.

In many of these cases (as Dr. Dewees relates) the distress is often extreme. As long as they retain the recumbent posture, they are comparatively free from pain and suffering; but whenever the least exertion is attempted, then they suffer from a wearing dragging pain in the back; varying in intensity, according to the extent of the mischief. In addition to this, there is also felt a sense of uneasiness or of pain immediately below the prominent part of the hip-bone, generally only on one side, sometimes, however, on both. This pain is confined to one spot, and is often mistaken for inflammation of the ovary. In some cases we find the pain to be of a burning character, in others as if a raw ulcerated surface were roughly rubbed; in others, again, of a gnawing character; or sometimes there is a peculiar screwing sensation, as if a portion of the back of the hand was being pinched and screwed round.

If the disease have advanced beyond mere relaxation, and if the womb be prolapsed forward, there always exists, when walking or standing, a desire to make water, owing to the irritation produced in the neck of the bladder, which is intimately connected with the neck of the womb. Again, in many cases the patient suffers from sharp dragging pain down the inside of the thighs, sometimes pain in the socket of the hip; and these are found in the same side in which the pain exists, about the hypogastric region. In such cases an examination (digital) must be requested, and is usually assented to, especially as this mode of ex-

amination does not necessitate exposure of the person. I may here remark that too frequently ocular examinations are insisted upon, when really no necessity exists for such a course. The amount of prolapsus cannot be ascertained by the speculum nearly as well as by the digits. No one, however, can make a proper digital examination unless he is endowed with such sensibility of touch as literally to carry eyes at the tips of his fingers.

My experience satisfies me of the truth of this remark. Very frequently immediate relief may be afforded by raising up the organ with the tip of the finger, and in many cases such a simple operation affords relief for some considerable time. For instance, I attended a young lady about six years ago, whom I had previously treated for cancer of the breast; shortly after the disease was removed from the mamma, malignant ulceration occurred in the cervix; this also was, through God's blessing, cured, but she suffered from prolapsus, which had occurred from the discharge, attendant on the ulceration, relaxing the vaginal walls. She at times suffered greatly, yet immediate relief was afforded by replacing the organ, and by constantly wearing a proper bandage. As I shall probably not refer to this case again, I may here state that the lady married about a year after this, has had children, and is now quite well. Among the lower class the sufferings attendant on prolapsus, or even on procidentia, are not so painfully developed as among the upper. This probably arises from the necessity there exists for exertion, and not giving way to pain, and from con-

tinued prolapsus from early life, for frequently girls of tender years have their wombs displaced by lifting weights or carrying heavy babies, especially during the first catamenia; and if this occur they generally have to bear the suffering and inconvenience attending it through life. It is very common among those of a scrofulous diathesis. It is disputed whether prolapsus is most common amongst the upper or lower classes in this country. Some argue that those who daily labour for the necessaries of life are more subject to it than others. My experience has been that it is most frequently met with amongst the upper classes of society, more especially the form known as relaxation, and more frequent amongst the working class than among our middle classes. This, I think, can be easily accounted for. In the higher classes the ladies are more given to self-indulgence than their less rich sisters; their beds are too soft, they lie too long in the morning, all causing relaxation of the body; they do not take proper exercise, generally driving, and thus producing a weakened state; and when for pleasure, especially during the catamenia, they spend hours nightly in dancing or in the violent exercise of riding on horseback, it is only wonderful to me that displacement, being so imminent, is not more frequent. In the middle class this state does not exist to the same extent. In all those cases where prolapsus exists in the virgin, we can trace it to one or other of the causes mentioned above.

In proof of this I was called in to see a young lady some four years ago, the daughter of a distinguished M.P. She was very young, yet I found not

only prolapsus, but its frequent accompaniment, ulceration of the cervix. She told me she must be allowed to continue her rides in Rotten Row, as, to use her own words, "she would rather die than give them up." I learned she first relaxed the womb some eighteen months previous, when hunting in Ireland, during the catamenia, and I stated to her the impossibility of doing her any good if she continued this exercise. My advice was not listened to; she found a more accommodating physician, and I noticed her death recorded in the *Times* about two years and a half ago.

Procidentia, however, is more frequently met with amongst the labouring class. Indeed, I have only met with five cases of procidentia in the upper, and in all the results of severe and prolonged labour, and perhaps of injudicious interference at the time. In the working class, however, it is not uncommon. In the virgin I have never met with it; only in the mother. Some of these poor sufferers do not seem to feel so much pain from this disease as from prolapsus. I have known several cases where poor women have daily worked hard from morning to night with the everted womb hanging down between their knees, yet still seeming to suffer not so much as those who had only simple prolapsus. In many cases of procidentia, however, not only is the suffering generally increased, but the inconvenience attending the protruded mass is much greater, for not only does the everted womb impede motion, but in most cases sooner or later its surface becomes ulcerated, entailing much inconvenience and pain.

Having thus briefly stated what displacement and protrusion of the womb mean, I will now describe the means usually adopted for their relief; and any remarks that I may make are not intended to reflect on any individual, but to correct and point out what I consider to be the errors of mistaken judgment. On referring to the great authorities of the old school of medicine, we find that all are unanimous on one point: that is, that an instrument known as a pessary, should be introduced into the vaginal passage, in the hope of supporting the displaced organ; but, although unanimous that such an instrument should be used, yet there is a strange difference of opinion as to what this pessary should be made of. Some insist that it should be made of gold; others, with less extravagant ideas, are content with silver gilt; others, again, prefer vulgar india-rubber, whilst another class advocate the advantages of wood. Not only do doctors differ as to the instrument to be used, but hardly two agree as to shape. Some insist it should be in the form of a flat oval disc, others that the disc should be round, whilst a large number say it should not be a flat disc at all, but a round ball. Such diversity of opinion among writers seems to me to be a proof that the instrument cannot be so perfect and necessary, as at first we might be led to suppose; and on examination we shall find this opinion to be correct. These gentlemen are quite correct in considering that as in prolapsus there is a mechanical difficulty, so a mechanical remedy is the one best adapted for the case; but, unfortunately, all mechanical appliances require a base of support, and this cannot be obtained by

the pessary. For, when it is introduced into the vagina, having no support except the walls of the passage, it cannot support the uterus, but only produces irritation, inflammation, and even in some cases gangrene and death. That this is no exaggerated picture is proved by a case that was lately brought under my notice.

Miss —, aged 19.

This young lady, in July, 1865, paid a visit to a friend in the West-end, when she complained of symptoms indicating relaxation of the uterus. Her friend said, "Your symptoms are like mine. Consult my doctor, and he will soon put it all right." This gentleman was sent for, and, following the dictum of the profession, of course introduced a pessary, but, quitting town shortly after for his vacation, left his young patient in the care of a medical friend. Inflammation soon set in, and her sufferings became very great. The medical friend was sent for, but, not liking to interfere, some soothing injection was prescribed; but still the poor young lady rapidly grew worse. Another medical gentleman was called in, but, alas! too late. He found, on removing the abominable instrument, that gangrene had set in; her sufferings were very great, and her screams were heard in the street. Death soon terminated her sufferings.

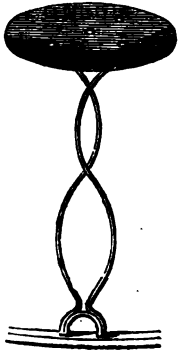
Was not this poor young lady literally murdered? for there is no milder word for such malpractice. It may be said that this is only one case; but I could relate instances of many others nearly as bad, and, although all did not terminate fatally, yet all were rendered miserable for life. To me it seems, that some accoucheurs have a belief amounting to monomania regarding the pessary, considering it to be a panacea for all female complaints, and that even death itself may be arrested by its use. During the month of March, 1865, I was attending a poor lady in Sloane Street, Chelsea, who was at that time near

the point of death from cancer of the breast. During my absence in Ireland for two or three days, an accoucheur in a neighbouring square was called in to relieve her from symptoms of retention of urine, which had suddenly attacked her. He pronounced that the poor dying lady was suffering from prolapsus, and that all that was necessary would be to introduce a pessary, which he did. (Most men would have considered a catheter, not a pessary, to have been the proper instrument.) On my return the next day, I found the poor lady too exhausted for me even to attempt removing the vile instrument, and she died two or three days after its introduction. Is it not marvellous that we should always be prone to push a favourite theory, even in the face of death, to foolishness and culpability?

It can hardly be imagined that more mischievous or foolish instruments than these pessaries could be invented; but some one, finding that the common pessary was useless, invented a still more dangerous instrument, which consisted of a stick or stalk fastened to a band or strap, and this stick or stalk is passed up into the vagina. Its apex sometimes terminates in a disc or ball; frequently nothing but its round point pushes up the womb, by pressing on the cervix. Literally the poor woman is impaled, and is constantly in no little danger from every movement she makes. We would suppose that these were bad enough, but it is nothing in point of danger to a spring pessary, introduced for the use, not of the rich, but of the poor, as described by its maker. "It consists of two stems of German silver wire, coiled into a spring at the upper part; these



branch off into two half-cups, and are surrounded by a perforated cap of india-rubber, which supports the uterus." This precious instrument is not, remember, for the rich,



but for the poor, whose movements are greater and more frequent than those of the wealthy; and when we consider the frequent acrid character of the discharges from these parts, and that German silver is an alloy, and is easily corroded by acrid discharges, are not the wires

liable at any sudden movement to break? and if this should happen, the danger from death by perforation is imminent. However, it is recognised by the old school of practitioners, through their favourite organ, the *Medical Times*, for in the number of that periodical for May 31st, 1862, page 566, it is stated, "In hospital practice few things are so much required as a cheap and useful pessary. That devised by Mr. ——— seems to combine the essential qualities of such an instrument, viz., lightness, simplicity, and low price." Is this the instrument used in the Soho Square Institution?

One allopathic writer on this subject has had the boldness to condemn the use of the pessary in prolapsus, for he states,—“Let the introduction of pessaries be avoided. I will here state my objections to them: whatever their form, as mechanical supporters, as a general rule, they are bad: they are prone to produce irritation and excoriation, and with these leucorrhœa. They are incompatible with perfect cleanliness, and when they afford any relief

at all, they stretch and tend to keep up the relaxation of the canal."

I am, however, glad to state that some of my allopathic friends, besides this gentleman, view this serious subject in a different light, and are contented to try less ambitious but safer modes of treatment. This generally consists of enjoining the horizontal posture and injections, and in many cases, where relaxation is the only difficulty, these are successful. Yet sometimes the irksome nature of this treatment, although safer, is inflicted where neither relaxation nor prolapsus exists. As for instance, during the summer of 1866 I was requested by the husband of a lady to visit her. He stated that she had been under the care of one of the well-known physicians of the Soho Square Institution for six months, who had pronounced her case to be one of prolapsus, and insisted that the horizontal posture should be kept for some time, which was scrupulously attended to for some months; but there was no amelioration, but rather aggravation of all the symptoms. When I saw the lady I discovered on digital examination only slight relaxation, and as far as the uterus was concerned, no lesion that could give rise to such suffering. Her symptoms were so like those produced by stone in the bladder, that I advised her husband to consult Sir William Fergusson. He did so; a large calculus was discovered, which Sir William Fergusson successfully crushed, and the lady was immediately relieved from all the unpleasant symptoms.

We learn from this, that even the most experienced men may be mistaken, being guided by symptoms rather than by actual digital examination.

In such a case if the pessary had been used, the lady's life would have been one of suffering and agony, and which must have been materially shortened.\*

Many surgeons advocate pure surgical interference as the only means of curing displacement of the womb. I consider it only justifiable in those cases where the displacement is owing to a roomy pelvis, with a large outlet; then the soft membranous tissues of the vagina, not receiving their proper bony support, give way and prolapsus or procidentia are sure to occur. The operation usually recommended, and in some few cases attended with good results, consists in exsecting a portion of the lining membrane of the vagina laterally and posteriorly, and then bringing the edges together with sutures, and so constricting the vaginal walls, and enabling them to support the descending uterus. This operation, although plausible, is only successful, as far as my experience shows, in comparatively few cases. It is not an operation that the surgeon should urge his patient to submit to.

Such being the treatment of the allopaths, I will now examine the usual homœopathic treatment of this disease. Here we at once see not only a scientific but a judicious course of treatment carried out. In the works of only one homœopathic writer do I find anything resembling a pessary recommended, and that is the introduction of a sponge. To this apply the same objections as to the pessary,

\* Surgeons cannot be too careful in cases of prolapsus, for I have known both cystocele and rectocele to have been mistaken for prolapsus uteri.

and this in addition, it is a filthy application, soon becoming putrid through the discharges and soon causing excoriation of the passage.

The general homoeopathic treatment consists in enjoining rest with the use of lotions of the same medicine used internally, injected into the vagina. In the first stage they recommend principally aconite, belladonna, and *Nux vomica*. In the second *sepia*, *Merc. sol.*, *arsenicum*, *Carbo. veg.*, sulphur, *podophyllum*, *ignatia*, &c.

Such being the usual mode of treating prolapsus, it is now incumbent on me to describe the treatment I usually adopt, and which has been largely blessed in the restoration of health to many. The first thing to be done in all cases of diseases is to find out the cause. Whether the prolapsus (in using the word prolapsus I make use of it in the general sense, including relaxation and procidentia) is owing to relaxation of the system, or to any violent exertion causing displacement, as in severe labour, or from uterine tumour.

In the first, when owing to a relaxed system, we generally find that the displacement has come on gradually. In these cases inflammatory action is seldom present. If so, it must be at once reduced by the administration of aconite, belladonna, *mercurius*, &c., and then the most rational mode of treatment will be not to aggravate the difficulty by weakening still further the vaginal walls by the introduction either of a pessary or of a syringe, but to see if there are not some remedies that have the power of restoring strength to the weakened ligaments or the yielding walls of the vagina.

Before prescribing any remedies, unless acute inflammation be present, the womb must be replaced in its normal position. Some surgeons use their digits, but these are seldom of sufficient length. Others use a uterine sound, but the use of this instrument is not unattended with danger. In replacing the womb I invariably use an American instrument, consisting of an ivory ball, the size of a boy's large marble, firmly attached to a strong steel rod, bent in the curve of the sacrum, with a strong handle. If prolapsus be backward, insert this instrument into the rectum, and, following the curve of the sacrum, I push the uterus before it into its normal position. If prolapsed anteriorly, I then introduce it per vaginam. With this simple instrument, which can inflict no injury even though unskilfully and rashly used, I have been enabled to restore to their former health many suffering women.

I may here remark that when a married woman has been subject to displacement of the womb, and has become pregnant, the time to effect a radical cure is immediately after delivery. The proper time to replace the womb in these cases is from the third to the fifth day after delivery. Then the uterus should be replaced in its natural position; the bandage properly tightened, instructions being given to the nurse to pay especial attention to this point, and the lady enjoined not to attempt to rise or put her foot to the floor for at least three weeks. These simple directions (care being taken that the womb has been properly replaced) have resulted, in a number of cases, under God's blessing, of restoring suffering patients to their normal health.

After the uterus has been properly replaced, I then prescribe those remedies which have a direct action on the affected parts. If inflammatory action still exists, then aconite, belladonna, and even mercurius, are useful. If the patient is weak and reduced by suffering, anxiety, and care, heloniadin, macrotin, myricin, *Æsculus hippocastanum*, *podophyllum*, *Veratrum viride*, are all useful.\*

These remedies I seldom give in the mother tincture, but, what is better, in the second or third decimal potency or trituration; to these are added, in recent cases, rest in the horizontal posture, enforced for the greater part of the day, and, above all things, a *proper bandage*—*i. e.*, a bandage which supports the parts in an upward direction, but does not exert, as too many bandages do, a pressure downwards. This should be put on before getting out of bed in the morning, and not taken off until in bed at night. Indeed, in a word, “the patient should never put her foot to the ground without having her bandage on.” In addition to this an injection should be used, but not used in the manner usually adopted. The object of all this treatment is to retain the uterus in its place, and to give tone and strength to the vaginal walls. Now, any instrument, as the usual vaginal syringe, thrust up the passage as far as it can go, must cause not only more or less irritation, but also dilatation of those walls,

\* Macrocin, *podophyllum*, and myricin, these three valuable remedies, with many others, as the *Veratrum viride*, *senecinin*, *leptandrin*, *phytolaccin*, *hydrastidin*, and some others, I had the honour of first introducing into practice in this country some fourteen years ago.

especially in the virgin, thereby aggravating the very difficulty attempted to be overcome.

Again, such injections are very injurious, because they are necessarily applied in such a posture of the body as to induce relaxation and prolapsus, and it is no uncommon occurrence for the womb to descend when in the act of using the injections.

Further, however good and beneficial the fluid injected may be, it has no time to act; for no sooner is it thrown up, than it returns again.

In treating diseases of the uterus and vagina, injections are a potent instrument for good in our hands, when the difficulties I have named above are overcome, which they can easily be by employing the syringe I have invented and introduced, which is fully described at p. 41. With such an instrument lotions can be applied topically to the vagina and cervix, without dilating or irritating the vaginal walls, the main support of the displaced uterus. Indeed, the object of the injections is to strengthen the membranous walls of the vagina, and to subdue inflammation. If this latter exists, then an injection of a solution of the muriate of hydrastia, or, if this cannot be procured, then an infusion of the powdered root of the *Hydrastis canadensis*, is most useful. Infusions of *Trillium pendulum*, *Macrotys racemosa*, *Podophyllum peltatum*, heloniadin, myricin, &c., I have found beneficial in strengthening the vaginal walls and in giving tone to the parts.

In addition to these means, attention must be paid to the general health. If constipation is habitual, I find the higher dilutions of *Nux vom.* and sulphur invaluable. If torpidity of the liver exists,

then pilules of leptandrin or podophyllin generally remove the difficulty. If any difficulty exists in passing water (which is not infrequent), to prevent the bladder becoming too full, which tends to displace the uterus, the water should be drawn off with a catheter at regular intervals, say every four or six hours. In some cases, and under certain circumstances, a catheter may be left in the bladder, being carefully removed at least once a day. The health of the patient should be kept up by good nourishing food, and the judicious use of stimulants. Of these probably the Hungarian wines imported by Mr. Max Greger, of Mincing Lane,\* are the best, being less heating, and containing more blood-making ingredients than the fiery wines of Spain or Portugal. By careful attention to these means, almost every case of relaxation, and many of seemingly hopeless prolapsus, may, with God's blessing, be cured. But, unfortunately, there are other forms of prolapsus and procidentia that require very different treatment. I refer to cases of long standing, and those cases in which the perinæum has been ruptured during child-birth. In the latter the only proper mode of treatment is to perform the plastic operation for ruptured perinæum. This operation, I believe, was first performed by Dieffenbach; lately, others in this country have repeatedly performed the operation, not only in recent, but in cases of long standing, with success.

In cases of procidentia, the first step is to return

\* See page 225 in my work "On Tumours," in which the medicinal qualities of these wines are fully discussed.



the protruded mass into the pelvis. Sometimes this is a difficult and tedious operation; but in almost every case, with patience and judicious manipulation, this may be accomplished; and when returned, it must be kept *in situ* by a proper bandage. In these cases, in addition to a bandage, I usually order a strap, in which a small piece of prepared india-rubber is placed, which fits into the orifice of the vagina, but does not enter more than three-quarters of an inch. This is an additional security against a recurrence of procidentia when walking or riding. Sometimes when procidentia is of long standing, especially in those cases where the mass is ulcerated, we find a radical cure taking place, owing to inflammatory action being set up in the restored parts, and adhesions taking place; but this is an exceptional occurrence. In these sad cases, although great relief and comfort can be given, yet this should not satisfy us; and I am glad to say that there is an operation quite justifiable in these cases, as it holds out, humanly speaking, a certainty of radical cure. This operation was first performed, some thirty-five years ago, by M. Fricke. It was soon afterwards performed by several English, Continental, and American surgeons; but it seemed, like most great truths, for a time to have been disregarded. This, I believe, was owing to the fact that almost all the pure physician-accoucheurs set their faces against it, and discouraged its performance, notwithstanding its safety and success have been abundantly proved by the cases recorded by several distinguished surgeons, not only of this country, but of America;

yet the pure physician remains incredulous. In this place I merely remark that M. Fricke's operation has been extended and improved by others.

It is simple, and unattended (so far as an operation can be) with danger, and can be performed by any one at all conversant with surgery; and it is such an operation that I would not only recommend, but myself have performed, in those cases where hygienic means fail to afford relief.

Indeed, displacement of the womb is by no means the formidable disease that many conceive it to be; it is simply an important organ out of its proper place, to which it can be restored without much difficulty, provided it be healthy, and not enlarged by congestion. If so, by proper treatment the organ can be reduced, and rendered healthy; and, having been replaced, it can be retained *in situ* by proper support. This is effected by means of an appropriate bandage, not by pessaries, thus obviating the necessity for a suffering lady to lie on her back for many months or even years, thereby producing debility and relaxation of the muscular tissues, the very effects which cause displacement. To-day (19th January, 1869), a gentleman informed me that "his sister-in-law had been confined to her couch for more than two years, her only complaint being displacement; whether real or only imaginary, he could not tell." Notwithstanding the lady's long and painful confinement, she is no better now than she was two years ago. Surely, if such be the unsatisfactory results of the old and present treatment of these simple ailments, should not the disciples of the old school of medicine, at least try for

a few weeks, not an experiment, but a safe, more certain, and speedier mode of cure ?

Displacement of the womb may be caused by other mechanical difficulties than those described, as, for example, tumours in the womb. This is by no means an unfrequent cause of this difficulty, for, as the tumours increase in size and weight, they gradually draw down the womb from its natural position, aided by the profuse discharge generally proceeding from their membranous covering, and from the irritation on the lining mucous membrane of the womb.

It naturally follows, then, that my next subject should treat of

#### NON-MALIGNANT TUMOURS OF THE WOMB.

These tumours are fibrous in their character, and are of frequent occurrence, often being serious in their results. By a tumour of the uterus, I mean a dense morbid growth, which has its origin in the body of the womb, appearing either upon the peritoneal coat, in the muscular substance, or upon the inner mucous surface.

These non-malignant tumours are always fibrous, and probably are the most frequent of all organic diseases of the womb. They are met with either attached to its external surface, projecting into the cavity of the abdomen, or are embedded within its walls, or attached to the inner surface of the womb. Their true character is disputed by eminent writers on this subject, some insisting that they are true fibrous tumours, while others try to prove that their

structure is intrinsically the same as that of the muscular walls of the uterus, from which they originate.

In those cases of fibrous tumours which grow from the external walls of the uterus, they become everted with the peritoneal membrane, and increase in size and number; but, unless they interfere with some of the vital organs, seldom give rise to serious consequences. The tumours which originate in the muscular substance of the womb are generally of a similar structure, but not always so. In some cases they are purely fibrous, and, as they increase, the walls of the uterus bulge out: sooner or later, owing to the contraction of the muscular fibres, they are forced into the cavity of the abdomen or of the womb. These tumours are generally pedunculated, and are known under the name of polypi. This effort of nature in their expulsion is frequently followed by a radical cure, for the muscular tissues of the uterus, contracting on the pedicle or neck, strangulates it, and it drops off, and, if in the cavity of the womb, is ejected through the os. If these growths are forced into the cavity of the abdomen, they are covered by the serous peritoneal membrane, and then frequently attain to a considerable size, giving rise, unless they impede the action of some of the visceral organs, to more discomfort and inconvenience than to real danger. If, however, the tumour be internal and true fibroid in its character, then the inconvenience and suffering are great, and attended with imminent danger. Again, if the polypoid tumour be not strangulated on its protrusion into the uterine cavity, then it may increase in

size, giving rise to a constant watery and frequently ichorous discharge, at times accompanied by flooding, and eventually, from its weight, dragging down the womb, so as to cause eversion and procidentia. The fibrous tumours in the cavity of the uterus are also accompanied by danger to life and much suffering, dependent in a measure on their size and situation. All tumours, whatever their character may be, give rise to more suffering when attached to the fundus of the womb, than when they proceed from nearer the cervix. Generally these tumours are imperfectly supplied with blood-vessels, and therefore are of low vitality. They usually arise during the time a woman menstruates; and, although they may be discovered after the cessation of the menstrual flow, they are in the first instance generated during some period of life between the age of puberty and fifty-five, and only increased in size after the change of life. The tumours that are met with either in the cavity of the womb or growing from its substance, are not always fibroid, for cystic, or fibro-cystic tumours are not unfrequent. Cancerous growths also are not uncommon, but I believe these to be degenerated fibrous tumours. Some writers affirm that these tumours in the womb never degenerate, but there is no reason why they should not do so in this situation as well as in others; for I have proved, in my work "On Tumours" (p. 153), "that fibrous or desmoid tumours, either through irritation or lapse of time, sooner or later degenerate into the malignant form." Fibrous tumours of the uterus are no exceptions to this rule, and vary in size, from that of a pea to the size of a child's head.

It may appear strange, but a small uterine tumour generally gives rise to more hemorrhage, pain, and discomfort, than those which have grown to a considerable size.

The symptoms produced by these tumours vary. When they grow into the abdominal cavity, in most cases no serious symptoms arise; and that such a growth is present is not suspected, until felt through the parietes of the abdomen. On the other hand, when they grow into the cavity of the womb, then more or less serious symptoms are always present. As I named before, these symptoms depend in a measure on the situation of the tumour, whether attached to the fundus, or near the cervix of the womb. Although I am very far from asserting that a leucorrhoeal discharge necessitates the presence, I have no hesitation in stating it to be the first indication, of a tumour. This discharge is followed by increased menorrhagia, which rapidly degenerates into frequent and exhausting floodings. This latter, however, is not a necessary result, for sometimes, especially when the tumour is of a considerable size, this symptom may be altogether wanting. There is a sense of fulness and uneasiness in the lower part of the abdomen, accompanied by a feeling of weight and a dragging sensation, as if the body would fall down, pain in the thighs, and in the hip-joints, generally only in one, with a frequent desire to pass water, increased anxiety and feeling of exhaustion. Pains, simulating labour pains, at times occur from an effort on the part of the uterus, by its contraction, to expel the foreign substance, and the floodings become more frequent. The discharge now coagulates and comes

away in large clots, and subsequently becomes thin, acrid, and offensive. The other organs of the body become affected, appetite and digestion are impaired, palpitation of the heart is caused by the slightest exertion, exhaustion and complete prostration ensues, and the patient rapidly sinks.

I have met with several cases in which these alarming symptoms were ascribed to cancer of the womb; but on minute examination I have detected fibrous tumours in the cavity of the uterus. The diagnosis between the symptoms is impossible, and it is only by a careful and thorough examination that the true cause of suffering can be detected. On examination, especially if the tumour be attached without a pedicle to the fundus of the uterus, the os is not generally found to be larger than usual, although the body of the womb is felt to be heavier than natural, with more or less displacement, whilst the cervix is enlarged and congested. Dilatation of the os is then necessary, if the tumour cannot be detected with the uterine sound. On the other hand, if the tumour be situated near the cervix, and especially if pedunculated, pressure distends the os, which, with the neck, feels as it does during pregnancy. These examinations should always be made "*during the time of flooding.*" I believe Sir Charles Locock was the first to point out this important fact; for at no other time can a foreign body in the uterus be so easily discovered as when hemorrhage is present; for then the tumour is most likely to come down. When making this examination, the physician or surgeon should be prepared, if necessary, to remove the tumour in the manner hereafter described.

Modern surgeons, with few exceptions, in cases of uterine polypi, do not hesitate to cut them off by dividing the neck. Formerly, surgeons had a great dread of hemorrhage (in these cases a myth), and introduced the practice of strangulating them by ligature. Ligaturing a uterine polypus is attended with far greater danger than excising it. In the former, the mucous membrane of the womb may be involved, in the ligature giving rise to serious consequences, and causing anxiety and discomfort to the patient, until the strangulated tumour decays, and falls off. The danger that may arise from hemorrhage by cutting off a polypus is infinitely less than that by the ligature. Indeed, so simple is the excision of a uterine polypus, that rarely is chloroform, or any other anæsthetic, necessary.

In adverting to excision of uterine polypi, I only refer to simple and not to malignant growths from the womb. In the latter the treatment is very different. Some writers, in these cases, advocate *torsion*. It is, in most cases, I think, inadmissible, as the pedicle, being composed in part of the structure, is too thick to be acted upon by torsion with success. *Avulsion*, or the forcibly tearing away the tumour, is attended with imminent danger, and should never be thought of. Strangulating a polypus, by crushing its neck by means of clamps, results the same as ligaturing, but is more clumsy, and in some difficult cases it would be impossible to apply the clamps with success.

The treatment of those uterine fibrous tumours that are not pedunculated is very different. In many cases the surgeon is content to employ some medi-



cial agents with the hope of checking its growth. In my experience all these have invariably failed. The older school of physic recommends in such cases cupping the loins, leeching the cervix, securing regular evacuations of the bowels and bladder by the use of enemata or catheters, frictions on the abdomen with soap linament and laudanum, injections of mild astringents into the vaginal passage to arrest the discharge. Enucleation, with caustic potash, and even an operation by incision into the abdominal walls and extraction of the tumour through the uterine parietes, have had their advocates. (I must just mention *en passant* that another form of deposit has been found, though rare, in the substance of the womb, and that is tubercle, or tuberculous infiltration, similar to the deposit so well known in the lungs of consumptive patients; but this does not seem to have deranged any of the uterine functions, such as menstruation or gestation.)

In these cases I attempt, if possible, to remove these fibrous non-pedunculated tumours by means of the *écraseur*. This is usually successful, provided the base of attachment is not too broad, which is seldom the case, and also provided that the situation is such that the steel ligature can be placed around it. If this can be accomplished, then their removal is speedy, easy, and safely accomplished. If, on the other hand, their base is so broad, that it cannot be grasped by the *écraseur*, following out the plan of a Mr. Brown, an English surgeon, who some years ago published papers on this subject, I operate as follows: Knowing the low vitality of these fibrous growths, and that if their structure is

broken into, their vitality will be destroyed, and they will slough away, I have, by means of a peculiarly shaped bistoury, cut deep into the substance of the tumour in a crucial form, gouging out, if possible, as much of their centre as the situation will allow. This is unattended either by pain or danger, and the loss of blood is but trifling. The result of this *modus operandi* is, that the vitality of the tumour is completely destroyed, and that which is left speedily sloughs. The uterus then contracts to its natural size, and in the majority of cases a radical cure is effected, and the functions of the womb are afterwards carried on in a natural way. In some few cases any attempt at operation is inadmissible, and in these we must depend entirely on the action of medicine. To a certain extent we can derive much benefit by their judicious use, more especially in those cases where there is a tendency in the tumour, as is sometimes the case, to disintegrate and break up, then medical aid is necessary.

When a fibrous tumour of a large size exists, especially in those advanced in life, any attempt at its removal is hazardous, and more especially when it is external to the uterus and cavity of the abdomen. In these cases, all that should be done is to arrest its growth, if possible, by gentle and soothing means, and sustaining the strength of the patient. That this may be done is exemplified in the following case:—

Mrs. —, aged 55.

This lady came to me on the 14th of January, 1864, and stated that she had felt a large, hard ball in her stomach for about eighteen months, accompanied by pain at night when in bed, if she had walked or worked about much during the day; also a constant dragging pain in the back, frequent desire to urinate, a

bearing-down sensation when she stood or walked, as if, to use her own expression, her body would fall out, with leucorrhœal discharges. Menstruation had ceased about eight years before. On examination, I felt a large fibrous tumour attached to the upper portion of the uterus, painless when pressed on. I also found that its weight had displaced the womb to such an extent that over-exertion might easily produce procidentia. She stated that the tumour had grown very much during the last month—that frequently she had attacks of sickness and vomiting; she also suffered from obstinate constipation. I prescribed an ointment composed of scutellarin and unguentum cetacei, to be applied over the tumour; this ointment to be renewed night and morning, and the surface gently but thoroughly washed with Castile soap and tepid water, to allow absorption more readily to take place. I also administered hydrastis  $\frac{6}{x}$  to be taken three times daily for a fortnight, then viburnin to be given, then thuja, &c.; the bowels to be moved by an enema of tepid water; a uterine supporting bandage to be constantly worn, to avoid over-fatigue and all unnecessary labour. I heard regularly from this poor lady, but did not see her again until the following May. Her health was improved; the tumour did not cause so much uneasiness as it had done: I could detect no increase in its size; the lady herself thought it smaller. The scutellarin ointment was changed to lotions of Hydrastis c., Veratrum viride, viburnin, and xanthoxylin. These were applied by means of cloths dipped in a watery infusion, and covered with oiled silk; they were worn at night. Another ointment, composed of the iod. plumbi and unguentum cetacei, was applied during the day. The lotions were also changed every week or ten days. This treatment, varying from one application to another, and giving different medicines from time to time, has been so far successful, through the Lord's blessing, that during the last two years the tumour has not increased, and the lady has enjoyed, and is enjoying, a fair state of health; her only discomfort is being obliged, as she expressed it, "to mess so with herself."

Within the last four years a leading surgeon has made it fashionable to operate in such cases. This is done by laying open the cavity of the abdomen, and extracting the tumour. How many cases recover from such a hazardous operation I cannot

tell; but this I know, that not a few die within forty-eight hours from the time of the operation, and some within a much shorter time. If this poor lady had chosen this mode of treatment, it is probable that, instead of now being alive and with her family, she would probably not have been alive two days after the operation.

Desperate as such operations may seem to be, they are comparatively safe, when compared with those recommended by some, who attempt to get rid of these tumours, either by the actual cautery, or by the use of the powerful mineral caustics which are now so freely used, and which are always so painful and so injurious in their effects. My experience has been, that no cases of tumour, either malignant or non-malignant, of the uterus can ever be cured by the use of these fearful remedies. My judgment is formed, on the many cases I meet with, where others have attempted to cure with caustics alone. At the present time I have a lady under my care who entered the institution in Soho to have such a tumour removed. It was destroyed by caustics, but in doing so the greater portion of the cervix was also destroyed; malignant ulceration of this part was set up, and it was only through God's blessing that the disease was arrested. She is now tolerably well, but will be a confirmed invalid for life.

I will here pause for the present, but will detail several interesting cases when I come to write on malignant tumours of the uterus. I may, however, mention one case of a fibrous tumour in the walls of the vagina that I met with in November, 1864.

Mrs. —, aged 27 years.

This lady had been a widow for two years. About six months previous to my seeing her she felt much pain in the passage, with a feeling of weight and fulness in the parts, a constant desire to urinate, and pain in her back. Catamenia regular, but at these times suffers greatly from dysmenorrhœa. She also had leucorrhœal discharge. Has had one child. On examination I detected fibrous tumour situated within the structure of the walls of the vagina on the left side, about an inch and a half beyond the meatus urinarius; it was about the size of a pigeon's egg. I had determined to cut into it, but, as I always do in cases of tumour, I first placed her under constitutional treatment. I ordered hydrastis 6/x three times daily; the bowels being confined, to be moved by an enema of tepid water every morning; and to arrest the leucorrhœal discharge an injection of the infusion of the hydrastis twice daily was prescribed. In a fortnight I was greatly surprised to find that this tumour had nearly disappeared. The treatment was persevered in for some little time longer, and when I saw her, three months after the first interview I could detect no sign of the tumour. The lady has since then married, and at present has had no return of her difficulty.

Many additional cases might be quoted from my note books, proving that fibrous tumours of the womb are not such formidable difficulties as render their treatment hopeless. For in almost every case, either by surgical or by medical treatment, if not radically cured, their progress can be arrested, and the sufferers restored to comparative health and comfort. The great danger in all these cases is delaying in seeking advice, for it is natural that a delicate female should shrink from naming such a difficulty to a physician, more especially to a stranger. This delay often allows a comparatively harmless disease to degenerate into one of an incurable and malignant character.

Mrs. S—, aged 39 years.

(*Case of Fibroid Tumour in the Cavity of the Uterus.*)

This lady consulted me in the month of June, 1866. She had been the mother of five children, the youngest of whom was twenty months of age. For the last eight months previous she had felt great fulness, accompanied with pain simulating those of labour. She had suffered latterly from a constant leucorrhœal flow, and every three or four weeks with flooding. On examination I found the uterus enlarged and considerably displaced, the os being natural and not unusually dilated. On introducing a uterine sound I detected a large foreign body, larger than an orange, attached to the fundus. With the consent of the husband she submitted to an operation for its removal. After she had been placed under the influence of chloroform, I divided the cervix with the same instrument and in the same manner as I employ in cases of occlusion of the os. This opening allowed me easily to pass my finger into the cavity, when, as I had expected, I found a large fibroid tumour with a broad attachment to the fundus of the uterus. From its form it was hopeless to attempt strangulating its base either by ligature or by the *écraseur*. I, therefore, with a bistoury which cuts only on its point, cut deeply into the substance of the tumour and gouged out as much as possible from its centre. There was but trifling hemorrhage. Before placing her in bed I applied pressure over the uterus by means of a bandage. Aconite and mercurius were given alternately for twenty-four hours, then Thuja occ.  $\frac{3}{\chi}$  was administered every fourth hour. In the course of a few days pieces of the tumour, accompanied by purulent sanguineous discharge, came away. This continued for some weeks. In the course of two months all discharge ceased, and the lady soon recovered her former health.

I may here remark that I have found the Thuja occ. a most valuable remedy in assisting the action of the womb, in throwing off these tumours, after their structure has been partially destroyed. I have tried it in some cases before interfering surgically with the tumour, but in all these it has produced no perceptible effect. I might quote a number of

cases of fibroid polypi of the womb, in which they were either removed by ligature or by the *écraseur*. The operation is the same in all, excepting that the body of the tumour in these cases is not touched, the ligature being passed around the neck; and in those cases where the tumour is situated near the os, the natural opening is sufficiently large to render further opening unnecessary.

Surely I have written enough to prove that simple or non-malignant fibroid tumour of the womb is by no means an incurable disease.

## MALIGNANT DISEASES OF THE WOMB.

### CANCER OF THE WOMB.

Under this head I will consider induration or hardening of the neck, and malignant ulceration of the same part. I do not, however, mean to state that induration and ulceration always degenerate into cancer; but I believe that they do degenerate into this form, wherever a predisposition exists for the development of scirrhus; for, from the vascularity of the parts, when excited by induration and ulceration, this region becomes a frequent situation for its development.

#### I. INDURATION.

Induration of the neck of the womb is always the result of inflammation, generally proceeding from congestion, but any exciting cause giving rise to inflammation, may produce it. In fact, it is the result of the blood-vessels, being engorged with blood, pouring out fibrine or lymph into the tissues,

changing their character, and thereby giving rise to hardening of the parts, lowering their vitality, and rendering these parts more liable to degenerate into malignant disease. Inflammation may arise in the uterus from many exciting causes, as dysmenorrhœa, the application of caustics (as nitrate of silver, protoxide of iron, &c., or of leeches), scarifications, &c., and from congestion. Whatever may produce induration, it is an admitted fact by all surgeons that, if the induration is not speedily removed, it gives place, first, to ulceration, which frequently degenerates into malignant disease, especially in those cases where hereditary taint or predisposition exists. In these cases the treatment usually employed by the old school is to reduce acute inflammation, when in reality the inflammatory action by this time is not acute but chronic; and if, instead of using leeching and depletion, an opposite mode of treatment were employed, we should hear little of malignant ulceration and cancer of the cervix uteri. Such being the antiphlogistic treatment of the allopaths, if we turn to the homœopaths we find their first object is, not only to reduce the chronic inflammatory action by the administration of belladonna or aconite, but also to arrest chronic inflammation and the pouring out of coagulable lymph. They also attempt to give tone to the system, to enable the absorbents to remove the deposit, and to restore the uterus and its cervix to their normal state. This is what may be called the common-sense mode of treatment. Adopting this view in these cases, I usually recommend an injection of the infusion of the *Hydrastis canadensis* to the cervix



uteri, and a medicated compress over the uterus and pelvic viscera, with such remedial agents administered internally as will give tone to the system and enable the absorbents to remove the abnormal deposits. This is best illustrated by a case under my care three years and a half ago.

Mrs. —, aged 23 years.

This lady called on me on the 1st of June, 1865, complaining of having aching pains in the lower portion of the abdomen behind the pubis and in the left hypogastric region, accompanied by a leucorrhœal discharge. She first noticed these symptoms about six weeks previous to her visit to me, but her discomfort, although not positive suffering, had increased. She had been married only seven months. Her marriage had been an unhappy one, having been separated from her husband about two months. The last catamenia appeared rather before the time, when she suffered more than usual; the flow was thicker and darker in colour, and lasted longer. On examination I found the cervix and lower part of the uterus to be indurated, giving the feeling of stony hardness to the touch. As yet the mucous membrane remained intact, and ulceration had not taken place. I prescribed injections of the infusion of the *Hydrastis canadensis*, cloths moistened in a lotion composed of the tincture of *Podophyllum peltatum*, and water applied over the lower region of the bowels, and internally I administered the second dilution of *Macrotys racemosa* twice daily, alternately with *Helonias dioica*. On the 8th of the same month this lady again called on me; she was much better, the stony hard feel of the cervix had nearly disappeared, although considerable hypertrophy yet remained. I recommended her to continue the same treatment, but, as the bowels were confined, I prescribed three or four pilules of podophyllin to be taken at bedtime.\* I did not see this lady again until the middle of August. She had been spending some time

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\* When mentioning pilules of any of these preparations in this work, I mean sugar pilulæ saturated in the mother, or one of the decimal, dilutions of the tincture of the medicine, and then dried. I never mean pills of the crude substance.

with her friends in Devonshire. She told me she was quite well, that she had persevered with the medicines I prescribed for some time, until all leucorrhœal discharge and the sensation of pain and weight behind the pubis had disappeared, when she gradually left them off. On examination I found the womb in a healthy normal condition.

This case was most satisfactory; but if I had attempted, in the first instance, to reduce the induration by leeches or by caustics, I should certainly have hastened ulceration; for induration, if it be not speedily arrested and softened, sooner or later terminates in ulceration; and if so, from the parts being already partly degenerated, this ulceration would have assumed a malignant type.

## II. MALIGNANT ULCERATION.

When malignant ulceration first attacks an indurated cervix, it most frequently assumes the form known as "*eroding ulcer*." When this becomes fully established, the following distressing symptoms are developed. There is a feeling of heat in the upper portions of the vagina; pain above either hip, or above both; inflammation (in some cases) of the vagina itself, with great tenderness; constant desire to pass water, or inability to do so; pain of a dragging, cutting nature in the back, with a constant unbearable bearing-down feeling; irritation in the rectum; profuse leucorrhœa, often streaked with blood; indisposition to move about, headache, and, above all, a peculiar sinking feeling at the pit of the stomach, as if it were pressed to the backbone; a desire at times for food, but when it is placed before the patient, a certain inability to eat a mouthful; a

flow of tears without crying, &c. When ulceration has advanced so far, we would naturally suppose that little could now be done to prevent it degenerating into cancerous disease, and, in the majority of cases, this sooner or later occurs, although I have been enabled, through God's blessing, not only to relieve, but to effectually cure, many sad cases, even when they have assumed the malignant form. But, before entering into these details, it is necessary that I should point out the means employed by the allopaths to meet these fearful difficulties. In every case of ulceration of the cervix, they resort to one common mode of treatment; no matter whether the ulceration be simple, eroding, or cancerous, all are treated by the same means—caustic. The idea seems to be cauterized deeply into the brains of the profession, that an ulcer in these parts can only be cured by burning it out. But why should this sameness of treatment be applied only in cases of uterine ulceration? If ulceration happens to appear in the cuticle upon different parts of the body, the same men who, when it appears on the cervix uteri, indiscriminately use the one remedy would be very chary of using the same agent on the external surface. In these latter cases, every ulcer would not be cauterized, but soothed and treated by more judicious applications. Why should the poor womb alone be maltreated? I am sorry, however, that truth compels me to state that this pernicious treatment is not confined to the allopathic school; for I have frequently met with cases in which gentlemen, who profess to be the only pure followers of Hahnemann in this city, secretly

employ, as it were, these caustic agents. Caustics, in these cases, are forbidden by the great doctrines of Hahnemann: and why? Because such applications are contrary to the theory of *similia similibus curantur*; and because malignant ulceration of these parts can be, and is cured, by simply administering the proper medicines. The following case is only one of many that have come under my care:—

Mrs. —, aged 63 years.

This lady consulted me on the 4th of October, 1865. At that time she was suffering from malignant ulceration of the womb. About three weeks previous to her visit to me, she consulted one of the leading homœopathic accoucheurs, who, without consulting her, made an application of caustic to the cervix uteri, in his consulting room. This was the more inexcusable, as the gentleman knew that the lady had a long railway journey of some hours before she could reach home. The agony she suffered, no doubt greatly aggravated by the shaking of the railway carriage, was very great; indeed, she was not free from pain for some ten days after her unfortunate visit. As soon as she was able, she again came to town for the purpose of consulting me. I found the cervix to be in a state of malignant ulceration, and I also found, from the appearance of the ulcers, that this one application of the caustic had been very severe, and from the destruction of tissue I knew that it had been only too thoroughly applied. The lady, on the 4th of October, 1865, placed herself under my care, and in the following Spring she was quite well.

Homœopaths ought to know better, and to practise very differently, especially as they possess such powerful agents as belladonna, Rhus tox., and many others, exercising a direct influence on ulceration of these parts.

I will now proceed to detail the treatment I have found most successful in malignant ulceration of the cervix before it has degenerated into cancerous

disease. As I stated in the first preface to this little work, "I seldom meet with a case of uterine disease in the first stage, all having been tampered with by other surgeons." This is bad enough in cases of simple chronic disease, but when malpractice has been employed in diseases of a malignant type, hopes of cure should not be entertained. This state of things unfortunately I have always met with, for on looking over my notes I cannot find a single case of ulceration of the cervix that had not previously been treated by others with caustics; in all, extensive injury had been done, and in some the injury was irremediable. I am consulted by ladies who have been for months under the care of the most celebrated accoucheurs of this country, in whom hardly a vestige of the cervix remains; ay, and even a portion of the body of the uterus itself, in many cases, is destroyed by these monstrous applications.

One of the worst cases of this kind I ever met with was that of a lady who sent for me on the 20th June, 1854.

MRS. —, aged 54 years.

This lady had been for eighteen months in Edinburgh, under treatment for uterine disease, and had only returned home two days before I was sent for, she having been told in Scotland that nothing more could be done for her. On examination, I found the whole of the cervix and a portion of the uterus destroyed; the vagina was also in a state of disease, and, to add to her misery, she was also suffering from reto-cele, induced by the destruction of a portion of the vagina by the caustics. In such a sad case I could merely alleviate pain, and make her a little more comfortable by paying attention that the parts were kept cleansed, so that no further irritation was produced by the acrid discharge. This lady died shortly after I first saw her.

In such terrible cases no general rule of treatment can be laid down. The first step is to allay the inflammatory action produced by these applications, then to encourage, if possible, healthy granulations, by supporting the system, and thereby arresting the march of destruction ere it be too late. I endeavour to accomplish this by local injections, generally those composed of *Hydrastis canadensis*, or, if obtainable, of the muriate of hydrastia, *Podophyllum peltatum*, *Myrica cerifera*, &c. To act constitutionally on the parts, I prescribe *Rhus tox.*, and belladonna if inflammation be present; if hectic and exhausted, gelsemium, cerasin, heloniadin, and xanthoxylin; besides these, topical applications are frequently necessary, applied in immediate contact with the sore, and this is done by mixing the alkalioid with a proper proportion of the *Unguentum cetacei*, and by means of a pad they are applied and kept in contact with the ulcerated surface.

In all ulcerations, I believe it is necessary, if you wish to effect a speedy cure, to apply directly to the ulcerated surface such applications as will not only have a soothing effect, but will change their eroding destructive character into a healthy granulating sore, and when this is done, we have no trouble in curing malignant ulcerations of the cervix uteri. This can only be accomplished by removing all cause of irritation, by building up and strengthening the general health, and applying such applications as will promote the secretion of pus, and the formation of healthy granulations. In the majority of those cases of induration that I have met with, I have found that ulceration had taken place before

they came to me; therefore my first efforts have been to reduce induration by the means described, and afterwards, by topical applications, to arrest the ulcerating process.

The following cases extracted from my case-book will best explain my mode of treatment:—

Mrs. —, aged 50 years.

This lady came to see me on the 20th December, 1862. Three years previously I had removed a scirrhus mamma, from which she recovered. The critical period of life had occurred, during the last two years, evinced by the irregularity of the catamenia. The last time it appeared was the previous August; for two months past she had suffered much pain, accompanied by a sensation of weight and heaviness behind the pubis. About three weeks before she was much alarmed by a slight flooding, and since then there had been more or less discharge, sometimes coloured, at others merely imparting a slight coffee-coloured tint to the linen. On examination I detected induration, with two large eroding ulcers on the cervix; prescribed injections of *Hydrastis canadensis*, and as there was considerable heat and inflammation in the vagina, ordered *Rhus tox.* 2/ $\chi$ , and *bella-donna* 2/ $\chi$ , every third hour alternately.

Dec. 24th.—Better, but discharge not lessened, although of a more purulent character; heat and sensitiveness of the parts have almost abated. Ordered *heloniadin* twice daily, alternately with *caulophyllin*.

Jan. 12th, 1863.—Better, but with heat in the cicatrix of breast from which the mamma had been enucleated; prescribed a lotion of *scutellarin* and water to be applied to the part: to continue the treatment as prescribed above.

I saw the lady again some months after this. It seemed to me that the cancerous disease had, by metastasis, attacked the womb, and when it was arrested there, the breast was again affected; however, by judicious treatment, this poor lady is not only now alive, but comparatively comfortable, and eventually was restored to health.

Mrs. —, aged 32 years.

This lady consulted me on the 24th April, 1863. On examination, I found not only induration, but extensive ulceration of the

cervix. She told me that at the birth of her child she was mis-managed, and had been suffering ever since. At that time caustics were regularly applied by the family doctor twice every week, for nearly eighteen months, but it was only about a month previous that she felt so oddly, and had such unaccountable pains, accompanied by a coloured discharge. Catamenia regular every three weeks, with dysmenorrhœa, which never existed before. On examination, I discovered induration and ulceration of the cervix uteri. I prescribed rest, baths medicated with *Podophyllum peltatum*, injections of the same, and heloniadin and xanthoxylin alternately. Complained of much pain in left hypogastric region. Compress of *Veratrum viride* to be kept constantly applied until pain ceases. As this lady resided in the country, I only saw her now and then; and I received a letter from her in November (1865), in which she stated she had just been confined, and that the baby and herself were quite well.

Miss —, aged 38 years.

This lady came from Somerset to consult me on the 14th October, 1863. She had been actively engaged in district-visiting and other benevolent acts, but from over-fatigue during the catamenia, some two years since, displacement of the womb occurred, which was speedily followed by such unpleasant symptoms that the family physician was sent for. He immediately discovered inflammation, and freely applied caustics. As a matter of course, extensive ulceration and destruction of tissue took place; since then she was never free from pain. I found extensive ulceration of the cervix, with induration of the lower portion of the uterus. Injections of the various alkaloids were used from time to time, the medicated baths twice a week; tonics, such as heloniadin, xanthoxylin, &c., were regularly administered. The bowels being confined, podophyllin pilules were prescribed, &c. This lady returned home, and I did not see her until the following July (1864), when I found she was nearly cured. Some slight change was made in the treatment, and when I saw her again, in August (1865), she was quite well; indeed, she informed me that now she could walk farther and endure more fatigue than she could have done twenty years ago.

I could transcribe many cases from my note-book similar to those here narrated, but as my object is not to make a book, I will therefore confine myself to one more case.



Miss —, aged 42 years.

This lady consulted me on the 7th July, 1862. She had been suffering for nearly two years from ulceration of the cervix uteri, and had been frequently exhausted from copious floodings; indeed, hardly a catamenial period passes without her being confined to her couch for days, until the discharge had passed. The poor lady told me that she had heard the word "incurable" pronounced from the lips of a kind, benevolent, and well-known physician, a man who is an honour to his profession, but still one whose eyes are blinded, and who can only see through the revered prejudices of a long-passed age—whose only hope of cure was placed on caustics; yet so convinced was he, after having tried his only specific, and proved its inefficacy, that this truly Christian man thought it to be his duty to tell his patient that he considered her to be in a hopeless condition. However kindly the wording may be spoken, and in this case it was most kindly spoken, yet "no hope" is a solemn and awful sentence. Through God's providence this poor lady was led to consult me. I arrogate no feeling of self-pride in such a case, for it is God alone who blesses the means, however humble they may be, and in this case He did bless them. In a letter addressed to me this lady describes her own case so graphically, that I copy it as being a better account than any one I could give.

"ISLINGTON, N., *January 23rd*, 1865.

"DEAR SIR,—It is with much pleasure that I write to express to you my heartfelt gratitude for the great good you have been the means of effecting for me (with God's blessing). Mine was a case of no ordinary kind, and when I first consulted you, which is now about three years since, I was in a most critical state. The disease from which I was suffering had been pronounced incurable by an eminent physician, who had ordered me to keep my couch and avoid the slightest exertion in the way of driving, walking, or standing. I am now, owing to your skill, quite cured of the disease, and able to take ordinary exercise without any inconvenience.

"With kind regards, I am, dear Sir,

"Yours very sincerely,

"J. V. A.

"DR. PATTISON."

It is now six years and a half since this lady placed herself under my care, and at that time she had no hope. One of the wisest and best of our accoucheurs solemnly pronounced that she could not live. Yet, through God's blessing, this simple and non-irritating treatment has been continued, and she has been in excellent health ever since; for last month (December, 1868), I saw her cousin, who told me she was quite well and suffered no inconvenience from her former terrible complaint.

In the majority of the cases of ulceration of the cervix uteri, if the system be reduced by repeated and painful application of caustics, especially if the ulceration be preceded by induration, we find that cancerous disease is invariably and speedily developed. Although maltreatment by the use or abuse of caustics is a fertile cause of this sad form of disease, yet it is not uncommon for cancer suddenly to become developed without any known exciting cause. I have so fully entered into the history and nature of cancer in general in my former works on this subject, that it would be superfluous for me again to narrate that which I have so recently written.\* I will therefore at once proceed to consider

#### CANCER OR CARCINOMA OF THE WOMB AND OF ITS NECK.

This is not only a frequent, but it is a dreadful place for this disease to occur in. I have met with

\* See Pattison "On Tumours," H. Turner and Co., 74, New Bond Street, and 77, Fleet Street, London. 1869.

over four hundred cases of true cancer of the womb during the last sixteen years. In the majority of these it could be traced to no cause; in a few, malpractice on the part of the accoucheur could be traced as an exciting cause; but in more, from the culpable practice of applying caustics to the neck of the womb, in the vain hope of curing a simple ulceration, or the homicidal and futile attempt to reduce engorgement of the organ itself (womb) by the application of leeches. This may be considered by some to be strong language, but I feel justified in using it, from what I daily and hourly hear and see. In many cases, the physician cannot trace the sudden appearance of this very sad disease to any cause. For instance, a lady, although she has felt strong, and yet may have been suffering from this disease for months, unsuspected by herself or family, is first alarmed by a sudden and unusual gush of blood. She feels exhausted and frightened, and the family doctor is sent for, who discovers the existence (never suspected before) of the fatal disease, now alas, too far advanced to afford any hope of even relief from the common, every-day remedies which were in vogue in the days of our grandfathers. If the case be minutely examined, it will be found that the lady has, perhaps for years, been suffering from a white discharge, known as leucorrhœa (whites). She has paid no attention to this, although daily conscious of a sense of weakness. If not advanced in age, in most cases there is a slight irregularity in the catamenia, at one time occurring every fortnight or three weeks, in another every fifth or sixth week.

When too frequent, the flow is not natural ; it does not flow imperceptibly for three or four days, but it comes away in gushes, in clots, gradually giving rise, if not to alarm, to a feeling that all is not right. To this is added a sense of fulness or of weight in the lower portion of the bowels, generally on one side. The leucorrhœa, which at first was colourless and limpid, now becomes more profuse and watery, now and then tinged, or rather streaked with blood, staining the linen of a dirty coffee-coloured hue. The discharge now is not only profuse, but it causes great irritation. The family surgeon is consulted ; he gravely pronounces that ulceration, or, perhaps, displacement of the womb has taken place, and the panacea of all easy-going surgeons is prescribed (caustics). Up to this period pain has not been excessive. Now and then come sharp twinges, and an indescribable feeling of anxiety and depression takes possession of the sufferer. The caustic having been very carefully and very skilfully applied, the patient is cheered during her sufferings, that all will soon be well, that now there is no cause for fear. Vain hope! the pain increases, instead of diminishing, after each application ; the discharge is not only increased, but now it soils the linen with a peculiar dirty stain, indescribable, yet recognized when seen. It soon becomes foetid ; hemorrhage, in profuse gushes, becomes more frequent ; and the monthly flow is more irregular, not only in quantity, but in time. If the disease should assume the corroding or destructive form, ulceration speedily destroys the neck of the womb, the stomach speedily becomes

affected, food is loathed and rejected, severe and almost constant pains are felt in the lower portion of the body and down the thighs; soon after this death takes place. Or, on the other hand, if, instead of the corroding form of the disease, it should assume a fungous growth, then the symptoms slightly vary, the growth fills the vagina (passage), causing pressure on the rectum, producing piles, and prolapsus of these parts. This fungous growth entails excruciating suffering, by pressing on the pelvic nerves, running down the thighs. The agony, at times, becomes intense, and the discharge is constant, fetid, and tinged with blood; food is loathed, mania frequently supervenes, and death (a happy release to the Christian) soon occurs.

Such is a faithful description of this terrible disease, more terrible, if possible, when it attacks a concealed organ, as that of the womb, than when the breast or even the face is subject to its ravages. In such cases, what is the duty of the physician? Is it to sit down quietly with folded hands, and to say, "Our forefathers could not arrest cancer of the womb, therefore it is heresy to make the attempt; we will not try"? Should this fatalism be encouraged, as it is, by some of the revered heads of our glorious profession? Are we, because a difficulty, a great difficulty, lies in our way, to falter? No! in all matters requiring endurance, courage, and determination, it has been the privilege of Britons to excel beyond others; why should not we, in the face of disease, exhibit the same courage and determination of purpose that carries us through so many other difficulties? Our grand-

fathers would have scouted the idea of bringing India within a few hours' communication of England, yet it has been accomplished; and although these venerable ancestors of ours also scouted at the idea of the curability of cancer, yet it is just as feasible as writing by means of a slender wire to distant parts of our world, which is now accomplished. Let the word "incurable" be banished from the lips and minds of every surgeon. All diseases can be cured, and, with God's blessing, they are and will be cured, although caustics and the knife, the practice usually followed by allopaths, do not hold out promises of much success.

Cancer of the womb is met with at every age; it is of frequent occurrence, and generally proves fatal. All the forms of cancer are met with in this organ. The most common forms of cancer met with in the uterus are the epithelial and encephaloid, while scirrhus, or the hard or stony cancer, rarely occurs. In the majority of cases cancer of the womb first attacks the cervix, especially the anterior lip. Ulceration, particularly in the epithelial form, takes place almost at the commencement of the disease. Not so the encephaloid or scirrhus; for, in the latter, induration, change of structure, and hardening of the part may go on for some time before ulceration takes place. The cancerous cells having been once deposited, they steadily increase, until the whole of the cervix and a portion of the womb itself is destroyed. Ulceration of the cervix, however, is but a necessary sequence to cancer, more especially in the encephaloid or stony form of the disease, although in every

case its tissues are more or less infiltrated with the poisonous deposits. In these cases the cancerous growth is found to proceed from the substance of the womb or from its cavity.

When epithelial cancer attacks the cervix, it either assumes the form of *malignant ulceration* or of *cauliflower excrescence*. In the former it is eroding, eating into the substance of the neck; in the latter, minute granulations, rapidly increasing, give rise to fungoid or cauliflower excrescences. As the treatment of this latter form varies, it will be noticed hereafter. In a popular work like this it would be out of place to enter further into the pathology of cancer of the womb; therefore I will at once proceed to review the treatment adopted in such a serious and fatal disease. In the allopathic school the treatment of cancer of the womb, when it assumes the scirrhus form, varies but little from that of treating congestion, induration, or ulceration. Caustics here again are the grand sheet-anchor; the surgeon deadens the excruciating pain either with chlorodyne or black-drop. Excision of the diseased parts is advocated by some, but in cases where true cancerous cells have been deposited, either in the cervix or in the womb itself, such an operation is unjustifiable. I admit a surgeon may be so wickedly daring as to cut out a poor woman's womb, as I admit that a Scotch provincial surgeon some few years ago cut out a poor man's tongue; and I also admit that a London surgeon some four years ago exsected a poor woman's spleen; the surprising nature of the operation giving rise to a paragraph which went the rounds of the daily press: but

although I admit that all these operations were performed, yet I insist that all such operations are monstrous, wicked, and cruel; performed, not for the benefit of the patients, who all died within a few hours after the operation, but from a weak feeling of a desire for notoriety. Lisfranc, a French surgeon, was the first who claimed that he had successfully treated cancer of the womb by exsection, and reported a number of cases cured by this operation. Unfortunately for his veracity, he quarrelled with his private secretary, who disclosed that the operation had no existence excepting in the brain of the unscrupulous surgeon.

We ought, however, to be thankful that the majority of our physicians are not anxious to earn notoriety by such questionable operations; they content themselves by treating cancer of the uterus, &c., with humbler means, such as injections of Sir William Burnett's solution of the chloride of zinc largely diluted, or, what is now more fashionable, with Condy's disinfecting fluid. Black-drop or chlorodyne is administered when in pain, with rest and nourishment—in a word, a sort of placebo, or at best indifferent treatment. Believing that nothing can be done, they fold the hands, stupefy their patients with opiates, and quietly wait until the poor body is exhausted and overcome by constant suffering, when it adds another proof to the "incurability of cancer."

The homœopathic school can claim, indeed, but very few triumphs over this distressing malady, and in those reported cases we are left somewhat in doubt as to accuracy of the diagnosis. Be that, how-



ever, as it may, this much is certain, that the further progress of the disease may be arrested for months and even years, the terrible pain assuaged, and the poor sufferer's affliction rendered more bearable to herself and friends by homœopathic treatment.

The means employed by homœopaths consist of medicine internally, and sometimes a lotion of the same externally, according to symptoms. These remedies are; amm., bell, sep., staph., ars., iodinium, conium, platina, hydrastis, merc., iod., nitric acid, sulph., and thuja; clematis, silicea, kreasotum, and Carbo animalis.

Such being the opinion and the views of all our most celebrated practitioners, it would seem to be almost sheer impudence or chicanery, in either myself or any other humble individual like me, to demur against such an overwhelming mass of opinion, and to attempt to stem the current of prejudice that all those who attempt anything new always meet with. Under such circumstances, the only course open to me is to detail the simple treatment I have so long practised, to prove my cases, that what I have advanced is true, and then to leave all to HIM who ordereth all things well.

I am seldom consulted in these sad cases until the disease has made rapid strides—until great destruction of the parts has taken place; indeed, in a word, after everything has been tried, I am then sent for, and much disappointment is frequently expressed because I do not promise a cure, forgetting that I am only a humble instrument in God's hands. However simple a case may be that comes to me, even a cut finger, I would not, and I have never in a single

instance, promised a cure. Even clergymen of the "glorious Gospel of the blessed God" often forget this, for it was only some four years ago that I received a letter from a gentleman, whose parish is in Wales, stating that if I would promise a cure, he would place his sister under my care. My readers may be assured that she is not, and never will be, on such conditions. In all cases of schirrus of the uterus, I have found a deplorable exhaustion existing, arising from the constant draining discharge, from the more or less constant pain, from the effects of opiates usually prescribed to alleviate those pains, from mental anxiety, and from the stomach sympathizing with the womb, soon loathing and even rejecting food; therefore my first endeavour in all these cases is to arrest the draining discharge. This is usually done by the application, if possible, of some of the resinous alkaloids to the cancerous sore (I say if possible, for sometimes in these cases disease is so extensive that a speculum cannot be introduced into the vagina); of these, hydrastidin, trillin, baptisin, and myricin are the best. These plaisters are retained from three to four hours daily; besides these, the passage is syringed (not in the old-fashioned way, which produces irritation, but in the manner described at page 40) two or three times during the twenty-four hours, with an infusion either of *Hydrastis canadensis* or *Hamamelis virginica*; but if flooding should occur, I then inject the pure styptic I generally use, composed of alum, compound tincture of benzoin, and water. This generally stops the flooding; and plugging, which should, if possible, be avoided, is seldom necessary.

Internally, if flooding is present, I prescribe *Hamelis virginica*, *Trillium pendulatum*, or the oil extracted from the *Erigeron canadense*; but when there is no flooding, only a thin watery profuse discharge, which marks the linen with a peculiar dirty whitish colour, I then prescribe either *Phytolaccin*, *Hydrastis canadensis*, *Macrotys racemosa*, *Baptisia tinctoria*, or *Apocynum cannabinum*; if much prostration, *Helonias dioica*, *cerasin*, *Xanthoxylum fraxineum*, &c. To these should be added such means as tend to promote the general health. These means principally consist in nutritious diet, fresh air, agreeable society, and, above all, the avoidance of all things which may induce physical or mental exhaustion.

The bed-room should be well ventilated, and if the patient should be obliged, either by fatigue or exhaustion, to remain in bed, the latter should be removed now and then into another apartment, if for no other reason, merely for the sake of change.

So far as the disease itself is concerned, every care should be taken to preserve cleanliness. Food should be of the most nutritious kind, and a liberal allowance of either the sparkling or still Hungarian wines should be prescribed. If stomachic derangement should occur, then a few doses of *Mer. sol.*  $3/x$ , *Veratum album*  $2/x$ , *secale*  $3/x$ , or *ipecac.*  $2/x$ , are all that is necessary. If sickness should occur, then *Veratum album*  $2/x$ , *ipecac.*  $2/x$ , or *sanguinaria*  $3/x$ , will prove of service. If the bowels are confined, I prefer pilules of leptandrin, in these cases, to other medicines.

During the last two years, since Dr. Broadbent in-

troduced acetic acid as a specific for cancer in its various forms, I have in many cases given it a fair trial, but in all with no success.\* I have injected the acid, by means of a hypodermic syringe armed with a long needle, into the diseased cancerous cervix: the results have been to hasten the ulcerative process.

This treatment has lately been modified and revised by a Dr. Hastings, residing in one of the suburban districts. I have lately tried his mode of using acetic acid, which I have fully described in the Appendix to this work. The following cases illustrates my mode of treatment and its results in this terrible form of disease:—

Mrs. —, aged 41 years.

On the 8th April, 1863, I was requested to visit this lady at Hackney, who was then suffering from cancer of the womb, and who was pronounced by her medical attendants to be dying. This opinion was confirmed by one of our leading consulting surgeons. She told me that she first suspected that something was wrong about eighteen months before, from the increasing pain during the monthly period. Caustics had been freely used, and chloride of lime injections, to destroy the foetid smell of the discharge. She suffered great pain in the left hypogastric region; the catamenia came on every fortnight or three weeks, and was of a thin watery consistency; at other times there is a constant watery discharge; had been confined to bed for nearly three months, and was never altogether free from pain. On examination I discovered extensive scirrhus ulceration; the greater portion of the cervix had been destroyed either by caustics or by the ulcerative process. The legs and body were much emaciated. This was seemingly almost as hopeless a case as could be met with. I ordered injections of *Hydrastis canadensis*, of *Podophyllum peltatum*, of myricin, baptisin, &c. The general health

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\* See my work "On Tumours" (p. 28). H. Turner and Co. 1869.

was supported. The catamenia, when they appeared irregularly, were at once stopped. At the present time (January, 1866), although this lady is a confirmed invalid, yet still she is not only alive, but tolerably free from pain, and she is certainly stronger and altogether better than she was when I first saw her nearly three years ago.

Mrs. —, aged 47 years.

This lady came from Wiltshire to consult me on the 17th May, 1864. On Christmas-day, 1863, she was confined with her first child, and ever since then there has been more or less discharge, with a constant dull, heavy aching pain at the bottom of the back. The discharge was so acrid as to cause desquamation of the cuticle with which it was in contact; it was also frequently streaked with blood. Nothing alarming occurred until Easter Monday (1864), when a flooding took place to such an extent as to produce sickness and fainting, and a family surgeon was sent for, who, on examination, found extensive cancerous ulceration of the neck of the womb, and stated that nothing could be done for her. On examination I found that the statement of the surgeon, as to the extent of ulceration, was correct. I prescribed injections of *Hamamelis virginica* alternately with those of myricin. The oil of *Erigeron canadense*, helionadin, asclepiadin, &c., were prescribed to be taken internally. I received a letter from this poor women's husband about six weeks after her visit to me, in which he stated that she was much better, the discharge had almost ceased, she was entirely free from pain, and was rapidly regaining her strength. I believe that after this she regained her strength in a great measure, but I have not heard from her again.

Mrs. —, aged 54 years.

This lady consulted me on the 20th December, 1864. She had a miscarriage some thirteen years before seeing me, and ever since then has suffered from displacement and ulceration of the womb. For more than two years she was under the care of Sir James Simpson, of Edinburgh. Caustics have been repeatedly used; there has been more or less discharge for the last three years, accompanied with dragging pains in the back, and tenderness on the right hypogastric region. She felt more alarmed from the fact that her only sister suffered from cancer of the breast, and that her mother and brother died from the same

disease. On examination I discovered a small cancerous ulcer, on what caustic had spared of the cervix. Topical applications of hydrastidin, alternately with myricin, &c., were daily applied to the sore. Injections of *Hydrastis canadensis* night and morning, and *Hydrastis*  $3/\chi$  with *Xanthoxylum fraxineum*, &c., were administered internally. In about six weeks all discharge had ceased, and other symptoms gradually disappeared. I have not seen this lady since she consulted me, as she resides in Scotland, but I have repeatedly heard from her, and she states that she is now quite well.

Miss —, aged 35 years.

This lady consulted me on the 8th December, 1862. Had enjoyed good health until about four years ago, when she was seized with a sudden flooding; the family physician was called in, who ordered injections of alum and water, and when the flooding stopped he applied caustics, daily, for some months. The floodings came on every now and then without any premonitory symptoms, but since the first attack she always had a constant coloured discharge, and suffered much pain in both sides; she cannot stand, and can only walk a few steps at a time. On examination I discovered extensive cancerous disease of the cervix and womb. I immediately placed her under treatment; in about three weeks she returned back to Norfolk, better. At home she continued the treatment, and frequently wrote to me; the last time I heard from her was about three years ago, when she stated she was pretty well and tolerably comfortable.

Miss —, aged 33 years.

This lady consulted me on the 16th May, 1864. She had been suffering from a discharge for about six months, but had much pain and uneasiness in the left hypogastric region and in her back for more than two years. Her sister had suffered from tumour. Catamenia irregular, occurring every three weeks, accompanied with more than usual pain. The discharge marked her linen with a clayish-looking stain. On examination I found canceroid ulceration of the cervix. Made topical applications of myricin and hydrastis to the ulcers, injections of *Hydrastis canadensis*, and the remedies usually prescribed, to be taken internally. In the course of four months the ulceration was healed, and at present (1866) she remains quite well.

Mrs. —, aged 33 years.

This lady consulted me on the 3rd February, 1863. Had been complaining for the last three years, having suffered much from the brutality of her husband, from whom she has been obliged to separate. She complained of a draining discharge, and a sense of great fulness in the vagina. Her mother died from cancerous disease. On examination I first discovered a considerable sized pedunculated tumour, evidently malignant, attached to the anterior part of the vagina. The cervix was also partially destroyed from the effects of caustic and the cancerous ulceration. On the 6th of February I ligatured the tumour, and immediately afterwards removed the portion exterior to the ligature, which came away on the 10th of the month. Injections and topical applications were used for some time, changing them from week to week. Different remedies were prescribed, as the various symptoms arose; after this the lady returned to the country, and when I last heard from her, about two months ago, she informed me that she was quite well.

These cases are surely sufficient to prove that much good may be done, without using caustics in these sad phases of disease; therefore I will at once proceed to describe another, and very frequent form of malignant disease, known as

#### CAULIFLOWER EXCRESCENCE OF THE UTERUS AND ITS CERVIX.

This disease is a form of epithelial cancer, and I believe was first described by Dr. Clarke.

It is a tumour of a malignant nature which has been described by authors under a variety of names, and has been considered by some to be identical with the form of cancer known as fungus hæmatodes. It is of a bright flesh colour, having its surface studded over with numerous small projections, and bleeding easily if touched without caution. Over it is formed a peculiar fine membrane, se-

creting a thin watery fluid, which is discharged in great quantities at times.

It generally arises from the circumference of the os uteri, and is rarely found growing from the internal surface of the womb. This disease is not peculiar to any particular age, as all women are liable to it, married or unmarried, without distinction; but fortunately it is not frequently met with. The symptoms in the early stages of this disease being slight, the attention of the sufferer is not attracted, until the malady has sufficiently advanced to give rise to slight hemorrhage along with the watery discharges; when once this has occurred, the progress of the complaint is very rapid; the hemorrhages increase in number and amount, and, together with the previous drain on the patient's constitution, sap the powers of life; the general health gives way, impaired digestion, nervous sufferings from sympathy with the womb, and eventually general dropsy, with effusion into one or other of the great cavities of the body, carries the patient off.

A vaginal examination, though it will not certainly enable us by the digits alone to ascertain whether the uterine growth is malignant or not, may be of great use in permitting us to judge of its present condition, its attachments to the cervix, and rate of progress; in addition to which it is satisfactory to know that no pain will be occasioned.

#### TREATMENT.

The cases of cure reported as having been effected by the measures adopted in the old school of



practice are so few and far between, that we may class this disease as another of the opprobria medicorum. Excision is the best remedy that is suggested; some have tried astringent injections, but their success has been very doubtful indeed.

Homœopathically, great advantage has been found from the use of bell., phosph., thuja, carbo, nit. ac., staph., used locally as well as internally, with the strict enforcement of the horizontal posture, accompanied by nutritious food.

The treatment I have found most efficacious in these cases is to inject around the base of the bleeding mass, but not in its centre, a solution of perchloride of iron. I have also injected acetic acid, but the consequences have been that the bleeding congeries of vessels, instead of being destroyed, only partially slough away, giving rise to increased suffering, putrid discharge, and hemorrhage, exciting more virulent action without destroying the disease itself.

The persulphate of iron, if properly injected into and around the vascular mass, stops the blood that before fed the numerous vessels, and its destruction is completed. It becomes gangrenous, dead, and sloughs off, and in the majority of cases leaves a comparatively small sore, which may with judicious treatment be healed. In addition to this local treatment, hygienic means should be adopted. I have only used this injection of the perchloride of iron during the last eighteen months, and in some six cases that have come under my notice my success has been remarkable.

Mrs. —, aged 53 years.

(*Cauliflower Excrescence of the Womb.*)

This lady was of a nervous temperament. She consulted me in September, 1867. She was emaciated and exhausted from the continual draining discharge which had lasted for thirteen months. On examination I found the vagina filled with a huge fungoid mass. This I pierced with a hypodermic syringe armed with a long needle. I injected some five or six times a syringe-ful of a solution of the persulphate of iron into its base. Within an hour all discharge had ceased. The entire mass sloughed away in the course of ten days, leaving a small oblong ulcer in the anterior lip of the uterus. Its appearance was not healthy, therefore I applied on two consecutive days plaisters the size of the ulcer, spread with the enucleating paste.\* When the slough came away, they had assumed a healthy appearance. I dressed them with the muriate of berberine alternately with the muriate of hydrastia, and the lady was soon restored to her former health, and when I last heard from her she remained quite well.

There are only two other forms of disease that I wish to mention here before proceeding to consider *the diseases of the appendages to the womb*, viz. :—

#### MOLES AND HYDATIDS OF THE WOMB.

By the term mole we mean to imply any shapeless mass which is cast out of the uterus, excepting clots of coagulated blood; but for the purposes of a better understanding of the subject we shall, as is usually done, describe three different kinds. First, false or blighted conception; second, fleshy moles; and, thirdly, hydatids.

I. *Blighted conception* simply means what its name indicates—a loss of vitality in the ovum or fetus, which we can readily imagine to occur from any mental or bodily shock during the first months

\* See Pattison "On Tumours," p. 44, 1869.

of pregnancy, when the attachment between the mother and the foetus is very slight indeed. When death of the foetus has thus taken place, it is not usually retained in the uterus for more than two or three months; but it will degenerate, in all probability, into what is called a fleshy mole if not ejected.

II. *The Fleshy Mole.*—This, as we have just stated, may be the product of the blighted ovum. They vary considerably in their contents and structure; some are quite firm and solid, others filled with a watery fluid, supposed to be from the membranes surrounding the ovum in its former state.

They attain sometimes to the dimensions of the two clenched fists, the solid mole being much the larger of the two.

In appearance externally they are irregular, rough, and nodulated; and internally the solid ones exhibit sometimes a limb, sometimes an arm, in an imperfect state of development, matted together with hardened clots and a spongy sort of tissue, showing most conclusively that impregnation of the womb must have taken place.

III. *Hydatids.*—By this term we mean a peculiar growth of bladder-like bodies, singly or in clusters like grapes, around or out of the ovum, whence they are discharged into the uterus, where they sometimes remain floating in the fluid contained in the womb, until, perhaps, a certain number have accumulated, when they are expelled, accompanied by flooding, in considerable masses. These hydatids are generally about the same size and shape of a grape, and filled with a pale straw-coloured fluid, sometimes of a reddish cast, and quite transparent.

The symptoms simulate very strongly those of pregnancy; the abdomen increases, the breasts enlarge and grow tender, the areolæ round the nipples become darker, morning sickness and some salivation occur. In such cases, of course, much care, and the use of the stethoscope will be needful to make the distinction. The general health is but little impaired, but there is frequently a slight discharge from the vagina. These growths may occur at any age from the commencement of menstruation until its close.

#### TREATMENT.

This consists, in simply watching and waiting, being careful not to interfere until nature gives the signal, and an effort is made to discharge the hydatids.

Hemorrhage must be arrested by the application of cloths dipped in cold water to the vulva, by plugging, or by injections of the per-sulphate of iron, or of the *Hamamelis virginica*; the case must afterwards be handled as if a natural labour had occurred.\*

I have not met with a case of false conception, moles, or hydatids for more than twenty years. My note-books of cases prior to these years have been mislaid or lost; therefore I am unable either to give any authenticated case, or to detail the treatment I employed at that time, nor can I even remember the

\* By these injections, I do not mean the mere injecting of the vagina; but the styptic must be introduced into the cavity of the womb, by means of a syringe with a long catheter, which is to be passed through the os uteri, so that the injected fluid is thrown into the uterine cavity.

result of the cases I then treated. Even if I could, my treatment at present is so modified that reporting cases which I had seen twenty years ago would be useless.

### SOME DISEASES OF THE APPENDAGES OF THE WOMB.

To describe fully all the diseases that affect the appendages of the womb would occupy volumes; but as I design this to be merely a popular work, I will only describe the most frequent diseases affecting the ovaries, the vagina, and the external organs of generation, passing over the less frequent forms that are seldom met with, although to the profession they are of greater importance. For my purpose I will divide them into—(1) *The Diseases of the Ovaries*; (2) *The Diseases of the Vagina*; and (3) *Diseases of the Vulva and external Organs of Generation*.

The rectum and bladder often sympathize, and are affected by these diseases, but I must postpone considering them for a future edition. I might devote a chapter to considering inflammation of the cellular tissue around the uterus; but as this form of disease belongs more essentially to the puerperal state of disease, for the present I shall pass it over, to consider the first division of my subject.

#### OVARITIS; OR, INFLAMMATION OF THE OVARIES,

Is by no means an unfrequent form of disease; it is usually more or less combined with peritonitis. There can be no doubt that, in many instances, it is the primary cause of ovarian dropsy, from the in-

flammatory action not attacking so much the ovary itself as the Graafian vesicles it contains. In cases of acute ovaritis the patient does not die from this alone, but invariably from peritonitis that is induced, as that always accompanies this form of disease. Indeed, the symptoms of acute ovaritis are those of acute peritonitis.

The causes of acute ovaritis are many—such as congestion, suppression of the menstrual flow, produced by cold, metasasis of rheumatism, or gout, undue sexual excitement, external injuries, and onanism, &c. Ovaritis may be mistaken for acute inflammation of the womb; but in the latter the pain is confined to the lower and middle portions of the bowels; in the former the pain is confined to one side (usually the left), the slightest pressure causing acute suffering; and not unfrequently an enlargement of considerable size may be felt. The thigh on the affected side is either painful or benumbed; feverish symptoms run high; the skin is hot and dry; the urine scanty and high-coloured; the pulse full and rapid. In a word, all the symptoms indicating acute inflammatory disease are present.

The treatment usually prescribed for this disease is the same as that for peritonitis, viz., cupping, leeching, mercurial salivation, purgatives, &c. The modern school of medicine employ more rational means, as aconite, belladonna, cantharides, conium, &c. In these cases I administer either aconite, gelseminum, or *Veratrum viride*, to subdue the inflammatory action, and warm poultices of linseed meal, or of bran sprinkled with the tincture of *Veratrum viride*, and applied over the entire surface of the abdomen. I

administer podophyllum, if the bowels are confined, conjoined with rest, and a nutritious but non-stimulating diet. This treatment in almost every case speedily arrests inflammatory action. In some few cases, inflammation advances so far before it can be arrested, as to generate pus, giving rise to the presence of a tumour often of a considerable size, and painful in pressure, but which usually empties itself either through the intestines or Fallopian tubes.

#### CHRONIC OVARITIS.

The symptoms of chronic ovaritis are very different from those of the acute form. In chronic ovaritis pain, constant pain, is almost invariably present. Dr. West, in his "Lectures on the Diseases of Women" (p. 475), states: "It is ordinarily dull and aching, is accompanied by tenderness in the iliac region, in which situation a degree of fulness may often be detected, though careful percussion will discover that this fulness is due rather to the presence of flatus in the intestines, than to the existence of any solid tumour. Though this pain seldom subsides completely, it is apt to be increased in paroxysms; walking, riding, exertion of any kind, and sometimes even remaining in the erect posture, considerably aggravating it. Menstruation almost always adds greatly to its severity, and sexual intercourse nearly invariably increases it, sometimes even producing paroxysms of great violence. The extent of pain is very variable, always severest in the situation of one or other ovary, and from some unexplained reason generally in the situation of the left. It is sometimes limited

to that spot, but in other cases extends more or less to all the pelvic viscera; difficult, frequent, and painful micturition is then always experienced, and defecation is likewise often attended or followed by severe suffering. While pressure in the iliac region is always painful, a vaginal examination sometimes causes little inconvenience. In other cases, however, it is productive of pain, which lasts for several hours, and this even although no trace of disease can be detected. In some instances, indeed, in which the suffering produced by examination was most severe, the uterus was smaller than natural, a condition which, when coupled with the sterility of the patient, seemed to indicate an imperfect development of the whole sexual system. In these instances, when the patient's sufferings were severest, there were almost always unmistakable signs of hysterical temperament, often very obvious symptoms of hysteria, which, even when this is not the case, the sudden aggravation or sudden cessation of the pain was sufficiently characteristic of its neuralgic character." The description of chronic ovaritis by Dr. West is the most graphic that I have met with, and therefore I have taken the liberty of quoting it in full. It is a frequent disease; indeed, a week seldom passes without meeting with one or more cases. It is needless in future to describe the treatment usually adopted by others, but I will describe what I have found to be most useful. My local treatment has been, not only to cover the affected parts, but the greater portion of the abdomen, with cloths moistened in a watery dilution of either *Veratrum viride*, *Phyto-*



lacca decandra, gelseminum, or some other of the new preparations. These cloths are covered with either oiled silk or gutta-percha membrane. If the sufferings are great, I administer the second dilution of the *Veratrum viride*, with the same preparations of *podophyllum*. These remedies should not be continued longer than a few days at a time. After the more urgent symptoms have been overcome, I then have found *Mitchella repens*, *Helonias dioica*, *Chimaphile umbellata*, *Actæa racemosa*, *Hedeoma pulegoides*, or similar medicines, of great service. These I prescribe either in the second or third decimal preparations. Rest in the horizontal position should be enjoined, and when that is impossible, a bandage giving proper support is absolutely necessary. This form of inflammation, though of common occurrence, requires care, time, and judgment in its treatment before a perfect cure can be effected.

A form of ovaritis, *syphilitic ovaritis*, is sometimes met with. The treatment is similar to chronic ovaritis, combined with anti-syphilitic remedies.

#### TUMOURS OF THE OVARIES.

Tumours of the ovaries are generally cystic. In my work "On Tumours," at page 175, I have given a full description of these tumours, their nature, manner of growth, &c. They are divided by modern writers into the "unilocular" and the "multilocular" cystic tumours. The former consists of one cyst or tumour, filled with a clear glary secretion, more or less fluid, often of a gelatinous, semi-

solid consistency. It is generally of a pale straw-colour, but sometimes it is as black and dark as printers' ink. In the latter form the cysts are not single, but many, varying in size, and filled with the same fluid. They seldom increase with much rapidity; but there are some cases in which their growth is very rapid. In the majority of cases there is great uncertainty in diagnosing this disease; or, more properly speaking, even the most practical surgeon is often at fault, and mistakes other diseases for these cystic tumours, and, rashly operating, death is the consequence. Mr. Erichsen, in his work on "The Science and Art of Surgery" (4th ed., page 1233), enumerates some forms of disease that may be mistaken for ovarian or cystic tumours of the ovaries, viz.: "From pregnancy, ascites, tumours of the uterus and omentum, enlargement of the liver, kidney, spleen, and stomach; hydatids, hysterical tympanitis, fat in the omentum, stercoraceous accumulations, distention of the bladder, spinal curvatures, abdominal and pelvic abscesses," &c. In the same page, Mr. Erichsen mentions another form of disease that so closely resembles ovarian cystic tumours, that it is difficult to diagnose between the two. He states, "There is, however, one form of disease that so closely resembles an ovarian cyst, that I may refer to it: '*it is a dilated state of the Fallopian tube, containing fluid;*' in fact, dropsy of that tube. This condition may generally be recognized by the tumour being of moderate size, wholly fluid, having deep pelvic adhesions, displacing the bladder, and drawing up the vagina into a pouch. The displacement is often

very remarkable and considerable. I have seen the bladder flattened out and drawn as high as the umbilicus, the top of the vagina above the pubes. In these cases the abdominal wall is not so much thinned and expanded as in true ovarian diseases; the tumour, which, of course, can never be extirpated, is never pediculated." Dropsy of the Fallopian tube is, comparatively speaking, a disease of rare occurrence. I have only met with two cases during the last twenty-seven years. Cystic tumours of the ovaries often attain a great size.

This disease is met with in females of all ages, from the child of a few years to the old grey-headed woman. It is also met with as often in the married as in the unmarried; in the childless wife as in the mother of many children; indeed, no condition seems to be exempt from its attacks. From numerous tables of cases that have been prepared by different celebrated men, it appears that in the majority of cases the ages of the women afflicted were from thirty-five to forty years. If cystic tumours of the ovaries are allowed to run their course, in the majority of cases they terminate in death. When a tumour has attained a considerable size, it presses on the different viscera in the abdominal cavity, compressing and displacing the bowels, giving rise to congestion and effusion into the peritoneal cavity. If dropsical effusion takes place, the action of the diaphragm is impeded, breathing becomes laboured, the enlarging tumour pressing more and more in the vital organs, thereby interfering with their action. The patient's strength rapidly becomes exhausted, the blood impaired, and

death speedily occurs. Sometimes, however, these tumours are spontaneously cured, either by emptying themselves through the vagina, which sometimes happens, or through the Fallopian tubes: but this is of rare occurrence. More frequently, from the result of inflammation, they become adherent at one part to one of the bowels. Ulceration takes place, and the contents of the cyst are evacuated through the intestines. A more frequent cause of their spontaneous disappearance is owing to their increased size; the walls of the cyst become weakened, and through some sudden motion, or from a fall, it is ruptured, and its contents are emptied into the peritoneal cavity. When this takes place, the condition of the patient is critical; for in these cases death from peritonitis is a frequent result. Formerly, the treatment of these cysts mainly consisted in tapping them; a most unsatisfactory proceeding, as a cure was seldom effected, and no little danger attended the operation. Injecting these cysts with iodine has had its advocates. This mode of treatment is unsatisfactory in its results, and I believe is now generally abandoned. I do not know, nor do I find it stated in any work I have seen on this subject, who was the first surgeon who attempted excision of these tumours. I believe that Mr. Lizars, of Edinburgh, operated some forty or fifty years ago, but his operation was not successful. Dr. Clay, in 1842, revived this operation, and since then others attempted it, with more or less success. From the danger attending the excision of the ovarian cyst, and from the number of deaths that in the begin-

ning followed these operations, it fell into disrepute with the profession, and it was not until about ten years ago that it was revived by Mr. Spencer Wells and Mr. Brown. Since then numerous surgeons have removed these cysts with success, and I believe it is now admitted to be a proper and a legitimate method of treatment. The great danger in this operation arises from the adhesions that are generally found gluing in the cyst to the peritoneum and intestines. These cysts, even in their earlier stage of growth, are very liable to inflammation, and seldom is a case met with in which there are not more or less adhesions. In proportion to the extent of adhesion is the danger attending the operation. If the adhesions be few, then the results are usually satisfactory. Another difficulty arises from the large vessels that carry a great supply of blood to these tumours through their pedicles. Another difficulty in this operation, is not only the effectual tying (which can always be accomplished) of the large vessels passing through the pedicle of these tumours, but whether the ligatures or clamps employed may not give rise to dangerous peritonitis. To avoid this danger, some surgeons keep not only the ligatures, but, if a clamp be employed, they retain the clamp and pedicle external to the wound. Others, again, when only ligature is used, return all into the cavity of the abdomen. From what I know of this disease, and from what I have seen and read during the last two years, and from the results of the operations, as proved by many tables of operations, I think there can be no doubt that in many cases this ope-

ration is as justifiable as any other we perform with the the hopes of saving life. In the first stages of this disease, I consider, before proposing an operation, that medical treatment should be adopted, to attempt to arrest the growth of the cyst. I have had many of these cases, and in the majority the treatment has proved successful, not in effecting a cure, but in preventing the growth of the tumour. The remedies I have found most beneficial have been high dilutions of Apis mel, arsenicum, Helleborus niger, &c. Low dilutions in my hands in these cases have proved useless. The continued use for months of the 200/x has proved of great benefit. I have also tried in some cases the new vegetable preparations, but so far with no good effect.

Miss —, aged 34 years.

*(Case of Ovarian Dropsy arrested for eighteen months.)*

This lady consulted me in the latter end of June, 1867. She was suffering from an ovarian tumour in the left side. She had some days previous consulted Mr. —, who advised her to submit to an operation. On examination I found a true cystic tumour containing fluid, but which had not attained its full size: recommended her to return to Gloucestershire; gave her strict hygienic instructions, and prescribed arsenicum 200/x. The drops to be taken three times daily. This was continued for six weeks, when Apis mel of the same potency was substituted. As symptoms arose, from the effects of colds, biliary disturbance &c., they were met with other remedies. I saw this lady last July, when she stated that her general health was excellent, and that she did not suffer the same inconvenience she had done before. I had requested her to measure herself once a month at different parts of the body; and the result was that on the last occasion she was three inches smaller round the waist than when first I saw her. About Christmas last, she stated in a letter that she was still in the enjoyment of good health, with freedom from discomfort. These medicines are still continued.

There are other diseases of the ovaries, such as tumours of a different nature from those considered, and displacement and hernia of the ovaries. But I will defer enlarging upon these disorders until a future edition, and at present proceed to consider the most frequent diseases that affect the vagina.

### DISEASES OF THE VAGINA.

As the vagina is the principal support of the uterus, keeping it *in situ*, it is of vital importance, that the diseases affecting it should be thoroughly understood; for on the healthy condition of this part frequently depends that of the uterus, and other vital organs.

“The vagina is a membranous canal six or eight inches long, extending obliquely forwards and downwards from the neck of the uterus, which it embraces to the external organs of generation. It is lined with a mucous membrane, which in the ordinary contracted state of the canal is thrown into transverse folds. External to the mucous membrane the walls of the vagina are constructed of fibro-cellular tissue, within which, especially around the lower part of the tube, is a layer of erectile tissue. The anterior extremity is embraced by an orbicular muscle, the constrictor vagina, which in the virgin is partially closed by a fold or ring of mucous membrane, termed the hymen” (W. S. Kirke’s “Handbook of Physiology,” 2nd ed. p. 601).

This portion of the female organization is subject to many forms of disease, but at the present time I will only briefly consider a few of them, reserving a more detailed description for a future work.

I shall, therefore, proceed to briefly treat upon

VAGINITIS; OR, ACUTE INFLAMMATION OF THE VAGINA.

This disease may arise from exposure to cold, sitting with damp or wet feet, or may be the result of onanism. In the majority of cases, however, impure or undue sexual intercourse may be traced as the exciting cause. The symptoms are usually a sense of fulness and heat in the external organs, a frequent desire to pass water, accompanied by a sensation of burning and pain whilst doing so. The lower portion of the body becomes tender and painful, especially whilst sitting, and sooner or later the bladder sympathizes with the inflamed vagina. The parts are dry and hot, and about a day or a day and a half from the commencement of the attack, an offensive copious discharge takes place, of an acrid purulent character. The womb itself may become affected, and even peritonitis may result from vaginitis. Physiologists, I believe, have not been able to detect any difference between the discharge of vaginitis induced from exposure to cold, and that resulting from impure connexion. Indeed, the discharge from gonorrhoea and acute vaginitis are essentially the same; but in most cases of vaginitis the discharge proceeds from the lower portion of the passage.

The treatment usually prescribed is strictly anti-phlogistic: cupping, leeching, warm baths, purgatives, &c. In these cases I have been enabled, in a comparatively short space of time, to give relief, by enjoining rest, injections (by means of my vaginal syringe, which causes no irritation) of the



muriate of hydrastia, and applications to the vulva of cloths moistened in the same, while cloths moistened with an infusion of the *Veratrum viride* are applied, over the lower portion of the abdomen with *Veratrum viride* alternated with *podophyllum* of the second decimal potency administered internally. These means, combined with a simple, nutritious, but non-stimulating diet, and paying attention to the bowels, have proved eminently successful in many cases I have had during the last seven years.

#### CHRONIC VAGINITIS.

Chronic vaginitis is rather a form of leucorrhœa or fluor albus (which we have already discussed), the discharge remaining after the acute symptoms have passed. It may be owing to a variety of causes, as weakness of the constitution occasioned by repeated and excessive childbearing, chlorosis, venous congestion of the abdominal viscera, the result of ovarian tumour or displacement of the uterus, or enlargement of the liver, or from habitual constipation, and even the presence of hemorrhoids.

The usual practice in these stubborn cases is to use injections of either some of the salts of lead, or of nitrate of silver, or alum. Infusions of oak-bark is a favourite remedy. A foreign physician, I forget his name, some years ago recommended that a plug of cotton-wool sprinkled with alum and sugar, should be inserted into the passage, with what results I was unable to state. At page 54 of this work, I have fully explained my treatment for leucorrhœa. If dependent on chronic vaginitis, nothing is better than the injection of the muriate

of hydrastia ; but, if resulting from excessive child-bearing, in addition to this injection tone must be given to the system. If attributable to chlorosis, then the chlorotic state must be got rid of; if to venous congestion, then all primary causes must be first removed; if to uterine tumour or displacement of that organ, these exciting causes must first be rectified; if to habitual constipation, then the bowels must first be regulated; if owing to the presence of hemorrhoids, these must first be cured.\* Indeed, all physicians know that to treat a case successfully, the exciting causes producing the disease must in the first place be removed before hoping to effect a cure, and so it is with chronic vaginitis, the after-treatment being simple, effectual, and certain.

#### TUMOURS OF THE VAGINA.

Tumours of the vagina are comparatively of rare occurrence. They are generally either cystic or mucous fibroid polypi. The former I have never met with. Dr. West, in his valuable work, "Lectures on Diseases of Women" (page 633), states that he has met with two cases of cystic tumour of the vagina. In these cases all that can be done is to puncture the tumour and allow its fluid contents to escape. It is very doubtful whether doing this will afford permanent relief. I have met with two cases of true fibroid polypi of the vagina. One was the size of a small bean, the other as large as a walnut; both were pediculated. In both cases I removed them by ligature. The smaller one being

\* See my work "On Tumours," p. 193.

situated in the posterior portion of the vagina, before tightening the ligature I passed my finger into the rectum to be certain that a portion was not involved in the ligature. This is most important, otherwise the consequences might have been serious. Both of these cases did well.

It is necessary that I should mention that *recto-cele* and *cysto-cele*, from their intruding into the passage, may be mistaken for tumours of the vagina; but as these disorders should properly be considered under the head of prolapsus of the canal, I will treat upon them in a future edition.

#### PROLAPSUS OF THE VAGINA.

“Prolapsus, or falling down of the vagina, consists in the inversion and depression of the anterior or posterior wall to such an extent as to form a marked protrusion, frequently outside the entrance. Its primary cause lies in a relaxed or weakened state of the mucous membrane, which, with other exciting circumstances, such as long-continued leucorrhœa, and irritation, frequent child-bearings, and tedious or prolonged labours, cause the walls of the vagina to sink down and invert. It may be distinguished from prolapsus uteri, by the absence of hardness in the fallen or protruded mass; the uterus, if prolapsed, always exhibiting to the sense of touch, an even hard surface, whilst if the vagina alone is protruded, it feels soft and yielding” (Pulte’s “Medical Guide.” 3rd ed., p. 297).

In writing on prolapsus of the vagina, I intend to confine myself exclusively to prolapsus of this portion of the female frame, unconnected with that

of the womb, the uterus remaining in its normal position. In the puerperal state, this canal is lengthened, allowing the womb to ascend without impediment into the abdominal cavity, but in some comparatively few cases, after child-birth, although the womb descends into its natural position, the lengthened canal does not contract, but protrudes externally. This becomes a serious difficulty, for if not returned, it becomes hypertrophied itself, and produces hypertrophy of the cervix of the uterus, thereby entailing serious difficulties that require a long and tedious course of treatment to overcome. In these cases my first object is to return the protruded mass, and then retain it *in situ* by means of proper bandages, and reducing the inflammatory action. I then administer those agents which have a specific power in restoring tone and vigour to the overstrained and weakened parts. To allay irritation injections of the muriate of hydrastia should be freely used. If inflammatory symptoms manifest themselves, then I administer *Veratrum viride* and *podophyllum* alternately of the second potency, to give tone to the parts. I give either *Asclepias tuberosa*, *Helonias dioica*, *Aletris farinosa*, or *Actæa racemosa*, generally in the second or third decimal potency. To these are added hygienic means, as laving the parts in cold lotions of *Hydrastis canadensis*, or of its alkaloid, the muriate of hydrastia. Frequently I use a lotion or injection of *Hamamelis virginica*, enjoining complete rest for some days in the horizontal position, the diet in the meantime being nutritious but non-stimulant.

When a portion of the vagina only is prolapsed,

it gives rise to two forms of disease, *Recto-cele* and *Cysto-cele*. In the former, *recto-cele*, there is a prolapsus of the posterior walls of the vagina, allowing the rectum to protrude into the canal; in the latter, the anterior walls give way, allowing thereby a portion of the bladder to force itself into the vagina. This form of prolapsus, if not speedily relieved, frequently gives rise to inflammation of the bladder with all its troublesome and painful consequences. In these cases of partial prolapsus of the vaginal walls, medicine is comparatively of little use; surgery becomes necessary, and by a simple plastic operation the difficulty is at once overcome. These operations, as a rule, if properly performed, are in the majority of cases successful, and comparatively unattended with danger.

In a popular work as this is, it is needless for me to attempt to consider further the pathology and treatment of prolapsus of the vagina.

I might also write pages on those malignant diseases which affect the canal, but they have been fully discussed in my work "On Tumours." I might also treat upon fistulous openings of this passage; for frequently ovarian cysts empty themselves through this outlet: but these I reserve for a future edition, that will be dedicated to my profession.

#### DISEASES OF THE EXTERNAL ORGANS OF GENERATION.

These organs consist of the *Labia interna*, or *nymphæ*; the *labia externa*, or *pudenda*; the *clitoris*; and immediately below this latter organ is an angular space termed the *vestibulum*. There are

also two large glands situated close to the external orifice of the vagina known as the *vulvo-vaginal* glands. The mucous membrane covering these organs are plentifully studded with mucous follicles, which are constantly pouring out mucous lubrications to the parts.

#### INFLAMMATION OF THE LABIA.

Inflammation of the labia is generally an accompaniment of acute vaginitis; it seldom or never exists alone. It usually accompanies gonorrhœal vaginitis, and then the inflammation frequently spreads to the adjacent cellular tissues, giving rise to abscesses, accompanied with much suffering. The treatment indicated is to subdue inflammation, and to open the abscess if matter has been formed. I have already treated fully on vaginitis; the same treatment is adopted for vulvitis. If before arresting inflammation, an abscess should be found in one of the labia, as it in the majority of cases proceeds from inflammation of the *vulvo-vaginal* glands, the abscess should be freely opened, and cloths, moistened in a warm infusion of the muriate of hydrastia, applied over these parts. Gelseminum, Veratrum viride, podophyllum, &c., of the first or second potency should be administered internally every second or third hour; the vagina should be syringed two or three times daily with the muriate of hydrastia; rest in the recumbent position should be insisted upon, with a non-stimulating diet.

#### ECZEMA OF THE VULVA.

The labia, being freely supplied with mucous follicles, are very subject to eczema. I have met

with many cases of this disease. Dr. West's description is the best I have met with, and I will therefore transcribe it: "For the most part the ailment appears in the flexures between the thighs and the labia, whence it extends to the labia themselves, and afterwards, as it becomes chronic, to the nymphæ, while it is not unfrequently associated with eczema about the margin of the anus, and extending along the perineum. In its acute stage it presents no difference from eczema in other parts of the body, but it seldom remains long in that condition, passing rapidly into a chronic state. In this state the labia are apt to lose the hair which naturally besets them, and they waste from removal of the fat which gives them rotundity, while they and the nymphæ become covered with a thick, hard, white epithelium; and the mucous membrane on their inner surface becomes dry, unlubricated, harsh, and unyielding. It is not usual for this disease to affect the vulva generally, but instances in which it has done so have come under my notice, the mucous membrane entirely losing its natural appearance, the dry, harsh, and thickened condition of the orifice of the vagina being associated with a marked narrowing of its calibre. In the worst cases, too, the disease involves præputium clitoridis to such a degree, that its thickened indurated tissue projects between the labia, while, where the opposing surfaces are in contact they continue red, abraded, and just in the condition of parts affected by acute eczema" (Dr. West's "Lectures on the Diseases of Women," p. 645).

The usual treatment in these cases is smearing

the parts with glycerine lotions, or nitrate of silver in the same form. Weak solutions of the mineral salts have also been prescribed. In these cases I have found lotions of hydrastia, phytolacca, erygeron, and hamamelin of great use; belladonna, gelsemium, rhus tox., arsenicum, &c., administered internally. These cases, however, are very troublesome, generally requiring a long time and persevering attention before the disease is thoroughly cured.

#### PRURITUS OF THE VULVA.

This is probably the most distressing disease that afflicts woman. It is an intolerable itching, not only of the labia, but extends to the adjacent tissues, and sometimes to the vagina and to the womb itself. The itching is intolerable, depriving the sufferer of rest at nights, and producing emaciation and exhaustion. It is not confined to the puerperal state alone, but may occur in any stage of life—in the married and the virgin, in the old and in the young. It is not certain what causes give rise to this terrible complaint. In the majority of cases, the mucous discharge is acrid; in other cases I have found that bathing the parts with a strong solution of carbonate of soda, or even a weak solution of caustic soda, speedily give relief. In other cases these lotions seem to increase the paroxysms of suffering; then I have found an ointment or lotion containing kreasote of service. I have tried carbolic acid in these cases, but with no good results.

Borax has been recommended, but I have met with no marked effects from its use. In two cases I have administered *Collinsonia canadensis* as



recommended by Dr. Hale in his work on new remedies, but in both it was seemingly inert. If the exciting cause producing this irritation can be discovered, then the treatment is at once simplified. In comparatively few cases can this be done, and in the majority of cases I have derived more benefit from lotions of soda, with which the irritated parts should be frequently bathed, and by giving every month either gelsemium, or *Veratrum viride*, alternately with *podophyllum* of the second decimal potency. These means in the majority of cases have proved successful. In all cases of pruritus the character of the discharge should be tested by touching the parts with a piece of litmus paper. With one exception its acrid character has been proved in all by the paper turning red. In the exceptional case it was different, and a too alkaline discharge was the exciting cause. In this solitary instance I employed a weak lotion of vinegar and water, of the strength of two drachms to the pint of cold water. This afforded relief. In this case I administered citric acid with marked benefit.

#### HYPERTROPHY OF THE LABIA.

This is not an unfrequent disease. Seldom are both labia affected, generally only one. In these cases the affected labium hangs down much lower than the other; it feels as if its substance was infiltrated by fibrine, and is usually the sequence of abscesses or of syphilitic disease. To avoid the risk of its degenerating into a malignant type it should be removed. Not being over-sensitive, and to avoid the danger from hemorrhage and other con-

sequences, I generally propose to remove them by enucleation. The pain is but trifling, nothing so severe as ordinary excision; and although a slower, it is a much safer mode of treatment. If a syphilitic taint can be traced, anti-syphilitic remedies should be administered. Among which *Stillingia sylvatica*, *Phytolacca decandra*, *Corydalis formosa*, and *Ampelopsis quinquefolium* are the best.

#### TUMOURS OF THE LABIA.

Tumours of the labia are of common occurrence. For the most part, they are cystic; but vascular tumours, such as nævi or aneurism by anastomosis, are not unfrequent. Cancerous growths are sometimes found in these parts, and a variety of pendulous tumours, sometimes growing to a considerable size, the results of previous attacks of syphilis. They are generally known as verrucæ. Cystic tumours of these parts I generally enucleate. They are filled with a dark-coloured serum. I prefer enucleation to excision, as there is then no danger from hemorrhage, which is often alarming, but especially because the sac or cyst is more thoroughly and more certainly destroyed. Care should be taken that these cystic tumours are not mistaken for inguinal hernia. Their diagnosis, however, is easy; they are not compressible as is inguinal hernia; they cannot be removed or reduced by taxis, and when the patient coughs their position remains unchanged.

In cases of aneurismal tumours of these parts I have no difficulty; their vascularity and life are easily destroyed by injecting them with a solution

of the persulphate of iron. The *modus operandi* is fully discussed and explained in my work "On Tumours" (p. 137), 1869.

Cancerous tumours of the labia I treat in a similar manner to those in other parts of the body. Their treatment is fully detailed in my recent work "On Tumours" (p. 44, and also p. 106), where cancer of the labium is illustrated by a case.

In cases of pendulous tumours, as verrucæ, I either strangulate them or excise their base; hemorrhage in these cases is not excessive. Particular attention should be paid to the constitutional treatment, which should be anti-syphilitic.

I have met with several cases of a small irritable tumour, situated below and close to the meatus urinarius; cases of this kind will be found in my recent work quoted above. These tumours I invariably enucleate, and in every case without suffering and with safety and success.

The clitoris is subject, like the other external organs of generation, to disease. Hypertrophy is not unfrequent, usually the sequence of onanism. Excision of this organ has had its advocates, but except in extreme cases it is unjustifiable. I believe that such is the opinion of the great majority of the profession. However, in a few cases of extreme erotomania it becomes necessary. It is not unattended by danger, on account of the alarming hemorrhage which invariably occurs. In the majority of cases I have found that by touching the clitoris for an instant, with a small steel wire, heated to a white heat, or heated by a galvanic battery it is sufficient to effect a radical cure.

I might enlarge on these forms of disease, but on such subjects I have written sufficient to prove that these seemingly terrible and distressing diseases, with care, judicious management, and a correct judgment in their treatment, are as curable, and can be as safely treated, as any form of disease in other parts of the body. It had been my intention, in the first instance, to have illustrated all the dicta regarding the new treatment of these diseases with cases; but other professional duties for the present prevent my doing so. In a future edition, however, if spared, all I have advanced will be illustrated by living examples of the truth of the system I have humbly attempted to introduce for the cure of what has hitherto been considered, if not a hopeless class, still a difficult and stubborn class of diseases to treat.

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## APPENDIX :

BEING REMARKS ON A PAMPHLET ENTITLED, "CANCER,  
WITH CASES CURED BY DR. HASTINGS."

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LAST month (January, 1869) a pamphlet was extensively advertised entitled, "Cancer, with Cases Cured," by Dr. Hastings, who resides in one of the suburbs of London. I read the work with interest, expecting at least some new views, and new remedial agents in the treatment of a disease, that has for ages baffled the medical profession. I confess I felt disappointed on finding that this treatment depended on the use of vinegar. With justice he ascribes this discovery to Dr. Broadbent, of St. Mary's Hospital, who, some two or three years since, proposed to inject cancerous tumours with acetic acid. The theory was ingenious and philosophical; "for by experiment he found that cancerous cells are dissolved in dilute acetic acid, after removal from the body." There is, however, a wide difference between theory and actual practice. This theory, when tested, proved worse than useless, breaking up and disintegrating a hitherto dormant malignant mass, and hastening by suppuration the final termination of the disease.\* Dr. Hastings having stated that he employed this remedy, but used it in a different manner, I felt

\* See Pattison "On Tumours," p. 28, 1869.

it to be my duty to give this treatment a fair trial, and I selected at first six cases from among my patients for this purpose. The following are the results of this treatment:—

Case I.

Mrs. W—, aged 45 years.

(*Scirrhus of Right Breast and Axilla.*)

This poor woman had been cook to an old patient of mine (whom I had cured of encephaloid cancer of the left breast, after having been pronounced some years ago as incurable by Mr. P—). I first saw her on the 8th of January of this year (1869). She noticed a hard tumour in the right breast about a year ago. It has since then rapidly increased in size. On examination I found a hard scirrhus mass in the right mamma, with a diseased gland in the axilla the size of a large walnut. She suffered continual pain, aggravated at times by the sharp lancinating pains peculiar to scirrhus. Her digestion was impaired, and she had a waxy, cachetic look. I prescribed an ointment of the iodide of lead and conium, mixed with the unguentum cetacei. The first decimal potency of the *Hydrastis canadensis*, alternate with phosphoric acid, to be taken three times daily.

On the 25th of January she again came to consult me; the tumour in the breast was not perceptibly changed, but that in the axilla was then no larger than a small bean. During the last fortnight she had felt little or no pain indeed, when compared with her former continued suffering. She expressed herself that she felt quite well. She had a happier expression of countenance, and the cachetic look had almost disappeared. Notwithstanding the favourable results produced by my treatment, I determined to give Dr. Hastings' specific a fair trial. I then prescribed one dessert-spoonful of the best white wine vinegar to be mixed with a pint of water, in which cloths were to be moistened and applied not only over the breast but in the axilla, never to be applied cold, but of the temperature of the body. I also prescribed, as directed by Dr. Hastings' work, four drops of acetic acid in the first decimal potency four times daily. I did not see this poor woman again until the 4th of February, when I was struck by her altered appearance; from looking healthy and well, she appeared to be haggard and anxious; and inquiring the cause, she stated that since applying the last lotion she had been in constant suffering night and day. On questioning her, she assured me that she had taken the medicine regularly. On examination I found the mamma irritated; the tumour harder and seemingly nearer to the surface; the tumour in the axilla greatly increased in size, with acute pain in the shoulder, and slight tumefaction in the upper portion of the

arm. In this case I unfortunately found that Dr. Hastings' specific was anything but a specific, and it would have been culpable in me if I had persevered with it further. I at once placed her under another treatment, in hopes of being able to overcome the mischief I had unintentionally inflicted, and at the present date, 11th of February, it was found to a certain extent satisfactory.

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Case II.

Mrs. —, aged 69 years.

(*Epithelial Cancer of protruded [procidentia] Womb.*)

This lady consulted me on the 19th of January, 1869. She has been the mother of nine children; her womb protruded thirteen years ago, but it is only eighteen months since that ulceration appeared on its surface. Last July she was operated upon for these sores, the surgeons tying them with ligatures, after which they sloughed off, but never healed. On examination, I found the uterus prolapsed, the cervix absorbed, but the os easily seen, surrounded by warty excrescences. On introducing the uterine sound, it readily passed into the cavity of the womb. She suffered intensely at times. Unfortunately for this poor woman, I had recently read Dr. Hastings's pamphlet. From the case reported in it at p. 11, I judged that this case was one admirably adapted for his treatment. I placed her under the treatment advocated by Dr. Hastings,—a lotion composed of one dessert-spoonful of white wine vinegar to the pint of water; cloths were moistened in this, and applied around the protruded mass. Acetic acid of the first potency was administered four times daily: as she had been suffering from habitual constipation, I prescribed a pilule of podophyllum night and morning. *Perhaps these pilules had disturbed the action of the vinegar?* The result of this treatment was, that in ten days she was much worse: all the symptoms were aggravated. I then placed her under the treatment detailed in my work, "Diseases of Females," and in a few days there was a marked amelioration of all the symptoms; and I hope by pursuing a consistent mode of treatment, with God's blessing, that she may be still spared for some years.

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Case III.

Mrs. G—, aged 43 years.

(*Irritable Tumour of Left Mamma.*)

This woman consulted me the 12th November, 1868, complaining of acute pain in left breast. On examination I discovered a small body, not larger than a pea, in the left mamma.



I prescribed lotions of *Veratrum viride*, giving *Phytolacca decandra*, and *Helonias dioica* of the second potency alternately. This treatment relieved her in a marked degree. She again called on me on the 26th January, 1869. I could detect no marked change in the tumour. Her general health, however, was much improved, and she thinks she does not suffer as much as she did before. I then placed her under Dr. Hastings's treatment, viz., "A lotion of white wine vinegar, and the first decimal of acetic acid three or four times daily." On the 2nd February, she again called on me; she said she was much the same; she did not feel any difference; she had almost the same pain as she has had the last two months, not any more. This is a negative proof of being benefited—neither worse nor better. In order to give Dr. Hastings's specific a fair trial, I had ordered her to continue it for another week or ten days. If this sheet has not gone to press, I shall be able to report on this case—a case not of cancer, but of irritable tumour.\*

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Case IV.

Mrs. C—, aged 40 years.

(*Recurrent Cancer of the Left Breast, Axilla, and cervical regions.*)

This poor lady, in August, 1866, discovered a small tumour in her left breast, which slowly increased. On the 25th September, 1867, she submitted to an operation, performed by Mr. Weedon Cook, at the Cancer Hospital. Scarcely had the cicatrix healed before the disease reappeared, and on the 30th October of the same year, she again submitted to a second operation. Before the cicatrix healed the disease again reappeared. On the 10th February, 1868, she first consulted me. On examination, I discovered that not only was the cicatrix (all that remained where the breast had been) diseased, but that extensive disease had been deposited in the axilla, under the pectoralis major muscle, in the cervical glands, and that the right mamma was also extensively affected with scirrhus. In such a hopeless case, what could be hoped for? Still, notwithstanding its hopelessness, I had been enabled, through God's blessing, for nearly twelve months not only to arrest the hitherto rapid progress of disease, but also to assuage suffering. Indeed, she was tolerably comfortable, until I saw her on the 15th January last, when I placed her under Dr. Hastings's specific. The lotion of vinegar and water was applied, the first decimal potency of the acetic acid was administered, and I left her with the hope that a radical

\* I again saw this poor woman on the 18th February. All her symptoms were aggravated, the surface of the skin irritated, and the pain more constant and more severe than before. I prescribed a lotion prepared from the *Euphorbia corollata*, with *Gelsemium* 1/x alternately every third hour, with *Helonias dioica*, which I hope will speedily relieve her.

improvement in her case would now take place. This hope was, however, short-lived. On the third day I was hurriedly sent for, when I found my poor patient suffering agonies. All the old pains that had been subdued had suddenly returned; the disease had perceptibly increased in every part. In a word, the treatment that I had employed with success for months before was undone in three days by the use of a so-called specific. This lady, at this date, 11th February, 1869, although she has in a measure recovered from the effects of this rash treatment, has not yet recovered the freedom from pain and discomfort that she had enjoyed previously.

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Case V.

G. D——, aged 51 years.

(*Cancer of the Tongue.*)

This poor man consulted me on the 29th of December, 1868. He had been suffering for five months from a sore tongue. In the beginning of November, 1868, he submitted to an operation, and a large portion of his tongue was cut off. Since then it has never healed. I prescribed a lotion of the powdered root of the *Hydrastis canadensis* as a mouth-wash. The sub-maxillary and sub-lingual glands being affected and enlarged, I prescribed an ointment of the muriate of berberine to be rubbed into them; hydrastis and phosphoric acid of the first potency to be taken alternately. He called on me again on the 12th of January. A decided improvement had taken place; he could now swallow without pain; the glands were reduced to a normal size, and he was tolerably free from pain and suffering. Unfortunately, I had just read Dr. Hastings' pamphlet, and trusting to his statements, I placed the poor sufferer under the doctor's treatment. I did not see him again until the 2nd of February. All the good results of the former treatment had been lost. He was pale, with an indescribable look of anxiety and anguish on his face. He had lost a large quantity of blood; the glands underneath the jaw had increased in size, and his sufferings were now incessant. I need not state that I lost no time in putting him under the previous beneficial treatment that had done him, in the first instance, so much good.

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Case VI.

Mrs. H——, aged 37 years.

(*Recurrent Cancer in Right Side.*)

This is a most extraordinary case, proving the utter uselessness of operations by the knife in attempting to cure cancer. In

November, 1865, this poor woman first observed a tumour in her right breast. It caused neither pain nor suffering, but being advised by a friend, she went to the Hospital for Women in Soho Square; and on the 2nd of February, 1866, her breast was amputated by one of the surgeons of the institution, when the disease reappeared, and on the 2nd of October, a second operation was submitted to. Fifteen days afterwards, disease reappearing, a third operation was performed; and on the 6th of May, 1868, a fourth operation was attempted. This poor woman called on me on the 15th December, 1868. The disease, notwithstanding four attempts at eradication, or mutilation, had reappeared, not in one, but in several places—on the edges of the cicatrix and in the axilla. I placed her under treatment by prescribing an ointment, prepared from the rana, to be applied over the diseased parts, and hydrastis of the first potency three times daily.

29th December, 1868.—I again saw her. Less pain, the tumours softer, and not painful when touched, as before; to continue same treatment.

9th January, 1869.—State improving. Her bowels are, however, uncomfortably confined. Prescribed pilules of leptandrin to be taken at bedtime.

14th January, 1869.—Better; to continue same treatment.

26th January, 1869.—Better. On seeing her, Dr. Hastings' specific unfortunately occurred to me, and I placed her under the same treatment as recommended by him.

11th February, 1869.—I saw Mrs. H.— again this forenoon. Instead of a steady improvement, she has been gradually getting worse; the tumours are more swollen, the cicatrix is inflamed and irritated, and for the last ten days she has never been free from pain. Under such circumstances, I need not tell my readers that I at once changed this treatment to those remedies I employed at first, and which were then successful in a very marked degree.

It is not only in these six cases that I have tried Dr. Hastings' remedy, but in several others: one case of ulcerated cancer of the breast, three cases of recurrence of disease after operations, two cases of cancerous ulceration of the womb, and two cases of cancer of the tongue. In all these fourteen cases, the treatment has proved to be injurious, not only aggravating the disease, but rekindling in such cases the pain and agony that required weeks of previous judicious treatment to assuage and subdue. It may be said that I had not used these preparations in a proper manner, or that perhaps I had not employed the right dilutions.

This may be so ; but I only used those remedies that Dr. Hastings has plainly and simply described in his pamphlet. I could not be far wrong, for within the last few days I have heard of a physician, who was supplied by Dr. Hastings himself with his specifics, who stated that the remedies were totally inert in those cases in which he employed them.

In my opinion, Dr. Hastings's discovery is only a clumsy imitation and adoption of Dr. Brandini's use of citric acid in cancer of the tongue, and Dr. Broadbent's injection of acetic acid into malignant growths, both of which, in general practice, have proved useless ; and I fear that Dr. Hastings's discovery will prove even more valueless than the permanagate of potassa of the Cancer Hospital, or the chlorine gas of the Rev. Mr. Reid, which in their day were extolled in the leading papers as specifics for cancer, but which have long since been forgotten and ignored by all, whose opinions are of any value on this subject. Indeed, I feel confident that Dr. Hastings's remedy of vinegar and its preparations will speedily share the fate of a remedy proposed by a distinguished namesake of his, who, some years ago, professed that he could cure cancer by the ejecta or excrement of snakes. Some for a time partook of this questionable specific. Those whom I have met with derived neither beneficial nor perceptible results from this strange remedy. This has been deservedly forgotten, and so the sour treatment of cancer will soon pass away and be forgotten ; excepting when some scientific man or student, in consulting authorities for future works, may meet with it, and express astonishment at the idea, " that vinegar should even for a moment have been considered a specific for cancer."

In commencing his pamphlet, Dr. Hastings has, perhaps, been a little rash in stating that *Hydrastis canadensis* has no effect on cancer ; that it has in many cases is admitted by all who have used it. He arrogates to himself that he was the first who introduced it to the profession through the pages of the *Journal of Homœopathy* for 1860. Surely a writer to the *Journal*

of *Homœopathy* had read the *Homœopathic Monthly Journal*. If so, he would have found a letter from me in the number for September or October, 1859, in which I detailed the use of the *Hydrastis canadensis* in treating cancer. He also forgets the letters he wrote to me in 1858 on this subject, at present in my possession, and perhaps he has forgotten that he sent me a case of what he called ulcerated cancer of the back of the hand, but which was merely a case of ulcerated *fibro-plastic tumour*. This case is fully detailed in my work "On Tumours," p. 133 (1869).

I do not regret for a moment that Dr. Hastings has attempted to treat cancer, and I had hoped with at least some success; but, from my experience his remedies not only possess little or no effect, but cause serious consequences by consuming valuable time in their trial, and, as I have proved, set up local and constitutional disturbances that frequently prove difficult, if not impossible, to overcome.



