

LECTURE I.

Diseases of the Uterus, organic and functional.—Their Importance.—But little understood in Ancient Times.—Hippocrates and his School.—The Speculum and Toucher.—The true Knowledge of Uterine Disease of recent Origin.—Circumstances which modify these Affections.—Why are Diseases of the Uterus more frequent now than in Olden Times?—Indifference of Females to their own Health.—Painful Consequences.—Profuse Menstruation from Debility in a married Woman, aged twenty-seven Years.—Acute External Otitis in a Boy, aged four Years.—Gonorrhoeal Ophthalmia in a Boy, aged three Years.—Suppression of the Menses from Cold, in a young Woman, aged twenty-one Years, complicated with Pthisis Pulmonalis.—Hooping-cough in an Infant, aged ten Months.

GENTLEMEN:—There is no chapter in the entire range of your pursuits more interesting, or more worthy of profound investigation, than the diseases, both organic and functional, of the uterus and its appendages. These diseases were very imperfectly understood by the ancients, though you will find they thought and wrote much on the subject. Their views were crude, because their pathology was false; their treatment was empirical, because it had no fixed scientific basis. Considering, however, the condition of science at that time, the few elements for the successful pursuit of truth, and the extremely limited means of diagnosis, we cannot but express surprise that the old schoolmen should have accomplished as much as they did on the subject of uterine affections. If they have given us but little that modern science will recognize as correct in pathology and therapeutics with regard to these disorders, they have at least evinced a laudable spirit, in the absence of correct principles, for philosophical deduction. Hippocrates himself devoted, in his medical writings, two entire books to the consideration of the diseases of females. It is, however, to be borne in mind that the father of medicine, with all the importance he attached to the diseases of women, inculcated, and indeed exacted, the fulfillment of a maxim, which must of necessity have proved a barrier to solid advancement in the accurate knowledge of these maladies. The physician, he remarked, should depend upon the testimony of some capable woman, who, after subjecting the patient to an examination per vaginam, could give the result of this examination to the medical man, who would then be able upon this testimony to base a rational and curative treatment! This maxim survived

unfortunately the times of Hippocrates, and was perpetuated almost until the fifteenth century; for, up to this period, the vaginal examinations, when made, were conducted by *matrons* who were qualified neither by education nor tact for the responsible duty, and hence the little progress made in the elucidation of this most interesting class of diseases.

Our knowledge of the true nature of uterine affections may be said to be of recent origin; and the progress made on this subject is, in great measure, although not exclusively, due to the facilities which modern invention has furnished us of *seeing* and *feeling* diseased structure, and thus studying with certainty not only the progressive changes of morbid, but also the progressive stages of restorative action. The *speculum* and the *toucher* are two precious elements of investigation; but, like all things good, they have been sadly abused. Recamier, when he introduced to the attention of the profession the modified speculum, opened a new avenue to thought; and rich indeed have been the fruits of this instrument, when judiciously employed, as a means of diagnosis in affections which previously had been full of obscurity, and oftentimes mere questions of vague conjecture. The toucher, also, or examination by the finger, is another means of exploration to which too much value can not be attached.

Limited, however, would have been the advantages of these physical agents, had it not been for the simultaneous advances in physiology and correct therapeutic application; for, with the speculum and toucher alone, we would have learned only the existence of lesion of structure, and had in our possession the means of applying to the part affected the necessary remedies; whilst the various nervous disturbances in different portions of the economy, dependent on organic and functional derangements of the uterus and its annexæ, would have remained sealed mysteries, but for the light which modern physiology has thrown upon them. The researches, too, of the pathologist and chemist have not only tended to reveal new facts, but they have directed the mind to a correct etiology of disease, and, as a consequence, to a more rational and judicious treatment.

The ample means, therefore, which we now possess of investigating uterine disorders, and the comparative facility with which the true nature of these diseases is arrived at, give to this class of special maladies an identity, which formerly did not belong to them; and hence what in the remote periods of our science were regarded as idiopathic affections of the head, chest, abdomen, etc., are now recognized to be symptomatic disturbances, or merely effects of disease in the uterine organs. This is really progress; not that progress which travels beyond judgment, and leads often to fatal issues, but a progress the result of truthful and philosophical investigation.

You will frequently be asked, in the course of your professional duty, why it is that diseases of the uterus are so much more com-

mon now than they were in former times; and you will occasionally meet with good old grandmothers who will shrewdly remark: "Why, doctor, when I was young, I never heard of ladies having these complaints: what is the reason that we hear so much about them now?" This question is readily answered. It is not a necessary sequitur that, because diseases of the uterus were not recognized, they did not exist. These affections, although no doubt much enhanced by the increasing neglect of the general ordinances of health, are of no recent date; on the contrary, they have formed their part in the catalogue of human suffering, and have not been inactive in the work of death from the earliest periods of creation. The revolutions of the sun, and the wonderful machinery of the physical world, were no less perfect thousands of years ago than they are at the present time; and yet how profoundly ignorant was man of the true nature of these things—how inadequate to explain what then appeared to him deep mysteries beyond the ken of human intelligence! Where are these mysteries now? They have yielded to the progress of science—they have become universal truths, perfectly understood, constituting the every-day lessons of the school-room!

There are numerous causes which conspire to the frequent production of functional and organic derangements of the uterus; but numerous as these causes are, experience proves very conclusively how unequally they operate under different circumstances. Child-bearing, unrestrained sexual intercourse, abortions, precocious nervous excitement from the perusal of prurient books, the lascivious polka, and the various exciting scenes of city life, are so many influences, which are constantly exhibiting their destructive results on the females of the gay metropolis. Add to these, the uninterrupted rounds of excitement consequent upon balls, parties, the opera, etc., the liability to cold imposed by these amusements, and more than all, the fact that these disastrous influences—disastrous to health and happiness—are exercised on a *physique* too often without a single attribute of solidity—and you will at once have explained why it is that the females in the higher classes of our large cities decay long before they have attained the meridian of life.

But you may ask, if city life be so destructive, why is not this influence universal, and why does it not fall with equal force on all—why do the lower classes who reside in the city enjoy, comparatively at least, an immunity from these special diseases? The question is a legitimate one, and its solution establishes an important principle. The nervous system of the poorer classes in our cities fortified by constant exercise in the open air, and strengthened by frugal habits, unaccustomed, too, to those perturbations to which we have alluded, dispenses no unhealthy action on the uterine organs, and, therefore, is not, as is the case in the higher circles, a constant element of morbid action. You are not, however, to infer that the humbler classes of society enjoy an entire immunity from uterine affections. This

immunity is only comparative; for while it is true that these classes are less impressionable, and more free from nervous excitement, yet their measure of suffering is derived from exposure, and the influences usually attendant upon dependence and poverty.

Age exercises a very remarkable influence in the production of diseases of the uterus. The two important climacterics of female life may be said to be puberty, when the menstrual function is first established—and the period of its final cessation, when the reproductive faculty becomes extinguished. The former is an era of great peril to the young girl, and fortunate indeed is she should she pass it successfully; the latter, the period of final cessation, is no less critical—for at this time diseases of the uterus and certain constitutional disturbances, which before may have been dormant, are frequently found to develop themselves. Should the female, however, attain this crisis, and encounter its perils with impunity, she, too, will not only have cause for congratulation, but, as a general rule, will enjoy good health, and reach a ripe old age. There are other circumstances, also, which tend to modify affections of the uterus, and hence we find differences in these maladies, accordingly as they occur in the maiden, in the married woman who has never conceived, and in the child-bearing female. The distinctions, therefore, which these various conditions produce in the grade and character of the disease with which the uterine organs may be affected are worthy of the fullest consideration.

There can be no doubt that child-bearing strongly predisposes to structural disease of the uterine organs; and it is not surprising that such should be the case, for it is only necessary to recur to the numerous changes in structure and function which these organs undergo during this period, to appreciate how much greater is their tendency to morbid action. The organic are much less frequent than the functional derangements of the uterus. These latter are characterized during life by various disturbances of the uterine and general systems, but do not after death reveal any lesion of structure; the former, the organic affections, on the contrary, are always more or less marked by structural changes.

It was with the hope of affording you an opportunity of studying the various maladies of the female practically, and also the diseases of children, that I embarked in the enterprise of establishing an *Obstetric Clinic*, which would enable me to bring before you the most interesting of these affections, and discuss in detail their nature, causes, symptoms, complications, and treatment. In no other way can these maladies be effectively studied. From books alone you can learn neither the diagnosis nor treatment of disease, nor will didactic lectures remove the obscurity with which it is oftentimes surrounded. Books and lectures are useful for the inculcation of the principles of our science; but for the just and practical application of these principles, it is absolutely necessary that you should see disease—your minds must become familiar, by

repeated and actual observation, with the Protean forms of morbid action, and in this manner only can you fully appreciate the difficulties of the profession, and learn how to overcome them. Clinical observation, gentlemen, is what the physician is most in need of; without it, he enters on the mission of his duties unprepared for the emergencies of professional life, and his career proves one of blighted hope to himself, and disastrous to those who may invoke his counsel. It is no trifling thing to become the guardians of human life with inadequate knowledge; and remember what I now tell you, that the best physician will be he who, enjoying ample opportunities for the practical observation of disease, shall the most faithfully avail himself of the facilities thus presented.

Those of you who may contemplate giving special attention to the maladies of females, can not too seriously meditate on the necessity of accurate knowledge. If you have not a clear and comprehensive sense of all that appertains to these diseases, your success as practitioners will not only be doubtful, but oftentimes you will experience feelings of deep mortification. Error of judgment here will frequently lead to positive ruin; whilst, on the contrary, success in the treatment of diseases incident to the female will secure to you the gratitude of your patient, and prove beyond all doubt the corner-stone of your fame and fortune.

In this city there is much and intense suffering among females from disease. Wealth and its associate influences can not stay the progress of this unrelenting enemy. The lady, who revels in luxury, and has around her, even to satiety, all the comforts and pleasures which opulence can secure, would gladly, whilst writhing under the agonizing pain incident to some formidable affection of the womb, surrender all these comforts to regain the health which, it too often happens, she has sacrificed by her own folly and imprudence! She once possessed a good constitution—she relied too strongly on that constitution—she became careless, entered into all the dissipations of society, infatuated and bewildered by the constant excitement of fashionable life—a devotee to pleasure, she is heedless of the first manifestations of disease; but the disease, like the silent night, progresses—it brings with it physical infirmity and moral anguish—her strength is declining—her mind weakened, and, compelled by absolute suffering to withdraw from society, she finally invokes the aid of a physician. He investigates, with great care, her case, and finds that her disease is without remedy. She may, peradventure, be laboring under some organic affection of the uterus, which, if seen to in time, would have been perfectly manageable. Her days are numbered—and, instead of being the attraction and idol of the gay crowd, she now becomes the victim of the most distressing bodily suffering—suffering so agonizing that she is impatient to die—and, when her last hour has come, she breathes a prayer of thankfulness to Heaven that her agony is at an end! There is, gentlemen, no fiction here; I am not presenting you an exaggerated picture—it is true in fact and in detail. I have been

compelled on more than one occasion to say, when my opinion was requested: "Madam, I can do nothing for you—your disease has made fearful progress—it is beyond the reach of science!" These words fall on the ear of the afflicted patient with chilling and disastrous effect; they bring to her mind with vivid truth the painful reminiscences of her own indiscretion—indiscretion which is about to consign her to an early grave, and make desolate the hearts of those to whom she was united by the ties of the closest affection.

When will the females of the present day become rational, and emancipate themselves from the delusion which is constantly resulting in disaster and death? When will they hearken to the admonitions of common sense, and turn from the path of folly, which leads with the certainty of truth to unhappiness and misery? Let them but take a brief retrospect of what has befallen their own immediate friends. Where is the lady, who has not been called to mourn the premature death of some fond and devoted sister—of some gay and cherished companion? In the death of that sister, she may, perhaps, have learned the importance of attending to the early developments of disease, and appreciated the cruel wrong of allowing them to pass unnoticed and unchecked. Yet with these admonitions fresh in the memory of almost every female in the land—with the daily and lamentable experience before her of the consequences resulting from indifference to the first indications of deranged health, we see her—wayward and thoughtless as she is—passing to her own destruction! I could enumerate many examples of melancholy suffering which commenced, in the first instance, in simple aberration of the menstrual function. This aberration, however, was unheeded; it was permitted to continue month after month, until finally it terminated in the development of a malady which, after years of torture, occasioned the death of the unhappy victim.

But, gentlemen, we must proceed with our cases.

PROFUSE MENSTRUATION FROM DEBILITY, IN A MARRIED WOMAN, AGED TWENTY-SEVEN YEARS, THE MOTHER OF THREE CHILDREN.—Mrs. P., aged twenty-seven years, the mother of three children, the youngest eight months old, menstruates every three weeks, the evacuation continuing for eight or ten days. She is much prostrated, presenting pallor of countenance, feeble pulse, and cold extremities; she complains of palpitation of the heart, vertigo, and says she often feels as if she would fall. "Have your courses always been profuse, madam?" "No sir; they were always regular until four months after the birth of my last child." "You say you are the mother of three children?" "Yes sir." "Did you nurse all your children?" "I did, sir." "At what age did you wean them?" "The first I nursed, sir, until he was fourteen months old, the second until he was twelve months, and I was obliged to wean the last when he was only six months of age." "Why were you obliged, madam, to wean your

last child so early?" "Because, sir, I was so weak, I could not nurse him any longer." "When did your courses commence to be profuse?" "About ten months ago, sir." The conversation, gentlemen, to which you have just listened, between this patient and myself, discloses a very important fact, and satisfactorily accounts for her present condition. You have heard her statement as to the necessity of weaning her last child—that necessity being extreme debility. Her physical system was not adequate to the duty of nursing, the previous nursing of her children having already made an inroad upon her health; and you see, therefore, that this prostration of system is traceable primarily to undue lactation—a trying and oftentimes serious influence exercised on the frame of the female. There are two interesting circumstances connected with this case, which are of much practical value. In the first place, the physical energies of this woman have been sadly dilapidated by the long-continued nursing of her children; and secondly, this dilapidation of her health has given rise to a form of profuse menstruation which, if not arrested, must necessarily lead to disastrous consequences. As I shall have frequent occasion to remark to you, the derangements of the menstrual function are numerous, and the first duty of the practitioner in assuming to treat them is manifestly to comprehend their nature and causes. The term *menorrhagia* is employed to denote an excessive discharge of the menstrual blood, and is usually limited to this signification; while the word *metrorrhagia*, which literally means a hemorrhage from the uterus, has reference to those profuse bleedings, which may occur at any time, and are altogether unconnected with the menstrual function. A female may be attacked with uterine hemorrhage under the following circumstances: 1. When the uterus is in a state of vacuity; 2. During the period of gestation; 3. During or immediately after delivery; 4. From intra-uterine growths. These comprehend the various conditions in which hemorrhage may occur; but you are to remember that in each of these conditions the causes are extremely numerous, and it is only by appreciating them that you can hope to be rational and effective in your treatment. The case of the patient before us presents an example of profuse menstruation purely from debility, and is the result of an atonic state of the system, and more especially of the uterine vessels which, together with the increased fluidity of the blood from the loss of its fibrin, will at once account for this particular form of hemorrhage. You will occasionally observe this character of passive *menorrhagia* in chlorotic women; but you are not in these instances to mistake the cause for the effect; for we know that long-continued *menorrhagia* will give rise to the general symptoms of chlorosis. If the drain on the system of this woman be not checked, the constitution will soon become involved in serious disturbance, and there will be a general giving way of the health. Drains like these, if suffered to continue, are extremely apt to terminate in dropsical effusion, constitut-

ing the asthenic dropsy of authors. There are two symptoms of which this patient complains, and which are prominent in her case. I allude to the palpitation of the heart, and the vertigo. Do not be misled by these symptoms; each one of them may be produced by two opposite conditions of system. For example: a patient who is overloaded with red globules will, from the excessive stimulation of the brain and heart, have vertigo and palpitation; and again, when there is a deficiency of these red globules the same result will ensue for the reason that the brain and heart, being deprived of their proper stimulus, become deranged in function, as is exhibited by the vertigo and palpitation. One word as to the diagnosis of this case. In all such instances, no matter how positive the conviction that the menorrhagia is purely the result of debility, yet, before having recourse to treatment, the physician owes it to his patient, as well as to himself, to institute a vaginal examination, to ascertain the possibility of the bleeding coming from some organic disease of the uterus, such as a sub-mucous fibrous tumor, the ulcerative stage of carcinoma, &c. Before introducing this patient to you, I instituted a vaginal examination, and have discovered no organic lesion—there is simply a relaxation of the uterine tissues, owing to defective contractility of the viscus.

Treatment.—Here the treatment must be both general and local. In this particular form of menorrhagia, characterized as it is by debility, the mineral acids will prove serviceable. These have been regarded with more or less favor, but their true *modus operandi* appears only to have been recently explained. Indeed, it may be said that their use has heretofore been somewhat empirical. It is said that the true value of this class of acids, the chief of which is the sulphuric, is due to the power they possess of coagulating the serum of the blood. Sulphuric acid exercises a peculiar influence on mucous membranes, and it is alleged that its efficacy is exclusively confined to hemorrhages from these surfaces. A table-spoonful of the following may be given three times a day:

℞	Acid Sulphuric, dilut.	℥ ij
	Syrup Aurantii	℥ iv M.

Alum in small doses administered internally will also be found in these cases an appropriate remedy; it is one of the most certain in its action, and, therefore, one of the most important of the astringent medicines. It may be employed with advantage in chronic mucous discharges, in passive hemorrhages, &c. It is not limited, like sulphuric acid, to any particular structure, but is universal in its astringent properties. Of the following a table-spoonful may be administered twice a day:

℞	Aluminis	℥ iss
	Aquæ Rosar	℥ v
	Syrup, simp.	āā ℥ ss
	Syrup, papav. Alb.	M.

One of the best local remedies in these cases will be an injection night and morning into the rectum of half a pint of cold water, commencing on the second day after the appearance of the menstrual flow. It is a simple remedy, but I have found it of signal efficacy. The cold hip-bath may also be resorted to with advantage; but it must not be forgotten that in the use of cold as a therapeutic agent, its activity should be proportionate to the facility with which the system reacts; or, in other words, to the facility with which the caloric lost by the application of the cold is restored, so that, with this view, the temperature of the water should at the commencement be adapted to the peculiar circumstances of the patient.

Tannin is a vegetable astringent frequently of great benefit in these cases of passive menorrhagia, and may be given in doses of two grains every three hours.

The regimen should be decidedly generous, consisting of roast meats, animal broths, &c; and perhaps after the menorrhagia has ceased, there is no better tonic, under the circumstances, for the purpose of restoring the wasted energies of the system, than quinine. The following formula may be used:

℞ Sulphat. Quinæ	gr. xii
Acid Sulph. dilut.	gtt. xij
Aquæ Puræ	℥ iij
	<i>Fl. sol.</i>

A table-spoonful twice a day.

ACUTE EXTERNAL OTITIS IN A LITTLE BOY, FOUR YEARS OF AGE.—Dennis W., aged four years, has for the last two weeks complained of distressing pain in the right ear; he has also labored under constipation, and general derangement of the digestive system. There is now a free purulent discharge, and the pain is much relieved; the discharge is extremely offensive. We have before us, gentlemen, an example of acute external *otitis*, inflammation of the ear, or, as it is sometimes called, ear-ache. *Otitis* is divided into external and internal; in the former instance it is limited to the external ear, whilst in the latter it involves the structure of the internal ear, and frequently proves very destructive. Scrofulous children are most liable to this latter form of the disease. *Otitis* is sometimes acute and sometimes chronic. Inflammation of the ear is not a rare affection in children; and you will observe it under a variety of circumstances. There is one fact worthy of recollection, viz., that the disease is almost invariably limited to one ear. I have never seen a case in which both ears were affected simultaneously. For practical purposes, *otitis* has been divided into primitive and symptomatic—and this is a division which you will often recognize. You have an example of symptomatic *otitis* in eruptive fevers, in scarlatina and measles, for instance, and you will also occasionally observe it in difficult dentition, especially where the process is more than ordinarily protracted.

Causes.—A very common cause of this affection is cold; a collection of wax in the ear, or the introduction of irritating substances; it may sometimes arise from inflammation of the throat, the inflammation involving the eustachian tube, and thus affecting the ear. The presence of small worms in the auditory canal has been known to produce the disease.

Symptoms.—The first and prominent symptom of this affection is pain, which is occasionally most intense; there is sometimes redness about the ear, and exquisite sensibility on pressure; a child old enough to distinguish the seat of pain, will place its hand on the affected ear, and moan; often deafness accompanies this affection from the very commencement; and, in secondary *otitis*, the result of scrofulous and eruptive diseases, the loss of hearing will be protracted, and occasionally beyond remedy. In three, four, or more days after the inception of the disease, there will generally be a discharge of matter, the result of the suppuration in which the inflammation has terminated; in some rare instances, the discharge will be serous. In almost all cases of suppuration, the matter will be extremely offensive. When the ear discharges, the disease is then called *otorrhœa*, the duration of which will vary according to the particular form of *otitis* with which the child may have been affected. For instance, in symptomatic *otitis*, the duration of the discharge will depend in great measure on the character of the disease of which it is a result. In scarlatina, I have known the purulent secretion to continue for three, four, and six months; and the same thing will often be observed in what may be termed with propriety scrofulous *otitis*. But, as a general rule, the continuance of the discharge does not exceed two or three weeks. It is important to mention, that as soon as the suppurative process is complete, and the matter passes from the ear, the pain is very much diminished, and usually ceases altogether.

Diagnosis.—In young infants, who have not the power of speech, or the faculty of communicating their sufferings, it is extremely important for the physician to exercise more than ordinary vigilance in arriving at a correct opinion as to the nature of the malady. An infant with this disease will cry incessantly; and oftentimes an error is committed in ascribing the crying and restlessness of the child to a wrong cause. In *otitis*, on a close examination of the ear, and particularly of the auditory canal, redness will be discovered, and on pressure there will be exquisite sensibility.

Prognosis.—In external *otitis*, there is nothing dangerous; but in internal *otitis*, especially that form connected with a scrofulous diathesis, there must be some reserve in the opinion given. I have known, in this latter case, destruction of the small bones of the ear, entailing perpetual deafness, and other serious results.

Treatment.—The first point in the treatment is, if possible, to remove the cause of the inflammation. For example: should there be a collection of wax in the ear, it should be softened by the injection of warm

milk, and then removed; emollient poultices to the ear; and, when the inflammation and pain are very active, two or three leeches applied round the mastoid process will be indicated. I have found in these cases much benefit from an onion poultice. When the matter begins to discharge, it will be right to continue the emollient injections for the purpose of cleansing the ear; and if the discharge should be protracted, astringent in lieu of emollient injections will be proper. One of the following may be employed:

R	Sulphat Zinci	gr. ij
	Aquæ Distillat.	℥ ij
		<i>Ft. sol.</i>
R	Lactis.	
	Aquæ Calcis.	āā ℥ j
	Tinct. Myrrhæ	gtt. xij <i>M.</i>

This child has labored under constipation; it will, therefore, be necessary to attend to the condition of its bowels. It will, as a general rule, be good practice to administer in these cases a brisk cathartic, for the reason that it will act beneficially on the intestinal mucous surface; and, with the same view of revulsion, a styptic pediluvium during the inflammatory stage of the disease will be beneficial. Let the following cathartic be administered to-night, followed in the morning by ℥ss of castor oil:

R	Sub. Mur. Hydrarg.	gr. ij
	Pulv. Jalapæ	gr. vi
	Pulv. Antimonial.	gr. $\frac{1}{8}$
		<i>Ft. pulv.</i>

During the inflammatory stage, the diet should be simple, consisting of diluents, boiled rice, potatoes, &c.

GONORRHOEAL OPHTHALMIA IN A LITTLE BOY, AGED THREE YEARS.—William J., aged three years, has a severe inflammation of the left eye, which is closed, and excessively tumid. The child appears to be in much pain, and altogether an object of distress. "How long, my good woman, has your child been affected with this sore eye?" "I noticed it for the first time, sir, yesterday morning." "Was the eye closed when you first observed it was inflamed?" "No, sir; but it closed up yesterday afternoon, and the poor child has been crying all night." "Do you know what caused the eye to inflame?" "Indeed, I do not, sir." "Now, my good woman, tell me the truth, and I will do all I can for your child." "Well, doctor, I believe the child caught the contagion from its father." "What contagion?" "Oh! sure, sir, you must know! My husband is a worthless man, and he has given my poor little child a dreadful disease, which will destroy his eye!" The reason, gentlemen, for my asking these questions, was to confirm the suspicion I entertained as to the particular nature of this ophthalmia, and I have no doubt that it is a case of gonorrhœal inflammation, one of the most rapidly destructive forms of

ophthalmia which can possibly present itself to the observation of the physician. My suspicion arose from two circumstances. 1st. The virulence and rapidity of the inflammation. 2d. The fact that only one eye is affected. It is an interesting circumstance for you to recollect that gonorrhœal differs from both Egyptian and the ordinary purulent ophthalmia in the particular that, as a general rule, in the two latter forms both eyes are affected, whilst in the former the disease is limited to one only.

Causes.—Authors have entertained various opinions touching the cause of gonorrhœal ophthalmia; and there is even now much difference of sentiment on the subject. It is contended by some that it is the result of inoculation of the *tunica conjunctiva* through the virus of the urethra; again, it is asserted that it is simply the effect of *metastasis* from the urethra to the eye; whilst others affirm that it is the consequence purely of irritation. Whatever may be the truth of these respective opinions, one fact is well established, that if gonorrhœal matter be applied to the conjunctiva, virulent and sudden inflammation will be the result; so that it may be assumed that inoculation is a very certain mode of producing this disease. It is often, I am sure, transmitted, as is the ordinary purulent ophthalmia, through cloths or towels, which have been used by those affected with gonorrhœa. It is, therefore, important when attending persons with this affection to caution them on the subject.

Symptoms.—As I have already remarked, but one eye is usually affected; the eye soon becomes the seat of active inflammation, the lids become closed, and very tumid from the distension caused by the mucopurulent secretion; the conjunctiva is first attacked, and, in a very short time, in the absence of proper treatment, the cornea is involved, and the eye oftentimes speedily destroyed. A characteristic symptom of this affection is a livid color of the lids.

Treatment.—If the most active means be not resorted to, this little fellow will certainly lose his eye. In the first place, three leeches should be applied to the inner angle of the eye, the bleeding to be encouraged by warm fomentations. The following powder should be administered:

℞	Sub. Mur. Hydrarg.	. . . . .	gr. iij
	Pulv. Jalapæ	. . . . .	gr. vi
	Pulv. Ipecac.	. . . . .	gr. ss
<i>Ft. pulv.</i>			

Let this be followed in six hours by the subjoined draught:

℞	Infus. Sennæ	. . . . .	℥ ij
	Sulphat. Magnesiae	. . . . .	℥ i
	Mannæ	. . . . .	℥ ss M.

The eye must be freely washed several times a day with a collyrium, which I shall presently prescribe, and the conjunctiva touched with a solution of the nitrate of silver. There is, gentlemen, some judgment necessary in making these applications, and I will now proceed to show

you how the eye should be cleansed, and the manner in which the collyrium and nitrate of silver should be employed. I place the child's head in this manner on my knee, allowing the body to rest on the lap of the mother. Then, with a piece of fine sponge, moistened with tepid water, I remove the matter from the eye, and immediately, with another piece of sponge, bathe the eye freely with the following collyrium :

R	Oxymuriat. Hydrarg.	. . . . .	gr. ss
	Sal Ammoniac	. . . . .	gr. ij
	Aquæ distillat.	. . . . .	℥ iv

Fl. sol.

When the eye has been thus cleansed, and after the application of the collyrium, the conjunctiva should be freely touched by means of a camel's hair pencil with the following solution :

R	Nitrat. Argenti	. . . . .	gr. v
	Aquæ distillat.	. . . . .	℥ i

Fl. sol.

Such is the activity of the inflammation, that it will be necessary, in addition to these means, to have recourse to one or more small blisters behind the ear, and this should be done from the very commencement, for the purpose of diverting as speedily as possible from the eye.

To prevent the agglutination of the lids, you will find much benefit from the use of the red precipitate ointment. Fomentations with laudanum and tepid water will be indicated, should there be much pain about the eye. The diet to consist exclusively of diluents.

SUPPRESSION OF THE MENSES FROM COLD, IN A YOUNG WOMAN, AGED TWENTY-ONE YEARS, COMPLICATED WITH PTHISIS PULMONALIS.—Margaret D., aged twenty-one years, unmarried, menstruated for the first time in her fourteenth year. "How long, Margaret, have you been in ill health?" "For the last six months, sir." "Was your health always good prior to that time?" "Yes, sir; I was a healthy girl, and never lost a day's work by sickness." "What occurred six months ago to derange your health?" "My courses stopped upon me, sir." "Do you know what caused them to stop, Margaret?" "I was washing, sir, and became very much heated; and I foolishly, without any shoes or stockings, walked on cold damp flags." "Were you menstruating at the time?" "Yes, sir." "And after you walked on the flags, your courses became suppressed?" "Yes, sir." "Have you had them since that time?" "No, sir." "You have a very bad cough; how long have you had it, my good girl?" "I took the cough, sir, about four weeks after my courses stopped; and it has been increasing ever since." "You have been losing flesh, have you not?" "Oh! sir, I am wasted to almost nothing." "Does your cough trouble you much?" "Yes, sir; I can not get any rest, particularly at night." "Do you spit up much?" "Yes, sir; I suppose I spit more than a pint of corrupted-looking stuff during the

day." "Do you have chills?" "Yes, sir; I have chills running down my back." "Do you have much fever?" "In the after part of the day, sir, I flush in the face." "Are you troubled much with night-sweats?" "Yes, sir; I have had them for the last two months." This case, gentlemen, is an instructive one. The girl before you is twenty-one years of age, and enjoyed excellent health until six months since, when, from her own imprudence, her menstrual function became suppressed, soon followed by a cough, which is now in full development. This poor girl is laboring under *phthisis pulmonalis*. Her pulse is one hundred and twenty. She has purulent expectoration, chills, night-sweats, the hectic flush; in a word, she presents the entire *cortège* of symptoms of that most fearful and rebellious malady—consumption. You can, I apprehend, have no difficulty in understanding the starting point of this pulmonary affection. It was unquestionably the suppression of the courses. I shall have frequent occasion to call your attention to the important influence exercised by this function over the health of the female; and you will observe in practice that its integrity cannot be violated without involving the general system in more or less disturbed action. One of the most frequent causes of menstrual suppression is cold. This thoughtless girl, through her own folly, has brought upon herself a disease which bids defiance to remedies, and which will of necessity destroy her. If she had applied for professional advice when her courses became suppressed, and if the menstrual function had been promptly restored, the great probability is that she would have continued to enjoy her usual uninterrupted good health, at least for some time.

Phthisis pulmonalis is a disease which will remain, under certain circumstances, for a long time dormant in the system. The elements of destruction are no doubt there, but, like the slumbering spark, they are harmless until brought into development by one or other of the various exciting causes which we know will convert latent *phthisis* into an actual and rapid malady. In this way, I think we can explain how it is that this disease is oftentimes one of the sequelæ of suppressed or irregular menstruation.

Treatment.—To attempt to restore the function now would not only be useless, but it would be cruel, for the reason that the system is too low to sustain medication of any kind. The indication here is, as far as may be, to palliate the cough, and support the strength. With the former view, a table-spoonful of the following may be taken two or three times during the day:

R	Syrup Scillæ	℥ ij
	Mucil. Acaciæ	℥ ij
	Tinct. Opii. Camph. }	āā ℥ ss
	Syrup, simp. }	
	Sol Sulph. Morphiæ	gtt. xx M.

The strength should be sustained by animal broths, jellies, &c.

HOOPING COUGH IN AN INFANT, AGED EIGHT MONTHS.—Ellen S., aged eight months, has suffered from hooping-cough for the past six weeks. "Do you nurse your child, madam?" "Yes, sir; I give it nothing but breast milk." "That is right, my good woman. Does it seem to suffer much from the hooping-cough?" "It does, sir, when the cough comes on; it turns blue in the face, and can not get its breath for some time." "After the cough is over, does it appear quite cheerful?" "Yes, sir." "How are its bowels?" "They are quite regular, sir." "Has it had convulsions since it was attacked with the hooping-cough?" "Never, sir. It seems perfectly well, except when the cough troubles it." The little infant before you, gentlemen, presents one of the affections incident to early age. Hooping-cough commences ordinarily with catarrhal symptoms, which gradually abate, and are succeeded by a peculiar spasmodic cough, from which the disease derives its name. It assumes a marked character, paroxysmal in its recurrence, characterized by a distinct hoop—the child during the paroxysm experiencing a sense of suffocation. Under ordinary circumstances, the little patient, notwithstanding the paroxysms, is playful in the intervals of the cough. It has been supposed by some writers that hooping-cough and bronchitis are identical; but this is an error. Pertussis is rightly classed among the *neuroses*; and when inflammatory symptoms supervene in the progress of the disease, they do so merely as complications, and not as essential accompaniments of the original affection. The stethoscope and immediate auscultation have abundantly established this fact. Nothing can be more variable than the duration of this disease; it sometimes, though rarely, runs its course in two weeks; on the other hand, it will continue for four, six, ten months, and I have known it to exceed one year. Observation justifies the division of hooping-cough into three distinct stages, each one being characterized by its own peculiar symptoms. In the first place, there is the stage of inception; secondly, the stage of excitement in which the disease reaches its maximum of intensity; and thirdly, the stage of decline. In the first, we observe the symptoms of ordinary catarrh, without spasm of the glottis, or that peculiar sonorous inspiration, which is the usual accompaniment of the more severe form of this affection.

A very interesting fact is mentioned respecting the effect of intermittent fever in this disease. It is said that when intermittent fever prevailed at Milan as an epidemic, the hooping-cough was arrested at the time of the ague paroxysm. As I have already remarked to you, gentlemen, hooping-cough is not of itself a dangerous affection—it is rarely fatal when not involved in complications, and, therefore, the opportunities for investigating its pathology have been comparatively limited. There is, I may say, no settled opinion upon this subject. Those, who regard this affection as a *neurosis* are variously divided in sentiment as to whether the disease is seated in the *par vagum*, in the

ramifications of the intercostal nerve, or in the brain; whooping-cough is both epidemic and contagious; though it will occasionally exhibit itself as a sporadic affection. It is said by some writers that the exanthematous diseases exercise a remarkable influence on whooping-cough, and that it is checked during an attack of measles, small-pox, scarlatina, &c. This, however, needs confirmation. There is one circumstance in this connection worthy of note—and it seems to demonstrate that, in lieu of an antagonism between these affections and whooping-cough, there is rather a sort of relation between them. For example: scarlet fever, small pox, and measles are all contagious, and as a general rule attack the same individual but once. In these particulars, they accord precisely with whooping-cough. Again, whooping-cough will sometimes develop itself a few weeks before the rubeolus eruption; and sometimes the cough consequent upon measles will assume all the characters of a veritable pertussis. Those clever observers, Rilliet and Barthez, have in their ample experience established these latter points.

The complications of whooping-cough are numerous, the most frequent, of which is catarrh; then we have inflammation of the bronchial tubes and lungs; hydrocephalus and convulsions; diarrhoea and infantile remittent fever are also occasionally found to accompany this disorder. Whooping-cough is essentially a disease of infancy, though it has been known to attack the adult. More than one half of the children are attacked with it before the completion of the third year. It, however, seldom develops itself under six months of age; and is comparatively a rare affection after the tenth year. Its fatality depends very much upon the character of the diseases with which it may be complicated.

Treatment.—No malady has, perhaps, called forth more specifics than the one now under consideration; but alas! they, like all such agents, have proved abortive in arresting its progress. This affection is to be treated on general principles, and, when not complicated with any of the maladies to which we have alluded, it will not prove rebellious to judicious medication. Should, however, inflammation of the lungs or bronchial tubes, hydrocephalus, or convulsions, infantile remittent fever, or diarrhoea ensue, these affections must be treated energetically without reference to the whooping-cough. In simple pertussis, it will be necessary merely to regulate the bowels, put the child, if weaned, on light diet, and occasionally administer ten to twenty drops of the following:

R	Vini Ipecac.	. . . . .	3j
	Tinct. Hyoscyam.	. . . . .	3ij M.

When the hoop is severe, and distressing to the child, one drop of hydrocyanic acid may be given in a tea-spoonful of sweetened water; camphorated oil, or soap liniment may be advantageously rubbed on the chest for the purpose of slight counter irritation. But, under ordinary circumstances, the great remedy for whooping-cough is change of air.

It has of late years been proposed by Dr. Joubert of Cherine, and

Dr. Eben Watson, to cauterize, in cases of pertussis, the mucous membrane of the larynx, using for this purpose a strong solution of the nitrate of silver; and the results of this treatment have certainly been most satisfactory. In one hundred and seventy-five cases, there was success in all except eight. It does not appear difficult to explain the *modus operandi* of the caustic under these circumstances. It acts, no doubt, by diminishing the irritability of the laryngeal nerves, as also that of the medulla oblongata. It is because of the irritation of these nerves upon the medulla oblongata, and the reflex action of this nervous mass upon the larynx, bronchial tubes, &c., that we are enabled to explain the spasmodic contractions of these latter organs, so characteristic of whooping-cough. Upon the principle of diminishing the irritability of the medulla oblongata, and consequently its reflex action, escharotic applications to the spine, the most efficient of which is the red-hot iron, are frequently of signal service. But in the use of these remedies, the extreme susceptibility of the system during infantile life must not be forgotten.

It would scarcely be profitable to enumerate the various remedies, which, from time to time, have been suggested for this disease. It may, however, not be out of place to mention some few of them. Guernsant and Trousseau, of Paris, accord great value to emetics in whooping-cough. For this purpose, the syrup of ipecacuana is employed in tea-spoonful doses in very young children, every fifteen minutes, until free vomiting is produced.

In Germany, the following is highly extolled:

℞ Coeci cacti (cochineal)	}	. . . . .	āā ʒj
Bitart. Potassæ			
Sacchar. Alb.	. . . . .	3j	
Aquæ bullient	. . . . .	3 viij	
		<i>℞ Sol.</i>	

Fl. Sol.

Of this a dessert-spoonful to be given three times a day, at first; and afterwards, increase it.

The subcarbonate of iron is much eulogized. It is administered as follows:

℞ Subcarbonat. ferri	. . . . .	gr. xxiv
Sacchar. Alb.	. . . . .	q. s.

Divide in chartulas x—one powder every three hours to children from one to three years of age.

Belladonna has found its strong advocates, and it is regarded by some as a specific. Hufeland administers it as follows:

℞ Pulv. Belladon.	. . . . .	gr. j
Sacchar. Alb.	. . . . .	3j

Divide in chartulas viij—one, morning and evening, to an infant from two to four years of age.

Trousseau and Pedoux employ Belladonna in the following combination:

℞ Extract Belladon.	. . . . .	āā gr. iv
Extract Opii. Aquo.	. . . . .
Extract Valerian.	. . . . .	3 ss

Divide in pil. xvj—from one to four a day.

LECTURE II.

Chlorosis in a Girl, aged eighteen Years, with Suppression of the Menses for the last six Months.—Pathology of Chlorosis.—Chlorosis not always dependent upon Amenorrhœa.—Muco-purulent Discharge from the Vagina in a Girl, aged six Years, from Scrofula.—Pruritus Pudendi in a married Woman, aged forty-six Years; final Cessation of the Menses.—Amenorrhœa in a Girl, aged seventeen Years, from imperfect Physical Development.—Undue Lactation in a married Woman, aged thirty-eight Years, the Mother of four Children, the youngest six Months old Passive Menorrhagia.—Irritation from Teething in an Infant, one Year old, with Constipation.—Anasarca and Ascites following Scarlet Fever in a Boy, aged four Years.—Is Albuminuria the constant accompaniment of Scarlatina?

CHLOROSIS IN A GIRL, AGED EIGHTEEN YEARS, WITH SUPPRESSION OF THE MENSES FOR THE LAST SIX MONTHS.—Susan M., aged eighteen years, has, from the very commencement of puberty, been troubled with irregular menstruation; and for the last six months the function has been entirely suspended. From early girlhood, her health was delicate; and she menstruated for the first time between the fourteenth and fifteenth years of age; she is extremely pale, with a white-coated tongue; she is without appetite, and habitually constipated; complains of vertigo and palpitation of the heart, *together with occasional severe pain over the left orbital region, and at times much distress along the course of the sciatic nerve*; she has cough, which is, however, unaccompanied with expectoration, and the pulse is not over seventy. Her nervous system is also much disturbed, as is evinced by her peevishness, restlessness at night, extreme irritability, &c. This case, gentlemen, is one calculated, in some of its symptoms, to lead the practitioner into error, and cause him to make a false diagnosis. The disease with which this girl is affected is *chlorosis*, a term derived from the Greek *χλωρός*, which signifies simply pallor of the skin with a yellowish or greenish tint. It is known as the "green sickness," and is frequently so called by the old women and nurses. Pallor, however, of the cutaneous surface is characteristic of various other morbid conditions, and we must, therefore, look for something more pathognomonic than this to prove the existence of chlorosis. This malady is comparatively of frequent occurrence, and usually exhibits itself as the period of puberty approaches, more especially in young girls whose menstrual function has not become established, or, if so, is marked by more or less irregularity.

But you are not to imagine that chlorosis is always essentially and necessarily connected with an absence or irregularity of the menstrual function; this would be, indeed, circumscribing this important affection within limits by no means warranted by observation. On the contrary, chlorosis will sometimes exist in women whose menstrual function is perfectly normal as to time and quantity; married women and widows are occasionally the subjects of it; and instances are recorded in which the disease has been recognized in the delicate of the male sex. Again, you will meet with examples of amenorrhœa, in which there is an entire absence of chlorotic symptoms. The pathology of chlorosis consists in a morbid condition of the blood, the serum being increased in quantity, whilst the crassamentum is sensibly diminished. You will observe in the course of your reading that authors enumerate a variety of organic lesions met with after death as the results of chlorosis. But this is an error into which they have fallen—these lesions have no direct connection with the disease in question; they are simply the effects of maladies with which chlorosis has had no immediate relation, but which have originated during its progress as mere complications; so that when it is asserted that, in one case, a post-mortem examination reveals disease of the liver, in another an affection of the lungs, and in a third, serious lesion of the brain, heart, pleura, &c., you are not to refer these lesions to the special influence of chlorosis. It is well, however, to bear in mind that there are certain organic changes or peculiarities recognized in those who have died of chlorosis, but they are characteristic of its true pathology, viz.: an impoverished condition of the blood. The changes to which I allude are as follow: the walls of the blood-vessels are pale and thin; the muscular tissue is extremely flaccid, and deprived of its coloring matter; and the blood itself presenting all the evidences of alteration so strikingly illustrative of chlorosis. The experiments of Andral and Gavarret would seem to show that the modification of the blood in this disease consists not only in the relative diminution of the red globules, but also in an alteration of the structure of these globules.

Eisenmann has attempted to prove that chlorosis is not a disease essentially of the blood. He maintains that the nervous system, and principally the spinal cord, is the primitive seat of this affection. He bases his opinion upon the following circumstances: 1. Becquerel and Rodier, in certain cases of chlorosis, have detected no change in the blood; 2. Chlorosis is much more frequent in the female than in the male, and it is well known that the nervous system predominates in the former; 3. The incipient symptoms of chlorosis are those of the nervous system, before any change occurs in the blood, and these nervous symptoms continue throughout the progress of the disease; 4. Chlorosis will yield to morphia, strychnia, &c., which are known to act favorably in affections of the spinal cord. In addition to the above, other reasons are given as confirmatory

of the opinion that the primary seat of chlorosis is in the nervous system. For example: the efficacy of the cold shower-bath in this disease, which is also an efficient agent in many forms of disturbed nervous action, such as chorea, hysteria, &c. Another argument is that chlorosis will sometimes yield to the internal administration of zinc, bismuth, lead, copper, &c. But, gentlemen, I do not regard the above reasons as at all conclusive of the new theory; and if they be of any force, it is merely that they prove exceptions to a general rule—or, which I think nearer the truth, that the effects have been mistaken for the supposed causes of chlorosis. The relation between the nervous and vascular systems is so intimate, they are so mutually dependent one upon the other for healthy function, that original morbid action of the one may, without due discrimination, be confounded with original morbid action of the other. Excessive blood-letting, and this occurs more especially in young children, will be followed by great nervous perturbation, extreme jactitation, and oftentimes convulsions. Would it, under these circumstances, be good physiology to refer these phenomena to original derangement of the nervous system, and more particularly of the medulla spinalis? I think not. The original defect is the loss of blood, and under this influence the nervous centers become deranged, and hence the morbid phenomena to which I have just alluded.

But it strikes me that, admitting the true pathology of chlorosis to consist in an alteration of the constituents of the blood, or, in other words, an impoverishment of this fluid, by which it is prevented from distributing adequate nutrition and development to the various tissues of the system, another inquiry should press itself on the mind of the observant physician, which is this: Is this alteration in the blood primitive or secondary? or, to bring the question to a practical point—is the impoverishment of the circulating fluid in a given case due to its original defective formation, or is it simply the result of morbid action in some of the various organs directly connected with the healthy production of this fluid? Indeed, it seems to me that all rational treatment of chlorosis must necessarily depend upon a decision of this question. For my own part, I believe that the primitive disorganization of the blood is among the extremely rare occurrences to be recognized by the practitioner; whilst, on the contrary, it will be found very generally as a secondary condition dependent upon the operation of one or more of the various causes capable of deranging the digestive functions.

Causes.—The causes which may give rise to chlorosis are numerous, and may operate separately, or, to a certain extent, collectively. An impoverished diet, exposure to a humid atmosphere, sedentary habits, long confinement, such as is practiced in manufactories, an enfeebled constitution, &c., may be classed among the causes of this affection. Constipation is so frequent an accompaniment of chlorosis, that we are inclined to think with Marshall Hall, that it is one of the most fruitful

sources of this disease. It is insidious in its results, and often lays the foundation of general derangement of the health. A late distinguished writer, Dr. Bennett, affirms "That functional disturbance, and organic disease of the uterus, have nothing whatever to do with chlorosis; but that this affection arises exclusively from disease of the blood." This opinion, although undoubtedly true as a general principle, is too sweeping, and is not sustained by observation; for chlorosis will occasionally date its origin from functional derangement or structural lesion of the uterine organs; and, in either of these cases, the impoverishment of the blood may arise from the morbid influence exercised by these disturbances on the ganglionic system of nerves, the healthy and unaffected condition of which is so essential to the proper performance of the assimilative functions. The opinion so emphatically expressed by Dr. Bennett is not without danger; for, with this doctrine to guide us, our treatment of chlorosis would not only be useless, but absolutely destructive in cases in which this affection is traceable purely to organic disease of the womb, or to aberration in the functions of this organ.

Symptoms.—One of the most constant symptoms of *chlorosis* is pallor of the cutaneous surface, assuming not unfrequently a yellowish hue; but it is well to remember that this pallor is more marked in certain portions of the integumentary surface than in others; the tunica conjunctiva of the eye-lids, the mucous covering of the lips and nose, present in full this peculiar characteristic of the disease. The digestion is much impaired—no appetite—sometimes a longing for unnatural food; constipation; the tongue is white, and coated; sometimes there is great thirst; as a general rule, the urinary secretion is diminished; the circulation is more or less disturbed; palpitation of the heart, and intermittent pulse, often accompany this disorder; there is occasionally cough; the nervous system is always more or less deeply involved, as is exhibited in the sleepless nights, depression of spirits, headache, vertigo, throbbing of the temples and ears, and not unfrequently many of the hysteric phenomena.

Of late years much has been said respecting certain abnormal sounds heard in the heart, and large blood-vessels of chlorotic patients. Bouillaud, I believe, was the first to call attention to this subject. It is the opinion of Brown-Sequard that these sounds emanate from a tremor of the muscles peculiar to weak and aged persons. Neuralgia is a very constant accompaniment of chlorosis; and one of the principal features of this neuralgia is its fugitive character, passing from one set of nerves to another; sometimes it is over the orbit, sometimes in the track of the nerves passing to the teeth; again, it presents itself in the intercostal nerves, at other times in the sciatic nerve, &c. The menstrual function is usually deranged in this disease; sometimes there is amenorrhœa in one or other of its forms, viz., retention or suppression; and it becomes an important question in these cases for the practitioner to estimate the

exact relation of the amenorrhœa to the chlorosis—which is the effect, and which the cause? In some instances, the menstrual function will continue with regularity, but then the blood is usually observed to be serous; and not unfrequently in chlorotic girls there is a leucorrhœal discharge, which, from its periodical recurrence, seems to take the place of the menstrual evacuation. In one word, the symptoms of chlorosis, like those of hysteria, may be said to be Protean in their character, and are subject to constant variation.

Diagnosis.—In the diagnosis of this affection some degree of caution must be exercised; the pallor of countenance and cough may lead to the supposition of pthisis, whilst the palpitation of the heart might cause you to infer the existence of structural disease of this organ. The cough of chlorosis differs from that of pthisis in the following particulars: in the former, the cough is without expectoration; there is no hectic fever, nor is the cough increased on exposure to the air; neither is the pulse accelerated. On minute examination, the palpitation will be found to be merely functional, depending on general derangement of the system, and especially on an impoverished condition of the blood. The headache, and occasional severe pain in the side, may also lead to a false view of the malady; these are not the pains of inflammation. The headache, like the vertigo, is traceable to a want of healthy blood in the brain, and the pain in the side may be simply neuralgic, or may result from a loaded condition of the intestinal canal. Marshall Hall has instituted a very truthful analogy between excessive sanguineous losses and chlorosis—an analogy which all accurate observers will fully confirm, and which consists in the following points of resemblance: 1st. Head symptoms, simulating arachnitis; 2d. Palpitation of the heart; 3d. The condition of the general and capillary circulations; 4th. Occasional death from coma.

Prognosis.—As a general principle, chlorosis is a manageable disease; but in its severer forms, and especially when it has existed for some time, and when accompanied by serious complications, prudence requires on the part of the practitioner some reserve in his opinion as to the final result.

Treatment.—I think it a fundamental error in practice, unfortunately too common, always to regard amenorrhœa, when it exists in chlorosis, as the substantial feature of the case—the one above all, which calls for the attention of the practitioner. Hence, in these cases it is too usual to have recourse to emmenagogues for the purpose of bringing on the menstrual function without reference to the general condition of the system. This is wrong—it is an abuse from which females have suffered severely. If, with this partial view of the disease, the emmenagogue treatment should result in establishing the menstrual flow, the general health suffers just in proportion to the loss of blood sustained. The true and only philosophical treatment consists in the administra-

tion of those remedies best calculated to invigorate the system, and thus overcome the chlorotic type; when this is accomplished, the restoration of the catamenia will generally follow as a necessary consequence. At all events, not until the chlorosis has been removed, will it be proper to have recourse to emmenagogue remedies, and not even then, except in those cases in which, after the subsidence of the chlorotic symptoms, the amenorrhœa shall still continue. Chlorosis presents itself under one of three forms, and it has, therefore, been divided into the incipient, confirmed, and inveterate. The young girl before us is an example of the confirmed stage of the disorder, which is characterized by pallor and tumefaction of the countenance and conjunctiva, puffiness of the eyelids, a white-coated tongue, constipation, insomnolence, palpitation of the heart, &c. Her digestive functions have become so impaired by long-continued constipation, and her blood consequently so much impoverished, that the indication is obviously, in the first place, the removal of the constipation, and secondly, the general invigoration of the system. Medicine alone will not accomplish these objects; and if, under any circumstances, a faithful observance of hygienic treatment be called for, it is in a case like the present, where the vital powers of the system are in a state of comparative dilapidation. It is, therefore, incumbent to impress on this girl the necessity of gentle exercise in the open air, clothing such as will protect her from the cold, the careful avoidance of a humid atmosphere, a tepid bath once a week, and frictions with a coarse towel. It will be well to commence with a brisk purgative, for, pale and delicate as she is, you will find she will bear with benefit a positive impression of this kind. Let her take, this evening, the following powder, and in the morning, ℥j of castor oil:

R	Sub. Mur. Hydrag.	.	.	.	.	.	gr. viij
	Pulv. Rhei.	.	.	.	.	.	gr. xij
							<i>Ft. Pulv.</i>

It may also be necessary, in order to excite a healthy action of the liver, to give her occasionally, every third or fourth night, ij or iij grains of the hydrag. c cretâ; and half a pint of tepid water thrown into the rectum, night and morning, will prove highly serviceable in promoting the peristaltic action of the intestines. When the bowels have been freely evacuated, a table-spoonful of the following may be given two or three times a day:

R	Quinæ Sulphat	.	.	.	.	.	gr. xv
	Acid Sulph. dilut.	.	.	.	.	.	gtt. xv
	Tinct. Card. c. }	.	.	.	.	.	aa 3 iij
	Tinct. Humuli }	.	.	.	.	.
	Infus. Rosar. c. .	.	.	.	.	.	℥ vi M

Or the following may be ordered :

℞ Acid Sulph. dilut.	. . . . .	3 ij
Syrup Aurantii.	. . . . .	3 ij
Aquæ Cinnamon	. . . . .	3 j M.

A tea-spoonful in a wine-glass of cold water two or three times a day.

The great remedy, however, for chlorosis is iron in some or other of its various preparations—so that, after commencing with the vegetable tonics, which, as a general principle, is a good rule for the reason that they are less likely to irritate the system, recourse may then be had to the ferruginous remedies. Iron may be given in some of the following forms :

℞ Sulphat. Ferri.	. . . . .	3 j
Sub-carbonat. Potassæ	. . . . .	aa 3 j

Divide in pil. xxxviiij, commencing with one pill twice a day, and gradually increased to four a day.

These are known as the pills of Blaud, and are in high repute.

℞ Sulphat. Ferri.	. . . . .	3 j
Extract Humuli	}	aa gr. xv
Extract Papav. Alb.		
Ol. Cassiæ	. . . . .	gtt. xv

Divide in pil. xxiv—one pill twice or thrice a day.

℞ Ferri. Iodid.	. . . . .	℥ i ss
Tinct. Columb. c.	. . . . .	3 j
Aquæ puræ	. . . . .	3 vij

A table-spoonful three times a day.

℞ Sulphat. Ferri	. . . . .	℥ j
Aloes Barbardens	. . . . .	℥ ij

Ft. massa in pil. xx dividenda—one pill twice a day.

This is a capital combination in cases in which there is a tendency to torpor of the bowels.

℞ Carbonat Ferri	. . . . .	3 j
Pulv. Rhei.	}	aa 3 ss.
Aloes Socotorin		
Extract Humuli	. . . . .	q. s.

Ut. fl. massa in pil. xxx dividenda—one pill three times a day.

℞ Syrup Iodid Ferri	3 j
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An admirable preparation in chlorosis occurring in scrofulous habits.

Thirty drops three times a day.

℞ Sulphat. Ferri	. . . . .	℥ j
Extract Gentianæ	. . . . .	℥ ij

Ft. massa in pil. xx dividenda—one pill two or three times a day.

The diet should be generous—succulent meats, animal broths, horse-back exercise in the open air, &c. Bernard is of opinion that the curative effects of iron in chlorosis are not due to the absorption of this agent into the blood; he has not been able to detect, after injecting into the stomach iron filings, the lactate of iron, &c., more iron than usual in the vena portæ; but he observes that as iron exists in the food, it may perhaps require a certain combination in order that the metal

may be absorbed. He, however, insists upon a very important fact, viz., that the salts of iron exercise a special action on the mucous coat of the stomach, each portion of this surface touched by the metal immediately assuming a more active circulation. It is, therefore, a direct excitant. May not chlorosis, he asks, according to this, be due to an impaired digestion, and may not the iron, by the excitation it produces, re-establish and fortify the digestive functions? Although this question is not completely solved, yet it must be admitted that it possesses much therapeutic interest.

MUCO-PURULENT DISCHARGE FROM THE VAGINA IN A GIRL, SIX YEARS OF AGE, FROM SCROFULA.—Mary T., aged six years, is pale and delicate; of a lymphatic temperament, and scrofulous diathesis, with general torpor of the bowels. The glands of the neck are slightly enlarged, and on exposure to cold they become painful. Her mother brings her to the clinique for advice, principally on account of a discharge from the vagina with which she has been affected for the last six months. The discharge is sometimes profuse, and occasionally of an acrid character, producing excoriation of the parts. This, gentlemen, is a case of singular interest on several accounts. In the first place, the tender age of this child gives it importance; and when it is recollected that discharges of this nature in the female at so early a period have been mistaken for gonorrhœa, the practitioner can not fail to recognize the grave results involved in an erroneous diagnosis. It is much easier to excite than allay suspicion; and it is the duty of the physician under circumstances affecting character or the peace of families to be rigidly just. He is to separate himself from all cabals; he is to seek for truth alone, and guard it at all hazards with sacred vigilance. In cases, for example, like the one before us, it may be suspected that the discharge is the result of an attempt at violation; an imprudent parent, by threats and punishment, may extort from a timid child the admission of any and every thing—the poor child being influenced more by the hope of escaping punishment than by the revelation of the truth. In this way, it will not be difficult to implicate a third party, and the decision of the case must rest upon the testimony of the medical attendant.

The causes of vaginal discharge in young children are as follow: 1st. Scrofula; 2d. Ascarides in the rectum; 3d. Irritation of the genito-urinary organs, direct or indirect; 4th. Gonorrhœa; 5th. Dentition; 6th. This character of discharge will occasionally accompany scarlet fever. Dr. Cormack observes, that in twenty-three female patients whom he treated for scarlatina, all of whom were properly washed, and cleanly, twelve exhibited well-defined vaginitis. There were only two of the twenty-three patients above fourteen years of age, one twenty-six, and the other twenty-eight years old; both were married, and suffered from acute vaginitis, which presented a severer type than in any of the chil

dren. Dr. Cormack accounts for this inflammation of the vagina on what must be conceded a rational principle. He says it is simply an extension of the exanthematous inflammation of the skin, similar in its nature to what is often met with in the mucous linings of the nose, ear, air passages, &c. Your first duty, therefore, gentlemen, on being consulted in a case of this description, is, by a thorough investigation, to ascertain to which of these causes the discharge is due; the child will thus be spared much suffering, and the mother and friends relieved from an unnecessary anguish of mind.

The symptoms are characterized by more or less pain in the parts, increased by exercise; excoriation, especially when the discharge is acrid; sometimes there will be irritation and a sense of burning when passing water, together with apthous ulcerations of the mucous membrane. The discharge varies in character—thin and sanious, sometimes purulent, and again muco-purulent. The general health usually suffers.

The diagnosis merits all the attention of the physician; for in the absence of correct views on this point, his treatment will be utterly unavailing. If the discharge be connected with a scrofulous diathesis, the general appearance and history of the child will disclose the fact. *Ascarides*, the small white-thread worms which lodge in the rectum, often occasion this discharge sympathetically by the irritation they produce on the mucous surface of the intestine. Their presence is indicated by itching of the anus, and the other symptoms usually attendant on worms, but especially by their being observed in the *fæces*. It is important, therefore, in all cases of doubt, to request the mother to examine the evacuations of the child. In very young infants, the discharge may be the result of acrid leucorrhœal matter taken from the mother at the time of birth, giving rise to a purulent secretion similar to what is observed in the purulent ophthalmia of new-born infants. The fourth cause, gonorrhœa, is one which will require more than ordinary vigilance in order that an accurate opinion may be given. If the discharge be due to the irritation of teething, attention should be directed to that point.

Treatment.—In the case of this little girl, the nature of the disease producing the discharge is well marked. She is affected with scrofula, and the secretion from the vagina is occasioned by this taint in the system. We employ the word taint, for it is in all truth such; as much so, indeed, as the syphilitic virus, and we believe it to be in its general results almost equally destructive. The discharge in this case is comparatively of little moment; it is to be regarded merely as the effect of a grave affection—scrofula. The treatment, therefore, if it be exclusively local, will be without avail. The true cause, the scrofula, must be the special object of attention. The bowels should be freely moved by the following medicine:

℞	Hydrarg. c. cretâ	.	.	.	.	.	.	gr. iv
	Pulv. Rhei	.	.	.	.	.	.	gr. vj <i>M.</i>

This powder to be taken at night, followed in the morning by $\frac{3}{4}$ ss of castor oil. I should then be disposed to place this child on the following alterative course :

℞ Oxy. Muriat. Hydrarg. gr. $\frac{1}{2}$
 Tinct. Rhei. }
 Tinct. Cinchonæ } āā $\frac{3}{4}$ i M.

Thirty drops twice a day in a dessert-spoonful of cold water. After continuing this medicine for two or three weeks, let it be suspended for awhile; and, in lieu of it, a wine-glass of the compound decoction of sarsaparilla, with six drops of the liquor potassæ, should be given daily until the general health is found to improve. The corrosive sublimate solution may again be had recourse to, if necessary, and continued until the secretions and general system present a healthy aspect. Sarsaparilla often exercises a happy influence in scrofula, and the prevailing acid condition of the stomach and alimentary canal in this affection renders the liquor potassæ a valuable adjuvant. The vulva should be frequently cleansed with tepid water and castile soap, and bathed once or twice a day with the following solution :

℞ Sulphat. Zinci gr. xij
 Aquæ distillat. $\frac{3}{4}$ vj
Ft. sol.

These remedies, however, will be limited in their effects, unless aided by a nutritious diet and fresh air. These latter, in strumous conditions of the system, will prove essential elements of successful treatment. Here, too, a valuable remedy will be found in the syrup of the iodide of iron, of which ten or twenty drops may be taken three times a day. In scrofulous diseases, this is, perhaps, the very best preparation of iron.

PRURITUS PUDENDI IN A MARRIED WOMAN, AGED FORTY-SIX YEARS—FINAL CESSATION OF THE MENSES.—Mrs. O., aged forty-six years, married, extremely plethoric, the mother of seven children, the youngest eight years old, seeks advice for a distressing itching of the external genital organs, with which she has been affected more or less for the last two months; and which has recently become so aggravated as to render existence, to use her own language, scarcely endurable. Her menstrual function, which had always been regular, except during pregnancy and lactation, ceased about six months since. This affection, gentlemen, is one of a very annoying character, and it is one, too, which, if not promptly removed, will occasionally lead to serious consequences; for the irritation of the external organs will sometimes, through the increased afflux of blood to the parts, involve the uterus and its appendages in disease, and the nervous system oftentimes becomes greatly deranged. Under the influence of this irritation, digestion is impaired, the patient emaciates, and general dilapidation of the health ensues. It is

well to remember that pruritus of the vulva varies in character; it is sometimes constant, at other times intermittent. You will occasionally observe it to precede for a few days the menstrual flow, and then pass off with it.

The causes of this affection are numerous, such as the final cessation or suppression of the menses; neglect of personal cleanliness; indolent habits; plethora; excessive heat of the season; excessive fatigue; scrofula, giving rise to an acrid and irritating vaginal secretion; and, under some circumstances, pregnancy will produce it. The symptoms are characterized by intense itching, rendering the patient wretched, and a burden to herself. She seeks relief by scratching, which is sometimes carried to such an extent as to occasion ulceration. The diagnosis is not difficult. Care, however, must be exercised not to confound the ulceration with venereal chancres, which might possibly be done by an inattentive physician.

Treatment.—This will vary with the cause to which the pruritus is traceable. In the present instance, the irritation is, I think, dependent upon the final cessation of the menses, and the consequent plethora of the system. The patient should lose from the arm $\frac{3}{4}$ viij of blood; and the subjoined powder administered to-night:

R	Sub Mur. Hydrarg.	.	.	.	.	.	gr. x
	Pulv. Jalapæ	.	.	.	.	.	gr. xv
	Pulv. Antimonial	.	.	.	.	.	gr. i
							<i>Fl. pulv.</i>

followed in the morning by

R	Infus. Sennæ	.	.	.	.	.	$\frac{3}{4}$ vj
	Sulphat. Magnesiae	.	.	.	.	.	$\frac{3}{4}$ ij
	Tinct. Jalapæ	.	.	.	.	.	$\frac{3}{4}$ i
	Mannæ	.	.	.	.	.	$\frac{3}{4}$ ss M.

The diet to be exclusively vegetable; the parts to be washed twice a day with castile soap and water. The following lotion should be freely used:

R	Sulphat. Aluminis	.	.	.	.	.	$\frac{3}{4}$ ij
	Aquæ puræ	.	.	.	.	.	$\frac{3}{4}$ xvi
							<i>Fl. sol.</i>

We have often found great benefit from bathing the parts with a strong solution of borax.

The following local application deservedly ranks high; it is one of the most reliable and efficacious in use:

R	Amyl.	.	.	.	.	.	$\frac{3}{4}$ v
	Camphoræ	.	.	.	.	.	$\frac{3}{4}$ j M

The parts to be sprinkled with this powder once a day; observing the precaution to wash them each time the application of the powder is renewed. This was a favorite remedy of Lisfranc.

I have, in these cases, found benefit from the nitrate of silver in solution :

R Nitrat. Argenti	gr. xx
Aquæ puræ.	℥ ij
	<i>Ft. sol.</i>

AMENORRHŒA IN A GIRL, AGED SEVENTEEN YEARS, FROM IMPERFECT PHYSICAL DEVELOPMENT.—Sarah H., aged seventeen years, has been delicate in health from her infancy. Her mother brings her to the clinique, feeling anxious because she has never menstruated, and begging that some medicine may be given “to make her right.” This case, gentlemen, is instructive, and is precisely such as you will occasionally encounter in practice. Mothers, when their daughters attain their fourteenth or fifteenth year, usually manifest much alarm if their courses do not come on. They look merely at the age, and close their eyes to all other considerations. Such must not be the conduct of the physician. It is his duty to know that the function of menstruation is dependent not upon the mere age of the individual, but upon the proper development of the ovaries. There is no fact more important for you to remember than that menstruation is in absolute connection with the function of the ovaries. Menstruation is the specific office of the ovary, as is the secretion of bile the office of the liver, or the secretion of the fecundating liquor the function of the testes. What would you think of the practitioner who should attempt by medication to produce this latter secretion in the male before the normal development of the testicles? You would, if you pronounced proper judgment, deem him mad; and yet, in a professional sense, he would not be more insane than the man who should hope to force menstruation in such case, for example, as the one now before us. I could cite more than one instance of the melancholy results which have followed this attempt to coerce nature. But you may inquire, what evidence is there that the ovaries are not developed in this girl? Well, I will give you the evidence. In the first place, she has the appearance of a mere child, presenting nothing in the least of the physical embonpoint characteristic of an approach to womanhood. Her breasts are like those of a child six years of age—her hips present also the same aspect—there is none of that increase of cellular tissue, none of that peculiar fullness of the hips and breasts, so strongly demonstrative of ovarian maturity. In a word, gentlemen, the girl before us, although seventeen years of age, is in all other respects but a child. “I think you said, my good woman, your daughter has been in delicate health from her infancy?” “Yes sir, she has always been delicate.” “Has she any cough?” “No sir.” “How are her bowels?” “They are always more or less confined, sir.” “Has she any appetite?” “No sir.” “I am not surprised at it, my good woman.”

Treatment.—The amenorrhœa in this case is entitled to no notice

whatever. The first and only therapeutic indication is to encourage and aid nature in giving to this girl a physical vigor, which will enable her, through the proper growth and development of her organs, to perform the physiological offices of her sex. In the first place, it is essential to overcome the habitual constipation under which she labors; for this purpose let her commence with the following powder:

R	Sub. Mur. Hydrag.	. . . . .	gr. vj
	Pulv. Rhei.	. . . . .	gr. xij <i>M.</i>
<i>In the morning ̄j of castor oil.</i>			

The bowels being freely moved, let her afterward take one or two, as occasion may require, of the following pills, with a view of keeping the system in a soluble state:

R	Massæ Pil. Rhei. c.	. . . . .	3j
	Olei. Caryophyl.	. . . . .	q. s.
<i>Ut. ft. massa in pil. xij dividenda.</i>			

When the bowels have been regulated, a table-spoonful of the annexed vegetable tonic may be advantageously administered three times a day:

R	Infus. Gentianæ c.	. . . . .	̄v
	Tinct. Gentianæ c.	. . . . .	̄j
	Acid Sulph. dilut.	. . . . .	3j <i>M.</i>

After the system has become accustomed to the vegetable tonic, a pill once or twice a day, consisting of one gr. of sulphate of iron and two grs. of extract of gentian, will be useful.

The diet to be nutritious—this girl should be sent to the country, and, if possible, to the sea-shore; all confinement must be avoided; flannel to be worn next to the skin; and she should be carefully protected against a damp or chilling atmosphere; whilst at the same time a bracing air will serve her. In fine, she should pursue such a course as is best calculated to invigorate her general system, and develop her physique.

UNDUE LACTATION IN A MARRIED WOMAN, AGED THIRTY-EIGHT YEARS, THE MOTHER OF FOUR CHILDREN, THE YOUNGEST SIX MONTHS OLD—PASSIVE MENORRHAGIA.—Mrs. P., thirty-eight years of age, married, is the mother of four children, the youngest six months old. She has uniformly nursed each of her previous children until twelve months after birth; and she now finds herself infirm in health; she is pale, bearing the aspect of exsanguification, with palpitation of the heart, headache, vertigo, extreme restlessness, and her mind rendered morbid by this general disturbance of the nervous system; she is constipated, and much troubled with flatulence. “How long, my good woman, since you begun to suffer in health?” “I have not been well, sir, for the last three months.” “Do you nurse your infant?” “Yes sir.” “Is it a strong, healthy child?” “Oh! yes sir, he is a remarkably healthy child.” “Do you feed him sometimes?” “No sir, he depends altogether upon me for his nourishment.” “What was the state of your

health previous to the last three months?" "It was good, sir." "You were not what people call a nervous woman, were you?" "No sir—I was always healthy, and did not know what it was to be restless or uneasy." "But now things have changed with you in that particular, have they not?" "Yes, indeed, sir, I am not worth much now in the way of health." "Does your child nurse at night?" "He nurses almost all the time, sir; and I think it is that which is making me feel so weak and sick." "Well, my good woman, I agree with you in opinion, and if you will follow my advice, I will restore you to health. Let me ask you one more question. Have you had your courses since the birth of your child?" "Yes sir; they came on me for the first time about a month ago, and I had them again in two weeks." "Were they rather free?" "Yes sir, they were different from what they ever were before—they were more abundant, and lasted longer—and I felt very miserable afterward."

You have before you, gentlemen, a case of much practical value. This woman presents an example of the disturbing influences of *undue lactation*—her system has been taxed beyond its ability—the drain caused by nursing has seriously involved her nervous system, and you now see her laboring under that combination of troubles consequent upon this condition of things. Women, under ordinary circumstances, enjoy good health during the period of nursing; and, as a general principle, they should be encouraged to nurse their children; it is, in the first place, a natural duty, and secondly, it provides the young infant with nutriment the best adapted to its frail powers of assimilation. But there are circumstances in which this duty may be carried too far, entailing certain injury upon both mother and offspring, and then it becomes the office of the practitioner to interpose, and indicate the best course to be pursued. The headache, vertigo, palpitation of the heart, the extreme restlessness, &c., are nothing more than the effects of this drain upon the system; but another result of this undue lactation has developed itself—*passive menorrhagia*. The patient informs us that she has had her courses twice since the birth of her child—and that they were much more profuse, and continued for a longer period than usual. This form of menorrhagia is by no means an uncommon accompaniment of that prostration of the physical forces so strongly marked in the patient before us. It is, however, but a symptom, and must, therefore, be treated not as a primitive but as a secondary or symptomatic affection. In one word, the menorrhagia is consequent upon the general debility of the system—and as soon as this is removed, the profuse menstruation will cease. But undue lactation is not limited to the disturbances which we recognize in this woman. In some instances, it will occasion mania—whilst anasarca and serous effusions in the cavities are in no way uncommon sequelæ. Functional and organic disease of the uterus, together with various nervous disturbances, such as hysteria, epilepsy, &c., are also occasionally developed.

Treatment.—The first object to be accomplished in this case is to remove the original cause of the morbid phenomena—the child must be weaned, or put to the breast of some other nurse; and the mother placed on such a course of treatment, as is calculated to invigorate the system, and repair the waste it has undergone. Should the child be weaned, it must be fed on cow's milk. The patient herself should have the following cathartic administered:

℞ Hydrag. c cretā gr. vj
Pulv. Rhei. gr. xij *M*

Let this be followed in the morning by ℥j of castor oil in ℥ij of catnip tea.

I should then recommend one of the following powders twice a day: the combination is well adapted to the object in view:

℞ Sulphat. Quinæ ℥i
Pulv. Rhei. ℥ij

Divide in chartulas xx—

The diet should be generous, with half a pint of porter daily.

The menorrhagia, which is but the result of the prostrated condition of the system, will no doubt yield as soon as the general health is restored; but in the mean time, in order to check the profuse flow, it will be proper to have injected night and morning into the rectum, half a pint of cold water, beginning the second day after the menstrual flow commences, and let the injection be continued until it ceases. In order to secure sleep at night, ten gr. of Dover's powder may be given.

IRRITATION FROM TEETHING IN AN INFANT NINE MONTHS OLD, WITH CONSTIPATION.—J. W., aged nine months, is suffering from teething; he is restless and feverish; the bowels are constipated. He has his four middle incisor teeth; the gums are but slightly tumefied, but there is much irritation in the system. The period of dentition, gentlemen, is one of anxiety to the parent, and not unfrequently of peril to the infant. The age of infancy is characterized by rapid changes; the growth and development of the various organs seem to be the chief object of nature in this early stage of existence; but you are to remember that this very rapidity of growth necessarily engenders a marked susceptibility to disease in the different tissues. The brain and medulla spinalis, and also the intestinal mucous surfaces, are often involved in morbid action sympathetically during the process of dentition. In the case of this little infant, it is quite obvious that the two important nervous centers, and more specially the medulla spinalis, is in danger. What are the facts? This infant is feverish and restless; its bowels are constipated; and its whole system is more or less irritated by the effort which nature is making to protrude the teeth. The natural inquiry now is, can any thing be done to save this little patient from the effects of the irritation under which it labors? The intestinal canal, which is a most important

derivative surface, is in a state of torpor. Nature, when not interfered with in her plans, is in the constant exercise of conservative influences; and in no particular does she more beautifully exemplify her provident care of the economy than during the process of teething. Under ordinary circumstances, instead of constipation, there is rather a tendency to looseness whilst the child is engaged in cutting its teeth, and this very looseness, if kept within proper limits, is a salutary waste-gate, protecting the nervous centers, and other important organs, from harm. What, then, is to be thought not only of the absurd but too often fatal practice of attempting to allay the irritation of teething by the administration of opiates, or of checking a salutary diarrhoea by astringents! It requires about thirty months (the period varying according to individual and other circumstances) to produce the first or deciduous class of teeth, and they usually appear in the following order: the two middle incisors of the lower jaw, the two middle incisors of the upper, the lateral incisors of the upper, and then the corresponding incisors of the lower jaw. Next in order, come the four first molars, usually of the lower jaw first, then the four canine teeth, and lastly, the four posterior molars. These constitute the twenty deciduous teeth; but various circumstances may interfere to prevent their regular and gradual succession.

Treatment.—The great point in this case is to remove the constipation, and determine to the cutaneous surface. With this view, one of the following powders should be given as circumstances may require, followed by oil; the child should be put in a tepid bath, daily, and it should be kept exclusively at the breast.

R	Hydrag. c cretâ	.	.	.	.	.	.	gr. vj
	Pulv. Rhei.	.	.	.	.	.	.	gr. xij
	Pulv. Ipecac	.	.	.	.	.	.	gr. j
<i>Divide in chartulas vj.</i>								

Frequent ablutions of the mouth of a teething infant with cold water is not only grateful to the child, but tends to allay local irritation. You perceive, gentlemen, I do not incise the gums of this infant. This is too commonly resorted to; indeed, it may almost be regarded as a routine practice in all cases of troublesome dentition. The incision of the gums can only be justified when they are extremely tumid, and more especially when the teeth are ready to penetrate the gum as soon as it is incised. A too early resort to the lancet in these cases is oftentimes followed by serious consequences.

ANASARCA AND ASCITES FOLLOWING SCARLATINA IN A BOY, AGED FOUR YEARS. IS ALBUMINURIA THE CONSTANT ACCOMPANIMENT OF SCARLATINA? —Peter R., aged four years, was attacked three weeks since with scarlet fever of a very mild form; his mother says he recovered under the administration of simple remedies, and appeared to enjoy his usual health

until within the last few days; about eight days since, he was exposed to a heavy shower; he complained of chills, followed by high fever; his abdomen enlarged, and still continues to increase in size. The pulse is quick and hard, there is pain on pressure, and distinct fluctuation is detected on percussing the abdomen; there is also anasarca of the extremities, together with albuminous urine. The case before you gentlemen, is one of much interest; not that it is one of very rare occurrence, but more particularly because it embodies several practical points worthy of attention:—

1st. Dropsy of the chest, abdomen, and extremities, is among the sequelæ of scarlatina. The effusion may be limited to one of these surfaces, or it may involve all of them simultaneously; and, it must be borne in memory that anasarca is comparatively of rare occurrence after a severe attack of scarlet fever, whilst, on the contrary, it is often met with after a milder form of this affection. Of the various forms of effusion following scarlet fever, anasarca is by far the most frequent; and you must be careful when there is dropsy of the chest and abdomen, together with anasarca, to examine whether or not the heart is not more or less involved, perhaps in valvular trouble. I mention this incidentally for the reason that, if this organ should be implicated, the prognosis must be guarded, for these cases are fraught with danger, and usually end in death. 2d. This child, when convalescent, was exposed to a shower. It took cold, and anasarca, together with effusion in the abdomen, was the result. Cold is a very common exciting cause of those affections, which are recognized as the sequelæ of scarlet fever, and hence the importance of enjoining upon the parent or nurse the necessity of guarding against this influence during the period of convalescence. 3d. The pulse is quick and hard, and there is pain on pressing the abdomen; there is also much febrile excitement. These symptoms disclose the character of the dropsy; it is of the sthenic type, resulting from inflammatory action. This is the most usual form of dropsy following scarlet fever. 4th. The urine is albuminous; but albuminuria is not constant in the dropsies dependent upon scarlatina, as you may readily ascertain for yourselves. Albumen, indeed, is not recognized in the urine in more than one third of the cases. Dr. Bright supposed albuminous urine to be peculiar to that affection of the kidney known as Bright's disease; but it is now well understood that this condition of the urine prevails in different inflammatory diseases, in which there is no disorganization of the kidney. Albuminuria is often the result of simple congestion of this organ. It is true that Bright's disease has manifested itself after an attack of scarlatina, but this must be regarded as merely incidental, and not as a necessary consequence. The pathology of scarlatinal dropsy may be said to be a vexed question; opinions are numerous, but they are far from being concurrent. One tells you that it is due to congested kidney; another, to structural disorganization of this viscus;

whilst, again, it is contended that it is to the imperfect action of the skin—the physiological office of which we know becomes very much impaired—that the effusion is to be referred. Now, no more solid fact is established than that a check of perspiration, under any circumstances, will often be followed by dropsy. How do we explain this? Well, if the function of the skin, one of the largest and most important emunctories in the system, be interfered with, two consequences are extremely apt to follow, viz., 1st. Vitiation of the blood by a retention in it of those elements which should have passed off by perspiration; 2d. Congestion, and sometimes, as a consequence of the congestion, disorganized kidney. So that, whether the dropsy be referred to congested kidney, disorganized kidney, or a vitiated state of the blood, these, it must be admitted, are but the effects of the condition of the skin peculiar to scarlatina. I am, therefore, inclined to the opinion, that it is to the inaction of the integumentary surface that the effusions following scarlet fever, are, generally speaking, primarily due; and this opinion is in perfect harmony with an observation of a clever man, Dr. Golding Bird, who says that he does not recollect, in a large experience, a case of dropsy occurring after scarlet fever, when the warm bath was daily used as soon as the skin began to exfoliate, and continued until a purifying healthy surface was obtained. Dropsy, when it exists in children, is almost always secondary or symptomatic of some previous disease; whilst, as a primary or idiopathic affection, it is of extremely rare occurrence.

Secondary ascites may present itself under two forms. 1st. The sthenic or inflammatory type, sometimes called the acute type of dropsy, with fever, pain, &c., and this is most frequently the result of the eruptive fevers, more especially measles and scarlet fever; it is common, too, after an attack of what is termed albuminous nephritis, or Bright's disease. 2d. The asthenic type, unaccompanied by any symptoms of inflammatory action, and which is the result of long-continued drains on the system, a cachectic state of the health, &c. This form of effusion will follow protracted dysentery, diarrhoea, &c., and it will more especially be observed in a scrofulous diathesis, and where children have suffered for want of proper food, fresh air, &c. I need not admonish you of the importance of a just discrimination between these two forms of dropsy. On this discrimination must depend the propriety of the therapeutic remedies employed. Cases, such as the one before us, usually yield to judicious medication, if early and energetically employed; and whilst the possibility of an unfortunate issue should not be concealed, a reasonable assurance may be given of a favorable termination.

Treatment.—As to the treatment of this child, there can be no embarrassment; the indication is too obvious to admit of a moment's doubt. The inflammation which has given rise to the anasarca and abdominal effusion must be attacked vigorously; for if not promptly checked, seri-

ous consequences will result. Let this boy, without delay, lose from the arm $\frac{3}{4}$ iv of blood, and the following powder administered:

R	Sub. Mur. Hydrarg.	.	.	.	.	.	gr. ij
	Pulv. Jalapæ	.	.	.	.	.	gr. vi
	Pulv. Antimonial	.	.	.	.	.	gr. ss <i>M</i>

To be followed in four hours by

R	Sulphat. Magnesiae	.	.	.	.	.	3 i
	Infus. Sennæ	.	.	.	.	.	$\frac{3}{4}$ ij
	Mannæ	.	.	.	.	.	aa 3 ss <i>M</i>
	Tinct. Jalapæ	}	.	.	.	.

In the treatment of this affection, the importance of diuretic medicines must not be overlooked. Great benefit will be derived in these cases from a combination of digitalis and the nitrate of potash. After the bowels have been freely evacuated, a table-spoonful of the following mixture may be given every two or three hours:

R	Nitrat. Potassæ	.	.	.	.	.	gr. xxiv
	Tinct. digitalis	.	.	.	.	.	3 i
	Spts. Nitre Dul.	.	.	.	.	.	$\frac{3}{4}$ ij
	Syrup Rosar.	.	.	.	.	.	$\frac{3}{4}$ ij
	Aquæ	.	.	.	.	.	$\frac{3}{4}$ vi <i>M</i>

In addition to the above, gentle frictions should be made over the abdomen twice a day, with the following liniment, and the abdomen well protected afterward with flannel:

R	Tinct. Scillæ	}	aa $\frac{3}{4}$ ij
	Tinct. Digitalis	}	

The diet to consist exclusively, until the inflammatory action has subsided, of diluents, such as barley-water, toast-water, flax-seed tea, &c.

LECTURE III.

Enlargement of the Uterus produced by Hydatids, accompanied by a Periodical watery Discharge per Vaginam, in a married Woman, aged twenty-seven Years, the Mother of two Children, the Youngest four Years of age.—Hydatids and Vomiting.—Procidencia of the Uterus, in a married Woman, aged thirty-two Years, the Mother of four Children, the Youngest six Weeks old.—Management of the Placenta in Natural Labor.—Concealed Pregnancy in an unmarried Woman, aged twenty-two Years.—Fibrous Tumor of the Uterus mistaken for Pregnancy, in a young Lady, aged nineteen Years.—Diarrhoea Ablactatorum in an Infant, eight Months old.—Abscess of the Vulva in a married Woman, aged twenty-seven Years, the Mother of three Children, the Youngest four Weeks old.

ENLARGEMENT OF THE UTERUS PRODUCED BY HYDATIDS, ACCOMPANIED BY A PERIODICAL WATERY DISCHARGE PER VAGINAM, IN A MARRIED WOMAN, AGED TWENTY-SEVEN YEARS, THE MOTHER OF TWO CHILDREN, THE YOUNGEST FOUR YEARS OF AGE.—Mrs. L., aged twenty-seven years, married, the mother of two children, the youngest four years of age, has suffered for the last two months from occasional bearing-down pains, simulating those of labor, and is much annoyed with nausea and vomiting; the pains are periodical, occurring at an interval of ten or twelve days, and accompanied by a discharge of water from the vagina. The menses have been suppressed for the last six months; and the patient has the appearance of being five or six months pregnant. “When did your abdomen first begin to enlarge, my good woman?” “I noticed it, sir, for the first time about five months ago.” “Were you troubled with sick stomach at that time?” “Yes, sir; and I am tormented with it now.” “Have you noticed any change in the breasts?” “Yes, sir; they have grown fuller, just like they do when I am pregnant.” [Here the Professor examined the breasts, and discovered them to be full and large—but no sign of the *areola* was present.] “Do you think yourself pregnant?” “Yes, sir; if I am not in the family-way, I don’t know what can be the matter with me.” “When you have the discharge of water, do you always have a bearing-down pain?” “I always have the pain, sir, at the time the water comes from me.” “Does the water stain your linen?” “No, sir, it is quite clear.”

The case before you, gentlemen, is not altogether free from embarrassment; and it is our duty not hastily, under these circumstances, to give

an opinion as to the cause of the abdominal enlargement. This woman thinks herself pregnant, and with this hypothesis there is no difficulty in accounting for the protuberant abdomen. But, from a very thorough examination before introducing the patient here, I have come to a different conclusion, and do not think the enlargement is due to pregnancy. [Here the patient was placed on the bed, and particular attention directed to the appearance of the abdomen; the aspect presented was that of a six months' gestation, the fundus of the uterus being on a level with the umbilicus, &c.] It seems to me that this case involves two considerations: 1st. Is the enlargement of the abdomen dependent upon enlargement of the uterus? 2d. If so, what is the cause of the uterine development? You should remember that the abdomen may become increased in size from various conditions, such, for example, as pregnancy, ascites, ovarian disease, tympanites, enlarged liver, a fatty omentum, physometra and hydrometra; hydatids of the uterus; from various morbid growths, polypus, sub-mucous fibrous tumor, sub-peritoneal tumor, interstitial tumor of the uterus, &c. The question, then, for us to determine is, as to which of these causes is in operation here. I have examined this patient both by the vagina and rectum, and I have very distinctly ascertained that the uterus is enlarged in size corresponding with the development of a six months' gestation. The cervix and body of the organ present no evidences of disease. I have made repeated attempts to recognize the pulsations of the foetal heart, both by mediate and immediate auscultation; in this I have failed. I have failed, also, in detecting either the active or passive motion of the foetus; although the breasts are enlarged, there is an absence of the true *areola*, which I hold, with Montgomery and others, to be almost characteristic of pregnancy; neither have I succeeded in detecting the *bruit placentaire*, that peculiar soufflet connected with the utero-placental circulation.

In percussing the enlarged uterus, there is a dull, flat sound—no resonance; and, therefore, I conclude it is not a case of physometra, which consists in a collection of flatus within the uterine cavity. So far there has been no flooding, and, therefore, I infer it is not a polypoid growth, or a sub-mucous fibrous tumor of the uterus, the prominent and almost universal characteristic of which is profuse hemorrhage. So, gentlemen, I might proceed with an analysis of the various causes of uterine enlargement, but I do not deem it necessary. My own opinion is, that this patient is affected with *hydatids of the uterus*; and this view is based upon what my examination has revealed—in the first place, an entire absence of all the characteristic evidences of pregnancy; and secondly, an absence of the other morbid phenomena capable of producing enlargement of the organ. There is one peculiar symptom of hydatids of the uterus, and that symptom is present in this case—I allude to the *periodical discharge of water per vaginam*. It is not difficult to explain this discharge of water. Uterine hydatids usually consist of small oblong

sacs filled with serous fluid; these sacs are pediculated, and hence have been compared, not inaptly, to a bunch of grapes. They become developed in size, and those which are the most dependent in the uterine cavity, as they increase in volume, irritate the neck of the uterus; this organ is thrown into contraction for the time being; the dependent sacs are ruptured, and their contents, consisting of serum, are discharged through the vagina. The same thing occurs again in proportion as the sacs next in order become developed; and you see, therefore, why it is that the discharge of water in uterine hydatids is not continuous but periodical. There is much discrepancy of opinion as to the cause of these hydatid growths. The weight of testimony appears to refer their origin to conception, many authors of high name contending that the presence of these growths is undoubted evidence of previous pregnancy. That a diseased ovum may form the nucleus of hydatid development *in utero* cannot be denied. But, on the other hand, we believe that they may exist independently of conception, in the same way that polypi, fibrous tumors, and various other substances, sarcomatous and osseous, are occasionally found in the virgin womb.

During the process of expulsion of the hydatid masses, there is oftentimes profuse hemorrhage, and this, indeed, constitutes the true danger of these formations. The hemorrhage is much more abundant than an ordinary bleeding in child-birth, and for this reason: in the latter case, the bleeding proceeds from the utero-placental vessels, which occupy comparatively but a small portion of the uterine surface, whilst in hydatids the entire inner portion of the organ is more or less a bleeding surface. The diagnosis of uterine hydatids is by no means without difficulty, and the practitioner cannot exercise too much vigilance in his investigation. 1st. As I have mentioned to you, they may be mistaken for pregnancy. 2d. For polypus. 3d. For physometra. 4th. For hydrometra. 5th. For cauliflower excrescence, &c. The stethoscope, the ballottement, and the active movements of the foetus, will determine the question of pregnancy after the fourth and a half month. In polypus, there is a mucous and bloody discharge, but no discharge of water; the polypus, also, can often be felt through the os tinæ, when it does not project into the vagina. In cauliflower excrescence there is a discharge of water, and when the pellicle, covering the granules, which really constitute the disease, is ruptured, there is also a discharge of blood; but in cauliflower excrescence, the watery discharge is *continuous and not periodical*, for the reason that it is a secretion from the pellicle, to which we have just alluded. Hydrometra, or dropsy of the womb, is extremely rare; when it exists, the fluctuation will serve to distinguish it from hydatids. In the prognosis of this affection, the patient should be informed of its nature; there is nothing malignant in uterine hydatids, and the only danger, under ordinary circumstances, is the profuse hemorrhage which often attends their expulsion.

Treatment.—Uterine hydatids call for no special treatment. They are

to be regarded as mere deciduous masses, which are thrown from the uterus during its contractions. The true danger, it may be repeated, is the hemorrhage, and the practitioner must protect his patient against its exhausting effects. One point of importance, however, in connection with the occasional dangerous floodings accompanying uterine hydatids is, that these floodings do not generally become serious until the uterus has attained a development equal to the sixth or seventh month of gestation. Let us now suppose that you are called to a case of a patient affected with hydatids of the uterus, and who is losing a quantity of blood, which places her life in more or less peril. What, in this case, is to be done? The object is to arrest the bleeding, the most effectual mode of doing which is to cause contractions of the uterus, and the consequent expulsion of the hydatid masses. If the mouth of the organ be *soft and dilatable*, and the loss of blood profuse, you should not hesitate to remove the hydatids in the following manner: The hand, well lubricated with oil, should be introduced into the cavity of the uterus, and grasping the hydatids, they should be extracted, being careful, however, before withdrawing the hand, to detach, as far as may be, the entire mass from the internal surface of the womb. As soon as this is accomplished, the very stimulus of the hand will excite contractions, and the bleeding ceases. Should, however, the hemorrhage be profuse, and the mouth of the organ not sufficiently dilated to justify the introduction of the hand, what then is to be done? In such case, ergot may be administered either in infusion or tincture—3 ij of the powder to be infused in a tumbler of hot water; when cooled, a table-spoonful every fifteen minutes until efficient contractions are produced; or 3 j of the tincture in half a wine-glass of water every ten or fifteen minutes. A capital remedy, too, in such cases, is the introduction of a piece of *ice* into the vagina, carried up to the neck of the organ. This, sometimes, displays magic effects in producing uterine contractions, and upon a principle which has often been explained to you. The excitor nerves of the vagina becoming stimulated by the action of the cold, this stimulus is transferred to the spinal cord, whence an impulse is given to the motor nerves of the uterus, which soon becomes the center of powerful contractions. On the same principle, ice-water injected into the rectum, or against the mouth of the uterus, is a good remedy under these circumstances.

When the hydatids have been expelled, and the patient is convalescent, it will be proper to place her under the action of mercury and sarsaparilla, in order that any occult morbid action in the uterus, and more especially in its mucous lining, may be broken up. With this view, the following course may be pursued:

℞ Pil. massæ Hydrarg. gr. xxiv.
Pulv. Opii. gr. iij.

Fr. massæ in pil. xij. dividenda.

One of these pills to be taken night and morning until ptyalism is pro-

duced; after the salivation has been accomplished, let the patient drink half a pint of the compound decoction of sarsaparilla daily, and continue it for a month or six weeks. In the mean time, sexual intercourse should be prohibited. This treatment, together with change of air, sea-bathing, and a nutritious diet, will tend greatly to the restoration of the patient to health.

In connection, gentlemen, with this subject, I think it will not be without profit to cite the following interesting case to which I was called some time since, and in which it became necessary to induce premature action of the uterus in a patient affected with *hydatids*.—I was requested to visit a lady in consultation with Dr. Whiting, of this city. Several medical gentlemen had, previously to my visit, seen and prescribed for this patient. When I saw her, in company with Dr. Whiting, she was apparently near dissolution. Her prostration was extreme; her countenance almost Hippocratic; and, indeed, her friends had abandoned all hope of recovery. The particulars of the case are these: She was the mother of one child, seventeen months old; about a month previously to my seeing her, she had occasionally been troubled with nausea and vomiting, and for the last two weeks had vomited almost incessantly. She could retain nothing on her stomach, the vomiting having resisted every remedy that had been administered. It was under these circumstances that I was called to her. The medical gentlemen who had preceded me in attendance had ordered cups, leeches, blisters, &c., over the region of the stomach, with various other remedies, but all without the slightest appreciable effect. The vomiting was still unchecked, and her death hourly expected.

In examining critically her case, I arrived at the conclusion that the vomiting was merely a symptom of trouble elsewhere—and that no remedy addressed to the stomach would be of the least avail in rescuing her from the imminent peril in which she was placed. On applying my hand to the abdomen, I found the uterus enlarged, and occupying the hypogastric region. The alarming situation of the patient would not justify delay; if her life were to be saved, every thing admonished us that it was to be done by instantaneous measures. My opinion of the case was, that the vomiting was sympathetic, and produced by irritation of the uterus. I, therefore, suggested the propriety of endeavoring to induce contraction of this organ, in order that its contents might be expelled. This view was concurred in by Dr. Whiting. Accordingly, with the Doctor's request, desperate and almost hopeless as the case was, I introduced a female catheter into the uterus; in a short time the organ contracted, and a mass of hydatids was thrown off. Almost immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme prostration, recovered, and is now in the enjoyment of robust health. Let this case impress on you the importance of tracing effects to causes; and remember this cardinal truth—that the practitioner who prescribes for mere symptoms can never hope successfully to treat disease.

PROCIDENTIA OF THE UTERUS IN A MARRIED WOMAN, AGED THIRTY-TWO YEARS, THE MOTHER OF FOUR CHILDREN, THE YOUNGEST SIX WEEKS OLD; MANAGEMENT OF THE AFTER-BIRTH.—Mrs. A., aged thirty-two years, married, the mother of four children, is laboring under procidentia of the womb; and is incapacitated from attending to her ordinary duties. The organ projects from her person, and she has no means of retaining it in place, for as soon as it is returned, it again protrudes. On being asked what occasioned it, she remarked that she was always a healthy woman until her last confinement, when she was attended by an old midwife, and, after a labor of about six hours' duration, she was delivered of a living child. A few minutes after the birth of the child, the midwife seized the cord, and pulling it with great force brought away the after-birth. Since that time the patient has suffered from protrusion of the womb. Here, gentlemen, is a case, which not only merits attention, but which is also calculated to call forth your sympathy. This poor woman is suffering from the effects of ignorance, and she is, indeed, paying the cost of her credulity. Poor, and entirely dependent on her own exertions, she has entailed upon her a malady, which in all truth will make her bread the "sweat of her brow."

I shall have frequent occasion in the clinique to call your attention to the causes and treatment of procidentia and other deviations of the uterus; for the present I will merely observe that a very common cause, both of prolapsus and procidentia of the womb, is mismanagement of the placenta; and this case, it seems to me, presents an opportune occasion to make a few remarks on this subject.

There are few questions connected with this department of more interest—none, certainly, which it becomes you more thoroughly to understand. Indeed, the management of the placenta constitutes one of the most important duties of the accoucheur. As a general rule, the real dangers of parturition are more or less directly connected with the delivery of the after-birth. *Hemorrhage, inversion of the womb, prolapsus of this organ, laceration of the placenta, tearing away the umbilical cord*, are all so many accidents, most of them fearful in their consequences, resulting from the mismanagement of the placenta. You must, therefore, gentlemen, be on your guard, and not suppose that your duties in the lying-in-room are terminated, or your patient's safety secured, by the mere delivery of the child. We will suppose that you are attending a patient in labor; every thing proceeds auspiciously—the child is born, the ligature is placed around the cord, and the infant separated from its mother. What is next to be done? This is an important question; let us examine it a little in detail. I hold it to be not only a safe, but an indispensable rule, for the accoucheur the instant the child passes into the world, to place his hand on the hypogastrium of the mother for the single purpose of ascertaining whether the womb responds to the expulsion of the child, and contracts, or whether it be

in a state of inertia. In the former case, it will present to the hand a hard ball in the hypogastric region; in the latter, no such ball will be recognized, but on the contrary the abdominal cavity will be more or less filled with an uncontracted womb. Again, in the former case, you have the assurance that all is right, nature is performing her work well; in the latter, she is contravened, the uterus does not contract, and as a necessary consequence one of the most fearful complications of the lying-in-chamber—*flooding*, is at hand.

Let us, however, for the purpose of illustration, take the case in which the womb is contracted. Under these circumstances, a few minutes after the birth of the child, the mother experiences pain, which simulates in every particular, save in intensity, the throes of labor. These pains are followed by a slight discharge of blood, and are nothing more than the further contractions of the womb, being one of the processes instituted by nature to effect the complete separation of the placenta from the uterine surface. The discharge of blood is the result of such separation. These pains and the discharge continue at intervals of from five to ten minutes until the after-birth is detached. How do you know that this has been accomplished? The evidence is furnished by the fact that, on introducing your finger into the vagina, you feel the placenta resting on the mouth of the womb. With this evidence before you, it is unnecessary to delay, and you are to proceed as follows to extract the after-birth. The cord being enveloped with linen, you make two or three twists of it around the fingers of the right hand, whilst you introduce the index finger of the other hand into the vagina, carrying it up to the mouth of the uterus; the finger then seizes the cord close to the after-birth, and makes traction downward and backward in the direction of the axis of the superior strait; when the placenta passes out of the womb, and is in the vagina, the extraction is to be made in the line of the inferior strait, always remembering to withdraw the placenta by rotating it, thus making a rope of the membranes which will give them a power of resistance, so that fragments of them will not be left in the uterus—a circumstance to be avoided, for it is almost always followed by unpleasant consequences.

After the placenta has been thus removed you should carefully introduce the finger into the vagina, and remove any coagula of blood that may be there, and ascertain particularly whether there is a clot of blood *keeping the mouth of the womb open*; if so, it should be immediately abstracted, for if it be suffered to remain, hemorrhage will frequently ensue, and the patient, under any circumstances, exposed to much unnecessary annoyance by the severe contractions of the womb, occasioned by the presence of the coagulum. It is necessary, also, to bear in mind that *traction should never be made on the cord until the after-birth is detached from the uterine surface*, for fear of the following accidents: 1. Breaking of the cord; 2. Flooding from sudden separation of the

placenta; 3. Inversion of the womb; 4. Prolapsus, or procidentia of the organ, &c. The abdominal bandage should not be applied until after the delivery of the placenta, and remember that the object of the bandage is not to produce pain by being drawn tight, but to give comfortable support by its uniform and gentle pressure. Immediately after delivery, the female organs together with the peritoneum are more susceptible to disease than under ordinary circumstances, and they can not be rudely pressed upon without the hazard of lighting up inflammatory action.

CONCEALED PREGNANCY IN AN UNMARRIED WOMAN, AGED TWENTY-TWO YEARS; FIBROUS TUMOR OF THE UTERUS MISTAKEN FOR PREGNANCY.—Miss —, aged twenty-two years, of robust constitution, complains of headache and nausea. She states that she contracted a cold about six months since, and has not had her courses from that time; she talks with much composure, and says she feels confident if “her monthly turns” were right, she would enjoy good health. Her abdomen, she remarks, is much distended with wind. The appearance of this patient being somewhat suspicious, with enlarged abdomen, etc., the Professor deemed it prudent to question her privately; he did so, but could elicit nothing by conversation to confirm his suspicions. On placing the hand upon the abdomen, he thought he distinctly felt the uterus; and the breasts being examined, the areola was well marked by that peculiar emphysematous condition of the integuments, which is so characteristic. On intimating his suspicions that she was pregnant, the patient became indignant, and warm in defence of her own purity. She was assured, however, that there was no disposition to harm her; but, on the contrary, that she should receive every proper attention in the event of her being pregnant; and being also informed that her life might possibly pay the penalty of her obstinacy, she consented to a vaginal examination. This at once disclosed her true condition; and she was told that beyond all doubt she was at least five months pregnant. Earnestly, and with much apparent sincerity, did she deny the possibility of such an occurrence.

The case, gentlemen, which has just been before you cannot be passed over in silence; and I am gratified in having an opportunity in the person of this patient to direct your attention to a subject so full of import and interest. The young woman tells a simple story; she is apparently honest in her statements; she talks confidently of her situation, and denies in the most emphatic manner the fact of her pregnancy. In a word, her manner, her speech, her whole bearing, are calculated to lead the physician astray.

She presents herself for treatment with the broad avowal that she is laboring simply under suppression of the menses, and begs that something may be administered to “make her right.” You would not sus-

pect from her manner that, unmarried as she is, she is in a state of pregnancy, and if you become satisfied with her declarations, and allow them to form the basis of your treatment, you will err egregiously. The presumption is, that, under such circumstances, the very means had recourse to with a view of benefiting her would induce abortion, and probably subject her to serious hazard. These cases, gentlemen, are not uncommon in practice. One of the first impulses of our nature is to conceal crime; and no matter how lost to shame, the woman who has fallen will endeavor by every device to cover from the public eye the result of that fall. The man who plunders leaves no effort untried to screen himself from detection. He whose hands are yet wet with the blood of his victim, has no other object in life but to elude pursuit. So it is with the female who has been wronged, or who has voluntarily parted with her virtue. Her night and day dream is as to the best mode of concealment; she fabricates a story, and seeks for professional advice in the hope that her schemes may impose on the physician, and thus obtain from him something which may destroy the evidence of her guilt! The case before us should warn you that nothing is to be expected from the admission of the patient; it will be for you to exercise a proper degree of vigilance; and whilst I would not have you fall into the opposite extreme of universal suspicion, yet you owe it to your profession, to society, and to yourselves, to elicit the truth by all the means which are legitimately within reach.

The evidences of pregnancy I have already dwelt upon at great length in my lectures on *midwifery proper*, and you will remember that I place great reliance on the presence of the areola. I should have been willing to decide this girl's situation by this sign alone, so perfectly does it exhibit all the characteristic marks. In a medico-legal point of view, this case is not without interest, and it should serve to show you how complicated will be the questions which, in the discharge of professional duty, you will be called upon to determine—questions on the issue of which will often depend character, liberty, and life itself. In matters of doubt, your opinion will frequently be invoked by the judges and lawyers of the land; and on the accuracy of your decision may depend, not only the well-being of society, and the happiness of individuals, but human life itself will often be at your mercy. The question of the existence or non-existence of pregnancy is, under certain circumstances, one of the most embarrassing which by any possibility can be presented to the judgment of the physician. On the one hand, a female in the hope of gain, or urged on perhaps by some more malignant motive, charges the father of a family with having violated her person; and thus with a view to a successful plea feigns pregnancy. Again, a husband dies without issue—the widow, in order to secure his estate, assumes to have borne a posthumous offspring. But why cite cases when the importance of this subject must be manifest to all of you. In speaking of the diffi-

culties with which the physician has often to contend in arriving at a just opinion as to the existence of pregnancy, Van Swieten exclaims with great truth:—*Undique fraudes, undique sæpe insidiæ struuntur incautis.*

Occasionally, also, it will devolve on you as practitioners of medicine to shield innocence against the assaults of the base, and proclaim a triumphant acquittal of charges which have been preferred by a reckless and cruel world. In the language of the christian code,—“It is better that ninety-nine guilty escape, than that one innocent be condemned.” As exemplifying this Christian principle, and at the same time with the hope of deeply impressing your minds with the responsibility so soon to devolve on you, I beg leave to mention the following interesting, but melancholy case to which I was called some time since:

I was requested to visit a lady who was residing in the State of New Jersey, about thirty miles distant from New York. I immediately repaired to her residence, and on my arrival was received by her father, a venerable and accomplished gentleman. He seemed broken in spirit, and it was evident that grief had taken a deep hold of his frame. On being introduced to his daughter's room, my sympathies were at once awakened on beholding the wreck of beauty which was presented to my view. She was evidently laboring under pthisis, and it was manifest from her wasted frame that death had claimed his victim. My presence did not seem to occasion the slightest disturbance, and, with the smile of an angel playing on her countenance, she greeted me with these words: “Well, doctor, I am glad to see you on my beloved father's account, for he will not believe that I cannot yet be restored to health. Life, however, has lost all its charms for me, and I long for the repose of the grave.” These words were spoken with extraordinary gentleness, but yet with an emphasis that at once gave me an insight into the character of this lovely woman.

Her father was a clergyman of high standing in the English Church, and had a pastoral charge in England, in which he continued until circumstances rendered it necessary for him to leave that country, and seek a residence in America. At a very early age, this young lady had lost her mother, and had been almost entirely educated by her father, whose talents and attainments admirably fitted him for this duty. When she had attained her eighteenth year, an attachment was formed between her and a young barrister of great promise and respectability. This attachment resulted in a matrimonial engagement. Soon after the engagement, she begun unaccountably to decline in health. There was considerable irregularity in her menstrual periods, with more or less constant nausea, loss of appetite, inability to sleep, feverishness, and an uncontrollable dislike to society. In addition to these symptoms, there was a marked change in her personal appearance; her abdomen became enlarged, with increased size of the breasts, etc. These changes attracted the attention

of some of her female acquaintance, and the rumor soon spread that they were the result of pregnancy.

The barrister to whom she was affianced heard of these reports, and, instead of being the first to stand forth as her protector, and draw near to his heart this lovely and injured girl, thus assuaging the intensity of grief with which she was overwhelmed, addressed a letter to her father, requesting to be released from his engagement. This was of course assented to without hesitation. The young lady, conscious of her own innocence, knowing better than any one else her own immaculate character, and relying on Heaven to guide her in this her hour of trial, requested that a physician should be sent for, in order that the nature of her case might be fully ascertained. A medical man accordingly visited her, and, after an investigation of her symptoms, informed the father that she was undoubtedly pregnant, and that means should be instantly taken to keep the unpleasant matter secret. The father, indignant at this cruel imputation against the honor of his child, spotless as he knew her to be, spurned the proposition, and immediately requested an additional consultation. This resulted in a confirmation of the opinion previously expressed, and the feelings of that parent can be better appreciated than portrayed.

Without delay, that good man determined to resign his living, gather up his little property, and proceed with his daughter to America. On her passage to this country, she became extremely ill, and there being a physician on board the vessel, his advice was requested. After seeing the patient (she was affected at the time with excessive vomiting from sea-sickness,) he told the father there was danger of premature delivery. Such, therefore, was the general appearance of this lady, that a medical man, merely taking appearances as his guide, at once concluded she was pregnant. This was about the substance of what I learned respecting the previous history of this interesting and extraordinary woman, and my opinion was then requested as to the character of her malady. My feelings were very naturally much enlisted in her behalf, and I proceeded with great caution in the investigation of her case. Without entering at this time into details as to the manner in which I conducted the examination, suffice it to say, that, after a faithful and critical survey, most minutely made in reference to every point, I stated in broad and unequivocal language, that she *was not pregnant*. The only reply this gentle creature made on hearing my opinion, was, "Doctor, you are right." These words were full of meaning, and their import I could not but appreciate. They were uttered neither with an air of triumph, nor with a feeling of unkindness towards those who had so cruelly abused her. The father was soon made acquainted with the result of my examination, but he indicated not the slightest emotion. His bearing was quiet and dignified. It was evident that he had never faltered for one moment in the belief of his daughter's virtue, and required no assurance

from me or any other living being, that his child had been shamefully wronged. He asked me with great solicitude whether something could not be done to restore her to health, and I thought the old man's heart would break when I told him that his daughter was in the last stage of consumption. I left him with the pledge that he would inform me of her dissolution, and afford an opportunity, by a *post-mortem* examination, of testing the truth of my opinion.

About four weeks from this time, I received a note announcing the death of his daughter, and requesting that I would immediately hasten to the house, for the purpose of making the examination. Dr. Ostrum, now practicing at Goshen, at my request accompanied me, and assisted in the autopsy. It may surprise you, gentlemen, but yet it is an interesting fact to communicate, for it exhibits the true character of the man, that, during the *post-mortem* examination, the father stood by, and witnessed every stage of the operation; his form was erect, his face pale and thoughtful, and one tear would have broken the agony of his grief. As he stood before me, he was not unlike the stricken oak in the forest, which, though blasted and stripped of its branches, was yet upright and majestic. As I removed the tumor from the womb, he seized it convulsively, and exclaimed: "This is my trophy, and I will return with it to England, and it shall confound the traducers of my child."

Here, you perceive, both character and life were sacrificed by error of judgment on the part of those whose counsel had been invoked. Without a due appreciation of their responsibility—heedless, as it were, of the distressing consequences which would inevitably result from an erroneous judgment of a case, in which character was so deeply involved, the medical gentlemen, unjust to themselves, and to the Profession of which they should have been in part the conservators, rashly pronounced an opinion which consigned to an early grave a pure and lovely being, and crushed the heart of a devoted and confiding parent.

It was the misfortune of this young lady to labor under an affection of the womb, which simulated, in several important particulars, the condition of pregnancy; and which the world, in its ignorance, might have supposed did in fact exist; yet there was no excuse for the physician, guided as he should have been by the lights of science, and governed by the principles of a sound morality. When I stated unequivocally to the lady that she *was not pregnant*, I gave an opinion which I knew would stand; my examination was conducted in a way which enabled me accurately to comprehend that the whole train of symptoms, indicating gestation, was occasioned by an enlargement of the womb, altogether unconnected with pregnancy, and produced by the presence of a large resisting tumor occupying the entire cavity of this organ. This opinion, I admit, was not arrived at without some degree of caution—caution fully justified by the peculiar nature of the issue involved in the decision.

This, gentlemen, is a case well calculated to make you pause, and

contemplate with serious earnestness the position in which, by virtue of your diplomas, you will soon be placed. These diplomas will confer on you the right to practice your profession—they will intrust to your keeping the lives and happiness of your fellow-beings—you will frequently be the sole arbiters, on whose decision must rest the honor of your patients, and on whose judgment must stand all that is sacred in life.

DIARRHŒA ABLACTATORUM IN AN INFANT, EIGHT MONTHS OLD.—Ann S., aged eight months, has enjoyed excellent health until within the last three weeks. The mother, in consequence of indisposition, was obliged to wean this child; and it has been fed, as the mother states, with “almost every thing.” Two days after it was weaned, it became affected with diarrhœa, which has continued to the present time. The child is extremely reduced and languid. You will note, gentlemen, an important fact connected with this case; this infant, while taking its mother’s milk, enjoyed good health; and as soon as “almost every thing,” to use the mother’s significant expression, was substituted for this bland fluid, the gastro-intestinal mucous surface became the seat of irritation, as is evinced by the occurrence of diarrhœa. With these facts before you, there can be no difficulty in arriving at a just conclusion in regard to the cause of the irritation; and on this point I desire to make a few observations. Repair and waste are two processes constantly recurring in the human system; and, in order that health may be preserved, and the proper development of the economy attained, there must exist between these two processes a proper balance, or proportion. In this little patient, it is evident that this balance does not exist—the waste being far greater than the repair; the consequence is general derangement of the system, with emaciation and debility. It is well known that the adult has the power of maintaining life, and can even reach a good old age, upon either animal or vegetable food, and his organs are adapted to the digestion of the aliment taken into the system.

Between the adult, however, and the infant there is a remarkable difference in the facility with which food is assimilated; in the one, the organs are fully developed, and adequate to the office assigned them; in the other, on the contrary, they are extremely delicate, and are limited in their powers of assimilation to food of the blandest nature. Under ordinary circumstances, children at the breast thrive well, and, if not meddled with by officious medication, they rarely need the services of the physician. But why do infants at the breast enjoy an immunity from disease, especially of their digestive organs, and why as soon as weaned does this condition oftentimes cease to exist? Milk is undoubtedly of all substances the best adapted to the nourishment of the infant; and all the elements either for growth or for the maintenance of animal heat are admirably combined in the milk of the mother.

It is manifest that these elements are well fitted to the delicate organs

of the infant, and no difficulty is encountered in their proper assimilation. The child, with this diet, grows and enjoys health. When weaned, it is usually fed upon substances unsuited to its system; it has no power of digesting them; irritation of the gastro-intestinal mucous surface with diarrhoea ensues. Food taken into the system has two important objects to subserve—the one, to nourish the economy; the other, to maintain its temperature. It is also a fact that, in order to sustain life there must be a proper proportion between the elements of nutrition, and those of respiration. It has been shown that in milk, which is the natural and proper food of infancy, the elements of the former bear to those of the latter the proportion of one to two; whilst in sago, arrow-root, and tapioca, it is one to twenty-six. But the child when weaned is often fed with articles far more unsuited even than those just named, and waste and decay are not unusually the results.

Few, I imagine, except anxious mothers and officious nurses, will be disposed to deny that another difficulty under which young children labor, and, one, too, which constantly predisposes the system to derangement and disease, is over-feeding. My observation will, I think, warrant the statement that this error is almost universal, at least in this country; and I regard it as one of the most fruitful sources of disease in childhood. It matters not how excellent the quality of the food—the child will always suffer from excess. You will find it difficult, gentlemen, to persuade mothers of this fact—they will listen to you, and, whatever may be their convictions of your reasoning, their practice will be adverse to it.

The late Dr. Cheyne, of Dublin, a practical writer of no ordinary merit, in order to designate the disease under consideration, employed the term *atrophia ablactatorum*; this term is not, in my opinion, sufficiently expressive. It is intended rather to point out one of the important, and more or less constant results of the disease; I prefer to call this malady the *diarrhoea ablactatorum*, for it brings your attention at once to the fact of diarrhoea attacking children under peculiar circumstances, and arising from a given cause.

The cause of this affection is improper food, acting upon the delicate organs of the child. This form of diarrhoea is different from that resulting often from dentition or cold; and the manner in which it is produced is altogether peculiar. It has no connection with the diarrhoea of teething. It will often be found to exist when the gums are in no way tumefied, and when none of the symptoms of dentition are present. Indeed, this disease frequently occurs at the third and sixth month. We all know the important offices of the liver, and every day's experience shows the serious derangements which ensue to the general system when the functions of this viscus become impaired. Between the liver and alimentary canal there subsist very striking relations. The mother's milk, when taken into the system of the infant, excites no peculiar action

on the intestinal surface; the liver experiences no abnormal stimulus, and the proper balance between the liver and this surface is preserved. But when food incapable of assimilation is substituted for the milk, the gastro-intestinal mucous surface becomes the seat of irritation—this irritation extends to the liver, which throws bile more or less acrid into the duodenum, and free purgation is the consequence. Though the bile may not be acrid or irritating at first, it will soon assume that character, for the reason that the liver, under the influence of protracted stimulation, will have its secretion materially altered.

The symptoms of diarrhœa ablactatorum are as follow: purging, with green-colored dejections, accompanied with griping pains; the color, however, of the evacuations is liable to become modified; sometimes natural, and at others white and green. Nausea and vomiting, with loathing of food; fever, thirst, restlessness, and emaciation. The diagnosis of this affection is not obscure. It is to be distinguished from the diarrhœa of teething or of cold, by the usual circumstances which attend this form of disorder, always remembering that the characteristic of this disease is that it follows improper diet.

Prognosis.—In the early stage, this affection is under the control of treatment; as it progresses, however, the fear of an unfavorable termination is greatly enhanced.

Treatment.—If what we have said as to the cause of this disease be true, it is quite obvious that the removal of the cause is the first object of the practitioner. Until this be done, medicine will not only be without avail, but it will positively do harm by adding to the general disturbance of the system. The first point, then, is to *change the diet*. Give such articles of food as are adapted to the organs of the child; assimilation will then take place, the gastro-intestinal mucous surface will cease to be irritated, and the probability is, that this, in recent cases, will be all that will be required to remove the diarrhœa. I would advise you to restrict the diet of the child to fresh cow's milk, sweetened with white sugar. It will be proper, with the view of removing any offensive matter from the primæ viæ, to administer a full dose of castor oil. Should the diarrhœa still continue, you will often find great advantage from a tea-spoonful of the following mixture twice a-day:

R	Cretæ Misturæ	.	.	.	.	.	.	.	.	℥ ij
	Tinct. Kino	.	.	.	.	.	.	.	.	3j M

It will sometimes happen that this disease will prove rebellious to the above remedies, and the life of the child be seriously endangered. Under such circumstances, calomel will prove the sheet-anchor of hope, and I can speak with great confidence of its magic effects. It should not be given alone, for whilst you desire the influence of the calomel in changing the action of the liver, and bringing about its healthy secretion, there is also another important object to be attained—you must soothe the system by allaying the irritability of the intestinal canal. I know

of no better combination than the following, which was the favorite remedy of Dr. Cheyne. It has served me in many trying cases, and I regard it, if judiciously employed, not only a philosophical, but an almost certain remedy in this form of diarrhoea :

R	Sub. Mur. Hydrarg.	.	.	.	.	.	gr. vi
	Cretæ pptt.	.	.	.	.	.	gr. xij
	Pulv. Opil.	.	.	.	.	.	gr. i

Divide in chartulas xij.

One powder to be given night and morning, according to circumstances.

The disease, gentlemen, to which I have just directed your attention, constitutes a fearful outlet to human life. If you look at the bills of mortality among children, in a city, for example, like New York, numbering nearly a million of souls, you will there find the melancholy record of the triumphs which death claims over our science—triumphs to which that inexorable enemy is not justly entitled, but which fall to him through our own carelessness. We are too prone, in the treatment of disease, to regard effects rather than causes. Whilst the former alone occupy our attention, the latter are progressing with their work of destruction.

ABSCCESS OF THE VULVA IN A MARRIED WOMAN, AGED TWENTY-SEVEN YEARS, THE MOTHER OF THREE CHILDREN, THE YOUNGEST FOUR WEEKS OLD.—Charlotte H., aged twenty-seven years, married, the mother of three children, the youngest four weeks old, complains of severe pain in the lower portion of the abdomen, and finds much difficulty in walking. She says her last child was taken away with the forceps after a protracted labor. This patient, gentlemen, before introducing her to the clinique, informed me that she had a swelling on the lower part of her person; it was important, therefore, that a critical examination should be made in order to detect its true nature. Accordingly, after a careful investigation, I discovered an abscess of the right labium externum, with distinct fluctuation. This affection is by no means uncommon, and frequently results in serious consequences to the patient. A natural indisposition, from feelings of delicacy, to seek advice on the subject, often gives to these abscesses a dangerous latitude, causing them to terminate in fistulous openings, communicating with the perineum, rectum, etc.—in the latter case, giving rise to the passage of stercoraceous matter. You see, therefore, how important it is to ascertain at once the real character of disease, in order that you may check the grave, and occasionally destructive results of insidious progress.

The causes of these abscesses are :—1st. Injuries at the time of childbirth; 2d. Injuries from sexual congress in newly-married women; 3d. Falls and blows; 4th. Cold; etc. It is highly probable that, in the present case, the abscess is the result of contusion from the use of instruments. The symptoms characterizing abscess of the vulva are throb-

bing pain, a burning sensation accompanied more or less by fever, and an inability to walk.

The diagnosis of this affection is entitled to your fullest consideration, for, as you will presently see, fatal consequences may sometimes result from error of judgment. You are not to imagine that every enlargement of the labia externa is a phlegmon; but you are to bear in mind that tumors form in these parts from various causes:—1st. There may be a descent of the intestine into one or other of the labia, producing *vulvar-enterocele*; 2d. There may be tumefaction from a collection of blood, constituting *sanguineous engorgement*; 3d. From a collection of serum, *serous engorgement*; and 4th, as in the case of this patient, from abscess, *purulent engorgement*. If you should mistake a hernial protrusion for a phlegmon, and thrust your bistoury into it, life would be too short for you to bewail the fatal error. Be cautious, therefore, and before you proceed feel that you have a basis for action.

The prognosis of vulvar abscess usually involves no difficulty, except in cases in which fistulous openings have resulted. These may terminate seriously, and at all events prove protracted.

Treatment.—Phlegmon of the vulva ordinarily terminates in the formation of matter. At the commencement, an attempt may be made to prevent this by leeching, saline cathartics, emollients, &c., but this object will rarely be attained. When the purulent secretion has taken place, a free incision should be made, followed by simple dressings.

LECTURE IV

Mucous Discharge from the Vagina in a married Woman, aged thirty-seven Years, the Mother of three Children, the youngest three Years old, produced by Warty Excrescences on the Vestibulum.—Vaginal Discharges generally.—The importance of accurate Diagnosis.—What is meant by the "Whites?"—Intestinal Worms in a little Girl, aged four Years.—The variety and origin of Worms in the Human System.—Vascular Tumor of the Meatus Urinarius in a married Woman, aged twenty-six Years.—Ulcerative Carcinoma of the Neck of the Uterus in a Widow, aged forty Years.—Human Credulity.—Heartless Exactions of the Quack.—Suppression of the Menses in an unmarried Girl, aged twenty Years.—Cholera Morbus in a Boy, aged six Years.

MUCOUS DISCHARGE FROM THE VAGINA, IN A MARRIED WOMAN, AGED THIRTY-SEVEN YEARS, THE MOTHER OF THREE CHILDREN, THE YOUNGEST THREE YEARS OLD.—Sarah W., aged thirty-eight years, married, the mother of three children, the youngest three years old, has been troubled for the last eighteen months with a discharge from the vagina. She has repeatedly applied for advice to physicians, and the only remedies prescribed were astringent washes, from which she has derived no benefit. On being asked if she had ever undergone an examination, she replied never. The patient before you, gentlemen, is one presenting as important and instructive a case for your consideration as any that has been brought before you this session; and I desire in connection with it to make a few observations on the subject of vaginal discharges generally. It is my duty to guard you against a prevailing error in practice, which seems to have been consecrated by almost universal custom. If a female labor under a vaginal discharge, whether mucous or purulent, she is supposed by her friends and herself to be affected with the "whites," or fluor albus, as it is sometimes denominated; and it is regarded simply as a female weakness.

Discharges from the vagina are among the common disorders incident to the female. They are, however, too frequently viewed with indifference by the practitioner from the very circumstance that they are of ordinary occurrence; and, in consequence of neglect at the inception of these discharges, disastrous results often ensue to the patient. She employs for this supposed weakness the various remedies

suggested by her friends, but without relief. Finally, she sends for a physician, tells him she has the fluor albus, and wishes him to do something for her. If the physician, as is unhappily too often the case, should allow the declarations of his patient to be his guide, he will in all probability prescribe an astringent wash from which no permanent benefit can accrue. Discouraged, and believing there is no remedy adequate to her case, she resolves to bear silently her troubles, which, if they do not produce serious consequences, will at least entail on her much annoyance and suffering. What, let us ask, is in reality meant by the term "whites?" What is its signification? So far as it discloses in the abstract any peculiar pathological condition, or directs the practitioner to a sound and philosophical treatment, it means absolutely nothing.* It is a term, so far as these objects are concerned, entitled to no consideration whatever—it is a mere vulgarism, a mantle, if you choose, for the concealment of ignorance. The expression is employed by the female to indicate that she has a discharge from the vagina, not of blood, but of a mucous or purulent nature. It is material for you to remember that the discharges from the vagina are four in number:—sanguineous, purulent, mucous, and watery; and it must also be borne in mind that there are various morbid conditions capable of producing each of these evacuations.

When, therefore, you are consulted in regard to a vaginal discharge, your first duty will be to ascertain distinctly its character—is it bloody, mucous, &c.? Suppose it be the latter; the next step to be pursued by the scientific physician is to investigate its true cause. The removal of the disease, or its resistance to remedies will depend upon the success which may follow your investigations on this subject. Those of you who may contemplate devoting yourselves to the study of the dis-

* Dr. Marc d'Espine has published some interesting results as regards the nature of the discharges coming from the uterus.

Out of seventy-four examinations in which the neck of the womb was healthy, he has found:

7 times a watery liquid.

28 " an albuminous transparent liquid.

13 " a half transparent albuminous liquid, containing white, grey, or yellow striae.

3 " an opaque liquid (white, twice, yellow, once).

2 " an albuminous liquid.

Out of fifty-two explorations in which the orifice of the uterine cavity was redder than usual—but otherwise healthy:

3 times a watery liquid.

14 " a half transparent liquid, twice with yellow, and twice with white striae.

5 " an opaque liquid (twice, white, twice, yellow).

5 " an albuminous liquid.

These facts are interesting because they prove, that, without inflammation or other evident disease of the uterus, this organ may be the seat of a secretion of liquid.

eases peculiar to females, will, when you shall have become engaged in the practice of your profession, soon discover that of all these maladies none will prove more rebellious to remedies in the hands of the general practitioner than those connected with vaginal discharges; and simply because the discharge, whatever may be its character, is too often looked upon as the disease, whereas it is only the effect of morbid action in some of the adjacent organs. I can not, therefore, too emphatically impress on your minds the necessity, in all cases, of ascertaining definitely what produces the discharge. If you lay aside, for a moment, the gratification experienced by the physician in affording relief to suffering woman, there is another consideration, of a more ignoble nature it is true, which may have its influence in stimulating you to a rigid and thorough investigation of the subject now under discussion. It is this—if, in the practice of your profession, your object should be the accumulation of wealth, as certainly as I am now addressing you, so certainly will that object be attained, *if you be successful in treating the various vaginal discharges so common among females.* The gratitude of woman, and the eloquence of her tongue in praise of the man, who has restored her to health, will be of inappreciable value in carrying out this object. One successful case, which may have resisted every effort in the hands of others, will prove to you a rich harvest—it will repay you a hundred-fold in money; and I shall not attempt to describe the measure of happiness, which every right thinking man will experience in feeling that, by the proper application of the principles on which his science is based, he has been enabled to conquer disease, and confer health and happiness on those who have faith in his skill and judgment.

You remember the case of the little girl who was brought to the Clinic, a few weeks since, in consequence of a mucous discharge from the vagina, with which she had been annoyed for several weeks. This case I called your attention to in detail; and you have not forgotten how earnestly I enjoined upon you the necessity of ascertaining the origin of the mucous evacuation. We traced the discharge to the presence of ascarides in the rectum. To the discharge itself we paid not the slightest attention; we knew it was a result which something had produced. The ascarides constituted the cause, and our remedies were directed against them. As soon as they were destroyed, the irritation occasioned by their presence subsided, and the discharge disappeared. In the case before us, we have pursued the same course; before introducing this patient to you, as soon as I learned she had suffered for the last two years from the “whites,” I examined her with great care, and discovered several excrescences studding the vestibulum. The uterus and vagina are entirely free from disease, and there is no doubt that the discharge with which this patient has been affected is due to the presence of the excrescences. Small warty excrescences on the vestibulum or in the

vagina, are among the causes of mucous discharge. In order that you may fully appreciate the importance of a thorough investigation into the causes, instead of regarding effects in the treatment of disease, suppose that this patient had consulted one of you, and you had viewed her case, as physicians too often do, as one simply of the "whites;" you would most probably have ordered an injection of alum or zinc, and you would have failed in relieving her. A little sweet oil rubbed on the great toe would have had quite as much effect in removing the excrescences—the cause of the discharge—as the injection you prescribed!

Causes.—The excrescences occasionally found on the vestibulum, etc., result sometimes from a want of personal cleanliness; sometimes they are the sequelæ of venereal disease; at others, they are produced by chronic inflammation of the parts.

Symptoms.—Irritation of the parts, with a discharge of mucus more or less profuse.

Diagnosis.—A careful examination will at once detect the disease.

Prognosis.—No difficulty as to the result. A cure may be positively promised.

Treatment.—With a pair of small forceps, or a tenaculum, you seize the excrescences, remove them quickly with a pair of curved scissors, and then apply the nitrate of silver freely to the cut surface. Daily ablutions afterward with cold water.

INTESTINAL WORMS IN A LITTLE GIRL, AGED FOUR YEARS.—Margaret W., aged four years, is brought to the Clinique by her mother for advice, having passed several round worms during the last five weeks. This case, gentlemen, will afford me an opportunity of calling your attention for a few moments to the subject of intestinal worms, as occasionally met with in the human subject. They are most frequent in childhood, but at times are also found in the adult. The older writers attributed many of the diseases of the digestive system in infancy to the presence of worms; and the symptoms indicative of their existence were supposed to be well marked. But in our day, this subject is better understood; and it is now a settled principle, that what were formerly imagined to be positive evidences of intestinal worms, may be the result of various morbid conditions of the digestive apparatus with which these entozoa have nothing whatever to do.

There are five different kinds of worms usually found to inhabit the human intestines:—1. The *ascaris vermicularis*, the small thread worm, whose lodging place is ordinarily the rectum. They are the most common of all these parasitic animals. Your attention was directed a few Cliniques since to this character of worm, when speaking of the vaginal discharge, which sometimes appears in young female children; 2. The *ascaris lumbricoides*, or round worm; 3. The *tricocephalus dispar*, or long thread worm; 4. The *tænia latum*; 5. The *tænia solium*. In addi-

tion, there are several species of these parasites found in other portions of the animal economy, so numerous that it is scarcely necessary to mention them, particularly as our observations on the present occasion will be limited exclusively to the consideration of intestinal worms. It may, however, be as well to observe that worms are occasionally detected in the urinary bladder, kidney, gall-bladder, liver, brain, eye, ovary, cellular tissue, bronchial glands, etc. In connection with the topic under discussion, there is one inquiry which should very naturally present itself to an intelligent mind, and yet it is one which is not commonly examined by authors. What is the origin of intestinal worms in the human subject—how do they reach the alimentary canal? This question is surely not unworthy of investigation, and it is one of some little interest. We must admit one of two theories; either they are generated in the intestines, or they are brought there from the external world. Both of these theories have found their advocates; but the former is the one most generally admitted, and the only one which appears to be sustained by facts. It has been satisfactorily demonstrated that the structure of these parasites is altogether peculiar, differing essentially from worms found without the body; and when discharged from the human system, they survive but a short time. Well authenticated instances, too, are recorded in which worms have been discovered within the system of the foetus. In the latter case, certainly, their origin must be internal. Those who advocate the internal origin of worms differ as to the *modus in quo*. Some contending that they are wholly formed in the system, receiving no aid whatever from without; others, on the contrary, stating that the ova are furnished by the food, etc. This, under certain circumstances, I can readily imagine to be the case.

The causes of intestinal worms may be considered, so far as conflicting opinions are concerned, a vexed question. Various theories have been advanced, and there is no little discrepancy of views on the subject. Whilst some refer the cause to climate and particular kinds of food, others contend that it is to be ascribed to sedentary habits, badly ventilated dwellings, etc. We are inclined, however, to believe that an impairment of the digestive organs, together with a cachectic condition of system, are among the most frequent causes of these parasites.

The symptoms which are supposed to indicate their presence are numerous. But there is one fact to which I wish especially to direct your attention, and it is this—the appearance of the worms in the evacuations is the only positive pathognomonic sign of their existence. All other evidences, so much insisted on by writers, may exist irrespective of worms, and be coincident with various morbid conditions of the alimentary canal. A capricious appetite, loaded tongue, offensive breath, irritation of the schneiderian membrane, tumidity of the abdomen, colicky pains, emaciation, pain about the umbilicus, etc., are mentioned, as among the prominent symptoms; and yet, I repeat, these symptoms

may be present, and no worms discovered in the system. The presence of worms in the intestinal canal, sometimes gives rise to singular sympathetic influences in remote portions of the economy, which should not be lost sight of by the practitioner. A child will occasionally lose its voice from this cause—catalepsy and epilepsy will sometimes ensue—and you have had before you two extremely interesting cases, in which worms were the cause of paralysis. These children, you will remember, before appearing at the Clinique, had, as the parents informed us, been treated in various ways in accordance with the views entertained as to the cause of the paralysis. After a careful examination of these cases, I was inclined to refer the paralysis to the irritation of intestinal worms acting on the spinal system. Medicines were administered, and you all recollect the very gratifying results. Worms in both instances were expelled from the system, and the children recovered from the paralysis in a few days afterward.

The diagnosis of worms is occasionally obscure, for the reason already stated that the symptoms which usually indicate their presence, may result from other causes. It is necessary, therefore, in arriving at a just opinion, to exercise more than ordinary vigilance, and consider deliberately the circumstances of each case. The prognosis, on the contrary, is very simple; under ordinary circumstances, every assurance may be given of a favorable issue.

Treatment.—The indications in the treatment of worms are two-fold: First, To cause their expulsion from the system; Second, To prevent their reproduction. In the case of the little girl before us, I shall recommend an infusion of Carolina pink root, followed by a brisk cathartic:

℞	Spigeliæ Marilandicæ	.	.	.	.	.	℥ ss
	Fol. Sennæ	.	.	.	.	.	℥ ij
	Aquæ bullient.	.	.	.	.	.	℥ iv
	<i>℞. infus.</i>						

A table-spoonful twice a-day, to be followed when finished by:

℞	Sub. Mur. Hydrarg.	.	.	.	.	.	gr. ij
	Pulv. Jalapæ.	.	.	.	.	.	gr. vj
	<i>℞. pulv.</i>						

The next morning a table-spoonful of castor oil.

After the expulsion of the worms, care should be taken to invigorate the system, and with this view, benefit will be derived from the administration of the following tonic, together with nutritious diet, exercise in the open air, etc.

℞	Sulph. quinæ.	.	.	.	.	.	gr. ij
	Acid. Sulph. dil.	.	.	.	.	.	gtt. ij
	Aquæ puræ	.	.	.	.	.	℥ ij

A tea-spoonful twice a-day.

The anthelmintic remedies are numerous. The pink root, or spigelia

Marilandica, is a powerful one, and generally may be relied upon. It may be given in a variety of forms, some of which are subjoined :

R	Pulv. Spigeliæ Mariland.	. . . . .	gr. vi
	Sub. Mur. Hydrarg.	. . . . .	gr. iv M.

To be taken at night, followed in the morning by castor oil.

R	Spigeliæ Mariland.	. . . . .	ʒ ss
	Sennæ }	. . . . .	ʒ i aa
	Mannæ }	
	Aquæ bullent.	. . . . .	oj

Fl. infus.

A table-spoonful for a child not under two years of age, three times a day, followed when all is taken by magnesia, Epsom salts, or castor oil.

VASCULAR TUMOR OF THE MEATUS URINARIUS IN A MARRIED WOMAN, AGED TWENTY-SIX YEARS.—Mrs. S., aged twenty-six years, married, the mother of two children, the youngest seven months old, presents herself for advice, in consequence of distressing pain when passing water, and also, when walking. It would, I apprehend, gentlemen, be impossible for you to prescribe for this patient with any hope of success, without knowing more particularly the nature of her malady. One of the great evils of our profession is that we are too apt to prescribe for mere symptoms. A patient consults you, and if she should have any difficulty with her water, there are nine chances to ten she will tell you that she has the gravel. If, therefore, you rely on her declarations, taking her opinion as a guide for treatment, the chances will be nine to ten that you will be defeated.

Females suffer pain in passing water from numerous causes; so likewise do various causes operate in rendering progression painful. I can not too emphatically admonish you to be cautious in your diagnosis; all successful treatment depends upon it. In a word, if you wish to remove the effect, the only true mode of accomplishing your object, is to attack and remove the cause—*causâ sublatâ tollitur effectus*. This is the great secret of our profession—it makes our science one of philosophic truth, and gives it the impress of certainty. No such light guides the empiric; he is lost in darkness and doubt, and floats in a sea of conjecture, whilst the scientific physician proudly claims for his profession a basis firm and impregnable.

The case of this patient is one of extreme interest, and we may promise with entire confidence, speedy relief. On examining her carefully, I detected on the lower border of the meatus urinarius, a small scarlet tumor not larger than a pea. This tumor has been described by Sir C. Clarke, under the name of the vascular tumor of the meatus urinarius. It is a soft fragile tumor, characterized by excessive sensibility. It occasionally projects within the urethra, and is common both to the married and unmarried. Sir C. Clarke when he first called attention to it

entertained the opinion that it was of rare occurrence. Subsequently, however, he changed his mind on the subject. My experience tells me that it is not so very uncommon, although I am satisfied it often eludes detection. I have repeatedly met with it, and this is the second case which has presented itself at the Clinique the present session. This tumor is almost always accompanied by a mucous discharge, and its characteristic symptoms are excessive pain in sexual intercourse, in passing water, and in walking. The contact of the chemise is productive of great suffering. In fine, the slightest touch gives rise to severe pain. Sometimes several of these excrescences will be detected within the urethra.

Treatment.—No medicine which you can administer will have any effect. The only remedy is the removal of the tumor; this may be done by ligature, the knife, caustic, or scissors. I greatly prefer the latter. Take a pair of curved scissors, and remove the tumor completely, then touch the cut surface freely with caustic. This is all that will be necessary. Occasionally serious hemorrhage follows the removal, which you can check by the nitrate of silver, or caustic potash, together with ice kept constantly applied. It is also recommended to apply to the cut surface nitric acid, being careful to guard the surrounding parts. The actual cautery is sometimes resorted to not only to arrest the hemorrhage, but as a primary remedy and I should think it an efficient agent for either purpose.

ULCERATIVE CARCINOMA OF THE NECK OF THE WOMB, IN A WIDOW, AGED FORTY YEARS.—Margaret H., aged forty years, widow, the mother of six children, the youngest four years old, has suffered for the last three months from sharp lancinating pains in the region of the womb, together with a sensation of increased weight; she has had for the last few weeks a discharge of matter more or less constantly from the vagina, of an extremely fetid odor, with occasional losses of blood. These latter have caused her to become uneasy in mind, and have prostrated her extremely. Her face is blanched, the extremities cold, and the pulse thready; her complexion is of a clayish color. She is much emaciated, and complains of distressing vertigo; she says she has taken a quantity of "Doctor's stuff," to make her "courses right," having been assured that as soon as this was accomplished, she would be restored! What, gentlemen, would you suppose to be the nature of this unhappy woman's disease, taking her description as the basis of your opinion? Is it, think you, likely that you would mistake her malady for a menstrual irregularity? I hope not; I should, I know, be mortified to think that any member of this class could by possibility commit so grave an error. The account given by this patient of her sufferings is so lucid, I might say so graphic, that it should at once awaken in your minds a just suspicion as to the character of her disease. It is true, however, that ap-

parent as her disease is, you are not justified in giving a positive opinion without a vaginal examination. This I have made, and find what I was confident I should discover, that this patient is laboring under the third or ulcerative stage of cancer of the womb. On introducing my finger into the vagina, I felt the womb much enlarged and immovable; the lips are everted and ragged, with deep ulcerations, and there is considerable hardness in the surrounding tissues, the vagina and rectum both being involved in the induration.* On withdrawing the finger, it was covered with a sanguineo-purulent material emitting that offensive odor so peculiar to carcinoma. In cases like these, let me caution you against the use of the speculum. This instrument, I admit, is a useful one;—no one appreciates its value more highly than I do; but, like other useful things, it is circumscribed within certain limits. I pity the man who requires the aid of the speculum to enable him to recognize an advanced stage of ulcerative carcinoma. The objections to the employment of this instrument, under these circumstances, are: 1st. That it is not needed in order to arrive at a diagnosis. 2d. That it aggravates unnecessarily the sufferings of the unhappy patient, and often gives rise to profuse hemorrhage. The third or ulcerative stage of *carcinoma uteri* imposes a limit to our science, and all that remains for us to do is to endeavor to palliate the sufferings of the patient, and sustain, as far as possible, her declining strength. This is what you are to aim at, and it is your duty to offer no encouragement beyond these objects, which, indeed, are rarely attained.

The cause of the losses of blood in this stage of cancer you understand to be the ulceration of the vessels as the malady progresses, and the development of fungous growths. It is, gentlemen, in cases such as the one before you—for which science has no remedy—that we occasionally find practiced the most heartless impositions. You, who are just on the threshold of the profession, and have not yet been engaged in the field of practical duty, will scarcely credit the schemes resorted to in this city, under the guise of science, for the purpose of plundering the sick and the dying. I could cite several thrilling cases in confirmation of what I now state; but, for the present, one will suffice to convey to you some idea of the monstrous devices tolerated in the very heart of a Christian community. Some time since a lady of great intelligence, from one of our western cities, visited New York, for the purpose of

* Although the cervix uteri is the part most usually affected at the commencement of carcinoma, yet this is not always the case. Professor Forget, of Strasbourngh, has recently recorded two cases of cancer limited to the body of this organ, and he is of opinion that this particular seat of the disease is not so unfrequent, as has been supposed. In both instances death ensued from peritonitis, and the location of the malady was only discovered through a post mortem examination. Madame Boivin and Duges have also mentioned three instances, in which this affection was developed in the body of the uterus.

seeking professional advice. Soon after her arrival, I was requested to see her; and after listening to the history of the case, I became satisfied that she labored under a formidable affection of the womb. Without, however, expressing any opinion, I left her with the promise that I should visit her on the following day, and then give her my views of her case. Accordingly, after a careful examination per vaginam, I discovered that this lady was affected with ulcerative carcinoma; and being strenuously urged, both by herself and friends, not to disguise my opinion, but to state it unequivocally, I remarked to her that her disease was beyond permanent relief, and all that could be done was to palliate her sufferings. This opinion was received with composure by the patient; but, as I thought, with some degree of doubt. After continuing my visits for a week, it was very evident, from certain manifestations, that some influence had been at work to destroy confidence in my judgment; and the patient expressed, with great kindness, yet with decision, her strong belief that I was in error in reference to the character of her malady. Under the circumstances, the course for me to pursue was a very obvious one; I, therefore, suggested that other counsel should be taken in order that the opinion I had given might be confirmed or set aside. My colleague (Professor Valentine Mott) was requested to see the case with me, and his examination corroborated in every particular the opinion previously expressed. I continued to visit this lady, and do all in my power to assuage her anguish; her sufferings were most severe, but they were borne with the fortitude and resignation of a Christian spirit. Her mind had become satisfied with the opinion that had been given; and, believing that there was no earthly hope, she was reconciled to die. At this time, an acquaintance put into her hands a pamphlet recounting wonderful cures of all sorts of maladies by *Mesmerism*!

This poor creature, weighed down by suffering, her form attenuated to a skeleton, her mind enfeebled, and her reason rendered infirm by protracted and agonizing disease—unable, of course, to form a competent judgment on any subject—placed the fullest faith in the statements set forth in the pamphlet; and at her earnest solicitation—the solicitation of a suffering and dying woman—the mesmeriser was sent for. After the first act of his jugglery, he informed her that the doctors were altogether deceived as to her disease—she had no cancer, but labored simply, as he termed it, under a “*Concatenation of visceral deficiency!*” This “Concatenation of visceral deficiency” he pledged himself to remove, and restore her to perfect health. The friends of the sufferer, passing as she was rapidly to the grave, although they had no confidence in the declarations of the heartless impostor, could not resist the fervent appeals of the dying woman; and he was, therefore, permitted to practice his unholy tricks. Day after day he continued his mesmeric operations, promising, with renewed emphasis, a speedy recovery. One morning, however, on arriving at the house, he was accosted by the nurse, who

informed him that the *patient had expired the night before!* Unmoved by this disclosure, and with perfect indifference—so dried up were the fountains of his soul—lost as he was to every emotion of humanity, he left the house without a word of comment, satisfied in his own mind that he had attained the object for which he had consented to desecrate his character—the wages of his *wretched deception*. The God of truth and justice will assuredly deny mercy to a man who could thus wantonly revel over the credulity of a dying woman!

It is time, gentlemen, to speak out on this subject; let every honest man rise up, and, by moral weapons, drive from our midst those fiends, who would thus speculate with human life, and bring disgrace on human character. The deeds of infamy practiced on the innocent and unwary in this enlightened city; and the fortunes accumulated by these traffickers in the happiness and lives of their fellow-beings, are subjects in every way entitled to the grave consideration of those, who by law are the conservators of the public weal. Our profession must be protected against the renegades who, under its mantle, impose upon public credulity. The science of medicine is a science of ages—it bears the impress and authority of an unbroken chain of mighty minds—and medicine at this day is a splendid superstructure raised in part on the principles laid down by Hippocrates himself. It is progressive, but yet it is stable—it is not a thing of caprice, nor does it claim any affinity with the transcendental novelties so popular in our own times. The principles of medical science are not so mutable that they can be accommodated to individual taste, nor are they so complete a fiction that they can be adapted to the current fashion with the same facility that the tailor will alter the skirt of your coat, or the hatter the crown of your hat. Money can not purchase the secrets of her temple, nor will legerdemain ever be recognized as one of the elements on which she lays claim to public confidence. There is nothing ephemeral in the character of her precepts; nothing transitory in the well-deserved reputation of her votaries. The lessons which she inculcates, and the principles which she establishes, are lessons and principles confirmed by the experience of centuries, and hallowed by the testimony and sanction of the profoundest sages of ancient and modern times. We owe it to the great dead—to those glorious and learned fathers from whom these precepts have been derived, to guard them against desecration; rather should they be looked upon as sacred oracles confided to our custody, and to be preserved with filial care and affection. It is a legacy rich and precious, and worthy to be transmitted to future generations. Let the chain of succession be perfect, so that the science of medicine may take its place among the enduring things of this world. You whom I am now addressing, will constitute in part the connecting link between the present and future, and to you will that future turn for the preservation of the trust so soon to be committed to your charge.

Treatment.—Whatever may be the hopes of relief in the incipient state of *carcinoma uteri*, there are none, except through an exception to an almost universal rule, when the disease has passed to the stage of deep ulceration. We are then limited to mere palliatives. The anguish of the patient is usually beyond description, and one of the principle duties of the practitioner is to alleviate as far as possible this suffering. With the view, therefore, of mitigating the pain, the various narcotic remedies are resorted to, such as opium, morphia, conium, belladonna, hyoscyamus, etc., etc.—opium and morphia may be freely employed; always, however, be careful not to produce narcotism. A small blister on the side of the sacrum, dressed with the acetate of morphia will sometimes, through its endermic action, produce very great relief. Opium suppositories in the rectum, or injections of laudanum and water will prove useful. A remedy, also, from which I have often derived much benefit in allaying pain both in cancer of the womb and breast, is arsenic; five drops, three times a day, in the form of Fowler's solution, in a table-spoon of cold water, may be administered; if, however, it should constrict the head, which sometimes it will do, it must be suspended. Constipation to be avoided by enemata of warm soap-suds and castor oil. The presence of fecal matter in the rectum frequently aggravates the pain. The strength to be sustained by nutritious diet, and by attempting as far as possible to diminish the discharge both of matter and blood. You will find for the former an injection into the vagina of a decoction of carrots beneficial; for the latter, an injection of sulphate of zinc and rose-water ʒj to ʒxij: or sulphate of alum and water; for the offensive odor nothing better than a solution of the chloride of soda thrown into the vagina—when the hemorrhage is profuse, and threatens exhaustion, it will be proper to have recourse to the tampon. There is a symptom connected with the latter stage of *carcinoma uteri*, which is often extremely distressing—I mean nausea. Benefit will be derived in these cases by placing on the epigastrium a cloth saturated with laudanum.

Cauterization.—Cauterization is sometimes resorted to in the ulcerative stage of cancer. I have no confidence, however, in it as resulting in permanent cure when the disease is confirmed in its development. But it will frequently, by modifying the diseased parts, afford temporary relief—it will diminish the pain, and oftentimes check for the time being the offensive discharge. The substances employed for this purpose are numerous; viz., the acid nitrate of mercury, the Venetian paste, the potassa cum calce, and that most preferred by Jobert—the actual cautery. One word, gentlemen, in reference to the excision of the cervix uteri, and the total removal of the uterus. Cases, which have been reported as cured by these operations, are much exaggerated; they do not bear the seal of good faith. The operation itself is most dangerous, and

almost always fatal, especially the extraction of the uterus; and, therefore, you will not be justified in resorting to it.

SUPPRESSION OF THE MENSES CAUSED BY FRIGHT, IN AN UNMARRIED GIRL, AGED TWENTY YEARS.—Nancy H., aged twenty years, unmarried of a plethoric habit, has labored under suppression of her courses for the last three months. She complains of headache, and a sense of suffocation, with dizziness. During her last menstrual period, a fire occurred at night in a house adjoining the one in which she resided. Her alarm was such that she fainted, her menses became suddenly arrested, and have not appeared since.

There is nothing, gentlemen, inconsistent in this girl's story; young women, who have suppression of the courses are occasionally objects of suspicion; and you have had several cases before you during the present session, in which it became my duty to exercise a proper vigilance, in order to discriminate between suppression arising from pregnancy, and suppression produced by other causes. This patient is laboring under vascular repletion; the flushed countenance, the engorged eye, the full and vigorous pulse, the heat of surface, all indicate vascular action. The headache, dizziness, and sense of suffocation are the results of this over-action, whilst the over-action itself is the result of a suppression of one of the periodical losses, which the female system is called upon, under ordinary circumstances, to sustain. The equilibrium is thus broken up, and the economy is in constant danger of some serious assault on one or other of the important organs from this derangement of the balance-wheel. If the suppression were due to pregnancy, this perturbed condition of system would not be likely to follow; for whilst gestation is going on, there is an ample demand for any surplus of blood. Cazeaux, indeed, has recently endeavored to show that true plethora of the system is extremely rare during gestation. Again, among the various causes capable of producing suppression of the menses, fright is one of the most certain. I repeat, therefore, this woman's story is not only consistent, but it is extremely probable. There is nothing in this case to justify the suspicion of pregnancy, and we shall, therefore, treat it as a case of ordinary suppression.

Treatment.—The object here is to diminish the circulating force; when this is accomplished, and the distribution of blood throughout the system equalized, it is not improbable that the menstrual evacuation will be restored. The patient should lose from the arm $\frac{3}{4}$ viij of blood, and take a brisk cathartic of:

℞ Submur. Hydrarg.	. . . . .	gr. vj
Pulv. Jalapæ	. . . . .	gr. xij
Pulv. Antimonial	. . . . .	gr. ij

To be followed in the morning by one ounce of salts.

In these cases, it will be found useful to promote light serous dis-

charges from the bowels for some days, which may be done by ordering a wine-glass of the following solution before breakfast:

R	Sulphat Magnesiae	}	. . . . .	3j aa
	Sup. Tart. Potassae			
	Aq. Distillat.		. . . . .	Oj
				<i>Ft. sol.</i>

The diet to consist principally of vegetables. Should the menses not appear at their accustomed time, the patient may take one or two of the compound aloe and myrrh pills for two successive nights; and the styptic foot bath will also be found serviceable.

CHOLERA MORBUS IN A BOY, AGED SIX YEARS.—Hugh A., aged six years, has been vomiting, and had three or four evacuations from the bowels within the last ten hours. He complains of pain in the abdomen, and suffers from nausea. The mother, in order to allay the pain, administered a tea-spoonful of paregoric; the child was afterward attacked with high fever, and its countenance is now much flushed. On being questioned as to the nature of the child's food for the last day or two, the mother replied that she had taken him on a steamboat excursion, and he had eaten freely of pea-nuts and apples. This case, gentlemen, is worthy of your attention. You will often meet with such in your practice, and if your diagnosis should prove erroneous, you may destroy your patient. The paregoric, next to morphine or opium, was the most natural remedy for the mother to administer, for she looked merely at the pain which the child was suffering, and she knew that paregoric to soothe the pain was a common and popular remedy. Abstract views, and abstract reasoning is an unsafe basis for the physician. His field of observation must of necessity be more extended, if he wish to arrive at safe and just conclusions. He will, therefore, in a case of this kind, look beyond the pain, which he will regard as a feature only, and not the entire character of the ailment. In the pea-nuts and apples he will recognize the cause of the child's sufferings—they are yet in the stomach, undigested, acting as a foreign substance, and thus deranging the economy of the system. The nausea, vomiting, and purging are the effects of the undigested mass. Let me, therefore, enjoin upon you in all cases like the one before us, whether they occur in adult or infantile life, to inquire rigidly as to the kind of food which the patient may have eaten a few hours previously.

Treatment. The indication here is twofold: 1st, to relieve the stomach of the offending mass; 2d, to quiet the system by a gentle anodyne if necessary. With the former view, let this child take gr. vj of Ipecacuanha, and after he has vomited once or twice, let him drink freely of warm water. When the stomach has been evacuated, should it be necessary, a tea-spoonful of the syrup of poppies may be given.

LECTURE V.

Introductory Remarks.—Suppressed Lochial Discharge in a married Woman, aged thirty Years, the Mother of four Children, the Youngest three Weeks old.—Follicular Stomatitis in an infant, aged eight Months.—Injury from the Introduction of the Catheter during Pregnancy.—Manner of introducing it; Stricture of the Female Urethra.—Inflamed Umbilicus in an Infant, aged four Weeks.—Vicarious Menstruation in a Girl, aged nineteen Years.—What is Vicarious Menstruation?—Enlarged Tonsils, with Deafness, and a Sense of Suffocation, following Scarlet Fever, in a Boy, aged six Years.

GENTLEMEN :—Our reception room for patients is filled to overflowing, and I regret that time is not sufficient to present to you all the interesting cases which have assembled for advice. The advantage of this Clinique must be apparent to you all. It brings before you, day after day, diseases of the most interesting character; it constitutes, as it were, the lying-in-chamber with all its details and complications. There is no effort made to collect, and array before you particular maladies; the poor of this city know that, on certain days, they can receive advice in this University upon all diseases peculiar to women and children. The announcement of this fact has filled our Clinique with every species of disease, presenting the very types which you will be called upon to treat, when you shall have entered on the field of practice. In this simple circumstance consists the real advantage of the *Obstetric Clinique*; it brings before you every conceivable variety of disease, and your minds are thus familiarized with bedside observation, the want of which not only proves a stumbling block to the young practitioner, but often leads to mortification, and failure of professional success. In the treatment of the diseases of women and children, more, perhaps, than in any other of the departments of the profession, you need this kind of observation. That you appreciate the facilities afforded by our populous city for the investigation of these maladies, I desire no stronger evidence than your uniform attention, and the constantly crowded benches before me.

You are all aware that when I first projected the establishment of an *Obstetric Clinic*, the idea was regarded as altogether utopian by some; and our best friends expressed strong doubts as to its practicability. I thought differently. The result has shown that my confidence was not without foundation. If you will take a retrospect of the last few weeks,

you will find, on recurring to your note-books, that numerous cases of every day occurrence, the very character of cases which you are most in need of, because they constitute the every day work of professional life, have been brought before you. Their causes, symptoms, diagnosis, pathology, complications, and treatment, have been fully discussed. These cases, after having been prescribed for, have returned, and you have been the witnesses as to the result of the treatment; you have seen whether our views have been sound, and worthy of thought, or whether they have been speculative, and, like most hypothetical doctrines, apocryphal, and, therefore, unsafe as guides in the practice of the healing art. I invoke your scrutiny, and if experience do not affix the seal of truth to the principles which I lay before you, no greater injury can befall you than to adopt them; they must be rejected not only as useless, but as pernicious lessons. Truth alone is worthy of your contemplation.

SUPPRESSED LOCHIAL DISCHARGE IN A MARRIED WOMAN, AGED THIRTY YEARS, THE MOTHER OF FOUR CHILDREN, THE YOUNGEST THREE WEEKS OLD.—Mrs. P., aged thirty years, married, the mother of four children, the youngest three weeks old, seeks advice in consequence of intense headache and vertigo. She complains of a sense of suffocation, and says she frequently feels as if she would fall: her eyes are occasionally affected with a blur, and she is apprehensive she will die in a fit. This woman is extremely vascular, with powerful muscular development, and her bowels are habitually constipated. During her pregnancy she was bled twice with positive relief. Her present symptoms have been much aggravated since her last confinement. On being asked if any thing unusual occurred at this time, she replied that after the birth of her child she had “never seen any thing,” which means that she had not the lochial discharge which usually follows child-birth. Two days after the birth, her headache commenced, and has continued with unceasing severity ever since.

This case, gentlemen, affords an instructive lesson; and there can be no doubt that, unless the patient is relieved by appropriate treatment, serious consequences are likely to ensue. The throbbing pulse, the flushed countenance, the feeling of suffocation, the headache, and the constipation are the effects of a disturbing cause, and portend trouble. The system is oppressed, the mechanism is deranged, and harmony of function is lost. This general disturbed action must be controlled, otherwise it is probable that engorgement of some important organ will take place, and result in death. The connection between this excited condition of system and that of the patient at the time of her confinement is obvious—one of the ordinary processes of nature was interrupted—the lochial discharge did not appear; for some reason or other it was retarded, and the consequence is general derangement of the system. Females for a certain period after the birth of the child, averaging from

seven to twenty days, have a discharge from the vagina, at first sanguineous, then purulent, and afterward serous; this is called the lochial discharge. It proceeds from the womb, and is nothing more than the exudation, if I may so speak, from the tissues of this organ, to which, as you know, there is a constant afflux of fluids during gestation. The retention or suppression of the lochial discharge will give rise, under equal circumstances, to the same train of symptoms as are found to follow retention or suppression of the catamenial evacuation. In the case of this patient, the indication is palpable. The system is too full, and the plethora must be controlled by active depletion.

The causes of retention or suppression of the lochiæ are various. It may arise from sudden cold; it is almost uniformly the result of inflammation either of the womb or peritoneum; febrile excitement from any cause will also occasion it. Women who menstruate sparingly have usually a very slight lochial discharge; those, on the contrary, of an opposite condition are more profuse, but this law is not universal. This discharge is sometimes exceedingly offensive, and such will be found to be the case in persons of a scorbutic, cancerous, or scrofulous diathesis. A coagulum of blood, or a fragment of the placenta retained within the womb will also occasion a fetid odor.

The symptoms of retained or suppressed lochiæ will depend very much on the constitution and temperament of the patient. In a plethoric subject, such as the one before us, they will be characterized by all the evidences of vascular fullness.

Treatment.—This patient should be bled from the arm, say ℥xij. The object is to make an impression on the system. She should then be purged with

℞	Sub Mur. Hydrarg.	.	.	.	.	.	gr. xij
	Pulv. Jalapæ .	.	.	.	.	.	gr. xv
	Pulv. Antimonialis	.	.	.	.	.	gr. ij
	<i>℞. pulv.</i>						

Followed in six hours by ℥j of sulph. magnesiæ in ℥viij of water. The diet should be strictly vegetable, and the bowels continued in a soluble state by a wine-glass or more every morning of the following solution:

℞	Sulph. Magnesiae	}	.	.	.	.	.	aa ℥j
	Sup. tart. Potassæ	}	.	.	.	.	.
	Aquæ puræ	.	.	.	.	.	.	Oj.
	<i>℞. sol.</i>							

As a general rule, if the lochial discharge do not appear within a few hours after the birth of the child, or if it should not be free, a warm cataplasm of flax-seed with ℥ij of powdered camphor applied every two hours over the vulva, will have the effect of promoting it. Conjointly with this, the feet and lower extremities should be kept warm with

mustard water. These local applications alone will often suffice to bring about the object.

FOLLICULAR STOMATITIS IN AN INFANT, AGED EIGHT MONTHS.—Ann G., aged eight months, has cut four teeth, and is affected with sore mouth; she is irritable, and is much troubled with acid stomach. “When, my good woman, did you first observe that your infant’s mouth was sore?” “Only the day before yesterday, sir.” “What called your attention to it?” “Why, sir, the child was restless, and seemed to be in pain when it took the breast.” “How are its bowels?” “What passes it, sir, is green and sour.” This, gentlemen, on examination, I find to be an example of simple or follicular stomatitis; it is what is known as the *apthous* or baby’s sore mouth. Young infants, and children of a more advanced age, are quite liable to affections of the mouth, and these have been variously classified; they may, however, be embraced under the following divisions: 1st, Simple, or Follicular Stomatitis; 2d. Ulcerative Stomatitis; 3d. Gangrenous Stomatitis; 4th, Mercurial Stomatitis; 5th, Mucuet. Simple, or follicular stomatitis consists essentially in inflammation of the mucous follicles of the mouth—it is not a disease of danger, but usually causes the child to be fretful; it will readily yield to appropriate remedies.

Causes.—This affection is rarely idiopathic; it is, on the contrary, almost always symptomatic. One of its commonest causes is the irritation of teething, and, therefore, it is frequently observed in children at the breast. It often, too, results from the different eruptive fevers, such as measles, scarlet fever, etc.; any local irritation applied to the mouth, will produce it. Frequently it is the effect of gastric derangement, and, on inquiry, you will generally discover that the child affected with the disorder has more or less acidity of the stomach, with an unhealthy condition of the evacuations.

Symptoms.—One of the first indications of this affection, is restlessness on the part of the infant, and an indisposition to take the breast; it grasps the nipple, but immediately relinquishes its hold, and then becomes fretful. On looking into the mouth, you will observe the small follicles in a state of inflammation, presenting at first a vesicular appearance, and if the inflammation be not promptly subdued, these vesicles will soon pass on to the ulcerative stage.

Diagnosis.—The difference between this form of sore mouth and the other varieties, is so characteristic, that it can not well be mistaken. We shall undoubtedly have frequent occasion to call your attention to the other forms of stomatitis, and you will then more readily appreciate the distinctive characters of each.

Treatment.—In the present case, the first point to be attended to, is the regulation of the bowels. The acid stomach must be controlled; and these objects will be attained by the administration simply of mag-

nesia dissolved in milk. Put *vj.* gr. of calcined magnesia into a wine-glass of sweetened milk, strain, and give the child a tea-spoonful two or three times a-day. As a local application to the mouth, you may employ :

℞ Borat. Sodæ }
Sacchar. Alb. } āā 3 ss M.

Put a small quantity on the tongue twice a-day ; the saliva dissolves it, and it will be found useful.

INJURY FROM THE INTRODUCTION OF THE CATHETER DURING PREGNANCY ; MANNER OF INTRODUCING IT.—STRICTURE OF THE FEMALE URETHRA.—Sarah J., aged twenty-four years, married, was delivered of her first child two months since. In the seventh month of her pregnancy, she experienced much difficulty in passing water, and having exhausted fruitlessly the various domestic remedies, she sent for a physician, who after several unsuccessful attempts, was finally enabled to introduce the catheter. This patient says she suffered greatly from the efforts of the practitioner to penetrate the bladder. A slight discharge of blood followed, with excessive soreness at every attempt to micturate. A few days afterward she discovered a discharge of matter, which has continued with pain, more or less constant, to the present time. She also experiences annoyance from a frequent desire to pass water. You see, gentlemen, before you, a patient who is laboring not under unavoidable disease, but which indeed may be denominated an unpardonable infliction. I have examined her critically ; she has an ulcer on the lower surface of her urethra. After listening to her statement, there will, I apprehend, be no difficulty in tracing the cause of this ulcer to its legitimate source. It is the result of injury to the urethra in the attempt to introduce the catheter, for which there can be no justification. It is fortunate, however, for the poor woman, that there is a limit to her distress ; or, in other words, that the evil under which she labors, is readily within the reach of remedies. Her lot may have been far more distressing, for a urethro-vaginal fistula might have resulted from this combination of ignorance and force to accomplish an exceedingly simple operation.

I characterize this operation as simple, and yet I feel that this term merits some qualification. It is simple only when the anatomy of the parts is well understood, and when the practitioner bears in mind the various modifications which the urethra undergoes in its direction during the period of gestation. The operation you may be required to perform under one of four circumstances : 1st. In the virgin ; 2d. In the married woman ; 3d. During pregnancy ; 4th. During, or soon after delivery. It will be a sad thing for you, so far as your reputation is concerned, to fail in the performance of this operation ; and it becomes those of you especially, who are destined to practice in remote districts of country where consultations can not be had, to comprehend thoroughly the rules which are to guide you in the introduction of the catheter. You will remember

when directing your attention to the anatomy and physiology of the female organs, I pointed out the urethra as an object worthy of your attention, in reference to the very subject now under consideration; and you were told that, in introducing the catheter, it is essential to be mindful of two important points. In fact, the facility or difficulty, the possibility or impossibility of the operation, will depend on your knowledge of these points, viz: 1st. The position of the outer opening of the urethra, or meatus urinarius; 2d. The modifications produced by pregnancy and diseases of the uterus in the direction of the urethra itself. The female urethra measures from an inch to an inch and a quarter in length, and is remarkable for its great dilatability. Owing to this latter circumstance, together with its shortness, urinary calculus in the female bladder is comparatively of rare occurrence; stricture of the urethra is likewise extremely rare. Where and how are you to find the meatus urinarius? Before answering this question, allow me to impress upon you the propriety in this, as well as in other operations which you may perform upon the female, to protect her person from all unnecessary exposure. It was a maxim of the illustrious St. Francis, of Sales, that "a good Christian should never be outdone in good manners." May it not be said with equal truth, that the scientific physician should have for his aim, gentleness and refinement? In his intercourse with his female patients, let him feel that he stands in the sanctuary of virtue, and his actions can not fail to be in consonance with this sentiment. I wish you therefore, distinctly to understand, that under ordinary circumstances, no exposure of your patient is justifiable in the introduction of the catheter.

The true and only basis of success in the operation is an accurate knowledge of the anatomy of the parts; with this knowledge, nothing can be easier than to introduce the catheter; without it, nothing more certain than defeat, and injury to the patient. The exposure of the patient's person would not aid in the slightest degree the practitioner ignorant of the anatomical relation of the organs—for he would be far more likely, even with the assistance of his eyes, to place the catheter in the vagina instead of the meatus urinarius, if, indeed, he did not "go further and fare worse," in receiving a severe rebuke from his patient for having performed a fundamental operation! Now for the question: how and where is the meatus urinarius to be found? If you trust to the rule usually laid down in the books, you will often find it a faithless guide. You are told, for example, to feel for the superior caruncula myrtiformis, and having placed your finger upon it, the meatus urinarius will be found immediately above it. The objections to this rule are two-fold: 1. In patients who have lost flesh, the caruncula myrtiformis is frequently absorbed; 2. Under other circumstances, it occasionally becomes so altered as to be difficult of recognition.

There are two far more certain methods, which will enable you to accomplish the object with facility. 1. In the married woman, you may

introduce the index finger into the vagina carrying its radial surface along the anterior portion of the passage, your finger is thus necessarily brought in contact with the lower wall of the urethra; in gently withdrawing the finger along the course of the urethra, the apex of the finger will come in direct contact with the meatus urinarius. 2. Both in the married and unmarried female, you place the apex of the index finger at the superior commissure, which you will remember is situated at the inferior and central portion of the mons veneris just at the point of bifurcation of the labia externa. At this commissure, you feel the clitoris, immediately below which is the triangular space called the vestibulum, bounded above by the clitoris, on either side by the labia minora, or nymphæ, and below by the meatus urinarius, which is the object of your search. I should have premised that, in introducing the catheter the patient should be on her back, with her thighs flexed, and brought to the edge of the bed, so as to facilitate the manipulations of the physician. Having placed the finger on the meatus urinarius, this serves as a guide for the catheter, which being previously oiled is introduced with the other hand. You carry the point of the instrument to the finger the extremity of which is placed on the meatus, and passing the catheter along the finger it will be found to enter the orifice. The instrument is to be introduced in an oblique direction from without inward in order that it may follow the course of the urethra, which is *oblique* in the unimpregnated state, and when the uterus is not complicated with disease. But in either of the latter cases, the direction of the urethra changes with the ascent of the uterus, so that, in the latter stages of pregnancy, the urethra will be found to be nearly perpendicular, passing along the internal surface of the symphysis pubis. In such case, therefore, as soon as the catheter enters the meatus, the opposite extremity of the instrument must be depressed, in order that it may penetrate the bladder without the infliction of pain or injury. It can not be necessary to recall to your minds what I have already said on a former occasion respecting the connection between the uterus and bladder. It is in consequence of this connection that the enlarged womb in its ascent (whether the enlargement be the result of gestation or disease) causes an alteration in the course of the urethra. If this circumstance had been recollected when the attempt was made to introduce the catheter in the case before us, this poor woman would have been spared much unnecessary suffering.

Treatment.—It is useless to expect that the ulcer in this woman's urethra will heal spontaneously. There will, however, be no difficulty in removing it by the proper treatment. A urethral syringeful of a solution of nitrate of silver \mathfrak{v} to \mathfrak{z} iv of water should be injected once a day for two successive days, and the patient should drink freely of flax-seed tea. The injection may afterward be repeated, if necessary and in a few days a cure will be effected.

I have remarked to you, gentlemen, that stricture of the female urethra is extremely rare; I have seen one case only of this affection, and it may not be unprofitable to mention it. I was requested to visit a married lady from an adjoining State. The history given by herself of her case was simple, and to the following effect: About four years previously to my seeing her, she experienced uneasiness in the region of the womb, and slight pain in passing water. There was more or less discharge of mucus from the vagina, and sexual intercourse occasioned at times great distress. These were the incipient and only symptoms of her malady. A physician was consulted, and pronounced the disease to be *falling of the womb*. Pessaries were introduced, abdominal supporters applied, but without affording any relief; whilst on the contrary, the pessaries tended to aggravate the pain by the pressure they exerted on the seat of disease. The pain and difficulty in passing water having increased, the lady resolved to visit New York in search of professional advice. On hearing the history of the case, I at once told her I did not believe she had falling of the womb, for the simple reason that her symptoms were not characteristic of any such ailment. I proposed an examination, which was cheerfully assented to, as the patient was most solicitous to obtain relief. I found the uterus in a perfectly healthy state, and in its natural position. In passing my finger along the urethra, the patient experienced a sensation of pain; this circumstance, together with the difficulty of which she complained in passing water, attracted my attention particularly to this point. I could detect no disease in the uterus or vagina; in attempting to introduce a catheter in the urethra I was completely foiled; and on minutely examining the passage, I discovered that the lady's sufferings were entirely due to a stricture of the urethra. Stricture of the female urethra I had never seen previous to this occasion; and, as far as my knowledge extends, no case of the kind had ever occurred in this country; at least no record of it has been made. Velpeau, in his great work, cites but three cases of stricture of the female urethra, and remarks that its occurrence is extremely rare. In the course of three months, I succeeded in removing the stricture, and the lady returned to her home restored to health. Dr. Satchwell, a graduate of this University, and now practising in North Carolina, visited this patient with me on several occasions, and heard from her own lips the statement, which she made of what occurred previous to my seeing her. The only treatment had recourse to was mechanical dilatation by means of graduated bougies.

INFLAMED UMBILICUS IN AN INFANT, AGED FOUR WEEKS.—G. H., aged four weeks, is brought to the Clinique in consequence of the umbilicus not having properly healed since the sloughing of the cord. You will often, gentlemen, be called upon to treat cases of this kind. They are simple and perfectly manageable, although parents are rendered anxious,

supposing that some serious result will follow. You perceive that the whole difficulty here consists in the fact that there is a small portion of proud flesh sprouting from the side of the navel. All that is necessary is to sprinkle it with calomel once or twice, followed by dressings with lint and simple ointment. In a few days, the umbilicus will be healed. You all understand the object of placing a ligature on the foetal portion of the cord—it is to prevent the possibility of hemorrhage. You are aware that I recommend but one ligature, whilst the general practice is to apply two, and sever the cord between them. I recommend but one ligature for the following reasons:—1st. There is no necessity for two, in as much as the small quantity of blood that escapes from the placental extremity of the cord as soon as it is cut, comes not from the maternal system, as is erroneously supposed, but is the disgorgement merely of the umbilical arteries and vein, as they ramify on the foetal surface of the placenta. 2d. From careful observation I am satisfied that, ordinarily, this very disgorgement of the vessels facilitates the detachment of the after-birth. From three to six days after birth, the cord sloughs, and leaves the umbilicus in a healthy condition. Occasionally, however, as in the present case, there will be found proud flesh, and sometimes ulceration, which, except in certain neglected cases, will readily yield to remedies.

VICARIOUS MENSTRUATION, IN A GIRL, AGED NINETEEN YEARS.—Emma J., aged nineteen years, unmarried, has not menstruated for the last two years. Her courses became suppressed at that time in consequence of a fright occasioned by the running away of a horse. She has suffered since from head-ache, which has been uniformly relieved for the last six months by a free bleeding from the nose, which has occurred with remarkable regularity every three or four weeks. Her system is usually constipated, and she is plethoric. Here, gentlemen, is a case of vicarious menstruation, illustrating one of the conservative principles, which so frequently guide nature in her varied operations. The menstrual function is an important one—periodical in its recurrence, and, except during pregnancy and lactation, the health of the economy requires its faithful and regular appearance until the approach of the great climacteric of female life. It is one of the fundamental processes instituted by nature in the female system, and it can not be interrupted without involving more or less seriously the general well-being of the individual. Frequently, from causes which nature can not control, this function becomes suppressed, and we occasionally find, as in this patient, some compensating discharge acting as a waste-gate, and thus protecting the system measurably from harm. The two surfaces most likely to afford this vicarious discharge are the intestinal mucous membrane and skin. Hence, diarrhoea often supervenes, and unloads the system; again, hemorrhoids will appear; and, at other times,

we see periodical losses of blood from the mouth, bronchial tubes, bladder, and, as in the present instance, from the nose; periodical eruptions, and bleeding ulcers on the extremities, etc. I recently saw, in consultation with Dr. Lutkins, in Jersey City, a case of vicarious menstruation from the umbilicus, in a young girl, nineteen years of age, who had never menstruated normally. I suspected, that in this case there might possibly be a mechanical obstruction, either by means of an imperforate hymen, or an imperforate *os tinæ*, and more especially did I think so at first, because of an enlargement of the abdomen; from examination, however, I found that my impression was not well founded, and the abdominal distension arose from a collection of flatus. The menstrual function became natural under the influence of aloes and iron, 2 gr. of the former, to 1 of the latter, twice a day.

Women, in whom the process of assimilation is well marked, and characterized by much vigor, are often protected for a time against the effects of suppressed menstruation by the increased deposit of adipose matter, which takes place in the various tissues; this circumstance is frequently salutary in females at the final cessation of the menses. It is, in fact, the exercise of a derivative action, affording a temporary equalization of the blood, and, therefore, preventing local engorgements.*

You are to remember that, in vicarious menstruation, the discharge does not always consist of blood; it will sometimes be mucous, at other times purulent; and you will occasionally observe in practice a periodical leucorrhœa taking the place of normal menstruation. Be careful, in such instances, not rashly to arrest the leucorrhœa. Sometimes the vicarious discharge will consist simply in profuse salivation, examples of which have been recorded by Siebold, Churchill, and others.

Treatment.—In vicarious menstruation, the object is to establish the normal menstrual function. For this patient, I should recommend, in

* Rayer, in a paper, entitled *De L'Hæmaturie endémique à l'île de France*, has spoken of a singular form of hemorrhage, occurring in warm climates, which has been but little studied. He has, however, omitted certain points, which do not appear to have been known by him. In tropical climates it is quite usual for children to void bloody urine, and frequently the urine is milky or chylous. This loss of blood and of albuminous matter does not seem to impair the health; and as a general rule, this condition of the urinary secretion continues until the age of puberty, when the secretion of the semen takes place, or the menstrual function becomes established. Those children, however, who escape this attack of hæmaturia, etc., are often affected with hemorrhage either from the nose, mouth, intestinal mucous surface, etc., constituting a really vicarious menstruation. It would, therefore, seem that in these cases the hæmaturia is altogether a conservative act, and not one, literally speaking, of morbid action. The explanation of these hemorrhages and loss of albuminous matter seems to be this—the quantity of food consumed in tropical climates is too great, and, consequently, congestions arise from the superabundance of blood, terminating in hemorrhage in some one or other of the organs. I am indebted to my friend, Dr. Brown Séquard, for a knowledge of these facts, which have been observed by him in his native country.

the first place, the abstraction of $\frac{3}{4}$ ij of blood from the arm at the period corresponding with the usual menstrual turn, and the like quantity in fifteen days afterward. Let this be continued as circumstances may require for several successive times. The system will thus be unloaded, an equalized circulation accomplished, and the determination to the schneiderian membrane broken up. I have very great confidence in this periodical bleeding, not only in vicarious, but in many other forms of chronic suppressed menstruation. In addition, it will be necessary to remove the constipation, and to stimulate indirectly the uterine organs by appropriate carthartics. For this purpose, one or two of the following pills may be given every second or third night according to their effects:

R	Pil. Aloes c. myrrha	3 j
	Div. in pil.	xij

Should these not suffice, their action will be aided by two wine glasses of senna tea in the morning; styptic foot-baths, with cayenne pepper and mustard, and also the warm hip-bath, will be important adjuvants.

ENLARGED TONSILS WITH DEAFNESS, FOLLOWING SCARLET FEVER, IN A BOY, AGED SIX YEARS.—W. M., aged six years, has much difficulty in swallowing; at night his breathing is oppressed, so much so, that the mother is alarmed for fear of suffocation. For the last few weeks, his hearing has become impaired, and he is now quite deaf. On being asked whether the child had been affected with scarlet fever, the mother replied that six months since he had been attacked, and at one time she despaired of his life. Before the attack of scarlet fever, his breathing and deglutition were natural, and his hearing unimpaired. I had, gentlemen, a particular object in making this inquiry of the mother, for the very difficulty under which this child labors, are among the ordinary sequelæ of scarlet fever. One of the prominent features of this affection is sore throat, often of an aggravated character. As a consequence, the tonsils suffer from the effects of chronic inflammation, they become enlarged, and deafness ensues from obstruction of the eustachian tube. You can not be too particular in your investigations as to the cause of disease—it is the beacon-light which guides you to successful treatment.

Treatment.—I shall excise the tonsils; this is all that is necessary. The oppressed breathing and difficult respiration, together with the deafness, are the simple results of mechanical obstruction; as soon as the tonsils are removed, these effects will disappear. It may, however, require some length of time for the hearing to be completely restored. I should mention to you that in certain severe attacks of scarlet fever, the hearing becomes permanently lost in consequence of destruction of the internal ear.

LECTURE VI.

Profuse Sanguineous Discharge from the Vagina, from Polypus of the Womb.—Removal of the Polypus.—The causes of Sanguineous Vaginal Discharges.—Pityriasis Capitis in a little Girl, aged six Years.—Phlegmasia Alba dolens in a married Woman, aged twenty-two Years.—Involuntary and Constant Spasmodic Movements of the Limbs in an Infant, five Weeks old.—Vomiting in an Infant, aged five Months, immediately after taking the Breast.—Can a Nursing Woman become Pregnant before the reappearance of the Menses?—Delivery with the Forceps after a Labor of ninety Hours, with safety to both Mother and Child.—Ergot, when to be employed in Child-birth.—Rupture of the Womb from the rash administration of Ergot—Death of both Mother and Child.—Defective Menstruation in a Girl, aged twenty Years.—What is Defective Menstruation?

PROFUSE SANGUINEOUS DISCHARGE FROM THE VAGINA, FROM POLYPUS OF THE WOMB, IN A MARRIED WOMAN, AGED THIRTY-NINE YEARS; REMOVAL OF THE POLYPUS.—Mrs. B., aged thirty-nine years, the mother of two children, after being a widow for nine years, married twelve months since. Her health had been uniformly good, and her periods always regular until January last, when they became very profuse, accompanied with bearing-down pains. In consequence of these repeated attacks of profuse loss, she has become extremely weak and blanched. The bearing down pain is always more severe at the time of the courses. She is nervous and greatly alarmed about herself. Here, gentlemen, is a case which requires all your attention. You will often be called upon when engaged in practice to treat patients laboring under profuse losses of blood from the vagina. A very common error under such circumstances—and one which I have repeatedly pointed out to you, is to regard the discharge of blood as the disease; whilst the entire attention is directed to remedies—the various astringents, for example—which are supposed to be efficient in restraining the loss. But it must not be forgotten that discharges of blood from the vagina, like those of mucus, pus, or water, are but results—they are the effects of certain diseases. Our first duty, therefore, in the case before us is to ascertain the nature of the profuse discharge of blood, and trace it to its true origin. In this way only can we hope to benefit our patient. When consulted in cases of this character, you should at once revolve in your mind the various causes of this kind of vaginal discharge—and

you will recollect they are as follow: 1st. Menorrhagia; 2d. Ulcerative carcinoma; 3d. Threatened miscarriage; 4th. The second stage of Cauliflower excrescence; 5th. Hydatids of the womb; 6th. Polypus of the womb, etc. There is nothing easier than to revert in memory to these facts, and they will enable you with a proper degree of care to make a just and satisfactory discrimination.

When this patient stated her case, there were two circumstances, which caused me to suspect the possible existence of polypus of the womb, viz.: the discharge of blood, and the bearing down pains, which she remarked are always increased at the period of the menses. On making a vaginal examination, I detected a small moveable tumor projecting from the mouth of the uterus, and at once recognized it to be a polypus, which is the sole cause of her sufferings. Polypus of the womb is a pediculated tumor, the pedicle or stalk being attached to some portion of the internal surface of the organ. The volume of the polypus will vary from the size of a pea to that of a foetal head; it is confined to no particular age—it occurs in young girls, in married women of all ages, and in the advanced of life. Its presence is characterized by profuse periodical bleeding, together with a discharge of mucus, accompanied with severe bearing-down pains simulating the throes of labor. In what way can we explain the discharge of blood, and the bearing down pains? The sources of the hemorrhage are in the first place the mucous membrane covering the polypus, and secondly, the blood-vessels which exist in the tumor itself. The investing mucous membrane becomes much more congested at the approach of the menses, and hence the greater profusion of the discharge at this time. Indeed, it is an interesting fact, gentlemen, for you to record that one of the first circumstances, which creates alarm in the mind of the patient laboring under polypus of the womb is the unusual loss she sustains at the menstrual period. This increases with the return of the periods, and frequently, too, in the intervals of the “turns,” there is more or less discharge of blood. The bearing down pains are the result of the irritation imparted to the uterus by the presence of the tumor. The point of interest, now, for you as well as this patient is, whether any thing can be done to relieve her of her sufferings.

In regarding this case, and in order that it may present itself to you with its full interest, you must look beyond the walls of this lecture room. Soon, you will be vested with all the rights and privileges of the Doctorate; you will return to your homes; and, after receiving the congratulations of friends, you will commence the responsible and arduous duties of your profession. The hypothesis is not so remote that it may not become a reality, that the very first case in which your counsel will be invoked may be one resembling in every feature the example before us. Suppose, for instance, a patient should consult you under the following circumstances: she informs you that for the last year she has

suffered from profuse losses of blood from the vagina; she has consulted numerous physicians, and has had administered to her every variety of medicine; she has employed a dozen different astringent injections, and all without relief. This constant drain on her system has not failed to show its effects: her strength is gone—her face is blanched—her digestive powers almost destroyed—cold feet and hands—a circulation so feeble that her pulse can scarcely be felt—the slightest exercise producing palpitation, vertigo, syncope. In a word, she appears before you a perfect wreck, and to the ordinary observer, her case is without hope. Her measure of suffering is indeed full—she is surrounded by all the luxury that wealth can procure—but prostrated by disease, and now brought to the verge of the tomb, by a malady that has resisted all treatment, she would fervently pray for death, did not the strong and sacred ties of nature tell her that she has something besides herself to live for! She thinks of her husband and children—the former devoted and kind—the latter young and helpless; at an age too, when they are most dependent on a mother's love and care.

These feelings touch her heart deeply, and she makes a last effort to regain her health, in the trust that she may be spared to her family. It is, therefore, gentlemen, under circumstances like these, when all earthly hope is cut off, and a lingering death in prospect, that you may be summoned to give your opinion. You investigate most carefully the whole history of the case. You direct your attention to the uterus—a vaginal examination is instituted—and you find projecting through the mouth of the womb a small tumor insensible to the touch, with its base downward, and its pedicle upward, attached to some portion of the internal surface of the organ—it is a polypus. This is the disease—the flooding has been occasioned by it alone, and as long as the polypus is suffered to remain, so long precisely will the hemorrhage or drain be kept up, until finally the patient sinks from absolute exhaustion. You, therefore, proceed without delay to remove the polypus—the blood ceases to flow, the drain is closed—and by your science and skill the patient is not only rescued from impending danger, but she is restored to health, and the bosom of her family. She looks upon you as the kind friend, who with the sanction of Heaven has arrested her progress to the grave. On her heart are impressed feelings of abiding gratitude for the services rendered in the hour of need—and as long as that heart shall continue to beat, it will do so in grateful remembrance of one, who has been the humble instrument of prolonging the life of a cherished wife and mother, and dispensing happiness on those so dependent on her care. Such a victory would indeed be one of priceless value, and it is such conquests that are truly worthy the ambition of a scientific practitioner. Believe not, gentlemen, that I have presented you an exaggerated picture; it is full of truth, and when you shall have become engaged in practice, you will have exhibited to your observation many of the

same character. If your minds be properly imbued with the principles of obstetric science, cases such as I have just described, should they be confided to your charge, will prove the foundation-stone of your fame and fortune.

Causes.—Various opinions are entertained upon this subject; some writers attributing these growths to sexual excitement, whilst a recent author, Dr. Lever, believes that they are more frequent in the unmarried. My own opinion is that they arise from disease of the mucous membrane, of the uterus, caused by abnormal menstruation, child-bearing, etc.

Symptoms.—Frequent hemorrhage, with a discharge of mucus, bearing-down pains, irregularities in the menstrual function, irritation of the bladder, etc.; generally the polypus is insensible on pressure.

Diagnosis.—Polypus of the womb may be confounded with inversion and prolapsion of the organ. The distinction, however, is simple; in polypus, the base of the tumor is downward—in inversion it is upward—in prolapsion, the apex of the tumor is downward, and the os tincæ is felt by the finger. When the polypus is still within the cavity of the uterus, the diagnosis becomes embarrassing, but the enlargement of the organ, with the absence of symptoms indicating structural lesion, will tend to diminish this embarrassment. In such case, too, the introduction of the uterine sound, would indicate the existence or non-existence of the internal uterine growth.

Prognosis.—When the tumor has descended into the vagina, you may state confidently that it can be removed, and the patient restored to health.

Treatment.—The only remedy for polypus of the womb is its removal. This may be accomplished either by the knife, ligature, or torsion. When the polypus is small, as in the present instance, I prefer torsion with the finger, or what is frequently much easier, twisting it off with the ordinary male calculus forceps. If the tumor be still within the cavity of the uterus, it will be advisable to administer the tinct. of ergot, say ʒi. in a half wine-glass of cold water, two or three times a day, with the hope of causing contraction, which will throw it into the vagina. As the polypus, however, in the case of this patient, projects into the vagina, there will be no difficulty in its removal; and as this poor woman is most anxious for relief, I shall proceed at once to its extraction. The only caution necessary, when the operation of torsion is resorted to, is to be certain that the stalk or pedicle of the polypus is alone grasped—or, in other words, that the uterus is not included within the instrument. It requires no very great skill to avoid this latter circumstance, and nothing could justify a blunder on this point.

[Here the patient was placed on the bed, and the Professor, taking the index finger of the left hand as a guide, introduced along the finger the calculus forceps, with which he seized the pedicle of the polypus; this he twisted two or three times, and removed it apparently without the least difficulty, much to the satisfaction of the patient.]

The patient was directed to have cold water injected into the vagina twice a day for two or three successive days; and to take one grain of quinine and two of rhubarb twice daily until her strength improved, together with nutritious diet. You see, gentlemen, what a simple thing it is, under certain circumstances, to alleviate human suffering. From the very foundation of this Clinique to the present time, I have labored to inculcate upon your minds one leading principle in the treatment of disease, viz.: to trace effects to causes. It is the great and only certain element on which the medical practitioner can rely—it will prove to him a faithful guide, and make agreeable his many toilsome duties. To relieve this patient in the way I have done, affords me no little pleasure. It is true, I receive no fee—but her thanks so freely, and so sincerely given, are worth far more than all the dollars and cents she could lay before me. The poor are entitled to our benevolence. They, like the wealthy of this world, are subject to disease and suffering—and they, too, have their keen sensibilities. To allay these sensibilities, and smooth the pillow of the sufferer, laboring under the double affliction of disease and poverty, is the duty of the Christian—it should, too, constitute the pleasure of the physician.

The following case may not prove uninteresting to you: On the 12th of last May, I was requested to visit a married lady from Rockland county. She was forty-six years of age, the mother of nine children, the youngest two years old. She had for the previous twelve months experienced an uneasy sensation in the region of the womb; a torturing, pressing-down feeling as she expressed it. These sensations came on at intervals, and were always accompanied by more or less profuse discharges of blood. Her difficulties continued to increase, and the loss of blood at times was so profuse, that her health begun seriously to give way. The disease not yielding to the various remedies employed, and her system becoming drained by the hemorrhage, she was finally told she must die, as her malady was *cancer* of the womb. It was under these circumstances that my opinion was requested.

I found her almost exsanguinated; utterly incapable of taking exercise; palpitation of the heart, and hurried respiration on the slightest exertion; oedema of her lower extremities, and the coldness of death on her hands and feet; her general appearance gave strong indications of approaching dissolution. After receiving from her sister a full and graphic history of the case, I made an examination with the view of ascertaining the actual condition of the womb. The mouth of this organ was considerably dilated, and there protruded through it a tumor about the size of a hen's egg; the tumor was insensible to pain on touching it; its largest portion, or base was downward, and by carefully insinuating my finger within the uterus, I found the tumor began to narrow, and it was evidently pediculated. My opinion was at once given that there was no cancer, and that all her sufferings arose from the presence of a polypoid growth. The following day I applied a ligature to the pedicle;

in thirty-six hours the pedicle sloughed, and the tumor was removed. The bearing down sensation ceased, and so did the bleeding, for the reason that the tumor which had caused both these results, no longer existed. This lady, on the 20th of July, left the city much improved in health, and agreeably to my suggestion, spent several weeks at Saratoga Springs. She is now in the enjoyment of excellent health, and is a happy woman.

PITYRIASIS CAPITIS IN A LITTLE GIRL, AGED SIX YEARS.—Catherine C., aged six years, has been troubled, for some months, with exfoliations of the cuticle of the scalp. This, gentlemen, is a case of *pityriasis*, called by some writers, I think improperly, *porrigo*, and has been variously divided by authors; hence you will find it described under the following heads: *Pityriasis rubra*, *pityriasis nigra*, *pityriasis versicolor*, and *pityriasis capitis*. It is important that you should know the object of these divisions. The three former varieties receive their name from the fact that they are accompanied by change of color in the part affected, sometimes red, sometimes black, etc. These varieties attack different parts of the body. *Pityriasis capitis*, however, which you will more commonly meet with in practice, has one characteristic not possessed by the other varieties—it is not accompanied by change of color. It is a mild affection, and is of frequent occurrence; it is confined to no particular age—the old and young are alike subject to it—and you will often observe the *pityriasis capitis*, an instance of which you have presented to you in this child, in the new-born infant. It is known in popular language as *dandriff* of the scalp.

Causes.—Want of cleanliness, impaired digestion, and a languid cutaneous circulation, as also excessive irritation of the scalp, may be enumerated among the causes of this affection. When the dandriff on the head is neglected, it is usually accompanied by much irritation, together with an acrid discharge, and *alopecia*, or falling of the hair. In this case, scabs form and fall off, constituting *pityriasis scabida*. This disease of the scalp is, I am satisfied, often the result of carelessness on the part of the nurse in brushing the hair of the new-born infant with a hard brush, producing irritation of the scalp; and I think I have known the same effects to arise from the use of a too stimulating soap.

Symptoms.—The first indication of this disease is a slight scurf observed on the scalp, which soon exfoliates, and the exfoliations are succeeded, in a very short time, by other scurfs or scales. You perceive now how readily I can remove these little masses from the scalp, but they will soon be replaced by others. Usually there is more or less local irritation, causing the child to scratch the scalp, and this aggravates the disease. Occasionally, *pityriasis capitis* will terminate spontaneously; and it is, also, often quite rebellious to remedies.

Diagnosis.—There can be no difficulty in distinguishing this affection

from other exanthematous diseases—besides the previous history of the case, there is one feature peculiar to pityriasis, viz., the constant reproduction of the epidermoid tissue.

Prognosis.—This is an affection, which, though often protracted, presents nothing of a dangerous character.

Treatment.—All irritation of the scalp must be avoided—such as combing or brushing the hair. I have rarely found any difficulty in managing this affection, if taken in its incipency, in the following manner: The bowels are to be kept moderately free by occasional doses of magnesia; and in giving this medicine to young infants, I usually direct the mother or nurse to put into a wine-glass one-fourth of a tea-spoon of magnesia, the wine-glass to be filled with fresh milk, as much white sugar as may be necessary to make it palatable; after being thoroughly mixed, the whole to be strained, and a tea-spoonful of the mixture to be given two or three times a day. This will be found a useful mode of administering magnesia to infants in a variety of gastric derangements, more particularly where there is a superabundance of acid in the *primæ viæ*. The portion of the head involved in the exfoliation should be lubricated at night with fresh olive oil, and in the morning freely washed with the following lotion; and this should be continued for one or two weeks as may be indicated:

R	Borat. sodæ,	.	.	.	.	.	.	3j
	Aquæ puræ,	.	.	.	.	.	.	Oj

Ft. sol.

This treatment will generally be sufficient for the removal of *pityriasis capitis*, as it occurs in the new-born infant. But occasionally, when the inflammation is more or less severe, emollient applications will be useful. A remedy which I have found serviceable in these cases is the use of tepid water squeezed from a sponge: this may be employed several times during the day. It will mitigate the sense of itching, which sometimes is so annoying in this affection. A slippery-elm poultice will also prove beneficial. Alkaline lotions may be employed with good effect, none better than the sub-carbonate of potash and water. In cases of alopecia, or falling of the hair, the following ointment has been highly recommended:

R	Sub. Mur. Hydrarg.	.	.	.	.	.	.	3j
	Adipis	.	.	.	.	.	.	3j

Ft ung.

PHLEGMASIA ALBA DOLENS IN A MARRIED WOMAN, AGED TWENTY-TWO YEARS, THE MOTHER OF ONE CHILD, AGED TWO MONTHS.—Mrs. R., married, aged twenty-two years, the mother of one child, aged two months, seeks advice for an cedematous enlargement of her left limb. "How long, madam, have you suffered from swelling of that limb?" "I have had trouble with it, sir, since the fourth day after the birth of my infant." "You do not mean to say that the limb on the fourth day after your

confinement was as large as it is now?" "Oh! no, sir; but the trouble commenced then." "What kind of trouble do you speak of, my good woman?" "I had pain, sir, in my groin, and it extended down my limb." "When did your limb begin to enlarge?" "A few days after I felt the pain, sir." "Was it white and shining as it now is?" "I did not notice, sir, particularly." "Do you have much difficulty in walking?" "Yes, sir; I walk with great difficulty." "Had you a physician to attend you in your confinement?" "Yes, sir." "What did he do for the pain in your groin?" "He applied a dozen leeches, sir, and gave me medicine." "You ought to be very grateful to your physician, my good woman; he did what was right for you."

It was important, gentlemen, before expressing an opinion as to the character of this swelling, to ascertain some particulars touching its origin. The questions which I have addressed to this patient are sufficient, together with the appearance of the limb at the present time, to establish the nature of the disease. She is affected with what is sometimes called the "swelled leg of the lying-in woman," and by the older writers the "*milk leg*." This latter term was employed from the supposition, that the tumefaction was occasioned by a deposit of milk in the affected limb. The disease, with this view of its pathology, has received various designations. By the French, it was formerly called "*la maladie laiteuse*." By others, *œdema lacteum*, *metastasis lactis*, etc.

But now that its true nature, founded on a sound pathology, is better understood, these names have been abandoned. Drs. Robert Lee, Velpeau, and others, have shown very conclusively that this affection consists essentially in inflammation of the crural and iliac veins. It can not, I think, be said that *phlegmasia alba dolens* is a frequent disease, and yet it is one of importance for you to understand. It may present itself under four different conditions: 1st, and most frequently, in the parturient woman; 2d. During pregnancy; 3d. In the unmarried female; 4th. In the male sex. Well authenticated examples of the latter have been recorded. You can readily understand, with our present knowledge of its pathology, why an œdematous condition of the limb should be the accompaniment of this disease; for it is well known that œdema is oftentimes the result of some mechanical obstruction in the venous circulation, and one of the very first effects of the disease in question is the arrest of the circulation in the *femoral vein*, which not only gives rise to tumefaction of the limb, but is at the same time the cause of acute suffering. Another familiar example of œdema ensuing from obstructed venous circulation is furnished by pregnancy; here, the enlarged womb, pressing on the veins, interrupts the free passage of blood, and hence the enlarged limbs so frequently the attendants upon gestation.

Causes.—In parturient women, this disease is to be referred to the various influences brought to bear in connection with the process of child-birth; the unskillful use of instruments, too early getting up after

delivery, cold, etc., may all be classed among the causes of this affection.

Symptoms.—Soon after delivery, from four to ten days, the patient complains of more or less uneasiness in the groin, extending along the limb; there is tenderness on pressure; the pain is sometimes preceded by one or more chills; there is tumefaction of the limb, presenting a white and shining aspect. The patient walks with difficulty in consequence of the size of the limb. When the inflammatory stage is severe, it will occasionally terminate in suppuration, giving rise to a serious complication, and sometimes terminating in death.

Diagnosis.—The pain, and manner of the attack, will enable the practitioner to distinguish this disease from ordinary œdema, anasarca, etc.

Prognosis.—This affection is rarely fatal, but often proves tedious, especially in the chronic stage; it assumes, however, a more serious aspect when, as will sometimes be the case, it is complicated with purulent secretions, erysipelas, or gangrene.

Treatment.—In the acute stage, leeches, purgatives, diet, and rest. In the chronic, diuretics will be particularly indicated, together with stimulating friction, and bandaging the limbs from the toe upward.

INVOLUNTARY AND CONSTANT SPASMODIC MOVEMENTS OF THE LIMBS IN AN INFANT, FIVE WEEKS OLD.—Joseph L., aged five weeks, has been affected from its birth with constant movements of the head and limbs. The mother says, when eight months pregnant, the ceiling of her bedroom fell down, a portion of which struck her. She became much frightened, felt singular sensations passing along her spine, was attacked with nausea and vomiting, when her labor commenced. After severe suffering of twenty-four hours' duration, the child was born, apparently lifeless. It was, however, resuscitated, and from its birth to the present time it has been more or less constantly in motion. It has never taken the breast, not being able to grasp the nipple. Here, gentlemen, is an anomalous nervous affection, and one of singular interest presenting several points worthy of notice. In the first place, we may legitimately conclude, that the nervous system of this infant became affected while in utero in consequence of the fright experienced by the mother. Secondly, the sensations felt by the mother along the spine, and the chill which immediately ensued, afford ground to suspect that it was at that instant, and through that medium, that the infant became affected. Thirdly, when the spinal cord becomes the seat of irritation in the infant, convulsions ordinarily follow; in the adult, on the contrary, a mere chill is developed, owing to the influence exercised by the brain over the spinal system. At birth, the functions of the brain are of but little account, and observation shows that convulsions, during the first years of infancy, are extremely frequent. In proportion, however, as the brain increases in size and function, the tendency to convulsions is diminished; so that,

whilst during the first year they occasion more than seventy per cent. of the deaths from affections of the nervous system, over fifteen years of age the mortality is brought down to less than one per cent. This is a remarkable and interesting fact. It is difficult to give the nervous disturbance with which this child is affected a name. In some respects it resembles *chorea*, and in others the resemblance is defective; besides, *chorea* is not a disease incident to the new-born infant, nor is it congenital.

I have recently met with two cases of convulsions in infants immediately after birth, in both of which instances the mothers were affected with eclampsia. One was in a patient of Dr. Stimpson of this city; in consequence of protracted convulsions, it became necessary to resort to the forceps which, at the request of Dr. Stimpson, I applied, and as soon as the child was brought into the world, it became convulsed. The other was a patient of Dr. Murphy—she, too, had been attacked with eclampsia. I again resorted to the forceps, and the infant, when delivered was similarly attacked. What, it may be asked, was the cause of the convulsive movement in these two infants? It was, in my opinion, traceable to the mother, and transmitted through the *medulla spinalis*.

Treatment.—What shall we do for this little patient? Under the circumstances, I know of no better course to pursue than the following: The infant should be placed daily in a stimulating warm bath; three drops of the tincture of hyoscyamus may be given once or twice a day in a tea-spoonful of sweetened water; the bowels to be kept regular by occasional doses of manna dissolved in water, and sweetened with brown sugar. The food to consist of one-third cow's milk and two-thirds water, with the addition of some sugar.

VOMITING IN AN INFANT, AGED FIVE MONTHS, IMMEDIATELY AFTER TAKING THE BREAST. CAN A NURSING-WOMAN BECOME PREGNANT BEFORE THE RE-APPEARANCE OF THE MENSES?—Margaret McD., married, aged twenty-two years, the mother of one child, aged five months, brings her little infant to the Clinique for advice in consequence of its having vomited for the last ten days immediately after taking the breast. "Do you nurse that child altogether, my good woman?" "Yes, sir." "Do you not feed it sometimes?" "No, sir, it has never taken any thing but breast-milk since its birth." "What has been the state of the child's health up to ten days ago, when you say it began to vomit?" "It was perfectly healthy, sir." "Were its bowels regular?" "Yes, sir; it was in every particular a healthy child." "What was the state of your own health?" "It was good, sir, until about three weeks ago." "What took place then, my good woman?" "Why, sir, I was sick at my stomach." "Did you vomit?" "Yes, sir." "Tell me, if you please, whether you have any idea what made you sick at your stomach; did you eat any thing to disagree with you?" "No, indeed, sir, I did not;

and I do not know what caused me to be sick." "Has the sickness of stomach continued on you until this time?" "Yes, sir; I vomit every day." "At what time of the day are you sick?" "As soon as I take my breakfast, sir, I have to throw it off." "How do you feel then?" "I am quite well, sir; generally until the next morning—but sometimes I throw my dinner off too." "As soon as you have ejected the contents of your stomach, you feel quite well, do you?" "Yes, sir; and that is what makes me think it is nothing very serious that is the matter with me." "Have you any trouble with your water, my good woman?" "Yes, sir; I have to pass it quite frequently." "How long have you been troubled in this way?" "For the last two weeks, sir." "Have you had your 'monthly turns' since the birth of your child?" "No, sir."

The information, gentlemen, elicited by the questions addressed to this patient confirms me in my original suspicion as to the cause of the vomiting in this little infant. I have very little doubt that the mother is pregnant—and her milk has become so modified as to be no longer suited to the infant, and hence it is ejected almost as soon as it is taken into the stomach. Gestation, you must remember, exercises usually a deteriorating influence on the milk, and one of the first evidences of the deterioration is the derangement produced in the nursing infant. My reasons for believing this woman pregnant are these: 1. She has herself been affected with nausea and vomiting—and the vomiting is of a peculiar nature—it occurs immediately after eating; when the contents of the stomach have been ejected she is quite well. This is, as a general rule, characteristic of the vomiting of pregnancy; 2. The frequent desire to pass water, which is a more or less constant accompaniment of early pregnancy. For the first six or eight weeks after gestation, the uterus does not ascend, *but its tendency is to descend into the pelvic excavation*; the bladder is connected, through the medium of cellular tissue, to the inferior third of the anterior surface of the uterus; consequently, the descent of the latter organ must necessarily, to a greater or less extent, displace the bladder; add to this the irritation produced on the neck of the bladder by the increasing volume of the impregnated uterus, and you can have no difficulty in explaining why it is that a frequent desire to pass water is one of the ordinary attendants upon early gestation. This symptom, too, characterizes the latter period of pregnancy—at the close of the eighth month, a few days before labor commences, the uterus descends into the pelvic cavity, precisely as it did at the commencement of this process, and hence from irritation produced on the bladder there is frequent micturition. There is a current opinion that nursing women cannot become impregnated until after the reappearance of the menses; this is an error.

The general rule, it is true, is that during lactation women are not liable to gestation, and more especially until after the menstrual evacua-

tion has returned; but the exceptions are by no means few, and you will observe in practice what I am confident the future will reveal to be the case in the patient before us, viz., pregnancy during lactation without any recurrence of the catamenia. On the presumption that I am correct in my diagnosis, there can be no difficulty in prescribing for this infant. The only thing to be done is to remove the offending cause, which is the mother's milk—the infant, therefore, must either be given to another nurse, or be weaned. If the latter, it should be fed on diluted cow's milk and sugar. It is important, in weaning the child, that the mother should be instructed as to the management of her breasts, for if they remain distended with milk, inflammation and mammary abscess will be the result. When the breasts become painful from engorgement, they should be drawn; frictions with the hand and camphorated oil will also be useful; the patient should, as much as possible, refrain from fluids for some days—the diet should consist of potatoes, boiled rice, vegetables, etc. And, in these cases, a point never to be omitted, is to keep up free serous discharges from the bowels; for this purpose, let a wine-glass of the following saline mixture be taken as circumstances may require:

℞	Sulphat. Magnesiae }							aa	ʒj
	Sup. Tart. Potassae }	.	.	.	.	.	.
	Emet. Tart.	.	.	.	.	.	.	gr.	ʒ
	Aquæ puræ	.	.	.	.	.	.	Oj	
								<i>Ft. sol.</i>	

DELIVERY WITH FORCEPS AFTER A LABOR OF NINETY HOURS, WITH SAFETY TO BOTH MOTHER AND CHILD—THE LEFT ARM PASSING DOWN WITH THE HEAD OF THE CHILD; ERGOT, WHEN TO BE EMPLOYED.—Mrs. W., aged thirty-one years, was taken in labor in May last, with her first child; Dr. Finnel was summoned to attend her. The labor progressed slowly, notwithstanding strong uterine contractions, and the doctor watched her faithfully for a period of seventy hours. He then requested Dr. Woodcock to see the patient in consultation. At this time, her strength was giving way, and some uneasiness felt as to the result of the case. These gentlemen, however, as the head had not descended into the pelvic excavation, determined to do nothing more than attempt to sustain the strength of the patient, and secure her sleep; for the latter purpose, they administered ten gr. of Dover's powder, which had a happy effect, producing a comfortable repose of four hours. On the following morning, the head having descended slightly, they judged it expedient to apply the forceps; the instrument was applied, but not locked, they finding it impossible to approximate the handles. Under these circumstances, I was requested to meet them in consultation. On examination, I found the left arm of the child had descended with the head, and lay immediately on the parietal bone, being thus included within the blades of the forceps. This was rather a formidable difficulty,

and at once explained why the instrument did not lock. With the concurrence of the gentlemen, I withdrew the instrument, and re-introduced it, adopting the precaution of sliding the blade between the head and the arm which, with some little difficulty, was accomplished. The head being high up (having just begun to descend below the superior strait) I found it necessary to employ extraordinary force, to accomplish the delivery which, however, resulted in the birth of a living child, without the slightest injury to the mother. The mother and child whose lives were hazarded in this protracted accouchement are now before you—and the fine health of the infant, together with the grateful smiles of the parent are our best reward. This is certainly a striking example of conservative midwifery—with less judgment than was exercised by my friends, Drs. Fimmel and Woodcock, the lives of both mother and child might have been sacrificed.

The practitioner who measures the danger of child-birth by its duration, is extremely apt to become officious, and such practitioner, under the protracted duration of this labor, would probably have resorted to cutting instruments, for the purpose of bringing the child into the world piece-meal, and most likely entailing upon the mother, serious, if not fatal injuries. Conservative midwifery, gentlemen, should be your aim. Nature is full of wisdom, and she is too, oftentimes, when human confidence is at a stand, full of resources. You will bear witness that I am no timid practitioner; when there is necessity for a contest with disease, I love the fight, and am ever ready for the issue. But prudence and judgment must have a place in our counsels, and to their voice the practitioner should always lend an attentive ear. I am confident that in the case before us, an earlier attempt to deliver with instruments would not only have proved abortive, but would most probably have resulted in injury to the mother, if not fatal to the child. Many, no doubt, would, from the length of this labor, have been disposed to administer ergot—but why? Certainly there was no indication for the use of this drug—there was no inertia of the uterus; on the contrary, the contractions were marked by much force; and again, the administration of ergot, under the circumstances of the presentation, even admitting there was inactivity of the uterus, would, in my judgment, have been bad practice. I think there can be no doubt that the duration of the labor was owing to the presentation of the arm with the head, and if, in this condition of things, additional force had been imparted to the contractile effort of the uterus, through the operation of ergot, the serious hazard of rupture of the organ, would have been incurred.

Whilst on this subject, allow me to say a few words as to the indications for the use of ergot in parturition. In the first place, you must remember that when this remedy is employed in child-birth, it is for the purpose of reviving or increasing the contractions of the uterus; but at the same time it must not be forgotten that even in in-

ertia of the womb, it is not always prudent to have recourse to this agent, and for its justifiable use, the following conditions must be present: 1st. There must be no deformity either of the pelvis or soft parts; 2d. The mouth of the womb must either be dilated, or soft and dilatable; 3d. One of the obstetric extremities of the fetus must present, and by obstetric extremities we mean either the head, breech, knees, or feet; 4th. The woman must have sufficient strength to enable her to sustain the parturient effort; 5th. There must be inertia of the uterus. The abuse of ergot has given rise to the most fearful results; both mother and child have been frequently sacrificed by the *improper* use of this medicine. I have in my museum *two ruptured wombs* taken from women to whom ergot had been given, and on whom attempts at version had been made; in one of these, *the shoulder of the child presented!* This latter case I was called to about ten years since; the unfortunate woman when I saw her, was in a dying state, but undelivered. About four hours before I visited her, she had been attacked with vomiting; she was nearly pulseless, and quite speechless, with pallor of countenance, cold extremities, and a clammy perspiration. The patient had been in labor about twenty hours, when the attending physician informed me he gave two doses of ergot; in about one hour after the administration of the drug, the above symptoms manifested themselves. In examining the case, I pronounced it to be one of ruptured uterus, and stated at the time that it would be madness to attempt to deliver, especially as there was satisfactory evidence that the child was not living. The physician in attendance concurred in neither of these opinions, but insisted upon attempting to deliver the fetus by the operation of turning. To this I could not consent, and left the house determined not to be a witness to what I conceived to be unjustifiable practice. The poor woman sunk in the course of half an hour, *undelivered*. A post-mortem examination was requested, but refused. At 11 o'clock the same evening, the husband came to my house and said he was willing an examination should be made. My friend, Dr. Busteed, accompanied me, and the autopsy revealed the truth of the opinion previously given—the womb was lacerated to the extent of six inches in the left lateral wall, and the child had escaped into the abdomen. This was one of the melancholy results of the indiscreet use of ergot, followed by attempts at *forced version*.

DEFECTIVE MENSTRUATION IN A GIRL, AGED TWENTY YEARS; WHAT IS DEFECTIVE MENSTRUATION?—Maria G., unmarried, aged twenty years, has a flushed countenance, full pulse, torpid bowels, and more or less constant headache. Her health was good until within the last six months. Since that period her menstrual evacuation has been regular as to time, but defective as to quantity. She says her “courses” are not upon her more than one day. The case before you, gentlemen, is one which calls for the interposition of the practitioner. It is very evident that this girl

is in a precarious situation; and if the true cause of her troubles be not removed, we may very naturally look for serious results. The statement which she has just made is sufficient to enable you at once to ascertain the source of her sufferings. The circulation in her system is disturbed—it is unequal—there is more blood than nature can dispose of; the flushed countenance, the bounding pulse, the headache, are the effects of this plethora, whilst the effects themselves are increased by the torpid condition of the bowels. You are, however, to carry your observation beyond these results, if you wish to remove them. It, therefore, becomes you to note every circumstance in the case of this girl, in order that you may account satisfactorily for the symptoms of which she complains, and for which she now seeks advice. There is not, I am sure, one of you who does not at a glance perceive the real cause of her deranged health; it is the condition of the menstrual function. This function, so material to the preservation of harmony in the system, is not natural, it has become deranged—the quantity of menstrual fluid ordinarily thrown off each month is less than usual, and the consequence is undue fullness of the economy. There is more blood than nature requires; she is encroached upon, and disturbed action is therefore the consequence. To this form of abnormal menstruation I apply the term *defective*, and I think it a good term, for it expresses significantly enough the true condition of the catamenial function. It is defective in quantity—it is simply a case in which the monthly loss is less than nature requires, in order that harmony of action may pervade the system. The indication—if the reasoning be correct—is a simple one, viz., the restoration of the menstrual function to its natural standard; and for this purpose I shall recommend the following

Treatment.—This girl should lose from the arm $\frac{3}{4}$ j of blood every two weeks, commencing a day or two before the menstrual period. In this way you will relieve the system from the surplus blood, for you substitute, for the time being, an artificial menstruation for the natural catamenial discharge. She should take to-night the following powder:

R	Sub. Mur. Hydrarg.	. . . . .	gr. x
	Pulv. Jalapæ	. . . . .	gr. xv
	Pulv. Ipecac.	. . . . .	gr. i M.

Followed in the morning by $\frac{3}{4}$ j of Epsom salts in $\frac{3}{4}$ vj of water.

In order afterward to ensure a soluble state of the bowels, a wine-glass of the following saline mixture may be taken early in the morning, as circumstances may indicate:

R	Sulphat. Magnesiae	}	aa $\frac{3}{4}$ i
	Sup. Tart. Potassæ		
	Aquæ distillat.	. . . . .	Oj
			<i>F℥ sol.</i>

The diet to be strictly vegetable.

LECTURE VII.

Introductory Remarks.—Critical Period of Female Life.—Final Cessation of the Menstrual Function in a widow Woman, aged forty-nine Years.—Sympathetic Cough from Intestinal Worms in a little Girl, aged seven Years.—Pulse of Disease, and Pulse of Momentary Excitement.—Induration of the Neck of the Womb in a married Woman, aged twenty-nine Years.—Prolapsus of the Womb, occasioned by jumping from a Carriage, in a young unmarried Woman, aged nineteen Years.—Menorrhagia during Lactation in a married Woman, aged twenty-eight Years.—Palpitation of the Heart in a Girl, thirteen Years of age.—Palpitation of the Heart in a young Lady, aged eighteen Years, produced by Temporary Disappointed Love, and cured by Matrimony.—Ophthalmia Neonatorum in an Infant, four Weeks old.—Chorea in a Girl, aged ten Years, from Intestinal Irritation.

GENTLEMEN :—When you shall have become engaged in the practice of your profession, you will discover that the diseases of women and children will necessarily occupy much of your attention; your counsel and aid will frequently be demanded, and the happiness, and even the lives of those who thus give you their confidence, may rest entirely on your judgment and skill. Sacred, therefore, will be the responsibilities, which are so soon to devolve upon you; and no man of conscience can contemplate them without having his mind filled with doubt and apprehension, and firmly resolving to consecrate his best energies to the attainment of knowledge, which will enable him promptly and efficiently to meet those trying emergencies of professional life. Those of you whose taste may lead to a special study of the diseases peculiar to females, will discover that they are numerous, and almost of endless variety. They not only produce great physical distress, but often bring sorrow to the domestic hearth. Woman, at every period of her existence, is liable to disease and suffering; and it would, perhaps, appear to the careless observer, that God, for some wise yet mysterious purpose, had imposed on her penalties and afflictions far heavier than those which our sex is called upon to bear. Such may be the belief engendered in the vulgar mind after contemplating the constant and imminent perils by which the female is more or less surrounded during the various eras of life. But the philosophic eye, glancing as it does at the admirable laws on which all health is based, sees at once that it is the violation of these laws, more than any other circumstance, which produces such disastrous effects

on the female frame. The refinements of civilization, and the consequent departure from those salutary influences so essential to that harmony of action, without which a healthy condition of the system can not be maintained, are making fearful inroads on the females of the present day; so that, whilst on the one hand, the scholar is gladdened by the triumphs of civilization, the philanthropist, on the other, can not but lament the evils which necessarily follow in its train.

It was the pride of the ancients to impart to their children robust constitutions and enduring health; and could a mother of those sensible times again visit earth, look upon the present condition of society, and witness its effects on the women of the present generation, she would, indeed, think that human nature had nearly run its course. She would search in vain, in our gay cities, for those who would remind her of her own ruddy and vigorous daughters; and from the fullness of her heart she would drop a tear over poor degenerate humanity. If the diseases incident to women be more frequent at the present time than formerly—and the fact no one will deny—the frequency is to be attributed to changes in modes of life and education, and to the increase of nervous excitement, the immediate effect of these changes. Whilst I would not desire to see the females of the present day subjected to the severe training imposed upon the young girls among the ancient Greeks, yet I would suggest that a useful lesson might be learned from reference to the discipline then exercised. History informs us that the Lacedæmonian father required of his daughter to support the weight of arms, and encounter the labors of war, until the time of her marriage; and Hippocrates observes that the girls of Scythia were not permitted to marry until they had killed three men! In those days, it is asserted that hysteria and other nervous derangements were not of frequent occurrence!

There is, however, even in our times, a remarkable difference in the aptitude of females to disease, and this arises from the differences of habit, education, etc. Compare, for example, if you desire fully to appreciate the influence of habit, education, and mode of life, on the health of the female, the buxom lass of the country with the tender and frail belle of this metropolis. And in order to obtain the just benefit of the comparison, let it be instituted at the period of puberty, a most trying and critical period—so critical, indeed, that it is often the index of future health, or of premature and painful decline. The function of menstruation, which exercises such a controlling influence over the economy, appears, generally speaking, in the former case with marked regularity, and in entire accordance with the appointments of nature; whilst, in the latter, in consequence of influences which have subjected the nervous system to continued excitement, thus prematurely developing the vital forces, and, as it were, forcing nature, menstruation is characterized by evident aberrations, and more or less derangement in the various func-

tions of the body. This departure from the exactions of nature is too frequently followed by the penalty of severe suffering and disease. The young and thoughtless girl who, in her wayward career, so far contravenes the laws of the system as to interfere with the menstrual function, imposes on herself a life of sorrow, if not of irremediable ill-health. Between this function and the thoracic viscera, as also other portions of the economy—as you have and will see exemplified in numerous cases in this Clinique—there is a close alliance, if, indeed, there be not a mutual dependence, which, unhappily, too often escapes the observation of the practitioner.

Palpitation of the heart, asthma, hæmoptysis, are not uncommon consequences of functional disturbance of the uterine organs; and, instead of being regarded as the effects of this form of derangement, should they be treated without any reference to their legitimate cause, serious, if not fatal results will oftentimes ensue. Look, too, at the condition of the nervous system in cases either of suppression or retention of the menses: it is thrown frequently into extraordinary excitement, producing convulsion, hysteria, catalepsy, epilepsy, chorea, and even mania. Do not these facts declare in silent, yet eloquent language, the complete subjection in which the uterine organs hold the general system, and at the same time point out to the physician the absolute necessity—when nature is incompetent to act for herself—of preserving, by judicious interference, the integrity of function appertaining to these most important organs? The truth, gentlemen, of this principle will be frequently elucidated by the various cases brought before you here.

Woman, from her infancy to old age, is an object of constant interest; and it is not strange that a being so tender, and yet so full of endearments, should have called forth the admiration of the philosopher, and the fervid praises of the poet. Her history is but the narrative of good deeds. In health, she is our pride; in disease, our solace; and, in the faithful discharge of her duties to society, she is the idol of all hearts. Like a ministering angel, she soothes us in affliction; and, under the depressing influences of adversity, she inspires hope, and incites to renewed effort. Who has not felt the cheering influence of her smiles, and the encouragements of her eloquence in the dark hour of despondency! Abandoned by friends, and left to the cold charities of a selfish and heartless world, the husband of her bosom then knows how to appreciate the depths of her love, and the sincerity of her vows.

“There, drink my tears while yet they fall,
Would that my bosom’s blood were balm,
And, well thou knowest, I’d shed it all
To give thy brow one minute’s calm.
Nay, turn not from me that dear face—
Am I not thine—thy own loved bride—
The one, the chosen one, whose place,
In life or death, is by thy side?”

As wife, mother, sister—in a word, in every situation of life, virtuous woman is the kind and fast friend of man. Is it, therefore, not due to this self-sacrificing being, that we, who know so well how to value her excellence, should labor assiduously to diminish the sufferings, and assuage the sorrows incident to her sex? The duty of instructing you how to assuage these sorrows, and rescue her from the perils by which she is surrounded, devolves on me; and I need not say that I will endeavor most faithfully to perform this office.

CRITICAL PERIOD OF FEMALE LIFE—FINAL CESSATION OF THE MENSTRUAL FUNCTION IN A WIDOW, AGED FORTY-NINE YEARS.—MRS. B., widow, aged forty-nine years, complains of vertigo, a feeling of suffocation, and occasional severe palpitation of the heart; the bowels are constipated; the pulse is full, denoting great vascular repletion. The appetite, however, is good, and she indulges it. She says she has noticed for the last six or seven months something peculiar about her vision, and when her eyes are closed she is much annoyed with a sense of sparks flying before her; she also complains of an unsteadiness in her gait when she walks, and a numbness in her lower limbs. Her menses have ceased for the last ten months. In this case, gentlemen, there are symptoms which indicate mischief; and they announce the palpable fact that there is disturbance about the brain, which can not be overlooked without subjecting this woman to serious peril. What is the true nature of this disturbance? This is the question we are now to examine, for all rational treatment must depend on its proper elucidation. There are two periods in the life of the female which are in an eminent degree characterized by anxiety and danger—and these periods are directly connected with the menstrual function. The one is the period of puberty, when nature is struggling to establish for the first time in the system this function, which declares the girl no longer a child, but fitted in part to perform her office in the interesting yet mysterious work of reproduction. The other is the period—the climacteric of female existence—when the function no longer exists, and the reproductive faculty has exhausted itself. These two periods have been not inaptly called the spring and winter of woman's life. There is no fixed rule as to the precise age at which the menstrual function finally terminates; some women have the "turn of life" as early as thirty-five, while others exceed the period of fifty years. There is, however, one general principle, which seems to regulate the disappearance of this function, viz., when it commences early, it terminates early; for example, in women living in the tropics in whom puberty begins at a very early age the menses terminate at a proportionately early period.

It is not at all unusual, even in women whose menstrual function has been previously characterized by regularity, to observe as the period of the final cessation approaches varied deviations; sometimes, for example, the catamenia will become extremely profuse, at other times it will be

diminished in quantity; again, it will be replaced by a leucorrhœal discharge, etc. It is not unusual, too, in these cases for the catamenia to become suspended for several months, and again reappear. These irregularities are important to remember in connection with the subject now before us.

The time of the final cessation has with good reason been called the critical age of woman; and this very term indicates significantly enough that its advent is accompanied with more or less peril. There is a striking contrast in the physiological condition of the menstruating female, and the one in whom this important function has ceased. In the former, except during the period of pregnancy and lactation, there is a monthly discharge of blood from the system; in the latter, no such discharge occurs. It is to this very circumstance, the importance of which unfortunately is too often not sufficiently appreciated, that we are to ascribe the serious derangements of health occasionally met with at this climacteric of the female. It frequently happens that local disease, either of the womb or breast, for the generation of which there may be a strong predisposition, will be held in check for years, and its development observed for the first time when the menstrual function ceases finally in the system. How often, for example, is the practitioner consulted by a lady from forty to fifty years of age, complaining of severe pain in the region of the womb, or having a lump in her breast; and when the case is examined with care, how often, too, does it become the duty of that practitioner to avow the melancholy fact, that the uneasiness in the womb, or the lump in the breast, is but the development of that most loathsome and fearful malady—cancer! If it can be shown that the final cessation of the menses is frequently the starting point for the development of this and other maladies in the economy of the female, the intelligent student will not be content with the abstract knowledge of this fact, which is but the result of statistical observation, but he will at once endeavor to connect the fact with its antecedent.

You are not, gentlemen, to be satisfied with results; this would be constituting the human mind a mere machine, a thing to receive impressions without knowing either their value or the source from which they are derived. Man is a reasoning being—his intellect was not given him without a motive—legitimate deduction should be his constant aim, and no amount of labor should deter him from an honest search after truth. Let him look to causes, and, finding them, he will have discovered a solid basis for opinion. The real cause, then, for the danger to be apprehended by the female at the time of the final cessation is this: during the catamenial period, the womb undergoes a monthly disorgergement; this very disorgergement not only produces a salutary effect upon the uterus itself, and more especially upon any malady to which it may have been predisposed, but it also serves the general system, by equalizing the circulation, and preventing local congestions. This drain, therefore, being sus-

pended, it is the duty of the practitioner to exercise a proper vigilance over his patient in order that she may not suffer from the approach of this interesting era of her existence. But, gentlemen, you may very properly ask, if this suspension be natural, and in keeping with the laws of the system, why should bad effects follow? This question is not without force, and merits an answer. As a general rule, when a female has enjoyed good health and observed the usual ordinances of nature, the period of the final cessation of the menses is not one of peril—but, under contrary circumstances, injurious results are apt to ensue. To exemplify the truth of this proposition, we need but regard for a moment the facts in the case before us. 1. The vertigo and sense of suffocation with the palpitation of the heart; 2. The unsteadiness of the gait, and the sparks before the eyes, are disturbances which can not be regarded lightly by the practitioner, especially in a woman whose menstrual function has ceased, whose appetite is good and indulged, and whose bowels are uniformly constipated. The inference is that if this patient, when her menses ceased, had restricted her appetite, and kept the bowels regular, she would not now be suffering from the above disturbances. There is one point in this case of very material import—it is the unsteadiness in the gait, which, taken in connection with the vertigo and the sparks before the eyes, indicates very positively trouble about the brain, and the apprehension is that apoplexy or paralysis may be the result. Indeed, this patient has about her the very symptoms which menace this state of things.

Treatment.—Take from the arm ξ x of blood, and give the following powder:

R	Submur. Hydrarg.	. . . . .	gr. x
	Pulv. Jalapæ	. . . . .	gr. xv
	Pulv. Antimonialis	. . . . .	gr. ij M.

To be followed in the morning by ξ j of Epsom salts; and in order to ensure a soluble condition of the bowels, a wine-glass of the following solution may be taken as circumstances require:

R	Sulphat. Magnesiae	}	. . . . .	aa ξ j
	Sup. Tart. Potassæ			
	Aquæ Puræ	. . . . .	Oj	<i>Et. sol.</i>

Diet strictly vegetable, and the patient to take daily exercise. A few moments since I remarked to you that statistical observation had shown that cancer was more apt to become developed in the system of the female at the period of the final cessation of the menses than at any other era of her existence. This is, I think, the fact—but its truth is by no means universally conceded. Lisfranc contended that this disease was most frequent between the ages of eighteen and thirty-five, and rejected the development of cancer in connection with the close of the catamenial function, as an absurdity. But well observed facts, and

carefully gathered statistics are of more solid weight than any comment that can be made upon those facts, no matter how high the authority, or how eloquent the commentator. You are not, however, gentlemen, to understand me to say that carcinoma commences at this period. I mean no such thing. I wish merely to convey the idea that the disease remains dormant for a long time in the system, and bursts forth in active development at this period for the reasons already stated.

SYMPATHETIC COUGH FROM INTESTINAL WORMS IN A LITTLE GIRL SEVEN YEARS OF AGE; TRUE AND FALSE PULSE.—Ann McD., aged seven years, is brought to the Clinique by her mother, who is much distressed, supposing that her child has the consumption. She has been troubled with a cough for the last six months—she is pale, restless at night, and occasionally quite fretful. Her cough is dry, unattended with expectoration; the tongue is coated, the breath offensive, and the pulse about eighty-five, with constipation of the bowels. Both, gentlemen, in the adult and child, diseases of the respiratory mucous surfaces constitute a fearful outlet to human life; the mortality, it is computed, being as great as that resulting from affections of the nervous and digestive systems; when, therefore, you are consulted, and your opinion requested in regard to a cough, it is your imperative duty—the neglect of which nothing can justify—to ascertain positively the full meaning of that cough. Is it idiopathic or is it sympathetic? Is it the result of direct irritation of some portion of the respiratory tissues, or is it due to what I shall call reflected irritation, the nature of which will be immediately explained? In examining the child before us, I can detect nothing which would cause me to suspect the existence of organic lesion, or even serious local irritation of any of the organs of the chest. The respiration is undisturbed, percussion indicates a perfectly healthy condition of the lungs—and there is also an absence of the symptoms accompanying bronchial inflammation. The pulse, too, is not such as you would expect to find in a child seven years of age, whose lungs are seriously invaded by disease. The pulse is an important index in pulmonary affections; and yet it is subject to so many variations—not the result of morbid action—that the medical man can not be too circumspect in discriminating between what may be characterized the true and false pulse. The former being the pulse of diseased action, the latter the pulse of some sudden impression on the nervous system, and transitory in its character. It is important for you, who will have so much to do with the diseases of childhood, to understand the peculiarities, and progressive changes of the infant pulse.

From a few days after birth to the sixth year of age, it averages in health one hundred and two beats in the minute; but momentary excitement may cause it to rise for the instant to one hundred and forty. Your very presence in the sick room, being a stranger to the child may

induce this sudden acceleration of the pulse. Be cautious, therefore, and do not take the pulse for more than its real value as an evidence of disturbed action. Let us now endeavor to ascertain the true nature of the cough in this little girl. In my judgment, it is altogether unconnected with primary disease of any of the respiratory surfaces; or in other words, it is not idiopathic in its character. The question, then, naturally presents itself, what has produced the cough?

In children, especially, you will often meet with what is termed sympathetic cough; it sometimes occurs also in the adult, but not so frequently. The doctrine has obtained that cough can not exist without inflammation of the bronchial tubes; this is an error, and you must recollect it in practice. There is no doubt that true bronchitis may exist simultaneously with the causes which are known to produce the sympathetic cough; but it is also true that the latter will often be present without the slightest inflammation of the respiratory mucous membrane. Perhaps you may be at this moment revolving in your minds the question—what in reality is a sympathetic cough, and in what way is it explained? It is the result of reflex action, identical with what takes place when a portion of food or liquid enters the larynx, and the same thing is accomplished when the mucous membrane of the external auditory canal becomes the seat of irritation. The causes of sympathetic cough in children are worms, constipation, dentition, etc. When these causes exist, they act, the former by exciting the intestines, the latter, the gums—the spinal cord and medulla oblongata, thus become the centers of the irritation, and, by reflex influence, the irritation involves the special muscles, through the action of which the cough is produced. How often, gentlemen, have I appealed to you to make the proper distinction between the shadow and the substance! The case before us exhibits an example of the necessity for this distinction. The cough here is the shadow; the substance, which alone merits your attention, is the producing cause. “What, madam, is the state of your child’s bowels?” “They are not very regular, sir.” “Has it much appetite?” “Yes, sir, its appetite is sometimes voracious.” “Have you ever noticed any worms pass from it?” “About six weeks ago it passed a long worm.” You perceive, gentlemen, that the abdomen of this child is tumid, its tongue coated, with fetid breath, and, as the mother informs us, a voracious appetite. These symptoms, as I have remarked to you, were regarded by the old-school men as positive evidences of worms; but they are not so, for they may exist from other causes than worms. In the present case, however, I am inclined to attribute the cough to the presence of these parasites, especially as the mother says the child had passed one from its bowels.

“Have you, my good woman, ever given your child any medicine for worms?” “Yes, sir, I gave her some turpentine, but it did not have any effect.” “Have you been told that your child’s cough is probably

due to worms?" "No, sir, but I have been told that she is in a decline." "Well, madam, you need not be anxious about her; that cough will do no harm, and you will find it will leave her in a short time."

Treatment.—Brisk purgation, followed by bracing medicines, constitutes an excellent mode of treating worms under some circumstances, and I am disposed to have recourse to this plan of treatment in the present case, more particularly as this little girl has been much troubled with constipation, and her general health infirm. Let the following powder be taken to-night:

R	Hydrarg. c cretâ	.	.	.	.	.	.	gr. iv
	Pulv. Jalapæ	.	.	.	.	.	.	gr. vi M.

and in the morning the annexed draught:

R	Sulphat. Magnesiæ	.	.	.	.	.	.	3 i
	Infus. Sennæ	.	.	.	.	.	.	3 ij
	Tinct. Jalapæ	.	.	.	.	.	.	3 ss
	Mannæ	.	.	.	.	.	.	3 ss M.

When the bowels have been freely evacuated, the patient should then be put upon the following pills:

R	Sulphat. Ferri	.	.	.	.	.	.	gr. x
	Extract Gentianæ	.	.	.	.	.	.	gr. xx

Ft. Massa in pil. xx. dividenda.

One pill twice a-day—the diet to be nutritious, consisting principally of succulent meats.

INDURATION OF THE NECK OF THE WOMB IN A MARRIED WOMAN, AGED TWENTY-NINE YEARS.—Mrs. R., married, aged twenty-nine years, the mother of four children, the youngest thirteen months old, complains of a distressing bearing-down sensation in the region of the womb—much uneasiness in the lower part of the back, with more or less pain in the upper portion of the head; she is also troubled with a whitish creamy discharge from the vagina. You hear, gentlemen, the description of the symptoms of which this patient complains, and it would, without a more accurate knowledge of the case, be difficult for you to know how to proceed in its management. There is reason, it is true, to suspect disease of the womb as the cause of her sufferings, but this you can not positively affirm—at least its true nature can not be ascertained without an examination. This I have made, and find the patient to be laboring under induration of the neck of the uterus, with the organ slightly prolapsed. This condition of the uterine neck is not uncommon, and you will often meet with it in practice. But induration, like any other of the diseases of the cervix, must be clearly understood, and its real character well defined in your own minds, before resorting to remedial agents. You will receive much credit for correct diagnosis, and more particularly if your treatment should prove successful in affections of this kind; on the other hand, you will not only merit, but you will certainly have

measured out to you severe censure in the event of erroneous judgment. Induration is a hardened condition of the cervix, and as there are two species widely differing the one from the other, it is essentially necessary that your distinction should be a just one. In the one case, the disease is completely under the control of judicious medication—whilst in the other, there will be ample ground for serious apprehension as to the result.

Causes.—Induration of the womb is usually the effect of chronic inflammation—and under such circumstances, is a manageable affection; again, it is occasionally met with as one of the stages of malignant disease, being the result of morbid and destructive deposit.

Symptoms.—Usually the same as accompany ulceration and engorgement of the cervix of the womb; such, for example, as pain in the back, head, etc., and more or less discharge from the vagina. In addition, however, to these symptoms, there are others which it is especially necessary you should note in memory, such as a frequent desire to pass water, and a dragging sensation in the direction of the round ligaments. These latter symptoms arise from a partial prolapsus of the womb, the prolapsus being caused by the increased weight of the uterus, which is the effect of the increased size resulting from the induration. This is an important fact, and at once discloses the absurdity of attempting to remedy this form of prolapsus by the introduction of the pessary. This is a common error in practice.

Diagnosis.—Here, gentlemen, is an extremely material point, for on a correct opinion will depend not only the welfare of the patient, but your own reputation. Suppose, for instance, you are called to a case of induration of the cervix uteri—the induration may be the result simply of chronic inflammation, or it may be the effect of malignant disease. Do you not at once perceive the importance of a clear appreciation of its true character? In induration, the sequela of inflammation, the surface is smooth, equal, uniform. In the induration of carcinoma, it is uneven, irregular, often nodulated, and of a stony hardness. In simple induration, the disease will sometimes be confined to one of the lips of the organ; at other times, both lips will be involved.

Prognosis.—The induration consequent upon chronic inflammation of the uterus, is within the control of remedies, whilst scirrhus induration oftentimes bids defiance to the best directed effort.

Treatment.—In the case before us, I shall prescribe the protiodide of mercury, with the extract of cicuta. It is in these cases an admirable combination, and I am confident will restore the organ to a healthy condition.

℞	Protiod. Hydrarg.	. . . . .	gr. vi
	Extract Conii	. . . . .	℥ii

Ft. Massa in pil. xxiv. dividenda.

One pill to be taken every night, until the gums are slightly touched.

In addition, some of the bitter infusions should be employed, for the

purpose of invigorating the patient's strength—the following may be ordered:

R	Infus. Gentianæ	℥ v
	Tinct. Gentianæ	℥ j
	Acid Sulph. dilut.	℥ ij M.

A table-spoonful twice or thrice a-day, with nutritious diet.

PROLAPSUS OF THE WOMB, OCCASIONED BY JUMPING FROM A CARRIAGE, IN A YOUNG UNMARRIED WOMAN, AGED NINETEEN YEARS.—Josephine M., unmarried, aged nineteen years, complains of pain in the lower portion of her back, a dragging sensation in her groins, and a frequent desire to pass water, with occasional nausea. She was, she says, always a healthy strong girl, until about two years since; at that time, she was riding in a carriage, the horses became restive, and she jumped out, falling, with some violence, on her knees. A few days afterward, she experienced the above symptoms, which have continued more or less to the present time. "How are your courses, my good girl?" "They are quite regular, sir." "At the approach of your turns, do you have an increased difficulty with your water?" "Yes, sir; I have to pass it much oftener." From the representation, gentlemen, which this patient made me previously to introducing her before you, I was inclined to suspect that the symptoms of which she complains were most probably owing to displacement of the uterus, produced by the fall from the carriage; and a vaginal examination has shown that my suspicions were not without foundation.

The organ I have discovered to be partially prolapsed, with a slight relaxation of the vaginal walls, occasioned, no doubt, by the pressure of the uterus; the organ is perfectly free from disease. This case is one of more than ordinary interest. In the first place, prolapsus of the womb is comparatively of rare occurrence in the unmarried woman; and secondly, falls are not among its usual causes. The very symptoms described by this patient are the common accompaniments of *prolapsus uteri*; and you will readily understand why a frequent desire to pass water should be one of these symptoms; and secondly, why the desire to micturate should be increased about the advent of the menstrual function. The uterus, in its prolapsed state, irritates by pressure the neck of the bladder; and this irritation is greater at the time of the menses, for the reason that the volume of the womb is increased in consequence of the afflux of blood to it. In the present case, I shall recommend care in keeping the bowels regular, for constipation is not only one of the constantly exciting causes of this form of uterine displacement, but it invariably increases the prolapsus when it exists. Two of the following pills may be taken at night; they will be found useful as aperient pills:

R	Pulv. Rhei }	aa 3 ss
	Pulv. Aloes }	
	Saponis. Alb.	℥ j
		Divide in pil. xx

Two ounces of the following solution may be thrown up the vagina twice a day. It will have a tendency to strengthen the vagina, and this may result in the restoration of the organ to its proper position. For the present, at least, we shall limit ourselves to this treatment :

R	Sulphat. Zinci	}								aa	3j
	Sulphat. Alumin	}	.	.	.	.	.	.	.
	Aquæ distillat.		.	.	.	.	.	.	.		Oj
										<i>℞ Sol.</i>	

A pessary in this case would be an absurdity.

MENORRHAGIA DURING LACTATION IN A MARRIED WOMAN, AGED TWENTY-EIGHT YEARS.—Deborah J., aged twenty-eight years, married, the mother of one child, eleven months old, complains of great debility, vertigo, and palpitation of the heart; she is pale and nervous, and has continued to nurse her child from birth to the present time. Four months after her child was born, the menses appeared, and have occurred every month since profusely, continuing for not less than ten days at each period. Previously to, and during her pregnancy, she enjoyed good health. The statement, gentlemen, which you have just heard from this patient is altogether satisfactory, for it at once discloses the cause of her dilapidated health, and directs you with unerring certainty to the indication to be fulfilled. The case before us presents in one particular an important exception to a general rule. Nursing women, during lactation, usually do not menstruate. In this patient, however, the function appeared four months after the birth of her child, and in such quantity as to constitute menorrhagia, or profuse menstruation. The effects of this profuse monthly loss, together with the drain of lactation, you recognize in the pallor of countenance, the debility, vertigo, palpitation, and general nervousness of this patient. If you were to regard one or all of these symptoms as the disease, your treatment would be empirical, for it would be founded on a false basis. The vertigo, palpitation, etc., are merely effects—derangements, if you please—produced by the profuse monthly drain to which the system has been subjected, and which it was not adequate to sustain and still preserve its harmony of action.

There is no difficulty in explaining why vertigo, palpitation, and general nervous disturbance should be among the sequels of a debilitating influence such as this patient has labored under for the last six months. I have repeatedly directed your attention to the important relations which subsist between the vascular and nervous systems, and the dependence of the one on the other. The case before you exemplifies very clearly a principle, which has often been discussed in this Clinique, viz., that symptoms of themselves prove nothing, for they may result from directly opposite causes. A patient may labor under palpitation of the heart, vertigo, and general nervous disturbance whose vascular system is redundant with blood discs. In such case, for example, the stimulus

imparted by the circulating fluid to the heart, brain, etc., is more than these organs can sustain consistently with the performance of their healthy and natural functions. You have, therefore, under these circumstances, vertigo from over-stimulation of the brain, and abnormal action of the heart from the same cause. Again, how often do paralysis and other lesions of the nervous system follow vascular repletion? What, allow me to ask, would be the intelligent course for the physician to pursue in order to relieve the vertigo, etc., in a patient such as I have just described? Common sense, without resorting to science, would tell him that the obvious remedy would be the lancet, purgatives, diet, etc., with a view of diminishing vascular fullness, and thereby removing the cause of morbid action. But surely, gentlemen, you would not apply this system of therapeutics to the case before us. There is not one of you who would not arrest the hand of the practitioner who should attempt to abstract blood from this patient—she is already anæmic, without blood enough in her system to control healthy action, and every drop taken from her would only tend to aggravate, and make more perilous her situation. You have just seen the effects of over-stimulation on the brain and heart—the same results ensue from an impoverished condition of the blood. Therefore, symptoms are without value unless traced to their true cause.

Causes.—Menorrhagia may result from several different causes. Plethora, for example, may produce it; and it may also ensue from an atonic condition of the uterine vessels. You can not be too vigilant in endeavoring to distinguish the source of the profuse flow.

Diagnosis.—Sanguineous discharges per vaginam are among the important, and often difficult derangements, which the medical man will be called upon to treat. The life of the patient, and his own reputation will frequently be involved in a just decision as to the cause of such discharge. This Clinique has brought before you numerous cases of females affected with loss of blood from the vagina, and you have seen that they are not all due to the same cause.

Prognosis.—Menorrhagia is usually a manageable disorder.

Treatment.—If you attempt to treat the case before us by the administration of tonics, you will do the patient no good. The first object to be achieved is to close the waste-gate. Until this is done, general tonics will only add to the profuseness of the discharge. This is a cardinal error in practice. The patient herself, looking merely at the debility under which she labors, seeks relief in the abundant use of stimulants. Such practice is full of error, and often leads to fatal results. With the view of inducing contraction of the uterus, I shall recommend:

R Tinct. Secal. Cornut. ʒij

Let the patient take a tea-spoonful three times a day in half a wine-glass of water, commencing the day on which the menses appear, and

continuing until the period is over. In addition to this, half a pint of cold water should be thrown up the rectum night and morning. When the menorrhagia has been controlled, a tea-spoonful of the following solution may be ordered thrice a day :

R	Sulphat. Quininae	gr. xij
	Acid Sulph. dilut.	gtt. xij
	Aquæ Puræ.	℥ iij
		<i>℞. sol.</i>

The diet should be nutritious. The above treatment, however, will be nugatory unless you enjoin on the mother the absolute necessity of weaning her child. The drain of lactation is too much for her.

PALPITATION OF THE HEART IN A GIRL THIRTEEN YEARS OF AGE.—Catherine R., aged thirteen years, has suffered for the last two months from palpitation of the heart. She is dejected in spirits, easily frightened, and is laboring under constipation. A thoughtless friend has told her that she has an incurable disease of heart. This case, gentlemen, is one of interest, and it is extremely important that we should understand what value to give to the prominent symptom—the *palpitation*. Females are more liable to palpitation of the heart than the other sex; and this arises in part from the greater sensibility of their nervous system, and their comparative inability to resist external impressions. But there is another circumstance connected with the female very fruitful in the production of cardiac disturbance—viz.: functional disease of the uterus. Nothing is more common, at the approach of puberty, than palpitation of the heart—indeed, it often constitutes a leading symptom. When a patient labors under palpitation, there is very naturally much anxiety experienced; the idea of organic disease of the heart with which sudden death is generally associated in popular minds, is well calculated to make the patient unhappy. Oppressed by a dread of this kind, the sufferer becomes a victim to imagination—unlimited latitude is given to thought, and the brain becomes wearied with constant apprehension. How essential, then, is it at the very incipency of an affection which, by possibility, may be mistaken for one of an incurable nature, for the physician to make a proper discrimination, and, when he can do so, dispel from the mind of his patient those clouds of gloom which, if suffered to continue, will certainly result in serious disturbance of the system. This little girl has been made unhappy by the opinion of a well-meaning, but officious friend. On a delicate constitution like hers, such intelligence must fall with disastrous effect; and an expression which, perhaps, was made in friendship, has caused days of distress to one for whose benefit the advice was volunteered.

“Madam, is your daughter troubled with palpitation all the time?”
 “No, sir! She is not troubled with it at night.” “Is it increased when she exercises?” “No, sir, when she walks in the air, and has her mind

occupied, she does not complain of the palpitation." The bearing of these two questions, gentlemen, you must at once perceive. They establish the interesting fact—a fact which will be appreciated by this girl, for it will dry up her tears, and substitute happiness for sorrow—that the palpitation is *not* the result of organic disease of the heart. In the palpitation arising from structural lesion of this organ, we do not find that the disturbed action ceases at night, or is suspended on taking exercise—but, on the contrary, the two characteristics of organic disease of the heart are unceasing palpitation night and day, with an increase in the heart's impulse when exercising. The first point of inquiry having been ascertained, whether the palpitation be due to organic or functional disturbance, the question becomes greatly simplified by the fact that it is solely functional. The causes of functional derangement of the heart are numerous. Dyspepsia, abnormal menstruation, the approach of puberty, indigestion, gastric repletion, depressing mental emotions, as also joy, etc., are among the common causes of palpitation. If you will look at the little girl before us you will observe, in addition to what we have gathered from the statement of the mother, an absence of those signs which usually indicate organic disease of the heart. There is, for example, no tumefaction of the face—the pulse is regular—no intermittence—no œdema of the extremities, etc., etc. In a word, gentlemen, you have before you a case simply of functional disorder of the heart—and if you will revert to the history of the case, you will, I think, find sufficient to account for the unnatural action. 1. This girl is thirteen years of age—the advent of puberty is at hand; 2. She is constipated, with dejection of spirits; 3. She is extremely nervous, and easily frightened; 4. A friend has informed her that she has disease of the heart. Here, then, are several influences in combination, either one of which is sufficient, under ordinary circumstances, to produce the leading symptom in this case—the palpitation. The indication is quite manifest. The constipation—always the source of disturbed action, if not of disease—is the first object of attention. When this is removed, and the bowels properly regulated, the nutritive functions must be improved by the judicious use of the vegetable and metallic tonics. This, with exercise in the open air, a visit to the sea-shore if possible, and agreeable influences, such as will contribute to a cheerful mind, will restore this girl to health.

Treatment:—

R Hydrarg. c. Creta gr. viij

To be followed in the morning by ʒj of castor oil. The following compound rhubarb mixture will be found beneficial in preserving a soluble state of the bowels, and of improving digestion:

R Pulv. Rhei.	3 j
Sodæ Carbonat.	3 ij
Pulv. Calumbæ	3 ij
Aquæ Menthæ pip. }	
Aquæ Puræ	ʒvj M.

A table-spoonful three times a day.

Should it afterward be necessary to have recourse to the metallic tonics, a mild and efficient one will be found in the sulphate of zinc:

R	Zinci Sulphat.	}	. . . . .	āā gr. xx
	Extract Gentianæ			
	Extract Hyoscyam		. . . . .	ʒj
	Olei Anthemi		. . . . .	gtt. x
				<i>Ft. massæ in pil. xx. dividenda.</i>

One pill twice a day.

In connection with the subject before us, I may be permitted to mention the following interesting case:—

“About two years since a gentleman of this city called on me in great distress, stating that his only daughter, a young lady of eighteen, was laboring under organic disease of the heart; observing, at the same time, that her physician had pronounced her case utterly hopeless. On visiting the young lady, I found her in a state of unusual excitement; her nervous system shattered—a quick and irritable pulse—violent palpitation of the heart, with occasional intermittence of the pulse—inability to take exercise, the slightest exertion increasing the palpitation—profound melancholy—inability to sleep—torpor of the bowels, and entire loss of appetite—these, together with more or less uneasiness in the cardiac region, constituted her symptoms when I called to see her. An abstract view of her case would very naturally have led to the opinion that she labored under an organic affection of the heart. On a critical investigation of her case, the following particulars were disclosed: About a year previous to my seeing her, she had become clandestinely engaged to a gentleman who, although in every respect worthy of her, was poor; he was not acceptable to her parents, and the engagement was, therefore, dissolved. From that moment her health began to decline; she fell into a deep melancholy, her menstrual function ceased, and there was general derangement of her nervous and digestive systems, as characterized by the symptoms already enumerated, the most formidable of which, to an ordinary observer, was the excessive palpitation. After a deliberate view of her case, I became satisfied that there was no organic disease of the heart; there was simply functional derangement of this organ; and I am equally positive, such is the influence of mind over matter, that no medicines, either in the form of tinctures, powders, or boluses, would have had the slightest efficacy in restoring the suffering patient, until the original cause of ill-health was removed. Accordingly, finding her affections centered on the gentleman, and there being no objection to him save his poverty, the parents were strenuously advised to yield consent; this was done. I continued to visit the young lady for several weeks, administering such remedies as her situation indicated. She was perfectly restored to health. I received great credit for the recovery, it being looked upon as something miraculous; and yet I am convinced that, without the efficient aid of the lover, death would have triumphed over all professional

science and skill. The renewal of their engagement was soon followed by matrimony, and the next important and very natural event in their history was the birth of a son."

OPHTHALMIA NEONATORUM.—**PURULENT OPHTHALMIA IN AN INFANT, FOUR WEEKS OLD.**—Jane M., aged four weeks, has been affected for the last three days with inflammation of both eyes; she appears at the Clinique with both eyes closed, the lids being distended by a purulent secretion; she is fretful, and refuses the breast. The mother states that at its birth, it presented every appearance of good health, and continued to do so until within the last few days, when its eyes became affected. This case, gentlemen, is well worthy of attention. The disease under which this little infant labors is one of the attendants of the lying-in room, and, if not properly managed, leads to the destruction of one or both eyes. The affection has been denominated the *ophthalmia neonatorum*, the ophthalmia of new-born infants; it is sometimes called *purulent ophthalmia*. Few diseases incident to the young infant are more rapid in their progress than the one now under observation, and it becomes the practitioner to exercise more than ordinary vigilance, in all cases in which the eye is inflamed at this early age. In this affection, the conjunctiva of the lids is first attacked; it becomes involved in serious inflammation, resulting in purulent secretion. If the inflammation be not arrested, the cornea is next involved; infiltration of pus within its laminae ensues, forming what is called onyx; the laminae themselves become ulcerated, and the eye is soon destroyed through the progress of the ulceration.

Causes.—*Ophthalmia neonatorum* may be produced in several ways: 1st. Leucorrheal matter from the vagina of the mother at the time of birth; 2d. Cold; 3d. Exposure of the eye to a sudden and bright light; 4th. Soap-suds applied to the eye of the infant during its ablution. Any of these causes may produce the ophthalmia, but one of the most common is the inoculation by the leucorrheal discharge. I am in the habit, as soon as the new-born infant is washed and dressed, of examining very critically the eyes, with a view of ascertaining the presence of any irritating matter, and also of directing the nurse to be careful, whilst washing the child, that the soap shall not come near the eye; this latter is a common and injurious practice in the lying-in chamber. The nurse should also be directed not to expose the infant to a strong light, or to a current of air.

Symptoms.—The symptoms of this affection are not difficult of recognition. At the commencement, one or both eyes appear weak; there is a slight weeping; in a few hours they become inflamed, and a mucopurulent discharge is observed; the lids become agglutinated and distended by the accumulation of the morbid secretion; the child is restless and feverish, the tongue coated, and it is not unusual for the bowels to be constipated.

Diagnosis.—This affection might possibly be confounded with gonorrheal ophthalmia, but the peculiar circumstances of the case, and the fact that, as a general rule, in gonorrheal ophthalmia, one eye only is affected, will enable the practitioner to avoid error.

Prognosis.—This is not without interest; the mother necessarily becomes much alarmed; she is fearful that the child may be deprived of sight, and her only consolation is in the assurance of her physician. Let this assurance, involving as it does the happiness of the mother, as also the reputation of the medical attendant, be based upon something more than loose conjecture. In his examination of the eye, if the practitioner should discover that the inflammation is limited to the conjunctiva, as is the case in this little patient, he may with entire confidence dissipate all anxiety on the part of the friends, and promise a speedy restoration. Should, however, the cornea be seriously implicated, the prognosis must necessarily be more guarded.

Treatment.—When the conjunctiva is alone affected, local applications to the eye, if properly made, will promptly and effectually remove the inflammation. These applications are not to be confided to the nurse; they should be made by the practitioner himself, in the following manner: The child being placed on its back, resting on the lap of the nurse, the practitioner places its head on his knee, and then, with a soft sponge moistened with tepid water, cleanses the eyes—the lids are then gently separated, and, after everting them, the accumulated matter should be removed. The eyes should then be washed several times during the day with the following collyrium:

R	Hydrarg. Oxyuriat.	.	.	.	.	.	gr. j
	Sal. Ammoniac	.	.	.	.	.	gr. iv
	Aquæ tepidæ	.	.	.	.	.	℥vj

℞. sol.

It may also become necessary to touch the inflamed conjunctiva by means of a camel's hair pencil, with the following solution of the nitrate of silver, twice a-day:

R	Nitrat. Argenti	.	.	.	.	.	gr. v
	Aquæ distillat	.	.	.	.	.	℥j

℞. sol.

When the child goes to sleep, with a view of preventing their agglutination, the lids should be smeared with fresh butter, fresh olive oil, or what, perhaps, is better, the red precipitate ointment. The bowels are to be kept regular with castor oil, or flake manna. And above all, the eyes to be protected against the light.

CHOREA IN A GIRL, AGED TEN YEARS, FROM INTESTINAL IRRITATION.—Hannah D., aged ten years, has been affected for the last eight months with irregular contraction of her muscles, particularly those of the face and extremities. In observing this little girl, gentlemen, you will at a

glance recognize the characteristics of ordinary chorea, viz., irregular and more or less constant contractions of some portion of the muscular system. Choreia, or, as it is sometimes called, St. Vitus' dance, may be considered a disease of childhood, although it occasionally occurs in the adult. It is more frequent in the female than male, and most commonly exhibits itself between the ages of six and sixteen. It is an affection of comparatively rare occurrence. In Paris, there were less than two hundred cases among thirty-three thousand children.

Causes.—Much discrepancy of opinion exists as to the causes of chorea; some attributing it to vascular fullness of the brain, others to debility. It is very evident that it owes its origin to no one cause, but may arise from various conditions of system. Fright, intestinal irritation from worms or undigested food, cold, injuries to the head or spine, certain evolutions of the economy connected with puberty, repelled exanthemata, etc., may all be regarded as capable of producing the disease.

Symptoms.—The first indication of chorea is often a species of grimace, soon followed by twitchings or irregular contractions of the muscles, especially of the extremities. There is unsteadiness in the walk, and the child usually drags one limb behind the other. Occasionally one or more of the extremities will become paralyzed; in fine, the patient affected with chorea is liable to every possible variety of muscular contortion.

Diagnosis.—The affections with which chorea might possibly be confounded are convulsions, delirium tremens, and hysteria.

Prognosis.—Simple chorea is rarely fatal; but when complicated with serious disease of the brain or spinal marrow, it often destroys life.

Treatment.—Authors differ with regard to the treatment, as they do in reference to the causes of this disorder; consequently, those who regard it as due to plethora, recommend depletion, whilst the various tonics are prescribed by those who trace it to debility. On the other hand, numerous specifics are resorted to, such as arsenic, iron, zinc, etc. It is a grievous error, gentlemen, in the practice of our profession to become obstinately wedded to opinion; and it is, indeed, a sad thing to make circumstances yield to preconceived theories. This is not philosophical; it is at war with wisdom, is repudiated by common sense, and must necessarily lead to grave results in practice. In the treatment of this affection, you should sedulously direct your attention to the particular cause which has produced it. The mother has informed us, in reply to our questions on the subject, that on several occasions she has observed large round worms pass from the child. In addition to this testimony, the child is irritable; the tongue is coated; the abdomen tumid; the breath offensive; appetite variable, with disturbed sleep. These conditions are the ordinary accompaniments of intestinal worms, though they may exist without the presence of worms. On a former occasion, I re-

marked to you that the only pathognomonic symptom of these entozoa is their presence detected by the eye. It is highly probable that the chorea in this case is produced by the worms, and with this view I shall order the following treatment:—

℞ Sub Mur. Hydrarg. gr. iv
Pulv. Spigeliæ Marilandicæ gr. vi *M.*

Let this powder be taken at night, followed in the morning by oil. When the bowels have been properly evacuated, one of the following powders may be taken twice a day, with the object of improving the digestive functions:

℞ Sub Carb. Ferri ℥iiss
Divide in chartulas x.

To this may be added the shower-bath, which will act beneficially in restoring nervous energy. One word, however, with regard to the shower-bath—if, after taking it, the system should not immediately react, and it should be followed by a chilling sensation, instead of an agreeable glow, it must be discontinued.

LECTURE VIII.

Retention of the Menses in a Girl, seventeen Years of age, with Habitual Constipation.—Amenorrhœa divided into Retention and Suppression.—Phthisis Pulmonalis complicated with Peritoneal Dropsy in a Boy, thirteen Years of age.—Ulceration of the Neck of the Womb in a married Woman, twenty-two Years of age.—The Speculum.—Ulceration of the Neck of the Uterus—conflicting opinions respecting; are these Ulcerations frequent?—How divided—their Causes, Symptoms, Diagnosis, and treatment.—Spina Bifida in an Infant, aged two Months.—Hydro-rachitis.—Mucous Discharge from the Vagina, with Pruritus of the Vulva, occasioned by Venereal Condylomata, in a married Woman, aged twenty-three Years.

RETENTION OF THE MENSES IN A GIRL, SEVENTEEN YEARS OF AGE, WITH HABITUAL CONSTIPATION.—Eliza M., aged seventeen years, is brought to the Clinique by her mother, who says her daughter has no appetite, is laboring under constipation, frequently passing a week without an evacuation from the bowels. The girl is nervous, and subject to a dejection of spirits. She has never menstruated, and is pale and delicate. The case before you, gentlemen, is one of more than usual interest on several accounts. When a girl has attained her seventeenth year, and the menstrual function has not appeared, it is quite natural that her friends should become anxious. You must remember, however, that the manifestation of this function is essentially connected with the ovaries; and it occasionally happens that the tardy maturity of these organs is the sole cause of the retention. To attempt, therefore, under such circumstances, to establish this function by forcing medicines would be about as unphilosophical as to hope, by a process of medication, to cause a new-born infant to walk. That the ovaries are necessarily connected with menstruation is a truth about which there no longer exists a doubt. My motive in calling your attention to this subject is to guard you against an error too common in practice, and which often leads to the early destruction of the patient. When the ovaries have not attained their development, the physical appearance of the girl presents all the characteristics of the child; there is an absence of that fullness and embonpoint which mark womanhood, and which are due to the increase of cellular tissue about the chest and hips, directly dependant upon the growth of the ovaries. This absence, therefore, of physical development, is an index of no little import to the practitioner. It reminds him that nature has not com

pleted the edifice ; she has been contravened in her efforts to perfect the system, and calls upon the physician for assistance. That assistance will be judicious or otherwise, precisely in proportion as he who extends it will understand the true difficulty under which nature labors. Should the practitioner permit his attention to be exclusively fixed upon the fact that the girl has reached her seventeenth year, and does not menstruate, he will institute a process of treatment which will not only prove abortive, so far as the attainment of the object is concerned, but will place in serious jeopardy the life of the patient. If, on the contrary, his mind be drawn to the important circumstance that the retention arises from the want of development of those organs so absolutely necessary to the existence of the menstrual function, his treatment would be scientific, and would most probably result in the restoration of health. He would have recourse to those measures which are known to be best calculated to build up and invigorate a frail constitution, etc., etc. The term amenorrhea is employed to designate an absence of the menstrual function, and is divided into retention and suppression of the menses. The former is that condition of the system in which the function has never appeared ; suppression, on the contrary, is that condition in which, having been established, it becomes, from certain causes, arrested.

The case before us is one of retention. You have heard the statement made by the mother ; and she is much concerned because her daughter is without appetite. In addition to the loss of appetite and retention of the menses, the girl is affected with obstinate constipation. She is pale, dejected, and extremely nervous. With all these troubles, however, she presents the physical evidences of womanhood. The pallor of countenance is precisely such as you will see in chlorotic patients ; the tongue, too, is pale, as well as coated. In reviewing all the circumstances of this case, I am disposed to attribute the general derangement of the system to the long-continued constipation. This is one of the most fruitful sources of ill-health among females, and it frequently is productive of serious, if not irremediable results. It may be denominated the insidious cause of bad health, for the reason that the female, from false delicacy, conceals the fact from the physician. This, however, is no apology for the practitioner ; it is his duty to examine critically into every circumstance connected with the health of the patient. He, it is presumed, comprehends the mechanism of the human system—its workings in health, and its derangements in disease ; and nothing can justify a neglect of that minute investigation necessary to a thorough comprehension of the actual causes—so far as they can be ascertained—which have produced these derangements. Constipation, I repeat, is a common, and often an occult cause of ill-health. This observation can not surprise you, for it must be manifest that when it exists, the natural consequence, unless in rare exceptions, must be disturbed action more or less formidable. There is a dependence of the general system for healthy influence on the regular and healthy action of

the intestinal canal. This dependence is proved in part by the results which are known to follow habitual, and even temporary constipation. Surely the stomach and intestines, in connection with the chylipoietic viscera, have important functions assigned them—so important, indeed, that they can not be invaded without inducing more or less bad effects on the economy.

We know that the human frame—no matter how perfect its physical mechanism—requires constant repair for the constant waste that is going on. Every hour of existence is one of physical waste, and if this be not repaired, decay and death are the results. For the elaboration of food, and its conversion into blood, and the distribution of that blood to every tissue of the system, a most perfect mechanism has been provided. Something more, however, is necessary than this mechanism—the blood must first be formed, and this can only be done through the process of healthy digestion. The stomach and intestines, like the lungs or brain, or any other organ, are required to perform accurately their various offices. Any deficiency here, and a corresponding deficiency will be observed in some portion of the structure. The object of digestion is the conversion of food into chyle, which is poured into the venous system, thence into the lungs, for the purpose of decarbonization, when it becomes arterial blood; this is distributed throughout the mechanism as the essential nutritive element for the various organs. You see, therefore, gentlemen, that proper digestion is the very foundation of health, and just in proportion as this is deranged will there be disturbance of the general system. You are aware that one of the processes of digestion consists in the separation of the chyme, through the influence of the bile, into two portions—the chyle, and the effete matter no longer proper to sojourn in the system. Constipation necessarily causes the retention of this latter substance; and as it is in violation of one of the cardinal ordinances of nature, it is obvious that bad results must ensue. Hence, as the common results of constipation are to be noticed headache, loss of appetite, general nervous disturbance, pallor, etc., etc. These may be regarded as the ordinary consequences of impaired nutrition. Constipation, too, besides leading to derangement of the general health, is a frequent cause of uterine disease.

There is one circumstance connected with the case of this girl which it is well for you to note—it is the state of her appetite. This, indeed, appears to disturb her mother more than any other fact in her history. She imagines all that is necessary to restore health to her daughter is an appetite! Let this case, gentlemen, in connection with the idea entertained by the mother, be an admonition to you. Remember it when you return to your homes, and let it guard you against the folly of surrendering your own good judgment to absurd popular caprice. Suppose we concurred in opinion with the mother as to the loss of appetite—as a necessary consequence this circumstance would exclusively engage our attention; and in

lieu of regarding it as one of the effects of the constipation, and treating it as such, we would address remedies to the stomach; or, in other words, this organ would become the recipient of the various tonics and stimuli with as much probability of relief as would follow friction with opodilodoc on a limb that had become paralyzed from disturbance of the brain!

Causes.—Retention of the menses may be the result of two classes of causes: 1st. Constitutional. 2d. Mechanical. Under the former head, may be mentioned general debility of the system, absence or imperfect development of the ovaries, plethora, etc. Under the second, imperforate os tincae, imperforate hymen, and stricture of the neck of the womb.

Symptoms.—Retention is characterized by no particular chain of symptoms—they are anomalous depending on the cause that produces it, as also on the peculiar system of the individual. In retention, however, occasioned by mechanical obstruction, there is one circumstance that can not too emphatically engross the attention of the practitioner—it is the enlarged abdomen, which results from the accumulation of the menstrual fluid contained in the womb. This latter organ becomes increased in size, and several of the symptoms of pregnancy develop themselves. I have often remarked to you that morning sickness, tumefied breasts, etc. etc., are common results of both functional and organic disease of the uterus. A girl, therefore, laboring under this form of retention may become the object of suspicion; and, under such circumstances, her only hope of protection is in the sound judgment and inflexible honor of her physician. The records of our science are not without cases of painful interest, in which both character and life have been sacrificed by error of judgment, or a craven fondness of subserving—by a too ready obedience to opinion—popular prejudice. A young female, for example, exhibits some of the evidences of gestation; and, to the lasting dishonor of our nature be it said, that too often a thousand tongues are engaged in giving wings to the rumor that she has been very imprudent, and the cost of that imprudence is the destruction of character, for she is pregnant!! Character, gentlemen, is a precious treasure; it is, indeed, without price. There is no substitute for it—once lost, and nothing but the worthless casket remains; once gone, and its recovery is beyond all peradventure. In woman, character is the great bulwark of her existence—it is the ægis which gives her protection; with it, she is the veriest of all potentates; without it, she is less than the worm that crawls on the earth! Precious, however, as is the treasure, the world will sometimes sport with this sacred attribute of woman, and endeavor, by false imputations, to rob her of it. Lady Flora Hastings, the victim of prejudice and ignorance, is a case in point.

Diagnosis.—Ordinary care will enable the physician to distinguish the peculiar kind of retention, and prevent his confounding it with pregnancy.

Prognosis.—This will depend very much on the cause of the retention, and the constitution of the patient.

Treatment.—The great end to be accomplished in the case before us is the removal of the constipation; and, perhaps, nothing will answer a better purpose to commence with than the following mercurial powder:

℞ Hydrarg. c. Creta gr. x

To be followed in the morning by ℥j of castor oil. When the bowels have been thoroughly evacuated, one of the following pills should be ordered twice a day, as circumstances may require—it is a capital combination in this chlorotic condition of system:

℞ Aloes Barbad. ℥ij
Sulphat. ferri ℥j

Divide in pil. xx.

In these cases of retention from a debilitated system, after the health has somewhat improved by the foregoing treatment, to which, however, horse-back exercise would be a valuable adjunct, essential benefit will occasionally be derived from the warm hip-bath, the internal administration of the tincture of cantharides, commencing with ten drops; or the tincture of iodine, which is sometimes extremely serviceable, say five drops three times a day; electricity may also be employed with advantage. Lavagna, some years since, proposed injecting into the vagina six or eight drops of the *liquor ammoniæ* in ℥j of water, two or three times a day. I have not myself derived much benefit from this latter remedy. It will be at once seen that the object of the above remedies is to excite local action in the uterus; but this should not be attempted in a case such as the one before us, until the general health has become improved by appropriate constitutional treatment.

The following will prove an excellent combination in amenorrhœa.

℞ Tinct. Ergotæ. ℥ij
Syrup Croci. ℥ij
Decoct. Aloes Comp. ℥vj M

A table-spoonful three times a day. The diet should be nutritious, and daily exercise in the open air.

PHTHISIS PULMONALIS COMPLICATED WITH PERITONEAL DROPSY IN A BOY THIRTEEN YEARS OF AGE.—Teddy M., aged thirteen years, arrived in America a week ago. He came in the ship John Shaw, with seven hundred passengers. He is very much emaciated, has a cough, and a protuberant abdomen. This poor sufferer was brought into the Clinique in the arms of his mother, whose deep sorrow excited the sympathy of the class. He was unable to walk, or sit up, and was placed on the bed. "Your child appears very sick, madam." "He is all that, sir!" "How many weeks were you crossing the Atlantic?" "Five weeks, sir!" "Was the weather stormy?" "Indeed it was, sir." "What was the health of your child before you left Ireland?" "It was good, sir!" "Was he much exposed on ship-board?" "Yes, sir, he took a heavy cold and a bad purging; and they have never left him." The questions, gentlemen, which I have addressed to this unhappy woman,

have elicited answers which have given us some little insight into the previous history of this case. We shall now proceed with our investigation, and endeavor, if possible, to ascertain what it is that has produced this general decay of the system. The first and remarkable fact that presents itself to our observation, is the extreme emaciation of this boy. This, however, is not his disease—it is simply an evidence of serious organic derangement. Let us now see if we can trace this emaciation to its original source. The mother informs us that her child was attacked on ship-board with a severe cough and purging, which have continued to the present time. These, so far, are the prominent features of the case. The cough may or may not involve serious organic lesion of the lungs—and the purging may or may not involve the same result in the intestinal mucous surface. These points are fit subjects of inquiry. In feeling the pulse of this boy, I find that it yields one hundred and twenty beats to the minute; the pulse is an important index, and with due discrimination on the part of the physician it becomes a very significant guide in the sick room. But the pulse, gentlemen, is subject to variations other than those which result from disease. You know, for example, how the position of the individual will modify it; and you have been told how materially the pulse is affected by mental emotions. In order, therefore, to give to this index its full and true value, a just discrimination must be made between those influences of a transitory character, and those which emanate from morbid action. It is evident that the accelerated pulse in this boy is owing to serious organic lesion of the lungs. [Here the professor percussed the chest, and all the physical evidences of phthisis were detected.]

You have before you, gentlemen, a case of disease beyond medication—the lungs are filled with abscesses—the quick pulse is the result of this pulmonary lesion—and the general emaciation is due in great measure to the same cause. Phthisis pulmonalis is the bane of human existence—it is the *Upas* whose impress is death—it is the malady which, so far, has not only paralyzed all effort to rescue the victim, but has forced the physician, in deep humility, to acknowledge that his science is indeed limited, and is unprepared to engage in an indiscriminate contest with inexorable death! In addition, however, to the pulmonary affection, this boy has a protuberant abdomen. It is a matter of interest for us to ascertain the cause and nature of the enlargement. You perceive, as I percuss the abdomen, not a dull, but a resonant sound, which arises from a flatulent condition of the intestinal canal, a very natural result of the chain of morbid phenomena developed in the system. Besides the tympanites, I very distinctly recognize fluctuation, which denotes an accumulation of fluid in the peritoneal sac. You find, therefore, gentlemen, that this wasted sufferer is affected with both consumption and dropsy. In speaking of the latter disease on former occasions, I have reminded you that it may be the effect of two opposite conditions of the system, viz.:

from over-action, and from debility—hence the division of dropsy into sthenic and asthenic. You can have no embarrassment in comprehending the true character of the disease in this case—it is the asthenic form, produced, no doubt, by the long-continued diarrhoea, by no means an uncommon cause of this character of effusion. Allow me here to direct your attention for the instant to the resonant sound of which I have just spoken. Although you will recognize it frequently when dropsy does not exist, yet it is almost always the accompaniment of asthenic dropsy, in which there is a general impairment of the nutritive functions. As a consequence of this impairment, the intestines become more or less distended with flatus, and float on the surface of the fluid enclosed in the peritoneal cavity. You are to be cautious, therefore, not to mistake dropsy and a flatulent condition of the intestines for simple tympanites.

Treatment.—To subject this child, standing as he does on the verge of the grave, weighed down by disease which baffles all human skill, to a course of medication, would be the refinement of cruelty, and the very essence of folly. The only medication, under the circumstances, is, as far as may be, to palliate the cough, and sustain the strength by nutritious diet. The cold infusion of cherry bark occasionally through the day may impart a little tone to the stomach.

For the cough, a dessert-spoonful of the following may be taken as occasion requires:

R. Syrup Scillæ.	. . . . .	℥ ij
Mucil. Acaciæ.	. . . . .	℥ iij
Tinct. Opii. Camph.	. . . . .	℥ ss
Syrup Simp.	. . . . .	℥ ss
Sol. Sulph. Morphæe	. . . . .	gtt. vj M.

ULCERATION OF THE NECK OF THE UTERUS IN A MARRIED WOMAN, TWENTY-TWO YEARS OF AGE; THE SPECULUM.—Mrs. P., aged twenty-two years, married, the mother of one child, five months old, complains of pain in the hips and back, with much pressure on the upper part of the head. She has also an impaired digestion, with a deposit of lithates in her urine, and a muco-purulent discharge from the vagina. “How was your health, madam, before the birth of your child?” “It was always good, sir.” “Was your labor a severe one?” “No, sir.” These questions, gentlemen, I institute for the purpose of obtaining a starting-point to this case. It is material to ascertain when these symptoms commenced, and then endeavor to trace them to their cause. I suspected, when this patient described her sufferings to me, that I should find disease of the uterus. With this view, I made a vaginal examination, and detected chronic ulceration of the cervix. This is a disease to which the neck of the womb is liable; and, perhaps, there are few causes more active in the production of this form of ulceration than the various circumstances connected with child-bearing. The patient informs us that she recognized for the first time the pains, etc., of which she complains

about six weeks after the birth of her infant. It is, therefore, legitimate to infer that the ulceration is the consequence of parturition.

Ulceration, like induration of the cervix, is preceded by inflammation of the part. You have seen in this Clinique many cases of ulceration, and your attention has been particularly directed to the effects on the general system of this affection. For example, the pain in the head—usually on the upper part of the head—the pain in the back and hips, the impaired digestion, and the lithates recognized in the urine, in the case before us, are so many results, either directly or indirectly, of ulceration of the neck of the womb. I do not mean to say that in all cases of ulceration these effects will invariably follow; but it is a fact worthy of recollection that they are by no means unusual accompaniments. If this be so, the intelligent student will very naturally desire to trace the connection between these results and the ulceration. He will not be content with the mere fact, but he will ask—Why is this so? The connection can be established only through the multiplied nervous sympathies, which are known to exist between the uterus and other portions of the economy. There is scarcely an organ which is not, to a greater or less extent, through the agency of the nerves, in alliance with the uterus; and it is through this agency alone that we can explain why remote parts are almost always affected in both organic and functional diseases of the womb, whilst the patient, in many instances, experiences but slight pain in the uterus itself. This is what constitutes the stumbling-block in the treatment of uterine maladies; the pain in the head, the disordered stomach, the uneasiness in the back, etc., which are but the consequences of some derangement of the womb, being regarded as the disease. Remedies are applied to the head, stomach, etc., the patient experiences no benefit, and the practitioner derives no credit. The disease, in the mean time, is progressing insidiously, and often results in the destruction of health. The womb is supplied with nerves by the two great divisions of the nervous systems, viz., the cerebro-spinal axis, and the trisplanchnic nerves. The former presides over animal life, whilst the latter are essential to organic existence. The pain in the back and head—the results of uterine disease—is conveyed through the cerebro-spinal axis, whilst the organic derangements, such as are observed oftentimes to occur in the stomach, heart, and digestive system generally, are due to the action of the ganglionic department.

There is one feature in this case with which is associated a very important and interesting fact—it is the character of the urinary deposit. Frequently patients will consult you on this subject; and if you regard the urinary deposit as a disease *per se*—if you connect it with some idiopathic affection of the kidneys, you will often err in judgment, and fail to benefit your patient. Lithates are not uncommon in the urine of females; and if your observation be directed to this point, you will discover that they are often the indirect results of disease of the womb. This character of deposit is one of the evidences of impaired digestion.

In diseases of the uterus, either functional or organic, this impairment, I have already remarked, is apt to follow through the operation of the trisplanchnic system of nerves. You see, therefore, how manifestly important it is, before having recourse to therapeutic measures, to ascertain where the cause and effect exist. In the patient before us, the derangement of the nutritive functions is, I have no doubt, the direct, whilst the lithates in the urine are the indirect results of the ulceration of the uterus. If this reasoning be correct—and its accuracy you will be enabled to corroborate when you shall have become extensively engaged in the treatment of the diseases peculiar to females—what course of action does common sense suggest in the person of this patient? Why, unquestionably, in the first place, to distinguish between the producing cause and its results, then, with the removal of the former, the latter will have no existence, the effect of which will be the restoration of this woman to health.

Treatment.—This will depend much upon the character of the ulceration, whether it be acute or chronic, benign or malignant. In the case before us, the ulceration is chronic and benign in its character, and the object, therefore, of the local application is not to destroy, but simply to modify, or rather stimulate, the vitality of the tissues. For this latter purpose, there are two substances much employed, and with excellent effect, viz: the nitrate of silver, and the acid nitrate of mercury. As a general rule, in these chronic ulcerations of the os, I prefer the former, and usually employ it in the solid stick. Cauterization of these chronic ulcers answers two objects. 1st. The eschar formed protects the ulcer for the time being against friction of the upper and loose folds of the vagina; 2d. It stimulates the part to healthy and restorative action. The application must be made through the speculum. This instrument, gentlemen, is subject to abuse. It is often employed unnecessarily, and its introduction followed by an unjustifiable aggravation of the patient's sufferings.

The speculum is not, in reality, an instrument of modern invention—its origin dates back for a long period of years; but its introduction to the profession as a means of diagnosis in diseases of the uterus, may be said strictly to have commenced with Recamier, who gave it an impulse to popularity, which has been extended to it, more or less, to the present time. I need not describe to you the various modifications which this instrument has undergone, nor is it even worth the time to enumerate the number of different specula which authors and practitioners have suggested for the adoption of the professional public. Suffice it to say, that they are not only numerous, but, in my opinion, unnecessary. Each has his own favorite instrument, whilst I am sure, in the great majority of cases, the object of the speculum—which is to see, and make applications to the diseased surface—may be fully accomplished by what is termed the cylindrical, and the valved speculum. So far as relates to diseases of the cervix uteri, the former answers every purpose when the cervix has not undergone much increase in

volume. In this latter case, however, the valved instrument will be preferable, for the reason that there will be less probability of inflicting injury upon the diseased surface. Also, in cases in which it becomes necessary to make application to the walls of the vagina, as, for example, in granular vaginitis, etc., the latter form of speculum is to be employed. On account of the cheapness, the cylindrical glass instrument answers very well, but an objection to it is its fragility, and the occasional injury inflicted on the patient by its breaking in the vagina, owing to clumsiness in its use. Here I show you an ivory instrument, which I am in the habit of using; for ordinary purposes, it is, on many accounts, the best you can employ. The object of the speculum is, I repeat, to afford the practitioner an opportunity of seeing the part affected, and of accurately applying to it whatever remedy his judgment may suggest. I have often remarked to you that, comparatively speaking, I rarely have recourse to the speculum as a means of diagnosis; I much prefer the sense of touch. This I have sedulously cultivated, and find no difficulty, under ordinary circumstances, in arriving at a correct data with it alone. I advise you, gentlemen, to cultivate this sense of touch—it will spare many a pang to your suffering patient, and produce very satisfactory results. On more than one occasion I have found it necessary to protest against the use of the speculum, for the double reason that it was unnecessary, and added a keen edge to the already melancholy anguish of the invalid. For example, in the ulcerated stage of carcinoma, what will justify the introduction of the speculum as a means of diagnosis? The physician who should require this instrument under such circumstances, would be just as much in the dark after its employment as he was before! Carcinoma, especially in its ulcerated form, speaks a very intelligible language—the simple touch of the educated practitioner will cause a complete and prompt recognition of this fearful malady. I remember on one occasion witnessing very serious consequences from the inopportune use of the speculum. It was a case of *cauliflower excrescence* of the cervix uteri. The instrument was thoughtlessly thrust against the diseased mass—the delicate pellicle covering the granules, which consist of a congeries of vessels, was thus ruptured, and profuse hemorrhage followed.

In introducing the speculum, the patient should be placed on her back, the hips brought to the edge of the bed, each foot resting on a chair. The room should be darkened, and when the instrument is properly introduced, a light should be applied, which will enable the practitioner to make the necessary application to the diseased surface. You should be careful not to expose your patient; and, as you perceive in the case before you, exposure is not necessary to the successful employment of the speculum. [Here the Professor introduced the instrument.] The speculum being well covered with oil, you separate, with the index and middle fingers of the left hand, the labia majora—the instrument is then introduced, not violently, but gently and cautiously,

carrying it at first from before backward, and after it has penetrated the vagina about three inches, the direction imparted to the instrument should be *backward* and *downward*, for the reason that in the great majority of cases, the cervix will be found inclined slightly toward the rectum. After carrying the instrument in this direction, it will then be necessary to depress the outer extremity of it, for the purpose of embracing completely within its focus the neck of the uterus. This is an important direction, and if you should omit it, the same thing may befall you that has often befallen others, viz.: to expose to view, and make your application upon the anterior portion of the neck of the womb, instead of one or other of the lips, which may be the seats of the ulceration. Something more, gentlemen, is necessary to cure your patient of ulceration, than the mere use of the speculum—this instrument has no instinctive power of self-introduction—it can not find its way to, and bring into view the diseased surface, without receiving proper impulse from the hand that directs it. Every thing, therefore, will depend upon the *modus in quo*, so far as relates to its accurate introduction. Now you perceive I have introduced the instrument, and I can very distinctly recognize the *os uteri* and the ulcerated surface, which is the object of interest to us. With this piece of sponge moistened, I remove from the ulcer the muco-purulent material, thus—and then touch the affected part with the solid nitrate. This application of the *nitrat. argenti* should be made once in five or six days.

In order to secure a soluble state of the bowels, and at the same time impart a gentle tone to the system, two of the following pills may be taken two or three times a day, as circumstances require :

R	Extract Gentianæ	}							℞j
	Pulv. Rhei	}							
	Saponis	.	.	.	.	.	.	.	℞ss
	Aquæ	.	.	.	.	.	.	.	℞. S.

℞. massæ in pil. xx. dividenda.

ULCERATION OF THE NECK OF THE UTERUS—CONFLICTING OPINIONS RESPECTING.—Few questions, gentlemen, in the department of obstetric medicine have excited, in late years, more controversy, or called forth a greater variety of conflicting opinions, than that involving ulcerations of the *os uteri*. It is, I think, to be regretted that medical men, like others in the various walks of life, are apt in their discussions to be swayed by pride of opinion, and influenced too much by love of victory. Truth is often obscured by such motives, and consequently a serious check given to the healthy progress of scientific inquiry. On reference to the contradictory opinions which have been advanced touching ulcerations of the neck of the uterus, full exemplification will be found of the accuracy of my statement.* For instance :

* One of the latest writers on this subject, Dr. West, maintains that ulceration of the cervix uteri is not only far less frequent than is imagined by certain authors, but he

Writers on this subject may be divided into two classes—the one class attaching but little value to these ulcerations, and often even doubting their existence—whilst the other, in all derangements of the uterine organs, can see nothing as a cause of these derangements but ulceration. Here, then, we have, on a cardinal point, two opinions directly opposed the one to the other. Both can not be right—which is the true one? I have great confidence in accurate observation, and feel a profound respect for what may be termed clinical facts—facts, not of fancy, but facts which have been confirmed at the bed-side, and which, therefore, have, if I may so speak, a high claim on the attention of the practitioner. Now, permit me to ask—What is it that the bed-side demonstrates on this vexed question? In my opinion it establishes the following truths:

1. That ulceration of the *os uteri* is of frequent occurrence; 2. That, in many instances, this ulceration is little more than a simple abrasion, giving rise to no local or constitutional disturbance, and will readily yield to rest in the recumbent position; 3. That neither the abrasion nor ulceration can be strictly considered primary affections—the former being frequently connected with congestion, whilst the latter is the result of inflammation of the organ; 4. That oftentimes simple ulceration, unattended by any structural change in the uterus, will not develop either local or general disturbance of the system; 5. That in many cases ulceration of the *os* requires judicious local treatment; 6. That with the local applications there must often be conjoined constitutional measures; 7. That the disturbances of the general system dependent upon either ulceration of the *os uteri*, or other derangements of the organ, will cease with the removal of these derangements; 8. That constitutional disturbances are often referred to ulceration of the *os uteri*, when no ulcerations exist—but, in lieu of which, there is some functional or organic disease of the uterus.

attempts, also, to show that it is usually unaccompanied by much local or general disturbance of the system. Indeed, he seems to regard this form of disease as an isolated affection. Dr. West is a clever writer, and, I have no doubt, a careful observer; his language bears the impress of candor, and yet it seems to me he has, in the pursuit of his inquiry, established some singular data for his opinions. For example, in speaking of the cervix uteri in a state of health, he observes: "But, if structurally so lowly organized—if physiologically of such secondary importance—if so much less subject than the body of the uterus to alterations in its intimate structure—and if so comparatively insensible even to rude modes of therapeutical interference—it certainly does appear to me that the assumption that some slight abrasion of the mucous membrane covering this part is capable of causing a list of ills so formidable as are attributed to it, ought to rest for its support upon some other and stronger foundation than any inference fairly deducible from anatomical or physiological data." (Page 22). Now, I readily concede all that Dr. West asks for the comparative insensibility of the cervix uteri in a state of health—but when under the influence of diseased action how different is the cervix! For then it becomes congested, oftentimes giving rise to profuse hemorrhage, and its sensibility is vastly increased. It is not, in my judgment, logical to measure pathological changes by the peculiar physiological or anatomical condition of a part in health.

These, gentlemen, are, I think, truly the revelations of the bed-side upon this disputed question—and they are valuable or otherwise precisely as they may be found to accord with well-directed clinical observation—observation unembarrassed by preconceived theory, with no hypothesis to sustain, but the sole object of which shall be the elimination of truth. Ulcerations of the *os uteri* may be divided into the benign, malignant, and specific. The benign include all those ulcerations the result of simple inflammatory action—the malignant, the various carcinomatous developments—whilst syphilis, scrofula, etc., afford examples of the specific ulcerations. Ulceration is also divided into acute and chronic.

Causes.—These are local and constitutional—the former may be divided into the predisposing and exciting. In examining the predisposing local causes of ulceration of the *os uteri*, we shall have explained why it is that this affection is comparatively of frequent occurrence. In the first place, the very position of the cervix necessarily predisposes it to inflammatory action. For example, it is situated in the most dependent portion of the trunk, its veins unsupplied with valves; and these two circumstances necessarily tend in a greater or less extent to an arrest in the circulation, thus inviting congestion in one or other of its forms. Secondly, the important function, menstruation, by occasioning a monthly afflux of fluids to the part, predisposes in no small degree to morbid influences in the cervix of the organ. As I have frequently remarked to you, the uterus possesses one remarkable characteristic, viz., great mobility. This may also be enumerated among the predisposing causes of ulceration. The exciting local causes are numerous, such as child-birth, cold, menstrual irregularities, excessive sexual intercourse, irritating injections, pessaries, masturbation, etc. Among the general or constitutional causes may be mentioned, plethora, and its opposite, dilapidated health. Chlorosis is not an unfrequent cause of ulceration, and you will often observe a peculiar form of ulceration in what is termed a scrofulous diathesis. In a word, gentlemen, I might proceed at great length to enumerate the various conditions of system acting both as predisposing and exciting causes of ulceration of the cervix uteri, but I do not deem it at all necessary. The point for you to determine in practice is the particular cause in a given case, and this your own good judgments will generally enable you to do without difficulty.

Symptoms.—The symptoms of ulceration are both local and general; but they are by no means uniform. Often there will be no pain about the uterus, the pain being confined to the back and loins, with shooting pains through the pelvis, etc. The discharge is sometimes purulent, muco-purulent; and when the ulceration is deep, it is more or less mixed with blood. Frequently, there is more or less menstrual irregularity, either dysmenorrhœa, menorrhagia, or suppression, and sometimes the irregularity consists in the quantity being simply defective. The general, or constitutional symptoms, are not only numerous, but extremely vari-

able, consisting of pains in different portions of the system, such as the head, chest, abdomen, sides, etc.; more or less derangement of the stomach, and nutritive functions generally; constipation, loss of appetite, etc. In fact, the constitutional disturbances consequent upon ulceration of the cervix resemble very closely those which result from other affections of the organ, either functional or structural, and to which your attention has been directed in the Clinique, as these affections have presented themselves to our observation.

Diagnosis.—In all cases of inflammation of the mucous membrane of the *os uteri*, there will not only be different phases of the inflammatory action, but there will also be different names given to the products of this inflammation, depending, in the first place, on the stages of the phlegmasia; secondly, on the particular part of the structure affected; and, thirdly, on the cause producing the inflammation, whether, for example, the disease be the result of pure, unmixed, or specific inflammatory action. Hence, some judgment will be required to note the various distinctions. In one case, there will be mere redness of the part, occasioned simply by a hyperæmic, or congested condition of the vessels; in another, granulations will be detected; and, in this case, the seat of the inflammation will be the follicles of the cervix. Again, the stage of hyperæmia may have passed, or the follicular structure may not be specially involved, and the morbid product will consist essentially in ulceration. The modes of distinguishing these various conditions will be by the toucher and speculum. There is, however, one fact of practical moment connected with this subject, viz., that the local and general symptoms of hyperæmia, granulations, and ulcerations of the cervix, bear a striking analogy to each other, and are ordinarily amenable to the same remedies.

Treatment.—The remedies for ulceration of the *os uteri* are extremely numerous. They may be divided into general and local; the former embracing blood-letting, purgatives, rest in the horizontal position, baths, etc., whilst the local remedies consist in the topical abstraction of blood by leeches, or cups, hip-baths, vaginal injections, and, lastly, cauterization. The agents employed for this latter purpose are as follow: the nitrate of silver, the acid nitrate of mercury, the Vienna paste, the potassa cum calce, and the red-hot iron. It can scarcely be necessary to remind you that cauterization is not to be had recourse to in the acute stage of ulceration.

SPINA BIFIDA IN AN INFANT, AGED TWO MONTHS.—James W., aged two months, has a congenital tumor, the size of an ordinary orange, on the lower portion of the spinal column. With the exception of the tumor, the child appears perfectly well, and exhibits every indication of good health. The case of this infant, gentlemen, presents an interesting example of what is termed *spina bifida*, which is a congenital deformity, and is traceable to defective ossification of the vertebræ, most commonly of the lateral arches and spinous processes. This defect in the organiza-

tion of the spinal column occurs usually, as in the case of this child, in the lumbar region, sometimes in the sacral, and rarely in other portions of the column; but instances are recorded in which the tumor involved the entire spine. In looking at this tumor, which you perceive projects more than two inches from the spine, it is not difficult to understand the mode of its formation. The tumor, in *spina bifida*, is sometimes large at its base, sometimes pediculated, and its volume is subject to numerous variations. In this affection, the spinal cord, its nerves and membranes, may all be in a healthy state; although, as a general rule, they are liable to more or less alteration. Paralysis of the bladder, rectum, and lower extremities, are not unusual accompaniments of *spina bifida*. It is important, in your examination of this form of tumor, to avoid rude manipulation, for undue pressure has occasionally resulted, especially when hydrocephalus coexists, in coma and convulsions.

It must be recollected that the spinal marrow in health is surrounded more or less with fluid. Occasionally, however, this fluid becomes morbidly increased, giving rise to the disease known as *hydro-rachitis*. Under these circumstances, the fluid is most frequently contained in the space between the visceral arachnoid and the pia-mater. In some instances, it exists in the arachnoid sac, and in such case many believe that it has passed through a laceration into the visceral arachnoid, coming from the sub-arachnoid cavity. In other, but very rare cases, it is found in the canal of the spinal cord. When this morbid accumulation thus occurs, the disease is similar to chronic hydrocephalus, and these two affections are often found to co-exist. You must, however, not confound the tumor, which necessarily arises from a *spina bifida*, with dropsy of the spinal marrow. In the former, in consequence of defect in the osseous matter, the natural fluid gravitates, and a tumor is formed because of the want of resistance. You see, therefore, that *spina bifida* and *hydro-rachitis*, or dropsy of the cord, are quite distinct the one from the other. *Hydro-rachitis* may exist without *spina bifida*; whilst the latter will occasion a tumor, which is not necessarily the result of morbid accumulation of fluid, but simply of the want of mechanical support. In the latter case, by elevating the pelvic extremities, and depressing the upper portion of the trunk, the tumor will be seen to diminish in consequence of the reflux of the fluid contained within the sac. In *hydro-rachitis*, on the contrary, this circumstance is rarely noticed. My own opinion of the case before us is, that the tumor is not the result of dropsy of the cord, but arises altogether from a want of support in the vertebræ. You perceive I now elevate the hips of the child, and depress the upper portion of its body—the result in the tumor is quite obvious from its diminished size. Chaussier says, according to observations made in the Maternité of Paris, *spina bifida* occurs about once in a thousand births.

Causes.—Defective ossification in some portion of the spinal column.

Diagnosis.—The situation and character of the tumor define the nature of the disease.

Prognosis.—This affection is almost always fatal, although the infant may survive for several months, and even years.

Treatment.—Authors have suggested various plans of treatment, among which are puncture and compression. Sir A. Cooper succeeded in effecting a cure by puncturing the sac with a needle, evacuating every fourth or fifth day the contents, and applying a roller bandage. Even this treatment, however, succeeds but rarely. Puncture, by the subcutaneous method, which is often preferred, because it prevents the entrance of air, has sometimes terminated in death. It should only be had recourse to in cases in which there is but little hope; and in this operation, it must not be forgotten that the spinal cord, which is frequently adherent to the internal parietes of the tumor, may become injured. Gentle compression is, perhaps, the safest plan to be adopted, and has in some cases proved successful. Chassaignac has published a case successfully treated by him by puncture, and injection of equal parts of water and tincture of iodine. In the case before us, I shall suggest nothing, at least for the present, with the exception of directing the mother to be cautious in protecting the tumor from injury.

MUCOUS DISCHARGE FROM THE VAGINA, AND PRURITUS OF THE VULVA, OCCASIONED BY VENEREAL CONDYLOMATA IN A MARRIED WOMAN, AGED TWENTY-EIGHT YEARS.—Mrs. R., married, aged twenty-eight years, no children, is much troubled with irritation in the vagina, accompanied with pain, and a sense of fullness in the parts. Her most distressing symptom is excessive itching, for which she says she has applied various remedies without any benefit. She is also affected with an annoying mucous discharge from the vagina. It would be a difficult matter, gentlemen, to prescribe for this patient, with any reasonable hope of success, without knowing something more of the case than the above symptoms indicate. You have had before you, during the present session, numerous cases of females complaining precisely of the same character of symptoms described by this patient, and traceable to various causes. The first object, therefore, to occupy your attention, and the only sure basis for relief, is to ascertain, if possible, what it is that has produced the pruritus, mucous discharge, etc., in the present case. Fully realizing the difficulty of prescribing, with any degree of satisfaction, without more positive knowledge of the circumstances connected with her disease, I requested this woman to submit to an examination, to which she at once consented. I found, just within the vagina, several fleshy elevations, separated from each other, and pediculated, presenting a reddish color. The character of these growths excited my suspicion, and I questioned the patient very closely as to what had produced them. She frankly acknowledged that about four months since she had been affected with syphilis, contracted from her husband, a dissolute and worthless man. Growths, such as are exhibited in the person of this patient, are among the se-

quelæ of venereal disease, and they demand much care, in order that they may not be confounded with excrescences in these parts, from other causes. They are sometimes called condylomata, vegetations, mucous tubercle, etc. They are more common in women than in men, and may result from either gonorrhea or syphilis. They sometimes are primary, but most frequently, I think, secondary. They are usually attended with pruritus and a mucous discharge.

Treatment.—In the case before us, these condylomata are secondary; and, moreover, they are pediculated, which is not always the case. When pediculated, the readiest mode of removing them is with the curved scissors, and then touching the bleeding surface with the solid nitrate of silver. There are numerous local applications employed for the cure of these growths, such as the following:

℞	Pulv. Sabinæ	gr. x
	Pulv. Sulphat Cupri	gr. x M.
℞	Unguent Hydrarg.	℥ ss
	Unguent Iodinæ	℥ j M.
℞	Oxymuriat. Hydrarg.	gr. ij
	Aquæ Calcis	℥ j
		<i>Ft. sol.</i>
℞	Sub. Mur. Hydrarg.	℥ j
	Adipis	℥ j
		<i>Ft. ung.</i>
℞	Chloride Sod.	℥ j
	Aquæ distillat.	℥ viij
		<i>Ft. sol.</i>
℞	Nitrat Argenti	℥ j
	Aquæ distillat.	℥ j
		<i>Ft. sol.</i>

One of the chief points in the treatment is strict cleanliness, and for this purpose the patient should be directed to take a hip-bath daily. It will be proper, under the circumstances, for the patient to take in divided doses during the day a pint of the compound decoction of sarsaparilla, with ℥ j of dilute nitric acid. "Will you allow me, my good woman, to remove these tumors?" "Yes, sir." [Here the patient was placed on the bed, and the Professor, with a pair of curved scissors, removed the condylomata, five in number, and then applied the caustic to the cut surface.] "You must take a hip-bath, my good woman, every day, and use the medicine as above directed, for two or three weeks, and you will be restored to health. This case, gentlemen, is interesting on several accounts. In the first place, the pruritus and mucous discharge, the two prominent symptoms, could not be remedied without accurately understanding the particular cause which had occasioned them. And secondly, these morbid growths are the product of a previous venereal contamination.

LECTURE IX.

The Uterus and its Appendages.—Their Structure.—The Modifications of Structure in Pregnancy.—The Uterus in Health and Disease.—Its Physiological Action.—Normal Position of the Organ.—Does it enjoy much Mobility?—Ante-version of the Uterus from a Collection of hard Fæcal Matter in the Rectum.—Removal of the accumulated Fæces by the Introduction of a small Spatula.—Constipation and Diarrhoea in Pregnancy.—Suppression of the Menses in a Girl, aged eighteen Years, the Suppression following an attack of Scurvy?—What is the Cause of Scurvy?—Has it any Influence over the Menstrual Function?—Falling of the Womb in a married Woman, three Months Pregnant, with inability to pass Water.

GENTLEMEN—The uterus, and its appendages, whether we regard them in connection with their physiological action, or their pathological changes, are among the most remarkable organs in the entire system. The truth of this remark you have had ample opportunity to test in this clinique, where you have seen almost every variety of disease and displacement to which these organs are subject. You have studied them in health; and you have studied them, also, in affections both functional and organic. You have marked the important influence they exercise over the economy—in health, insuring harmony to the mechanism, whilst, under the influence of morbid action, they produce the most varied disturbances. Hippocrates, centuries ago, observed: *Uterus sexcentorum morborum causa;*” and if, in this remark, we recollect that he did not limit himself exclusively to the uterus itself, but intended to embrace what may be termed the reproductive organs of the female, whilst we admire his sagacity at that early period of our science, we can not but be struck with the truthfulness of his judgment. I propose to-day to make some general observations on the uterus itself, more especially in reference to its structure, its normal position, and the displacements to which it is liable. The structure of this organ is composed of various elements, and consequently it is subject to numerous diseases. Its structure may be said to present: 1. An external covering, which consists of anterior and posterior duplications of the peritoneum; 2. An internal covering or lining membrane, which is essentially mucous in its healthy functions, and in its pathological changes; 3. An intermediate muscular tissue; 4. Blood and lymphatic vessels; 5. Nerves. 6. Ligaments. It must be apparent to you that the union of such varied

tissues in an organ must necessarily expose that organ to varied and numerous diseases. For example, its external investment, the peritoneum, becomes oftentimes the seat of inflammatory action, subjecting the patient to the greatest possible peril; the internal investment, the mucous lining, is also subject to inflammation, profuse hemorrhages, polypoid and other growths; the intermediate tissue, consisting essentially of muscular fibres, is the seat of rheumatic attacks, spasmodic contractions, interstitial tumors, calcareous concretions; the nerves sometimes become affected, giving rise to neuralgia; whilst the blood-vessels, under certain influences, enlarge, and endanger life by profuse bleedings: the ligaments, too, are liable to laceration and inflammation; again, the *cervix uteri* is frequently the center of serious morbid action—inflammation, ulceration, granulation, engorgement, hypertrophy, and the various malignant growths.

In addition to all these maladies to which the uterus is liable, you are not to omit another most important class, composed of what may be called its functional derangements, embracing the various menstrual aberrations, &c. Again, study this organ amidst the numerous phenomena which develop themselves during gestation, the modifications of its texture during this period, the changes in its physiological action, the multiplied sympathies it evokes throughout the economy; and remember, too, that the increase of size in the impregnated uterus is the result of successive new formations which, commencing in the most rudimentary state, continue until the highest degree of organization is consummated. When the uterus has attained its full development under the influence of pregnancy, it then enters upon a new series of duty—it becomes the center, as it were, of two movements: one is the spontaneous and independent contraction of its muscular fibres, the other movement is the result of reflex action derived from the *medulla spinalis*. The object of these combined movements is an expulsive force, which enables the organ to throw the child into the world, after it has attained an intra-uterine development sufficient to prepare it for an individual or independent existence. As soon as this last act has been completed, the organ then undergoes new changes in its elementary constitution—the blood-vessels and nerves which, during gestation, were largely developed, now diminish in volume, and soon not a vestige can be detected by the eye; the muscular tissue becomes much less considerable through the diminution both in size and number of its elements—the musculo-fibre cells—and its alteration is such that it oftentimes assumes a fatty degeneration. In a word, the organ becomes invested again with a rudimentary character, which continues until stimulated to new formations, and a more perfect organization by pregnancy.

This, gentlemen, is but an outline, brief indeed, of the peculiarities of the uterus, and if, in addition to what has been said, you take into view the various displacements to which this organ is subject, involving such

an infinity of abnormal phenomena, and exposing it to such multiplied derangements, the wonder is, as has been well observed, *not that the uterus is so often the seat of disease, but that it should enjoy even a comparative immunity from disturbance.* It is, indeed, not strange, that this cradle of man, as it has not been inaptly termed, should have excited the enthusiasm of the fathers of our science. It is related of Galen, that on first beholding the texture of the uterus, he exclaimed, that he would sing hymns of thankfulness to the gods, for having been permitted to behold such a wonderful structure! This organ is essentially intended as a temporary domicile for the foetus, a place of sojourn until it has received from its parent sufficient development to prepare it for an external existence, and, therefore, is strictly an organ of gestation. Let us now examine very briefly the various elements, which, in the aggregate, constitute the volume of the unimpregnated uterus.

1st. *The external or peritoneal covering.*—The entire posterior surface of the organ is covered by peritoneum, whilst it extends only on the two superior thirds of the anterior surface; the inferior third of this surface being in contact, through the medium of cellular tissue, with the *bas-fond* of the bladder. The peritoneum passes down on the posterior surface of the bladder, and reflects on the two upper thirds of the uterus; this duplication forms the anterior fold of the broad ligaments, whilst the posterior fold is formed by the descent of the peritoneum on the anterior surface of the rectum, and its reflection on the posterior surface of the uterus. Thus, you perceive, these two duplications of the serous membrane, one anterior and the other posterior, embracing within their folds the uterus and its annexæ, stretch transversely across the pelvic excavation, dividing it into two halves, the front one of which contains the bladder, and a small portion of the small intestine, whilst the posterior affords space for the rectum, and also a portion of the small intestine. It may be observed that the adhesion of the peritoneum to the subjacent tissue on the lateral portions of the organ, and to a part of the cervix, is not so marked as on the remaining surface, where it becomes intimately interwoven, as it were, with the substance of the uterus.

2d. *The mucous or lining membrane of the Uterus.*—There have been many opinions advanced with regard to the true nature of the membrane lining the cavity of the uterus; some contending that it is really and essentially a mucous surface, whilst others deny to it *in toto* this character, and declare it to be nothing more than an epithelial covering. Coste, and others, however, have, through their researches, established some exceedingly interesting points touching this question, and have demonstrated beyond all peradventure its mucous properties. It has been shown that the mucous membrane of the *os* and *cervix uteri* possesses very different characters from that which invests the body of the organ. This membrane on the free extremity of the *os uteri* is simply a continuation of the vaginal mucous surface, becoming, as it

passes on the *os tincæ*, remarkable for its tenacity and strong adhesion to the proper tissue of the organ. On this free extremity, there are numerous mucous follicles, which secrete in health mucus, and under the influence of disease an acrid fluid, which oftentimes irritates the adjacent organs. During pregnancy, these follicles enlarge, and produce a secretion intended to lubricate, and prepare for their ultimate distension the uterus, vagina, etc. The mucous membrane of the body of the uterus is much less abundantly supplied with follicles than that of the *os* and *cervix* of the organ. There is another interesting fact connected with the mucous surfaces of the neck and body of the uterus—the former secretes a thick, viscid mucus, similar to the white of an egg—whilst the latter furnishes a thin and colorless material. Donnè maintains that the vaginal mucus is acid, whilst that furnished by the internal surface of the uterus is alkaline; and it would appear from more recent experiments made by Mandle and Fricke, that the mucus secreted by the body of the organ is also acid, whilst the only alkaline mucus is that which comes from the internal surface of the *cervix*. This is an important fact to be recollected, for it has a strong bearing on the difference in the diseases of the body and neck of the uterus.

The entire uterine mucous surface is covered by epithelium, which at each menstrual period is thrown off, and again reproduced. I need not call your attention to the difference in the physical appearance and properties of the true mucous membrane of the uterus and this epithelium. Frequently, they have been mistaken one for the other, and hence the opinion that the mucous coat is discharged often from the uterine cavity. There are a few well-established cases of this kind, but such an event is extremely rare.

If you remember the source from which the mucous lining of the *os* and *cervix* is supplied with blood, and then contrast it with that from which the mucous coat of the body of the uterus derives its supply, you will at once have satisfactorily explained not only the difference in the vascularity of these surfaces, but you will also see a reason for the marked difference in the diseases with which they are respectively affected. For example, the *cervix* is supplied only from the ovarian arteries, which give it but a few small branches, whilst the larger portion of its branches unite with the uterine arteries, to furnish the body and fundus of the organ, and especially the mucous coat; and it is to this circumstance that the latter owes its greater vascularity. This again explains another interesting fact, viz.: the remarkable difference in the engorgement of the body and *cervix* of the uterus at the menstrual crisis. Allow me here to call your attention to another interesting, and both in a physiological and pathological sense a most important circumstance. It is this—the mucous membrane of the *os* and *cervix uteri* is comparatively void of sensibility in health, whilst that of the body of

the organ is characterized by more or less susceptibility to pain from external impressions. Every day's experience demonstrates this fact, but I may mention a solitary proof. In introducing the uterine sound, the patient rarely complains of suffering, whilst the instrument is traversing the mucous membrane of the cervix—it is only when it enters the body of the uterus that she manifests pain. We do not, however, concur in opinion with Jobert de Lamballe, who says the cervix is absolutely deprived of sensibility, and that it does not receive any nerves; the researches of Ludovie, Hirschfeld, and others, demonstrate that there are at least some few nerve fibres in the cervix uteri. The mucous membrane of the uterus has been found to contain fibro plastic tissue, which is the ordinary element of the fibrous tumors not unfrequently seated on one or other of the two surfaces just described. These tumors, as has been shown more particularly by Dr. Charles Robin, are mere accumulations of a normal element.

3d. *An intermediate muscular tissue.*—Few questions have given rise to more earnest discussion than the peculiar nature of the intermediate tissue of the uterus. For a long time it was most emphatically denied that muscular fibre entered into any part of its texture, and even now there are some writers who maintain this latter opinion. But mere opinion is worth nothing unless it accords with facts. Indeed, the only value of opinion consists in its truth. Without this, it is worse than dross, and has served in too many instances to confuse, if not retard science. Now, with regard to this very question, what has the anatomist revealed, and what has he in the most satisfactory manner demonstrated? He has both revealed and proved the existence of muscular structure in the uterus, and yet if you look for this demonstration of muscularity in the organ, when unimpregnated, you will be disappointed. Not that the muscular tissue is not there, but it is so modified that its identity is not easily recognized. If, then, you attempt to decide this controverted question by an inspection of the womb only in a state of vacuity, you may inflict a wrong upon science. It is like deciding a question of law by an examination of one or two points only of the evidence. The whole testimony or none, is a good maxim in law, and it is equally applicable in medicine. In the unimpregnated uterus, the intermediate tissue of the organ is whitish, and possesses extreme density; the muscular fibres are so firmly interwoven with each other, and so altered, that it is not only impossible to trace them, but almost as impossible to determine their true nature. On the other hand, you will have no difficulty in deciding as to the character of this tissue, if you examine the impregnated uterus—here every thing is changed, through the progressive developments of the various structures consequent upon gestation, and the muscular fibre is not only plainly recognized, but its direction and general distribution are palpable. In fine, nothing is better settled than that the uterus is not only endowed with a really fibrous structure, but that it is es-

sentially in form and in action a hollow, or, if you choose, an orbicular muscle. The recent researches of Koelliker have proved that the muscular fibres of the uterus are, like the fibres of all the other muscles of organic life, composed of elongated cells, more or less adherent to each other. The office of the uterus is to afford accommodation to the foetus during its intra-uterine life, and then to accomplish its birth through an expulsive force derived from the contraction of its muscular structure.

4th. *Blood vessels and lymphatic vessels of the Uterus.*—The uterus derives its supply of blood from two sources, viz.: the ovarian and uterine arteries. The former generally pass from the aorta just below the origin of the renal arteries; they descend along the vertebral column, behind the peritoneum, and in front of the psoas muscles and ureters; they then pass between the duplications of the broad ligaments, and dividing into several branches supply the cervix, body, and fundus with blood; anastomosing in the two latter portions of the organ with branches of the uterine arteries; these latter, the uterine arteries, one on each side, are given off by the hypogastric or internal iliacs, and proceed to the lateral portions of the uterus, and then in conjunction with the ovarian vessels distribute themselves through the substance of the organ. Before puberty, these vessels are extremely small, and convey to the uterus but little blood, for the reason that this organ is without function, and needs no more blood than is necessary for its nutrition. Indeed, in this particular they may be considered in some sense as analogous to the two branches of the pulmonary artery during foetal life; these convey to the lungs of the foetus, which are also without function, just blood enough to maintain their vitality. But as soon as respiration is established, and the foetus commences its independent existence, the surplus blood which before was conveyed through the ductus arteriosus to the aorta, passes through the right and left branches of the pulmonary artery, respectively to the right and left lobes of the lungs, for the purpose of purification. So also, when puberty has been attained, the blood vessels of the uterus have new duties to perform; the wants of the organ are greater, for the reason that its specific function, menstruation, commences. Hence, there is a monthly sanguineous congestion of the uterus.

The veins are likewise distributed throughout the parenchymatous structure, and what is worthy to be recollected, they are without valves. This latter circumstance, together with the peculiar position of the uterus, preventing the free return of venous blood, is oftentimes a predisposing cause of undue congestion of the organ, thus exciting in it more or less disturbed action. The lymphatic vessels of the uterus communicate with the pelvic ganglia, and those of the cervix communicate also with the lymphatics of the anterior portion of the vagina. You will occasionally observe, in carcinoma and other affections of the cervix uteri, engorgement of the inguinal glands. This may be explained by the anomalous distributions of these lymphatics to which attention has been directed by

certain writers. In metritis, supervening upon child-birth, the lymphatic vessels of the uterus will frequently be found filled with pus.

5th. *Nerves of the Uterus.*—The uterus is supplied with nerves from the ganglionic and cerebro-spinal systems; the former, the ganglionic nerves, come from the renal and hypogastric plexuses, and are distributed freely throughout the structure. The cerebro-spinal nerves are furnished by the sacral plexus, and are distributed by anastomosis, and otherwise, with the ganglionic nerves, on the various portions of the uterus. It has been very positively denied that the uterus receives any nerves whatever from the cerebro-spinal axis, and one of the most formidable advocates of this opinion is M. Bouillaud; on the other hand, Jobert maintains that the projecting portion of the cervix uteri is entirely deprived of nerves, and is, under all circumstances, insensible. As to the complete insensibility of this part of the cervix in some cases, he is, perhaps, not altogether wrong; but to deny that it never becomes the seat of pain, is at variance with actual experience. To the opinions of Bouillaud and Jobert may be opposed the researches of Hunter, and, in our own times, of Tiedemann, Robert Lee, Muller, Herschfeld, and Boulan, who have positively recognized in the uterus, in the cervix, as well as in other portions of the organ, distributions of the cerebro-spinal nerves.

It is a great question, not yet decided, whether the nerves of the uterus become enlarged and more numerous during pregnancy, or whether they retain the peculiarities which marked them when the organ was in a state of vacuity. This question has given rise to rather a warm controversy between Dr. Robert Lee and Dr. Snow Beck. The former, after Tiedemann, endeavored to prove, that the increase, both in number and volume is considerable; whilst Dr. Beck, after J. Hunter, denies this altogether, and maintains that the increase is only in appearance, for the reason that the microscope reveals the fact, that the neurilemma and certain fibrous bands connected with it have been mistaken for nerves. However this question may ultimately be decided, there is one circumstance which, from analogy, would seem to give strength to the views of Dr. Lee, and it is this, that in hypertrophy of the muscles of animal life—and the same thing is observed in hypertrophy of the heart—as first pointed out by Dr. Lee, and afterward completely proved by an able German micographer, Dr. Cloetta, there is an increase in the number and size of the nerve-fibres.

Normal position of the Uterus—does it enjoy much mobility?—The uterus is contained within the pelvic excavation, supported below by the vagina, having in front the bladder, with the bas-fond of which it is connected at its inferior third, posteriorly the rectum, between which and the posterior surface of the uterus is the triangular fossa; and above, in front and behind, the small intestines. These are the respective relations of the unimpregnated womb; its long axis is slightly oblique from above downward. The question now naturally arises, is the uterus an organ

which enjoys a great degree of mobility? You will find, gentlemen, that there are few organs in the system which possess this property to a greater extent. In the first place, the bladder, which is immediately in front, often becomes greatly distended with urine, and thus exerts a pressure against the uterus, to which this latter yields, constituting a retro-version; again, a distended rectum will throw it forward, and thus we have ante-version; the small intestines, if much loaded, will exercise a pressure which will dispose the organ to become prolapsed, whilst the vagina, relaxed under the influence of disease, or from the effects of child-birth, will become measurably unable to give the organ its proper support, and hence again prolapsus to a greater or less extent. In addition to these, there are other causes which will produce deviations of the uterus, such, for example, as the weight of a fatty omentum, the accumulation of fluid in the abdominal cavity, enlarged ovaries, the presence of tumors, the corset, and other absurdities, had recourse to by the devotees to fashion, for the purpose of imparting grace to the figure, a grace oftentimes purchased at a heavy cost. An enlarged, as also a contracted pelvis, will greatly, under certain circumstances, influence the position of the uterus. To these various influences may be added falls, blows, etc.

You see, therefore, that the uterus is characterized by great mobility, resulting frequently in displacements, some of which are transitory, whilst others are more permanent, calling for the interposition of science. When you consider the numerous causes of uterine displacement, more or less constantly in operation, together with the peculiar offices of the uterus itself, you can not regard this mobility of the organ in any other light than as a conservative act of nature. Suppose, for instance, the case of a distended bladder; if the uterus, under such circumstances, were fixed, and did not yield to the pressure exercised against it, the consequence would be serious inflammation of one or both organs, between which and displacement no comparison, so far as the safety of the patient is concerned, can be instituted. Again, many women suffer severely from injury to the neck of the uterus during sexual intercourse, especially in cases where there is disproportion between the male and female organs. How much more frequent, and more intense would this suffering be if the uterus at the time of intercourse were immovable! Its very mobility is, in this case, its only protection against excessive injury.

Fallopian Tubes.—These are two in number, and may be considered the excretory ducts of the ovaries as they afford a channel of passage for the ovule from the ovary to the uterus. They are situated on the superior border of the broad ligaments, at the lateral and superior angles of the uterus, with the cavity of which they are continuous, and terminate at the ovaries by a free or fimbriated extremity. The fallopian tubes have, like the uterus, an external or serous coat, an internal or

mucous coat, and an intermediate muscular tissue. They are supplied with blood from the same source as the ovaries.

Round Ligaments.—The round ligaments arise from the lateral borders of the uterus, just below and in front of the fallopian tubes; they then pass outwardly and downward, and, after traversing the inguinal canal, terminate at the pubes. These ligaments are intended, no doubt, to antagonize the action of the distended bladder, and in this way prevent the more frequent occurrence of retro-version of the uterus.

Ovaries.—These are essentially the organs of generation in the female—they are the analogues of the testes in the male, and hence are called the testes muliebres. Without the ovaries, the female can not become impregnated, for the reason that she can not furnish the ovule, this being a secretion of the ovaries themselves. These bodies are two in number, small and almond-shaped; and are situated on the sides of the uterus to which they are attached by the ovarian ligament. The ovaries remain small and are without function until the age of puberty, and become atrophied in old age. The structure of these bodies is peculiar—they are composed, 1st. Of a dense fibrous texture, called the tunica albuginea, which is invested by, and in close adhesion with, the peritoneum; 2d. Of a spongy, vascular tissue, glandular in its nature. To the former, the albuginea, Baër has given the name of the *stratum superficiale*, whilst the term *stratum intimum seu proprium* is applied to the subjacent or glandular substance, which is in fact the proper ovarian tissue. In this latter one is imbedded the graafian vesicles, varying in the adult from ten to twenty in number. These vesicles at the catamenial period approach the surface, and in their maturity become detached, and pass off with the menstrual fluid, should fecundation not take place.

ANTE-VERSION OF THE UTERUS FROM A COLLECTION OF HARD FÆCAL MATTER IN THE RECTUM; REMOVAL OF THE ACCUMULATED FÆCES BY THE INTRODUCTION OF A SMALL SPATULA.—Mrs. W., aged twenty-five years, married, the mother of one child one month old, complains of a severe bearing-down pain in her back passage, with a frequent desire to pass water, but an inability to void more than a small quantity at a time; she is laboring under obstinate constipation, sometimes a week elapsing without an evacuation, and then after excessive straining, she is only able to pass a small piece of hardened fæcal matter. “How long, my good woman, have you suffered from constipation?” “I begun to be bound in my bowels, sir, about four months after I became pregnant, and I have been troubled in that way nearly all the time since.” “How long have you felt the bearing-down pain in your back passage?” “Ever since the birth of my child, sir.” “Now tell me, if you please, whether you have had this frequent desire to pass water a long time?” “No, sir, I was not troubled with it until my babe was born.” This case, gentlemen, is one of much practical interest; I have made a very

careful vaginal examination, and have no difficulty whatever in accounting for the bearing-down pain, the frequent desire to void urine, etc., of which this woman complains. She is laboring under ante-version of the uterus, that form of uterine displacement in which the fundus of the organ is thrown forward, pressing more or less against the bladder, and the cervix is thrown in the opposite direction. Ante-version, though much more rare than retro-version in the unimpregnated state, is, however, occasionally met with. It is generally said by authors that this character of displacement never occurs in pregnancy. This may be true, or at least I can readily imagine its comparative rarity in the earlier periods of gestation before the fundus uteri has ascended above the brim of the pelvis. I have never seen a case of ante-version under these circumstances; but at a later period, especially from the sixth to the ninth month, ante-version does sometimes really take place, not in primiparæ, but in women who have borne several children, and whose abdominal parietes have become so relaxed as to be inadequate to give proper support to, and retain in its position the developing uterus. In such case, the fundus falls forward, giving a peculiar and remarkably protuberant aspect to the abdomen. I have seen two cases of this kind, one of which has been reported. The case I allude to was that of the lady at Fort Hamilton, whom I saw in consultation with Drs. Carpenter and Elwes; she had been in labor for several days—the fundus of the womb had fallen forward, and the cervix was directed backward, so that all effort on the part of the uterus to expel the child was abortive, for the reason that the head was pressing against the sacrum. In this instance I performed version, and saved both the mother and child.

But let us return to the case before us. This woman complains of pressure on the back passage, obstinate constipation, a frequent desire to pass water, etc. It is by no means an uninteresting point to inquire whether any connection can be established among these phenomena, and whether such connection will stand in the relation of cause and effect. In the first place, we are informed by this patient that she has suffered more or less from constipation since the fourth month of her pregnancy. Secondly, the bearing-down pain, and difficulty with her water, have only manifested themselves since the birth of her child. These facts are so far very important in tracing this connection; and now let us see what has been developed by a vaginal examination. I find, by this examination, the fundus uteri pushed forward pressing upon the bladder, whilst the cervix is turned in the opposite direction; and another most important fact I have ascertained, viz.—*the rectum is greatly distended with lumps of hard fecal matter.*

Here, then, is a case of displacement of the uterus, ante-version, produced solely by the mechanical pressure of the distended rectum against the posterior surface of the organ: in the absence of any antagonizing force the uterus has fallen forward, and hence the displacement. With

these facts, nothing is easier than to establish the connection to which I have alluded. The constipation is the first link; the collection of fæcal matter in the rectum, the immediate result of the constipation, is the second link; the ante-version, the direct consequence of the distended intestine, is the third link; and the frequent desire to void urine, etc., the result of the pressure of the fundus uteri against the bladder, is the fourth link.

Now, gentlemen, permit me to ask you, what is the course of treatment to be pursued in this case—what is the indication which common sense points out? Why, undoubtedly, to remove the constipation by appropriate remedies. It is, however, most desirable in these cases in which there has been a collection of fæcal matter for a long time in the rectum, not to wait for the operation of medicines, but to remove it with an instrument. If I were to order an enema for this woman, the great probability is, that it would not pass into the intestine because of the obstruction; and the operation of a cathartic would be very apt to be greatly retarded by the presence of these lumps of fæces. But the important argument in favor of removing the fæces with an instrument is, that it will afford immediate relief to the patient—for as soon as the distension of the rectum subsides, the uterus will cease to be pushed forward, and the symptoms consequent upon the displacement will also cease to have an existence. “Now, my good woman, if you desire it, I will relieve you from your suffering by a very simple operation.” “You won’t cut me, sir, will you?” “Indeed, I will not; but I will necessarily be obliged to give you a little pain.” “Well, sir, if you will only relieve me, I will submit.” “That’s right, my courageous woman.” I now propose, gentlemen, to bring away the fæcal matter from the rectum, which may be done either by means of this small spatula, or by the introduction of the index finger; and here allow me to remind you that a physician should never be above his duty, even if that duty involve the necessity of a *fundamental* operation. [The patient was placed on the bed on her left side; the Professor then having oiled the spatula introduced it into the rectum, and by gentle manipulation removed in successive lumps a large quantity of fæces. The patient after the whole had been brought away expressed herself much relieved, and said she had not felt so free from suffering since the birth of her child.] The next thing to be done for this woman is to prescribe a cathartic; and for this purpose, I shall order

R Olei Ricin. ℥j

If, after this, she should need other medicine, let her take, as occasion may require, a wine-glass of the following saline mixture:

R Sulphat. Magnesiae	{	. . . . .	āā ℥j
Sup. Tart. Potassæ			
Aquæ Puræ		. . . . .	Oj
			<i>℞ sol</i>

CONSTIPATION AND DIARRHŒA IN PREGNANCY.—We have had in the clinique, from time to time, a great number of pregnant females, some seeking advice for one trouble, others for another, etc.; but the almost constant fact, which we have observed, and which accords with daily experience in practice is—that all were more or less subject to constipation. Indeed, it may be said that regularity of the bowels during gestation is the exception, whilst constipation is the general rule. If this proposition be correct, and there is no question as to its truth, the inquiry naturally arises—Why is this? Laying aside those cases of constipation, which are to be attributed simply to carelessness and neglect, there are numerous others continually occurring during the pregnant state, which need some other explanation. We know very well that the uterus in a state of gestation awakens in the economy numerous sympathies—and these sympathies can not exist without more or less derangement of the healthy or natural functions of the particular organs with which they are connected. For example, nothing is more common in pregnancy than disturbance of the stomach—hence vomiting is one of the usual accompaniments of this state; so likewise do the heart, lungs, kidneys, liver, and the nervous centers, etc., become more or less deranged in their respective functions; and these sympathetic influences are produced through the ganglionic system of nerves, which, becoming more or less the seat of irritation in the uterus, transmit this irritation through ganglia and plexuses to other organs of the system. I believe that to a certain degree the constipation so common in pregnancy may be explained in the same way, the regular action of the intestinal canal being modified in consequence of a want of healthy nervous power from the ganglionic nerves: this, at all events, in my opinion, is the true explanation of torpor of the bowels in the earlier months of gestation; and I, therefore, am disposed, as a general rule, to regard constipation as an accompaniment of pregnancy for the same reason that I do nausea, vomiting, etc., each being traced to the same cause, viz., irritation of the ganglionic system of nerves. But at a later period of pregnancy, there is an additional cause brought into operation, pressure of the uterus against the intestine; this shows itself most sensibly during the last four months of gestation, for at this period the uterus compresses the large intestine just as it passes from the left iliac fossa to the sacrum, and hence there is more or less obstruction at this point to the descent of the *fæces* into the rectum. It may be asked why, when the impregnated uterus becomes largely developed in the abdominal cavity, the whole intestinal canal does not suffer from compression? The simple reason is, that the intestines above the pelvis enjoy great mobility, and are, therefore, from this cause enabled to accommodate themselves to the distended uterus. But, gentlemen, you will occasionally encounter an opposite state of the bowels during gestation—I mean diarrhœa; and it is proper for you to remember that the same causes capable of producing diarrhœa when

pregnancy does not exist, may also display their action during this state—such as improper food, cold, etc., and again diarrhœa in pregnancy, as in other conditions of the system, will sometimes be the direct consequence of the constipation. Have you never, for example, seen a case of protracted constipation followed by severe diarrhœa? If you have not, such instances will undoubtedly occur to you in practice. In these cases, the intestinal canal becomes excessively irritated by the presence of fœcal matter, and the consequence is more or less profuse diarrhœa.

Now, one word, by way of parenthesis, as to the treatment of this latter form of diarrhœa. Give astringents, and you will probably destroy your patient; on the contrary, administer a good cathartic medicine—sweep the whole intestinal canal, remove the offending cause, viz., the accumulated fœcal matter, and you will not only arrest the diarrhœa, but you will restore your patient to health. There is, however, gentlemen, what may be called the *diarrhœa of pregnancy*—that is to say, diarrhœa will sometimes supervene upon pregnancy almost simultaneously with the inception of this state, produced by a peculiar condition of the ganglionic nerves; so that, although far less frequent than constipation, yet diarrhœa may be considered an occasional symptom of gestation. Although both constipation and diarrhœa may be said to be, under certain circumstances, the accompaniments of pregnancy, yet they will sometimes, if not controlled, lead to serious consequences, and they, therefore, require the attention of the physician. For example, constipation will oftentimes be productive, especially in plethoric women, of headache, general nervous irritability, fever, insomnolence, etc.; and diarrhœa, also, may, by debilitating the system, give rise to unpleasant results; but *what is most to be apprehended is its tendency in women of great nervous susceptibility to produce miscarriage.*

Treatment.—It is very desirable during gestation to assist nature in overcoming the usual torpor of the intestinal canal; and for this purpose I am in the habit of ordering a simple enema of warm water early in the morning—or what very frequently answers an excellent purpose, a tumbler of cold water drunk as soon as the patient leaves her bed. Sometimes it may be necessary to give a little manna dissolved in water; and again one or two of the following pills may be administered, according to circumstances:

R	Massæ Hydrar.	.	.	.	.	.	.	gr. xij
	Saponis,	.	.	.	.	.	.	gr. xij
	Assafœtidæ,	.	.	.	.	.	.	gr. vj

Ft. Massa in pil. vj dividenda.

Much may, however, be accomplished by diet, such as vegetables, fruits, etc., in overcoming this tendency to constipation. The diarrhœa must be treated on general principles—should it result from improper food or constipation, a purgative will be indicated; if from nervous irritability, calming enemata, etc.

SUPPRESSION OF THE MENSES IN A GIRL, AGED EIGHTEEN YEARS, THE SUPPRESSION FOLLOWING AN ATTACK OF SCURVY. WHAT IS THE TRUE CAUSE OF SCURVY? HAS IT ANY INFLUENCE OVER THE MENSTRUAL FUNCTION?—Ann V., unmarried, aged eighteen years, has suffered from suppression of her courses for the last four months. “How long, my good girl, have you been in this country?” “Just two months, sir.” “Are you from Ireland?” “Yes, sir.” “Had you a long passage across the Atlantic?” “We were ninety-seven days, sir, coming over.” “What was the state of your health before you left the old country?” “It was always good, sir.” “Were your turns regular?” “Always, sir, until I got the scurvy at sea.” “How do you know you had the scurvy?” “O! sir, there were fifty of the passengers who had it, and eleven died. We were all in a dreadful state, sir, and the doctor said it was a wonder we did not all die.” “Had you any sores about you?” “Yes, indeed, sir, we were all troubled in that way.” “How long after you were attacked with scurvy was it when your courses stopped?” “I caught the scurvy, sir, a month after I was on board the ship, and I have not been regular since that time.” “What had you to eat on ship-board?” “For the first month, sir, we lived on potatoes and rice; but the passage was so long that our vegetables gave out, and we had nothing but salt meat for nearly two months.” Here, gentlemen, is a case of menstrual suppression under what, perhaps, may be denominated extraordinary circumstances. I have no doubt that the irregularity was produced by the disease—scurvy—contracted by this girl on ship-board.

Functional diseases of the uterus are of both local and constitutional origin; and in the case of this girl you have an example of the latter influence in determining the menstrual suppression. The pathology of scurvy is an alteration in the blood—and this alteration is undoubtedly due to a peculiar kind of diet to which the individual has been subjected. The fact, I think, is abundantly established, that the exclusive use of salt provisions is the true cause of this disease, through the changes they produce on the blood. It has been shown that, in a state of health, the blood presents a fixed composition, viz., fibrine, globules, serum, salts and water, in certain proportions; and that both food and disease are capable of modifying this character of healthy blood. There have been several attempted explanations of the *modus operandi* of salt provisions in the production of scurvy; and there is one theory propounded by Dumas, which is not unworthy of consideration. He has shown, by experiment, that the color of the arterial blood is traceable to the red globules, and is altogether independent either of the albumen, serum, or fibrine in the circulating fluid, and even of the vital action of the animal itself. Again, he has established the fact that certain salts enable the blood to become arterialized, whilst others deprive it of this property. Among the former, he classes the sulphate of soda and phosphate of soda, etc.; and among the latter, the muriates of potash and soda. Now, as the proportion of the

muriate of soda in salt meats is very great, he establishes between the exclusive use of salt meats and scurvy the connection of cause and effect.

Treatment.—This girl appears to have recovered completely from her attack of scurvy; and were it not for the irregularity under which she labors, she would be in the enjoyment of good health. It is to be remarked that she does not present those general constitutional symptoms of disturbed action, which are so common in this form of menstrual aberration, and to which your attention has been so often directed. She exhibits, as you perceive, the aspect of an anæmic patient—her pulse indicates but little force, and in every respect she appears to need a tonic treatment. With this view, I shall order the following pills, one to be taken night and morning:

R Aloes Barbados ℥ij
Sulphat. ferri ℥j

Ft. Massa in pil. xx. dividenda.

FALLING OF THE UTERUS IN A MARRIED WOMAN, THREE MONTHS PREGNANT, WITH INABILITY TO PASS HER WATER.—Mrs. W., aged twenty-nine years, married, the mother of two children, the youngest fourteen months old, says she feels a very uncomfortable pressure about her front passage, and has great difficulty in passing her water; for the last twelve hours she has not been able to evacuate the bladder, and she is now in much distress. “How long, my good woman, have you felt this pressure on your back passage?” “I have felt it more or less, sir, since the birth of my last child.” “Had you any difficulty with your last labor?” “No particular difficulty, sir; but I suffered for three days before my child was born.” “How long after the birth of your child did you leave your bed?” “I was obliged to leave it, sir, the next day.” “Why so?” “Because I had no one to do anything for me, and I had to look after my little family.” “What was the state of your bowels at that time?” “They were confined, sir; and I am a good deal troubled in that way now.” “Did you nurse your last child?” “Yes, sir; and I am nursing it now.” “Have you had your courses since its birth?” “No, sir; I never have them while I am nursing.” “Do you think you are pregnant?” “O! no, sir; I never become pregnant until after I wean my children.” “Well, my good woman, I can assure you that in this instance there is an exception to the general rule, for *you are pregnant*. The case before you, gentlemen, presents several points of more than usual interest, which are well worthy of attention. This patient I have very carefully examined, and find her condition to be as follows: 1st. She has prolapsion of the uterus; 2d. She is at least three months advanced in pregnancy; 3d. She experiences much difficulty in passing her water, and for the last twelve hours she has suffered from complete retention of it. Another circumstance of interest is the fact that she has become pregnant whilst nursing her child, and without a recurrence of her courses since her last accouchment, a circumstance which you will occasionally see in practice, but which must be regarded as an exception to the general rule. The first

point of inquiry is as to the cause of the prolapsion of the uterus. In reply to my question, you will remember this patient stated that she left her bed the day after her confinement, and that she had been habitually constipated. You have, therefore, with this statement before you, no difficulty in connecting cause and effect, so far as the displaced uterus is concerned. I have often reminded you that a common cause of prolapsed uterus is *too early getting up after delivery*. At this time the uterus is much increased in size and weight, the vagina is greatly relaxed, and the almost necessary result of the upright position under these circumstances will be falling of the organ to a greater or less extent. If to these circumstances be added constipation, you can without difficulty imagine how rarely a recently delivered female, under the operation of these combined influences, will escape displacement of the uterus. The practical conclusion, therefore, is never to permit your parturient patient to leave her bed, or at least to assume the erect position, until after the expiration of the tenth day, and sedulously to guard against constipation. It is not usual to observe prolapsion of the uterus after the third or fourth month of gestation, whilst it is proper for you to remember that you will occasionally observe it previous to these periods. As I have explained to you on former occasions, the uterus ascends after the third month, and, consequently, as a general rule, the organ becomes in this way replaced. You can readily understand why this patient should suffer from difficulty in passing her water. The prolapsed uterus makes undue pressure on the neck of the bladder, and thus mechanically prevents the free evacuation of the fluid, and has for the last twelve hours caused complete retention. These same obstructions you will sometimes encounter in the last months of pregnancy, from the fact that the anterior segment of the neck of the uterus tends to descend, and thus presses on the bladder.

Treatment.—I have repeatedly called your attention to the absolute necessity of comprehending thoroughly *what the matter is* before attempting to suggest remedies. You must at once perceive how emphatically this precept applies to the case before us. Here, for example, is a woman, who complains of an uncomfortable pressure on her front passage, and a difficulty in voiding her urine, with entire retention for the last twelve hours. The pressure on her front passage may arise from various causes; but it is highly important that you should entertain no doubt on the subject, and proceed with due care to ascertain in what the true difficulty consists. Again, a female may experience difficulty in voiding her urine from numerous influences. Not to mention other causes, I will merely state that she may be unable to pass water, because there is *none secreted*. Is it not, therefore, of cardinal importance to make just distinctions in these cases? What would be the consequence if we were to treat this patient for suppression instead of retention? Why, undoubtedly, we should not only aggravate the difficulty, but it ~~would~~ be fortunate, indeed, if we did not cause rupture of the bladder

from over-distension, and, consequently, the death of the patient. We have ascertained that the true difficulty with regard to the water is the mechanical obstruction caused by the prolapsed uterus. The general indication, therefore, is, as far as may be, to remove this pressure, and liberate the bladder from the obstruction imposed on it. But there is another more immediate object to be fulfilled, which is to relieve the patient from the retention under which she has labored for the last twelve hours, and this must be done by the introduction of the catheter. [Here the patient was placed on the bed, and the professor introduced the catheter, and drew off more than a quart of fluid, to the evident relief of the woman, who said she had been in much agony for the last four hours.]

The next point to be attended to in this case is to remove the pressure of the uterus from the bladder; and for this purpose something may be gained by position. The patient should be kept as much as possible in the recumbent posture, with her hips elevated. But this is a mode of treatment to which the poor and dependent can not submit, for their time is their capital, and they cannot afford to remain idle as long as they are free from serious disease. In such cases, the pessary may be employed with a view of giving support to the uterus, and preventing pressure on the bladder. I shall use in this case the globular India rubber pessary, which you will find well suited to these cases. It will be necessary, before introducing the instrument, to replace the uterus, which may be accomplished without difficulty, if you will bear in mind the *peculiar direction necessary to impart to the organ as you attempt to replace it*. The uterus, you will recollect, is not out of the vagina; it is simply in a state of prolapsion, the mouth of the organ bordering on the outer portion of the vulva. Therefore, in this condition of things, you must, with your fingers lubricated with oil, gently grasp the lower portion of the uterus, and push it upward in a line parallel to the axis of the superior strait. As soon as this is accomplished, the pessary is then introduced. [The professor, in following the directions just given, first replaced the prolapsed organ, and then introduced the globular instrument.] This patient, it is very probable, after the fourth month of her pregnancy, will not require the use of the pessary. Let me here, gentlemen, caution you against one circumstance, which it may appear unnecessary to allude to, but which has sometimes resulted seriously to the patient, and in chagrin to the practitioner. It is this—suppose the patient has a pessary in her vagina at the time of labor, would not common sense tell you that it should be removed? Such would very naturally be the suggestion of common sense, and yet the history of obstetric medicine records more than one instance in which it having become necessary to employ the pessary during early gestation for prolapsion of the uterus, the instrument had been suffered to remain in the vagina during labor until, forsooth, it was ascertained in consultation that the impediment to delivery was occasioned by the presence of the pessary!

LECTURE X.

Epilepsy in a Girl, aged twenty Years, from Suppression of the Menses for the last twelve Months, together with sanguineous Engorgement of the Uterus; the Utility of direct Depletion.—Steatomatous Ovarian Tumor containing Hair.—A Sarcomatous Tumor containing Hair and Stearine, removed from the Womb in a married Woman, aged forty-seven Years.—Hemorrhage from ulcerated Carcinoma of the Womb, mistaken for Menorrhagia.—Mucous discharge from the Vagina of a Girl, aged six Years, produced by Ascarides in the Rectum.

EPILEPSY IN A GIRL, AGED TWENTY YEARS, FROM SUPPRESSION OF THE MENSES FOR THE LAST TWELVE MONTHS, TOGETHER WITH SANGUINEOUS ENGORGEMENT OF THE UTERUS; THE UTILITY OF DIRECT DEPLETION.—Ann T., aged twenty years, reached this country from Ireland one year ago; she has had suppression of her courses for the last twelve months, not having had any return of them since her arrival here. Her mother says she is attacked with fits once a month, just about the time her menstrual function is due. “Do you know, madam, when your daughter first had her courses?” “Yes, sir, she was just turned of fifteen years.” “Did they continue regular from that time until twelve months since, when they became suppressed?” “Yes, sir, and she was a very healthy girl.” “Do you know what caused them to stop on her?” “They stopped at sea, sir.” “Did you have a very boisterous passage to this country?” “O yes, sir, it stormed almost all the time, and we thought we should all be lost!” “Was your daughter much frightened?” “Indeed she was, sir, and I think that’s what did it.” “Well, my good woman, you will find we entirely agree with you on this point.” “When was this young woman first attacked with fits?” “We had just landed two weeks, sir, when she had the first one.” “What kind of a fit was it?” “Why, sir, she fell down, and began to foam at her mouth.” “Did she lose her senses?” “O! dear, yes sir, she did ’nt know any thing.” “How long did the fit continue?” “I don’t recollect, sir, but after struggling for some time, she would fall into a sleep.” “How many of these fits has your daughter had, my good woman?” “She has them every month, sir; and poor thing, she is almost worn out with them.” “Does she have more than one fit at each month?” “Yes, sir; she sometimes has eight or ten.” “When she is affected with the fit, is her breathing much

disturbed, and does she become black in the face?" "O yes, sir, and it is dreadful to look at her."

This girl, gentlemen, presents an instructive case to you. There can be no doubt that she has been affected at each month with epileptic convulsions, nor is there in my mind the slightest hesitation as to the true cause of these convulsions. This is but one of many similar cases which have been presented to you at the clinique. What are the facts in the instance now before us? 1st. This girl is twenty years of age; 2d. She menstruated for the first time when she was fifteen years old; 3d. Her menstrual function was always regular from the time she was fifteen, until twelve months since, when the function became suppressed, *and during the period of regularity her health was uniformly good*; 4th. Her courses became suppressed at sea, under the operation of one of the commonest causes of this form of menstrual aberration, viz., fright; 5th. One month after the suppression, she was attacked with epileptic convulsions, and these paroxysms have continued to the present time every month, sometimes numbering eight and ten, etc. If these facts are of any value, it is because of the demonstration they present as to the real source of the epilepsy. Do you not perceive from the statement of the mother, that this patient was always regular in her menstruation until twelve months since, and that during the period of her menstrual regularity, her health was uninterruptedly good? Again, the first convulsion with which she was attacked occurred just two weeks after arriving in this country, and about one month *after her courses became suppressed* at sea from fright. Take these circumstances together, give to them their due measure of importance, and if they prove any thing, they establish the very significant fact that the epileptic convulsions are the result of the suppressed menstruation.

I was curious to ascertain the true condition of the uterus, and accordingly I examined the girl *per rectum*. The organ is increased in volume, evidently the effect of a sanguineous engorgement. There is no unnatural hardness, nor is there, as far as I have been able to detect, any evidence of change of structure in the uterus. It is simply a case of *sanguineous engorgement*, a very common sequela of suppression of the menses. But you may, perhaps, ask how do you associate epileptic convulsions with menstrual suppression, and is there really between these two conditions of system the relation of effect and cause? In order to comprehend the *modus in quo* of the convulsive movement in this case, and connect it with the menstrual aberration, it will be necessary merely to refer to the two great physiological truths, for which we are indebted to the researches of Flourens and Marshall Hall. The former has demonstrated that muscular action can not be produced by irritation either of the cerebrum, cerebellum, or cerebral nerves, if the irritation be confined to these portions of the nervous mass; and he has further shown that muscular action can be produced only by irritation of the true spinal cord and muscular

nerves.* This, it will be conceded, was not only a brilliant revelation, but it must be considered as one of the most important developments of modern physiology.

This great discovery, however, needed one more fact to impart to it its full interest, both in a physiological and pathological sense. The fact has been supplied by Marshall Hall, who has demonstrated that irritation of the spinal cord may be excited through certain incident excitor nerves.† Before this latter fact was developed, it was supposed that all nervous aberrations, involving irritation of the spinal marrow, were *centric*, or in other words, were the result of an influence applied directly to the spinal cord. But now that the action of the incident excitor nerves is understood, we have another division of nervous disturbance, viz., *eccentric*, in which an irritation is produced on the peripheral extremity of one or more nerves, and the impression thus made is conveyed by the nervous trunks to the spinal cord; the impression, which is independent of mind, becomes a sensation, which results in a motor impulse; this latter is reflected back to certain muscles, and hence a movement is produced. This constitutes what is known as *reflex action*. With these facts before you, there can be no difficulty, I apprehend, in understanding the influence of the suppressed menstruation in the production of epileptic convulsions. The uterus, under this arrest of function, becomes the center of irritation, which is conveyed through the excitor nerves to the spinal marrow, whence proceeds a motor impulse, the result of which is spasmodic or convulsive action of the muscles. There are now two points to which, for the instant, I shall call your attention: 1st. Why is it that the epileptic fits are periodical, or occur only at the time corresponding with the periods at which the menstrual function should appear? 2d. Why does the nervous disturbance assume an epileptic form, instead of a cataleptic, hysteric, tetanic, or the development of some other feature of nervous aberration? To the first question I answer—that, with the return of each month, the uterus becomes more or less engorged with blood, constituting the menstrual *molimen*, of which I have repeatedly spoken to you; this monthly engorgement can not occur without, to a greater or less extent, exciting increased irritation; and it is under

* When we speak of the spinal cord in connection with its physiology, it must be remembered that we do not allude to the medulla spinalis of the anatomist, but to the true spinal cord as described by Marshall Hall, viz.: the medulla spinalis, medulla oblongata, pons varolii, and tubercula quadrigemina.

† I may, perhaps, be wrong in the remark that Marshall Hall was the *first* to demonstrate this interesting fact, for the circumstance had been previously noticed and recorded by Whytt, Redi, Prochaska, Mayo, and others; but I think it must be conceded that without the practical application made by Marshall Hall of this great physiological truth, its benefit to science would have been extremely restricted. To him, therefore, is due the merit of having faithfully and perseveringly insisted, not only upon its importance, but its indispensable necessity for the diagnosis and treatment of disease.

the influence of this increase of impression that the epileptic spasm is provoked. To the second question I answer—that in suppression of the menses, one woman will have intense headache, another hysteria, a third a species of mania, another epilepsy, whilst another will escape all these evils, and the result will be simply a *malaise*, a sensation of undefined but general indisposition. The assumption of one or other of these various disturbances will depend upon a multitude of circumstances, such as idiosyncrasy, susceptibility to impression, etc. I am not so sure that epilepsy, and the various other nervous perturbations of the system, may not sometimes, in cases of suppression, be traceable to the action of certain acrid or poisonous matter in the blood acting on one of the nervous centers—the brain or spinal cord. The case before us, gentlemen, is one which should impress upon you the necessity of just discrimination.

The whole practice of medicine, I maintain, stands upon a rational basis; the more you see of disease, and investigate its causes and phenomena, the more you will become convinced of this truth. Without this basis you would, I think, fall into serious error in your therapeutic management of this young girl. The prominent, if not the absorbing feature of the case to an abstract mind would be the epilepsy. But not so to the correct reasoner—to one who arrives at his conclusions, not from an isolated fact, but from the aggregate of testimony. The epilepsy, in this instance, is not idiopathic—it is a result, simply an effect of morbid action in the uterus, this morbid action being produced by functional derangement of that organ. There can be no doubt of the connection occasionally existing between disease of the uterus, both functional and organic, and epileptic convulsions. We have had many examples of this connection in the clinique; and it will not be forgotten how satisfactorily, under such circumstances, the epilepsy yielded as soon as the uterine affection was controlled. Marrotte, in a paper recently published, has very fully confirmed this opinion, and deduces from his researches on this subject the following conclusions: 1st. That epilepsy is not unfrequently produced by the derangements of menstruation; 2d. That epilepsy, when it does not originate from these derangements, will become aggravated by them; 3d. That this affection will sometimes become developed when the menstrual function is perfectly regular. He might have added that the epileptic paroxysm is occasionally the result of *organic* disease of the uterus, and also of displacement of this organ. Both hysteria and epilepsy I have known to follow displacement of the uterus, especially retro-version and ante-version. Is there any thing extraordinary in this latter fact, or incapable of explanation? I think not. In certain sensitive women, the slightest dislocation of the uterus will give rise, oftentimes, to serious nervous disturbance; and in the more aggravated forms of retro-version and ante-version (from irritation occasioned by pressure on the sacral and other nerves), it is not strange that hysteria, epilepsy, and other nervous derangements, should be the consequence. The interesting point

however, connected with this latter cause is the necessity, on the part of the medical man, of accurately recognizing its existence. Without this recognition, it can scarcely be necessary to add that all treatment would be unavailing. It is important to remember that the ordinary cause of hystero-epilepsy (*i. e.*, a nervous disease, consisting in the co-existence of hysteria and epilepsy) is a functional or structural affection of the womb or its appendages.

Treatment.—After this cursory review of the general features of the case before us, the question now presents itself—what is the therapeutic indication? Assuredly, if what we have said respecting the cause of this girl's difficulties be true, there can be no hesitation as to the course to be pursued—our whole effort should be directed toward the restoration of the menstrual function. The uterus is in a state of sanguineous engorgement, the direct result of the suppressed catamenia. At the time of the menstrual *molimen*, or fluxionary movement toward the organ, you have seen that the nervous disturbance reaches its maximum of intensity, as is proved by the epileptic convulsions; and after the period at which she should have menstruated has passed by, the excitement of system becomes much less, and she is comparatively comfortable. It would seem, therefore, that the indication is obviously to remove the local engorgement by provoking the menstrual evacuation. Under these circumstances, I have great confidence in direct depletion. I shall, therefore, order one dozen leeches to be applied to the vulva one week before the expected menstrual period—and, four days afterward, the application of an additional half dozen. The warm hip-bath to be freely used immediately after the leeching, and the patient to be protected from exposure to cold, and all exciting influences. Should it become necessary, the local depletion to be continued as just directed. One of the following pills two or three times a day, with ʒi of the sulphate of magnesia, in half a tumbler of water, the next morning, to insure a soluble state of the bowels:

R	Sub. Mur. Hydrarg.	. . . . .	3 ss
	Saponis Crotonis,	. . . . .	gr. vj
	Pil. Colocynth et Hyoseyam,	. . . . .	gr. xxiv.
	<i>Fl. Massa in pil. xij dividenda.</i>		

The diet to be strictly vegetable.

A STEATOMATOUS OVARIAN TUMOR CONTAINING HAIR.—I have an opportunity, gentlemen, through the politeness of our clever demonstrator, Dr. Darling, of exhibiting to you this interesting specimen of a diseased ovary taken in a post-mortem examination. It is, as you perceive, the size of an ordinary orange, and its contents, though not fluid, are soft, consisting of stearine or suet, giving rise to that character of tumor described by pathologists as steatomatous. I have already, on several occasions, called your attention to the subject of ovarian disease; and you have been told that of the various morbid developments occa-

sionally met with in these bodies, encysted dropsy is, perhaps, the most frequent. The feature of particular interest in the specimen before you is the fact that it contains *hair*. Authors are divided in opinion as to the original cause of this production in the ovary; and many are of the conviction that it is conclusive evidence of previous pregnancy. This opinion merits some attention, and can not be accepted as universally true, without necessarily, under certain circumstances, involving the rights of character. The same remark holds good with regard to other substances found in the ovary, such, for example, as bone, teeth, etc. I can not understand why there should be any difficulty in explaining the presence of these substances in the ovaries upon the same principle precisely that we explain them when found in other unusual portions of the human system. Hair is sometimes detected in the brain and heart; and teeth have been observed in the liver, spleen, etc. How do these substances become deposited in these organs? Does their presence rest for its explanation on the absurd hypothesis of cerebral, hepatic, or splenic pregnancy; or, does not common sense, without invoking the lights of science, tell us that they are the products of morbid secretion? The point, then, on which I desire to insist is this—That although the existence of teeth, hair, etc., either in the ovary or womb is no evidence in the abstract of antecedent gestation, yet, under certain circumstances, where pregnancy has occurred, and, under the influence of morbid action, the ovum has become degenerated, these substances may be found as the remains of that degeneration. The following interesting case to which I was called some time since, and in which I performed almost *in extremis* an important operation, may not be without instruction. It was published in the New York Journal of Medicine, for January, 1849.

A SARCOMATOUS TUMOR CONTAINING HAIR AND STEARINE, REMOVED FROM THE WOMB.—On Wednesday, 7th of April, Mr. D. called at my office, and requested me to pay a professional visit to his wife. She had been attended for seven weeks by two medical gentlemen, who, on the Sunday before I saw her, had voluntarily withdrawn their attendance under the conviction that her case was beyond remedy, and with the opinion fully expressed to Mrs. D. and her friends that, in all probability, she would survive but a few hours. Her husband in his interview with me spoke kindly of the physicians, and remarked that he was without the slightest hope, he and his friends having watched with the suffering patient the two previous nights expecting her death at every moment. With such a representation of the case, I frankly told the husband I thought a visit from me useless, but if it would afford him any gratification, I would cheerfully accompany him. He repeated his desire that I should see his wife; and, on being introduced into her chamber, I found her lying on her back, her face pale and emaciated, with every indication of extreme prostration; the expression of

ner countenance, also, gave evidence of great suffering. Her pulse was thready, and beat one hundred and twenty to the minute. Such was her exhaustion, that when I addressed a question to her, it became necessary for me to place my ear to her lips to distinguish her answer, and then her articulation was almost inaudible; in fact, the appearance of the patient was that of a dying woman. Her respiration was labored, and the abdomen as much distended as is usual at the ninth month of gestation. On percussing the abdomen I distinctly recognized fluctuation; and, in attempting to introduce my finger into the vagina with a view if possible of ascertaining the character of the enlargement, I felt at the opening of the vulva a soft elastic tumor projecting through the mouth of the womb, which was dilated to the size of a dollar-piece. The parietes of the mouth of the womb thus dilated were extremely attenuated, and did not appear to be thicker than common writing-paper. I found no difficulty in introducing my finger between the tumor and internal surface of the cervix, the adhesion being so delicate as to yield to the slightest effort. I satisfied myself that there was no action in the womb; the patient had not experienced any thing like labor-pains, and the dilatation of the cervix was the result merely of mechanical pressure produced by the tumor within the uterus. Whilst pressing gently with my finger on the tumor as it presented at the mouth of the womb, and grasping with the other hand the abdominal enlargement, I could again distinctly feel fluctuation, and found also that I comprehended the tumor between my two hands thus applied. Again, on placing my finger on the outer portion of the posterior lip of the uterus, and seizing with the other hand the upper surface of the tumor through the abdominal walls, alternately elevating and depressing the two hands, it was evident that I embraced the womb itself, which was immensely distended by the growth of the tumor. In making an examination *per rectum*, I could without difficulty detect the enlarged uterus. These circumstances, together with the important fact that the abdominal enlargement was uniform on its surface, possessing nothing of the features usually attending extra uterine growths, such as ovarian and fibrous tumors, etc., caused me to arrive at the conclusion that, in the present case, the tumor was exclusively *intra uterine*. It will be perceived that on this decision depended the remote hope of giving to my suffering and almost dying patient even temporary relief from her agony. Having, therefore, formed my opinion as to the seat of the tumor and partially as to its nature, I stated to the husband, that, desperate as the case was, and imminently perilous as would of necessity be any attempt to remove the tumor in the exhausted and almost hopeless situation of his wife, yet it was my opinion that the tumor could be removed—although the *serious hazard was that she would sink under the operation*.

This opinion was given emphatically, without reserve, and unaccompanied by a word of comment calculated to urge consent to an operation, which presented but little prospect of permanent relief, and could only be

justified by the reasonable expectation, that, if the patient should survive the removal of the tumor, her sufferings would be mitigated, and her progress to the grave rendered comparatively comfortable. The opinion was communicated to the patient by her husband, and she expressed an ardent desire that the operation should be performed without delay, remarking that she was prepared to encounter every thing, even death itself, with the remote hope of temporary relief from the agony occasioned by the pressure of the tumor. The husband and friends acquiescing fully in this appeal of the unhappy patient, I left the house for the necessary instruments, promising to return in half an hour, and perform the operation. On my return, I was accompanied by Dr. Detmold and two of my pupils, Messrs. Woodcock and Burgess.

These gentlemen heard with me the following particulars of the case as related by the husband and sister of the patient. Mrs. D. was forty-seven years of age, and married in 1832. Soon after her marriage, she was attacked with cholera; and during her convalescence from this disease, she miscarried. Her health had been more or less infirm for the last ten years. Her menstrual periods had always been regular, with the exception of the last year, during which time they occurred about once in two or three months, and then not freely. This she imputed to *change of life*, and the circumstance did not attract any particular attention. Her abdomen had begun to enlarge in July, 1846, and continued to do so to the present time. In January last, she suffered greatly from distention of the bladder, and could not void her urine except in small quantities at a time, accompanied by excessive pain. For this she consulted a medical man, who found it necessary to introduce the catheter, from time to time, to relieve the bladder. She commenced as early as January to be constipated, and defecation was attended with excruciating suffering. These difficulties about the bladder and bowels continued to increase, and for weeks before I saw her, she repeatedly passed over ten days without an evacuation—medicines having no effect, and injections per rectum immediately returning, without bringing away any fecal matter. Her urine was voided in very small quantities, not more than two table-spoonsful at a time, and it was nearly the color of blood. It was impossible for her to evacuate the bladder except when resting on her elbows and knees; this position, however, occasioned so much fatigue, that in her present exhausted condition, she could not avail herself of it. In a word, the agony of this unhappy sufferer was induced almost entirely by the pain consequent upon the attempt to evacuate either the bladder or rectum. With these facts before me, together with a knowledge of the position and bearings of the tumor, it was not difficult to arrive at the important conclusion that the pain and distress in the bladder and rectum were due to *mechanical pressure of the intra-uterine growth*. At my request, Dr. Detmold examined the patient; and, in view of all the circumstances of the case, concurred with me in opinion

that, *without an operation, she could survive but a few hours ; whilst, if she did not sink under the attempt to remove the tumor, her distress would be sensibly palliated, and her life possibly prolonged.*

With the understanding, therefore, of the uncertainty and immediate danger of the operation, an understanding fully appreciated by the patient and her friends, I proceeded to remove the tumor in the following manner : A mattress was arranged on a table, and Mrs. D. placed on her back, her hips being brought to the edge of the mattress, the thighs flexed on the pelvis, and an assistant on either side to support the feet and limbs. I then introduced the index finger of the right hand into the womb, steadying the tumor with the other hand applied to the abdomen, and succeeded in directing my finger its full length between the tumor and cervix of the uterus ; this was done with great caution, for the parietes of the cervix were so extremely thin, that indiscreet manipulation would almost certainly have produced rupture of the womb. With the view, therefore, of preventing such a result, I thought it more desirable to break up the adhesions of the tumor simply with the finger than incur the hazard of introducing instruments into the uterine cavity. In proportion as the adhesion yielded, I grasped the tumor, and without much effort was enabled to remove it with my hand in fragments. Having brought away in this manner all the solid portions of the tumor, and carrying my hand well into the cavity of the womb, I distinctly felt a sac, pressing as it were against my finger. This I immediately ruptured, and there escaped by measurement three quarts of fluid, which resembled in all its physical qualities, with the exception of the smell, pure pus. This fluid was collected in a vase as it passed from the womb, and half an hour afterward, on examining it, we found it no longer liquid, but presenting a solid mass, precisely like *hardened lard*. It was evident, therefore, that the temperature of the body kept this substance in a fluid state. As soon as the fluid had escaped, I introduced my hand still higher up, and felt something resembling in touch human hair. It was, in fact, *a large mass of human hair matted together*, with no other vestige of an embryo—there was no trace of scalp, or any thing else, save the hair. I grasped this body, and removed it from the womb entire, it being so compact as not to separate in fragments. The womb, thus freed of its contents, contracted, and there was no loss of blood. After the solid parts of the tumor had been removed, there escaped from the bladder an incredible quantity of high-colored urine, which gave such relief to the patient that it caused her to exclaim, in simple, yet emphatic language, “ Doctor, I am in heaven ! ” It may here be asked, why the catheter had not been introduced before commencing the operation. In answer, I would merely remark, that every proper attempt had been made to effect this desirable object, but it was found physically impossible, without inflicting serious injury on the patient, from the pressure of the tumor on the neck of this organ.

Mrs. D. bore the operation with a heroism which greatly surprised us, and although it became necessary to suspend occasionally all manipulation to rally her from fainting, which occurred three different times, yet considering her extreme prostration, it may well be deemed a matter of amazement that she did not sink. The operation being completed, the patient was placed comfortably in her bed. In the course of half an hour, her breathing became easy, the pulse fell ten beats in the minute, and there was an expression of composure about her countenance, which gave sincere joy to all of us, feeling as we did an intense and unaffected anxiety as to the immediate issue of the case. Without the aid of an anodyne, she fell into a sleep which lasted six hours, the first repose she had enjoyed for many long nights of agony. When she awoke, she appeared greatly refreshed, and although extremely prostrate, she seemed to take pleasure in gazing on her friends, to each of whom she gave a look of recognition. On the morning after the operation, her bowels were spontaneously and freely moved, a large quantity of hard fecal matter passing away. Subsequently, simple injections of warm water sufficed to afford her a daily evacuation, and the urine was discharged freely and without obstruction. Mrs. D. continued to improve in appetite, digestion, and strength, and although her friends were admonished not to be too sanguine as to her recovery, yet they regarded the fear of any other issue as utterly groundless. On the 22d of April, fifteen days after the operation, she began to fail, and in defiance of every thing which could be brought to bear in her case, she continued to sink, and expired on the 25th of April, having survived the operation eighteen days.

I have no doubt that the anomalous mass found in the womb of this patient was the product of a *blighted ovum*, and it may be reasonably asked whether her chances of recovery would not have been enhanced, if the tumor had been removed at an earlier period, before the powers of the system had become exhausted by long-continued and uninterrupted suffering. The adhesions, it will be remembered, of the shapeless mass to the internal surface of the womb were slight. The stearine which escaped after the sac was punctured, I regard as nothing more than the fetal brain, and other fatty portions of the system in solution. These circumstances, together with the quantity of human hair removed from the womb, and the fact that the tumor was comparatively of rapid growth, are, in my judgment, strong proofs of previous conception.

I can not conclude without returning my thanks to Dr. Detmold, for his prompt and efficient aid, not only during the operation, but also in the subsequent attendance. My pupils, Messrs. Burgess and Woodcock, are also entitled to the highest commendation.

HEMORRHAGE FROM ULCERATED CARCINOMA OF THE NECK OF THE WOMB, MISTAKEN FOR MENORRHAGIA.—Mrs. R., aged thirty-nine years,

married, the mother of seven children, the youngest fourteen months old, seeks advice in the hope that she may find a remedy for the frequent and profuse losses of blood from her womb. The case before you, gentlemen, is one of painful interest,—it is another of those melancholy triumphs of disease over science; and we are compelled, as humiliating as is the admission, to acknowledge that we can do nothing to arrest the malady, which is hurrying with certain and fearful progress this unhappy woman to her grave. She is blanched from the heavy drain on her system; and her nights and days, she informs us, are nights and days of agony, which she has no language to describe.

You perceive the peculiar fetid odor emitted by the disease with which this patient is affected; it is completely characteristic of carcinoma of the uterus. The old writer who said, "Let me smell the air of the chamber, and I will tell you whether the female is laboring under carcinoma," spoke with more truth than authors have been willing to award to him. He was right; and those who have attempted to throw a shade of ridicule over this unmistakable evidence of carcinoma uteri, especially in the ulcerative stage, are wrong. The odor emitted by a female affected with cancer of the womb, is a something that can not be described; it is, in the fullest sense of the term, *sui generis*. It is unlike every thing else; but once recognized, so marked is its nature, it never can be mistaken. There are two other circumstances in connection with carcinoma to which it may be useful for the moment to allude, viz.: 1st. Pain; 2d. Vaginal discharge. The general belief is, that a woman laboring under cancer must of necessity suffer pain. This is not uniformly so; and it is important that you should remember it. Some women will pass through all the phases of this lamentable disease, and yet without having experienced any physical suffering. The same remark may be made touching the discharge. So you see, gentlemen, ignorance of these two facts might sometimes lead you to a false diagnosis. Louis and Valleix have both mentioned a circumstance in connection with the development of this disease, to which too much value can not be attached. It is this—before any organic changes have taken place in the uterus, it will sometimes happen that the very first symptoms of cancer will be profuse menstruation. They regard this, under certain circumstances, as an important prelude to the development of this loathsome disease, and as admonitory of its advent.

What do you suppose is the cause of these losses of blood in the case before us? If this patient had applied to one of you for advice, what would have been the first object of inquiry? Would you have regarded the bleeding as a disease, or would you have viewed it merely as a result of disease? Before introducing her into this hall, I made a careful examination of her case, and discovered what I strongly suspected I should find, the entire neck of the womb involved in ulcerated cancer. The hemorrhage is the result of the progress which the disease is constantly

making, involving, as it does, every tissue in destruction; when it reaches the blood-vessels, it lays them open, and in this way you account for the frequent bleeding.

Treatment.—Nothing can be done but to palliate this poor creature's sufferings, and endeavor, if possible, to check the hemorrhage, at least measurably. For the mitigation of pain in carcinoma, you will find arsenic a great remedy in some cases, whilst, again, it is utterly valueless. Let this woman take of the liq. arsenicalis five drops three times a day. If it should disagree with the stomach, or produce stricture of the head, it must be suspended. With the hope of checking the hemorrhage, two female syringes full of the following solution may be thrown up the vagina, as occasion may require:

R	Sulph. Zinci	.	.	.	.	.	.	℥j
	Aquæ Rosarum	.	.	.	.	.	.	℥x
								<i>Ft. sol.</i>

The patient's strength must be sustained as far as possible by nutritious diet. The careful introduction of a piece of soft sponge into the vagina and pressed against the bleeding vessels will sometimes answer a good purpose.

The following case, gentlemen, which presented itself to my professional observation may not be without point as connected with the condition of this patient. Some months since a respectable tradesman from London arrived in this city with his wife and five children. He came here with the view to establish himself in business. About four months before his arrival in this country his wife's health began to decline. She suffered greatly from pain in the region of the womb, and her menstrual periods were very irregular, occurring sometimes once in two months, and again once in two weeks; but at each return they were more profuse than usual, and were followed by extreme debility. Her physician in London had treated her for profuse menstruation, and assured her there was no cause for alarm. Her husband stated to the physician that he contemplated coming to America to reside, but would abandon all idea of doing so if there were any probability that his wife would not recover her health. He was, however, assured that there was not the slightest ground for apprehension, and, accordingly, made his arrangements to embark for this country. The week after his arrival in New York I was requested to visit his wife professionally. I found her in an extremely prostrated condition; her face was pale and waxen. She complained of intense and burning pain in the womb; and she was subject to occasional losses of blood from the vagina, which had reduced her to a state of alarming exhaustion. The husband made an earnest appeal to me not to deceive him. He spoke touchingly of his little children, and their dependence on their mother; he was, as he remarked most feelingly, in a land of strangers; and he said, with all the emphasis of truth, "Doctor, if it be the will of God that my wife should die, let her die among her

friends; do not deceive me, and if you can not restore her, tell me so at once in order that I may take her home." These words, gentlemen, are simple, but are they not eloquent? Are they not full of meaning, and calculated to reach the heart, unless that heart be of adamant? O! they tell the story of professional responsibility, and point out professional duty far more graphically than any language or argument I can employ.

The sequel of this case is soon told. On making a vaginal examination my fears were at once realized; the unfortunate patient was laboring under the last stage of that frightful malady, cancer of the womb. The character of the disease was such that the entire neck of the uterus had yielded to its destructive progress, and the adjacent parts were now becoming involved in the merciless grasp of a malady which, of all others, is the most fearful with which poor suffering woman can be afflicted. The flooding was now easily accounted for; the disease, phagedenic and unrelenting as it is, sparing no tissue, and laying open vessel after vessel, had thus caused profuse periodical hemorrhages. I remarked to the husband that the case was without hope. I flattered him not, but told him the melancholy truth. In ten days from the morning on which this opinion was given, his wife was a corpse! There is in this tale of sorrow a moral. Think sometimes of it when you shall have left this university, and become engaged in active professional duty; and let it admonish you, that when disease can not be controlled by human skill, agonized friends should at least be spared the additional pang of disappointed hope.

MUCOUS DISCHARGE FROM THE VAGINA OF A CHILD SIX YEARS OLD, PRODUCED BY ASCARIDES IN THE RECTUM.—Jane T., aged six years, is brought to the clinique by her mother, who feels greatly distressed in consequence of a mucous discharge, with which she has been affected for the last six months, and which has resisted every attempt to relieve it. Mucous discharges, gentlemen, from the vagina of young females can not be passed over with indifference by the practitioner. They often assume an acrid character, giving rise to inflammation of the vulva, and exciting in the minds of parents the most fearful suspicions as to the possibility of a cruel wrong having been inflicted upon the person of their child; you have had before you this winter an exceedingly interesting case of this character, which you will not soon forget.

You remember, I am sure, with interest the little girl, Mary S., aged four years, brought here by her mother. It was difficult to dissuade the mother from the conviction strongly impressed on her mind that her child had been violated. You remember her tears and sobs—and the appeal she made to us not to deceive her can not so soon have passed from your memory. After a full investigation of the case, we assured her that her suspicions were without foundation—that the discharge was due to scrofula, etc. Mucous discharges from the vagina of young chil-

dren may be owing to the irritation of teething—to a scrofulous diathesis—or to ascarides in the rectum. It is your duty, therefore, in all cases like the one before us, to examine with care every circumstance connected with the previous and present history of the child. Take nothing for granted—receive the declarations of the mother, on the one hand, with courtesy—and, on the other, you may listen kindly to her suspicions—but allow neither the suspicions nor the declarations to form the basis of your opinion. It devolves upon you alone to ascertain what the discharge signifies; you are to trace it to its source, and in this way only will you be enabled to remove it. This child is six years of age; and, therefore, has passed the period of irritation from teething—there is nothing in her appearance or history which indicates a scrofulous cachexy—and we must consequently look to some other cause for this discharge. “Madam, have you at any time noticed very small white worms in the evacuations of your child?” “I have, sir, on several different occasions.” “Have you ever seen them on the person of your child passing from the bowel?” “I have not, sir.” These questions, gentlemen, are addressed to the mother with a two-fold object. The only pathognomonic evidence that the ascarides exist is the fact of their being seen in the fæces, or observed passing from the rectum. Under these circumstances, they sometimes reach the vagina, and become located there, producing irritation. This irritation, which may be considered direct in contradistinction to the irritation these entozoa induce when lodged in the rectum—the indirect or sympathetic—is the cause of the mucous discharge.

Treatment.—There are numerous remedies for ascarides—some of which are as follow:

℞	Aquæ Calcis.	℥ iv
	Muriat. Tinct. Ferri	℥ ij

One half to be thrown into the rectum two nights consecutively—and followed the third night by

℞	Sub. Mur. Hydrarg.	gr. ij
	Pulv. Jalapæ	gr. vj <i>M.</i>

And the next morning ℥ ss of castor oil.

The following is an efficient enema for the purpose

℞	Semin Santonici	℥ iij
	Aquæ bullient	℥ vj
	<i>Ft. infus.</i>	

One half to be injected into the rectum two consecutive nights, followed by a brisk cathartic.

Or the subjoined enema may be employed, the whole to be thrown at once into the bowel:

℞	Syrup Alii Sativi	℥ ss
	Olei Terebinthinæ	℥ ij
	Decocti Hordei.	℥ iij

Ft. enema.