LECTURE XI.

Double encysted Ovarian Dropsy, with Prolapsion of the Mucous Membrane of the Vagina, in a Widow, aged fifty-one Years.—Suppression of the Menses from Cold, in a Girl, aged seventeen Years.—Menstruation uninterrupted during Pregnancy, and occurring with marked regularity at its usual periods—Gestation five Months advanced.—Convulsions from Teething, in an Infant, eleven Months old.—Purulent discharge from the Female Urethra, occasioned by Ulceration of the Neck of the Bladder.—Dropsy in a Girl, eleven Years of age, with Albuminous Urine.—Pain in the right Hypochondriac region, with Cough, from advanced Pregnancy.—Pruritus Pudendi in a married Woman, aged twenty Years.—Defective Menstruation in a Girl, aged twenty-four Years.

Double encysted Ovarian Dropsy, with Prolapsion of the Mucous Membrane of the Vagina, in a Widow, aged fifty-one Years.—Mrs. W., aged fifty-one years, widow, and mother of one child, is in very delicate health; she has suffered from enlargement of the abdomen for the last ten months, the enlargement gradually increasing. She says her womb is down, because on the slightest exertion she feels it protruding from her person, and she is much incommoded in walking. Her bowels have been uniformly constipated since the abdominal enlargement, and she now seeks advice because of the general distress occasioned by the distention; she is occasionally unable to pass her water, etc. You have, gentlemen, just heard the statement of this patient. What does it import? If it mean any thing, its import is that the patient before you has an enlarged abdomen, and is laboring under procidentia of the womb. For a medical man, however, this is too indefinite, there is nothing tangible, not a point in the narration which will justify an opinion without careful investigation. Enlargement of the abdomen may arise from various causes, and the protrusion from the patient's person may or may not be the *womb*. We have nothing but her own statement to guide us, and, as I have often told you, individual declarations usually prove faithless guides to the physician. We must, therefore, ascertain for ourselves the true nature of her case.

[Here the patient was placed on the bed, and the Professor proceeded to examine the condition of the abdomen. After a careful examination, he pronounced the enlargement to be due to a double encysted ovarian dropsy. He then made a vaginal examination, and found the uterus in

its proper position, whilst the protrusion from the vulva consisted in an inversion of the mucous membrane of the vagina.] This, gentlemen, is a case of double encysted ovarian dropsy, the first that has presented itself at this Clinique, although we have had ten examples of simple ovarian disease during the present session. Here, both ovaries are affected, and you perceive in what way the two tumors meet each other. They come in contact at about the mesial line, and as I place the cubital portion of my hand at the point of junction, you recognize a distinct fissure marking the line of separation. As I have so repeatedly, during the winter, called your attention to the causes, symptoms, pathology, and treatment of ovarian growths, I shall for the present limit myself to one or two observations respecting the inversion of the mucous membrane of the vagina. This is not of common occurrence, but when it takes place it becomes a question of great moment not to confound it with other protrusions, such, for example, as the womb, bladder, a polypus, etc. It might too, under certain circumstances, be mistaken for the "bag of waters" during labor. A point of interest in the present case is as to the cause of the inversion. What has produced it? My explanation is as follows: This patient in the first place is extremely feeble and relaxed, the mucous membrane of the vagina participating in a large degree in this relaxation; she has been laboring under habitual constipation; on making a vaginal examination and carrying my finger upward and backward, I distinctly felt a soft fluctuating tumor resting in the triangular space or cul-de-sac, which is bounded anteriorly by the posterior surface of the womb, and posteriorly by the anterior surface of the rectum.

The tumor is unquestionably the depending portion of one of the enlarged ovaries; and the soft fluctuating sensation imparted to the finger is the result of the fluid contained within this organ. Three influences, therefore, have contributed to the inversion of the vaginal mucous membrane: 1st. The relaxation of the vagina; 2d. The habitual constipation, and consequent straining in attempting defecation; 3d. The pressure from above, increased at every effort at defecation, of the depending ovary. The case before you is well calculated to excite your sympathy; here is a poor woman in feeble health, affected with a formidable disease, and yet compelled to seek her living by her own labor. Poverty, indeed, is no crime, but it is a trying inconvenience. [Here the patient exclaimed, "Yes! doctor, dear, it is inconvenient with this load of sickness upon me—but the Lord has afflicted me because I am a sinner, and I am content, and will bear my sufferings with all the strength I can."] What an example is this poor woman to the discontented and dissatisfied of the earth! She is tranquil in mind, and submissive under her severe distress.

Causes.—These are the predisposing and exciting—the former consist in frequent labors, long-continued discharges from the vagina, drains of any description on the system; in a word, any influence calculated to

debilitate, may be enumerated among the first class of causes. The exciting causes, on the contrary, are obstinate constipation, unusual expulsive efforts at the time of parturition, instrumental delivery, too early getting up after child-birth, undue pressure upon the vagina, carrying heavy burdens, etc., etc.

Symptoms.—Prolapsion of the mucous membrane of the vagina may be complete or incomplete, and the only difference in the symptoms, in either instance, is that they are more aggravated in the former case. In the instance before us, we have an example of complete prolapsion of the membrane. In this woman, there is, as you have seen, a projecting tumor from the vulva, consisting of the lining coat of the vagina; there is pain in walking, with more or less difficulty in passing water; a heavy, dragging sensation about the loins; the tumor itself is excoriated from the friction against the thighs, and the passage of urine, etc.

Diagnosis.—As I have remarked, prolapsion of the mucous membrane of the vagina might be confounded with procidentia of the uterus, and it will require some little attention not to fall into this error. In both of these displacements, there is a tumor projecting from the vulva, and in both there is an opening at the inferior portion of the protrusion. In the former case, the opening consists of the inverted membrane; in the latter, procidentia uteri, the opening is the os tincæ. How then are you to distinguish? You will observe in the first place, that, usually in prolapsion of the vaginal mucous membrane, the tumor is largest at its lower portion—the contrary is the case in procidentia of the womb; in the latter case, it is almost impossible to introduce the finger into the opening; whilst in the former, the finger can be readily introduced, and if carried far enough, will come in contact with the *os tincæ*. This displacement may also be mistaken for polypus and inversion of the uterus. The distinction, however, is not difficult. In polypus, (which rarely projects beyond the vulva,) the base is downward, and the apex, consisting of a pedicle, is upward, and there is *no opening*. In inversion of the uterus, there is also an absence of any opening.

Prognosis.—In this affection, the opinion given as to the result must be somewhat guarded, for under certain circumstances there is more or less danger; for example, when the protruded organ becomes inflamed, it has been known to terminate in deep ulceration, gangrene, etc.

Treatment.—This is palliative and curative; the palliative treatment consists in the introduction of the prolapsed membrane, and its future support by means of pessaries, etc. A soft sponge, in these cases, answers a good purpose, retained in place by a T bandage; also the india-rubber ball, which you have seen me employ in cases of procidentia of the womb; astringent washes, the free use of cold water to the parts, and, in case of much irritation, emollient applications will be found highly serviceable. The curative treatment consists in removing a portion of the prolapsed membrane. Dieffenbach has proposed the

operation of Dupuytren, in prolapsion of the rectum, for the difficulty under consideration, and he has actually had recourse to it in these cases. He first returns the prolapsed membrane, and then to prevent its protrusion, he excises the relaxed folds from the internal surface of the labia externa. The dressing consists in cleansing daily the small cut surfaces; these heal, and cicatrices result, which contract the outer opening of the vagina, and impart to it its original resistance, thus preventing the future prolapsion of the mucous membrane. Marshall Hall, some years since, proposed the removal of an elliptical flap from the mucous lining, causing an immediate union of the wound by suture.

In the case before us, I shall restrict myself altogether to palliative measures; circumstanced as this patient is, and in her debilitated condition, we are not justified in having recourse to those remedies, the beneficial effects of which you have seen in several cases of ovarian disease during the present winter. I shall, therefore, limit myself to three objects: 1st. The constipation must be removed; 2d. The general system invigorated; 3d. The protruding membrane returned, and supported by mechanical means. With a view of regulating the bowels, a table-spoonful of the following draught may be taken three times a-day:

℞ Infus Sennæ comp. . . . . ℥ iij
Syrup Rhei . . . . . ℥ iv
Spirit Nucis Moschat . . . . . ℥ ij
Ft. mistura.

As a general stomachic, a table-spoonful of the following may be taken twice a-day, after the bowels have been acted upon:

℞ Infus. Gentian *c.* . . . . . ℥ iv
Syrup Aurantii . . . . . ʒ iv *M.*

For the support of the protruding mucous membrane, after returning it, I shall use the india-rubber ball. [The patient being placed on her back with the thighs flexed on the pelvis, the Professor having previously lubricated his fingers with fresh lard, returned the protruded membrane, and then introduced the ball pessary. The patient was then requested to walk, which she said she was enabled to do with comparative ease.]

SUPPRESSION OF THE MENSES FROM COLD, IN A GIRL, AGED SEVENTEEN YEARS.—Eliza K., aged seventeen years, seeks relief for a headache and sense of suffocation, from which she has suffered for the last four months. Within the last three weeks, these difficulties have so increased upon her, that she has been obliged to leave service; her face is flushed, she has a bounding, vigorous pulse, and the bowels are torpid; she often feels as if her head would burst, and on several occasions she has fallen down from dizziness. Previously to the last four months, her health was always good.

What, gentlemen, is the nature of this girl's troubles? Will you tell me how to prescribe for her? There is a link wanting in the chain

of evidence necessary to a correct diagnosis in this case—and, before attempting to administer remedies, that link must be supplied. The headache, the sense of suffocation, the bounding pulse, all indicate disturbed action, but its features are not so broadly depicted as to define its true cause. When this girl told me of her present sufferings, I strongly suspected they were due to some abnormal condition of the menstrual function; the question was, therefore, addressed to her on this subject—and her reply was that four months ago whilst menstruating, she was exposed to a heavy rain—her menses suddenly became suppressed, and she has seen nothing since that time. The ground of my suspicion was as follows: the girl had been healthy up to the period alluded to—this fact together with her age, and the circumstance that she was enabled to attend to her duties until within the last three weeks, all gave me reason to believe the difficulties of which she complained were most probably due to menstrual derangement. They are the very difficulties, which are most apt to ensue from suppression of the "courses" in a plethoric system; they are by no means to be regarded lightly by the practitioner. You have heard the statement, which this patient has just made, viz.: that on several occasions she has fallen down from dizziness. How do you connect this circumstance—which is the material fact in the case—with the suppression? Your attention has been repeatedly drawn to the subject of menstruation; and you have been told that this function is one of such vast importance to the economy, that it can not be subjected to aberration without involving to a greater or less extent the entire system. As a general rule, it is simultaneous in its first appearance with the period of puberty; it is the silent yet emphatic declaration of nature that the ovaries are developed, and the female prepared to perform her part in the important but mysterious act of reproduction. The integrity of this function—except during the periods of pregnancy and lactation—is demanded by nature as constituting one of the cardinal ordinances on which the health of the female is to depend.

Nature is provident in her arrangements, but she is severe in her exactions. If her laws be violated, the penalty promptly follows. Her physical mechanism is one of perfection—but its action is perfect so long only as the laws which regulate it are in accordance with that harmony, without which there can be no such thing as health. If, for example, the menstrual function be too profuse—if the loss be too slight—if the function become suppressed, or has never been established, then derangement of the system ensues; and it devolves upon the medical man to estimate duly the true cause and extent of the derangement. In the case before us, the suppression has continued for the last four months—or, in other words, the monthly drain which nature has declared necessary for the health of the female has not taken place—the consequence is, the system has labored under repletion—headache

and dizziness have been the results; the dizziness being such as to cause the girl to fall down, a state of things closely bordering on apoplexy. Do you not, therefore, at once connect this condition of the brain with the suspension of the ordinary discharge; and is it not evident that both the dizziness and sense of suffocation are but the results of the suppression? It is, you see, manifest that if the menstrual function be not restored, this girl's existence will be in serious jeopardy from cerebral congestion, or engorgement of some other organ essential to life.

Causes.—Cold, fright, and the various mental emotions. Cold, perhaps, is the most common of all the causes of suppression. Young girls often subject themselves to serious illness, by placing their feet in cold water while their menses are upon them; and many a fair creature, whose morning of life was serene and beautiful, has found an early grave by this rash and thoughtless act!

Symptoms.—Suppression is accompanied by various symptoms depending upon the peculiar temperament and system of the individual. In plethoric women, headache and cerebral fullness are very common results. In girls of a nervous temperament, hysteria and other forms of nervous disturbance are apt to display themselves.

Diagnosis.—Attention being directed to the menstrual function, the fact is at once disclosed.

Prognosis.—Serious, if not fatal, consequences may result from continued suppression, especially in a plethoric habit of body.

Treatment.—The object here is to diminish the vascular fullness of the system, and restore the function. This patient, in addition to her other difficulties, is laboring under torpor of the bowels. I shall order ʒ viij of blood to be abstracted from the arm, followed in the evening by:

℞ Submur. Hydrarg. . . . . gr. x
Pulv. Jalapæ . . . . . gr. xv
Pulv. Antimonialis . . . . . gr. ij
Ft. pulv.

In the morning ʒ j of sulph. magnesiæ in a tumbler of water; and, in order afterward to prevent constipation, let her take, as circumstances may require, a tea-spoonful of epsom salts in half a tumbler of water. The diet should be strictly vegetable, and the patient should take daily exercise. If, after the full operation of these medicines, the menses should not return, two of the following pills may be given every second night, and a styptic foot-bath of warm water, cayenne pepper, and mustard, every night for two or three successive nights immediately preceding the expected period:

℞ Pil. Aloes *c* Myrrha . . . . . ʒ j
Div. in pil. No. xij.

MENSTRUATION UNINTERRUPTED DURING PREGNANCY, AND OCCURRING WITH MARKED REGULARITY AT ITS USUAL PERIODS—GESTATION FIVE MONTHS ADVANCED.—Mrs. R., aged twenty-four years, married, the mother of

one child, eighteen months old, which she nursed until within the last six months, seeks advice under the apprehension that she has some serious disease about her. She says her "courses," since she weaned her child, have occurred with regularity—her abdomen is enlarged, and she is confident she is pregnant, from the fact that two weeks ago she felt life. Her fears are that something is wrong, for she says women who have their "courses" should not be pregnant. This case, gentlemen, is interesting, and its interest is disclosed in the simple statement of the patient. It is, as it were, a case out of the ordinary record; and the woman indulges in unhappy apprehensions on this account. You are aware that, as a general rule, the catamenial discharge becomes suppressed during pregnancy; and it was the opinion of Denman that pregnancy could not exist without this suppression. No fact, however, is better established than the occasional co-existence of pregnancy and the regular monthly evacuation. The patient before you is undoubtedly pregnant; and this opinion is not based upon what she says as to her having felt life, for there is often much deception on this subject, women frequently supposing that they feel the motions of the fœtus, when, in fact, the sensations are merely morbid. But I pronounce her pregnant from the sensation imparted to my hand when I place it on the abdomen —the movements of the fœtus are very distinctly felt. The *areola* is well defined in this patient, and you here perceive it with all its characteristic developments. I place very great confidence in this sign, and should be willing, in the present case, to trust to it alone for the truth of my opinion. I am happy the opportunity has occurred of introducing this case before you. It is one of comparatively rare occurrence, and you can now say that you have witnessed a case of pregnancy without suppression of the menses. "Madam, you have no disease about you." "O! sir, I am very much afraid there is something wrong." "There is nothing wrong, madam, which time will not make right. You have no cause for apprehension. You can go home, and place full confidence in what I say to you. The only prescription I shall suggest is a cheerful mind, and good faith in what I tell you. If you will inform me of the time of your accouchement, I will see that you are provided with proper medical attendance." "Thank you, sir!"

Convulsions from Teething in an Infant eleven Months old—Danger of Opiates in Infancy.—William N., aged eleven months, at the breast, has been attacked with convulsions twice within the last four days. He has cut four teeth, and the gums are now much tumefied. The child has been constipated and feverish for the last week, very restless, could not sleep, and has refused the breast. The mother, in order to procure sleep for her infant, gave it twenty drops of paregoric. In two hours afterward, it was attacked with convulsions.

The case before you, gentlemen, is not of unusual occurrence, and you

can have no difficulty in explaining why convulsions have ensued. In the present instance, three causes have combined to disturb the nervous system of this child, either of which, under some circumstances, would have sufficed to originate the convulsive spasm. 1st. Teething; 2d. Constipation; 3d. The administration of the paregoric. I know of no more injurious, and often fatal practice, than the one so popular with most mothers of administering opiates, in some form or other, to tranquilize the system of the young infant, or, as the mothers say, to put it to sleep. The motive for such a course is unquestionably good, but the reasoning and practice are bad. Nature in the plan she ordinarily pursues, during the process of dentition, has pointed out quite significantly the duty of the physician when she has been frustrated in her operations. Teething is almost always, at least this is the general rule, accompanied more or less with looseness of the bowels. This very looseness is one of the conservative measures adopted by nature to protect the system from harm, and more particularly the brain and its dependencies. It is, in fact, a waste-gate, which will prove salutary under proper regulations. If the diarrhœa should be too profuse, and the child weaken under it, it then obviously becomes the physician to keep it within proper control. But suddenly to arrest it, is to entail upon the infant the most serious consequences. The diarrhœa breaks the force of the irritation accompanying dentition; it is a sort of revulsive action by which the nervous system is protected against harm. If this view be correct, what are you naturally and almost necessarily to look for when a child is suffering from the irritation of teething, and at the same time labors under constipation? If you desire a stronger provocation to disease, and more especially to convulsions, you have it, as is the case in the little patient before you, in the administration of the paregoric.

Convulsions constitute a fearful outlet to human life among children; and their occurrence is so frequent that the practitioner can not be too guarded in enjoining upon parents, as far as practicable, the necessity of avoiding those influences which are known to produce them. The nervous system of young children, liable as it is to this frequency of disorder, merits much of your attention. In the early part of the session you were informed somewhat in detail of the fact, that in children the medulla spinalis predominates in its action and susceptibility over the brain, and hence the frequency of morbid results from reflex action during infancy. It has been shown that during the first year of existence the brain is imperfectly developed, and almost without function. During this period, convulsions are of extreme frequency. In the two following years, in consequence of the greater development and control of the brain, the mortality from convulsions diminishes nearly a third; and just precisely as the brain becomes more perfect in organization, and its functions more fully developed, the tendency to convulsive movements is proportionately lessened.

Treatment.—Let the tumefied gums of this child be freely lanced, and the following powder administered, with a tea-spoonful of castor oil, the next morning:

℞ Hydrarg. c Creta } . . . . . āā gr. ij
Pulv. Rhei }
Pulv. Ipecac. . . . . gr. $\frac{1}{6}$ *M.*

A soluble condition of the bowels should afterward be ensured by occasional enemata of warm water and olive oil, or a solution of flake manna given internally. The great point, in this case, is to prevent constipation, and keep the child from all exciting influences. Nitrate of potash, say gr. ij to a wine glass of water will have a cooling and beneficial effect on the system.

Purulent Discharge from the Female Urethra occasioned by Ulceration of the Neck of the Bladder, in a married Woman, aged twenty-seven Years.—Mrs. C., aged twenty-seven years, married, the mother of two children, the youngest four months old, has been troubled more or less since the birth of her last child with a discharge of matter, and a scalding sensation in passing water. The discharge of matter, and the pain in micturition have very much increased of late. What, gentlemen, is the nature of the case before you, or, in other words, what is the cause of the discharge of matter? Vaginal discharges constitute a very important, and oftentimes a very difficult chapter in the field of practice; and there is, perhaps, no class of disorders which prove more rebellious to remedies, simply from the fact that they are regarded as idiopathic affections, and not as symptoms of disease. The discharges from the vagina are as follow, and it is important in all cases in which you may be consulted clearly to understand what it is that produces them: 1st. Sanguineous; 2d. Mucous; 3d. Purulent; 4th. Watery. Various causes may give rise to each of these forms of discharge; and successful treatment will of course depend on the accuracy with which the source is ascertained. For example, a purulent discharge, such as this patient is affected with, may arise from venereal chancre, gonorrhœa, the ulcerative stage of carcinoma, inflammation and ulceration of the neck of the bladder, uterus, etc. After hearing her statement, I made an examination, and found the uterus and vagina in a healthy state. In passing my finger, however, along the urethra and neck of the bladder great pain was induced; and the patient observed, as one of these points were touched, "That's the place, doctor." This was very significant language, and it implied that these parts alone were the seats of disease. It was not a case of gonorrhœa, for its history proved the fact. It was not ulcerative carcinoma, nor was there any venereal chancre. There was simply inflammation and ulceration of the neck of the bladder and urethra. On questioning the patient closely, she informed me that her last parturition was extremely painful and protracted, having been in

labor sixty hours. May it not be that the long continued pressure of the head against the neck of the bladder was the exciting cause of the inflammation, which has thus resulted in ulceration?

Treatment.—This is an annoying and painful malady, and must be treated energetically. In the first place, the patient should be freely purged with saline medicines, and one of the following powders taken thrice a day in a tumbler of flax-seed tea:

℞ Nitrat. Potassæ . . . . . ʒ ij
Div. in Chart. No. xij

together with a free use of diluent drinks. The great remedy, however, is an injection into the urethra of an urethral syringe-full of the following solution once a day until there is a decided amendment in the symptoms:

℞ Nitrat. Argenti . . . . . ℈ ij
Aquæ Puræ. . . . . ʒ viij
Ft. sol.

You need have no hesitation in the use of the solution for this purpose; it is the remedy of all others. I have frequently employed it, and always with good results in affections of this kind. But you must remember that the patient can not throw the solution into her bladder; you must do it for her. The patient being placed on the bed, the Professor injected into the urethra a solution of the nitrate of silver.

Dropsy in a Girl eleven Years of age, with Albuminous Urine.—Rachel M., aged eleven years, is brought to the Clinique by her mother in consequence of general ill-health, and an extremely distended abdomen. This girl's health was good until within the last six weeks when her abdomen begun to enlarge, and has continued to increase to the present time. It is now so much distended that it is with difficulty she can breathe in the recumbent posture. Her countenance is pale and waxen—the pulse rapid and feeble. There is considerable tumefaction of the face, and a general infiltration of the lower extremities. The case before you, gentlemen, is one of peritoneal or abdominal dropsy, accompanied with general anasarca. The term dropsy implies a collection of fluid in the cellular tissue, and natural cavities of the system, and is designated by different names, depending upon the particular seat of the effusion. For example, when the effusion occurs in the brain, it is called hydrocephalus—in the chest, hydrothorax—in the abdomen, ascites; and when the fluid is enclosed in one or more cysts, as is the case in ovarian, omental dropsy, etc., it is termed encysted. Infiltration, general or partial, of the cellular tissue is denominated anasarca. Perhaps no disease has called forth a greater variety of opinions than the one now under discussion. Theories have been promulged, and reasoning founded upon these theories has been advanced with a view to sustain the respective notions of authors—and yet there is much to be

explained respecting many of the phenomena of dropsy. With regard, however, to this disease there are two well established facts, viz.: 1. That the affection constituting dropsy may arise from too much or too little action, the former being an example of sthenic, the latter of asthenic dropsy; 2. That dropsy is the result of a want of balance between exhalation and absorption, more fluid being poured out than is taken up. These two propositions are broad and undeniable; and they form, as it were, a basis on which to pursue the inquiry touching the general characters of this disorder. There is one point in the case of this little patient to which I desire for a moment to direct attention—it is the condition of the urine. Here is a small quantity in a cup, and having been subjected to the influence of nitric acid it coagulates, this circumstance being due to the presence of albumen. Healthy urine contains no albumen; and it was the opinion of Dr. Bright that the presence of this substance in the urinary secretion was unequivocal evidence that the disease, which through courtesy the profession has denominated Bright's disease, existed. Bright is not alone in this opinion, and among others who support his views may be mentioned Dr. Christison. Bright's disease of the kidney consists in a peculiar change of structure, which is often a cause of dropsy: this structural change being ordinarily characterized by coagulable urine.

If Dr. Bright had been content with this assertion, there would perhaps have been a very general concession to his opinion—but he has gone farther, and maintains that the presence of coagulable urine is undoubted proof of the existence of the affection which he has described. So far from *albuminuria* being peculiar to this disease of the kidney, it is found under various circumstances altogether unconnected with disease of this organ. For example, it often follows the administration of mercury—it is one of the ordinary accompaniments of that form of dropsy consequent upon scarlatina, and is also the result of inflammatory action, etc. You are, then, gentlemen, to bear in mind that the mere coagulability of the urine in dropsy is no positive evidence that the dropsy results either from organic or functional disease of the kidney. The opinion of Dr. Bright is far too exclusive, and if adopted it will often lead to serious errors in diagnosis. With this view of the subject it is only necessary to detect albumen in the urine in any given case of dropsy, in order at once to trace the effusion to disease of the kidney! Dropsy may present itself under various heads—acute or chronic—idiopathic or symptomatic—general or local, etc., and it is highly important for you to ascertain the true condition of the system before attempting to remove the effused fluid; indeed, all rational treatment must be based on this distinction. As a general rule, you will find that dropsy is symptomatic of some functional disturbance, or organic lesion, and may, therefore, under such circumstances, be considered a result. The little girl before us is laboring

under a form of dropsical effusion known as ascites, a term used to designate a collection of serum in the peritoneal cavity; and the first object of inquiry should be to connect the effusion with the cause that has produced it. We shall, therefore, interrogate the mother. "Madam, when did your child begin to decline in health?" "About six weeks ago, sir." "Was she in the enjoyment of good health previous to that period?" "Yes, sir." "Before she begun to enlarge in her abdomen, did she complain of pain, and had she fever?" "About six days before I noticed the swelling in her stomach, she took a heavy cold; she was very sick, had a high fever, much thirst, and complained of pain." "Did you apply at that time to any physician?" "Yes, sir, and he gave me some powders which purged and sweated her, and took blood from the arm twice." The replies, gentlemen, of this woman throw ample light on the origin of this affection, and if you associate with these replies the important fact that the girl enjoyed good health until within six weeks since, you will have no difficulty in appreciating the true cause of the ascites, and of determining the nature of the affection. It is of the inflammatory type, constituting the sthenic form of dropsy, produced by cold—the inflammatory symptoms, however, exist no longer, and you have before you the effects of the inflammation, an effusion in the peritoneal cavity.

Causes.—Acute or sthenic *ascites* may be produced by cold, repelled exanthemata, the suppression of the catamenia, granular disease of the kidney, scarlet fever, disease of the liver, lungs, etc. While chronic or asthenic *ascites* is due to drains on the system, such as diarrhœa, hemorrhage, etc.

Symptoms.—These are various, depending upon the particular form and circumstances of the disorder. Sometimes there will be previous evidence of general impairment of health—and again the effusion forms insidiously without apparently involving the constitution. Frequently *ascites* will be preceded by œdema of the extremities. The urinary secretion is usually diminished.

Prognosis.—This will depend much on the particular cause of the dropsy, its duration, the constitution, etc. For example, in ascites following organic disease of some of the important viscera, the prognosis will, of course, be unfavorable.

Diagnosis.—Errors have often been committed by confounding peritoneal dropsy with other morbid conditions of the system; and when I tell you that ascites has been mistaken for pregnancy, and *vice versa*, you will at once understand how much it becomes the medical man to exercise vigilance in arriving at a just opinion. It may also be confounded with encysted dropsy of the ovary, or of the liver, with tympanites, etc. To distinguish ascites from pregnancy, you must ascertain whether the symptoms characterizing the latter exist—is there any change in the uterus—how is its cervix—what the condition of its body and fundus, etc.?

Can you detect the pulsations of the fœtal heart, the ballottement—does the areola exist? In ascites, the enlargement commences in the lower part of the abdomen, and spreads; in pregnancy, the enlargement also commences below, but it is central. In ascites, there is usually derangement of the general health. The fluctuation, however, which is ascertained by placing one hand on the side of the abdomen, and gently tapping the opposite side with the other hand, will remove all doubt. But pregnancy may co-exist with ascites. Encysted dropsy is so well defined by its own peculiar symptoms, that you can not mistake it. In ascites, however, you must remember that if you percuss the abdomen, a resonant sound will be yielded, such as results in tympanites; this arises from the fact that, in ascites, the intestines, more or less filled with flatus, float upon the surface of the fluid. In tympanites intestinalis, however, there is no fluctuation; the abdomen is hard, and is alternately diminishing and increasing in size in proportion to the escape or accumulation of the flatus.

Treatment.—I shall not speak of the treatment of dropsy generally—but shall limit myself to the consideration of the case now before us. Under what circumstance does it present itself to our observation? Certainly not in the acute stage, it is now in its chronic form, and the time for anti-phlogistic treatment has passed. The indication here is to act powerfully on that important emunctory, the skin, and sustain, as far as possible, the strength of the patient by nutritious diet, etc. Opium, in its various preparations, has proved a great remedy through its diaphoretic and strengthening effects in this form of dropsy; for it is a well-ascertained fact, that opium and diaphoretic medicines not only diminish the effusion of fluid, and the quantity of albumen in the urine, but, at the same time, they impart vigor to the system. I shall, therefore, order for this child the following treatment:

℞ Pulv. Doveri . . . . . gr. xxiv
Nitrat. Potassæ . . . . . ʒiss
Div. in Chart. No. vj.

One of these powders to be given every four hours until free diaphoresis is produced; and to be continued afterward as circumstances may suggest; the vapor-bath would be a valuable auxiliary, but from the poverty of the patient it can not be had. The bowels should be moved with enemata of warm water, molasses, and oil. The child would probably bear with advantage a weak solution of quinine:

℞ Sulphat. Quinæ . . . . . gr. iv
Acid. Sulph. Dil. . . . . gtt. iv
Aquæ puræ . . . . . ʒij
Ft. sol.

A tea-spoonful twice a day. The diet should consist of animal broth and jellies, and as a general drink Cremor Tartar water. It will also be

beneficial to make frictions on the abdomen, twice a day, with the following liniment:

℞ Tinct. Digitalis } . . . . . āā ℥ ij
Tinct. Scillæ }

Pain in the right Hypochondriac Region, with Cough from advanced Pregnancy.—Mrs. D., aged twenty-three years, is eight months pregnant; she has cough, and an annoying pain in her right side. "How long, Mrs. D., have you had a cough?" "About ten days, sir." "Have you had fever with it?" "No, sir." "Do you expectorate much?" "What is that, sir?" "I wish to know, madam, whether, when you cough, you spit up much phlegm?" "Oh, no, sir; my cough is quite dry." "Do you cough much in the day time while attending to your duties?" "No, sir." "It is only at night that I am troubled with it." "Do you begin to cough as soon as you lie down?" "That is it, sir." "As soon as I go to bed, I am bothered all the time with the cough." "Do you sometimes find it necessary to rise up in order to be relieved from the cough?" "Indeed, sir, if I did not get up, I should suffocate, I feel so much distress." "Are you certain, Mrs. D., that you have not had the cough more than ten days?" "Indeed, I am, sir." "What else do you complain of, madam?" "A pain, sir, in my right side." "Will you place your hand, if you please, over the part in which you feel the pain?" [The patient places her hand over the right hypochondriac region.] "When did you first notice that pain, Mrs. D.?" "About two months ago, sir." "Is the pain constant?" "Indeed, it is, sir, and it hurts me a great deal." "Do you ever experience any relief from it?" "When I am on my left side, sir, it is always better." "How are your bowels?" "They are confined, sir." "Do I give you any pain, madam, when I press on your side?" "No, sir, not the least." "You are confident that you have not had that pain in the side more than two months?" "Yes, sir, quite confident." "Did you ever have any thing like it before your pregnancy?" "Never, sir."

Now, gentlemen, amidst the numerous cases of interest which you have had brought before you in this Clinique, and I think you will agree with me, that in variety and importance they have far exceeded the most sanguine calculation, you can not point to any which embodies more practical value, or is more entitled to attention than the one exhibited in the person of this patient. What are the two leading features in her case? Cough and pain in the side. These two conditions, under some circumstances, portend serious mischief, and fatal results can only be prevented by timely and judicious interference on the part of the practitioner. You have heard the questions which I have addressed to this patient; and they, I am sure, have been duly appreciated by you. They were not without an object; and, in the pursuit of that object, I have had the true nature of this cough revealed to me.

Turn to the questions, and see what has been elicited. 1st. The patient has had the cough for ten days; 2d. No fever; 3d. No expectoration; 4th. The cough shows itself *only at night as soon as the patient lies down.* 5th. Instant relief when the upright position is assumed. And, lastly, gentlemen, I now feel this patient's pulse, and find it tranquil, yielding sixty-eight beats to the minute. This is not the cough of inflammation—it is not an idiopathic cough—but it is purely and essentially a mechanical cough, produced by the pressure of the uterus against the diaphragm, thus irritating the lungs, and thus, if you please, producing the cough. In the latter stages of pregnancy, women are not unfrequently the subjects of this form of pulmonary irritation, and it must be quite manifest to you how important it is to make a just discrimination. In addition, however, to the cough there is pain in the right side. The pain has none of the features of inflammation—no excitement of pulse, no tenderness on pressure, relief when resting on the left side, etc. It was first noticed, the patient informs us, about the sixth month after gestation. Then, gentlemen, what is the nature of this pain? Is it a mere incidental circumstance, or is it connected with the peculiar condition of the patient? It is an interesting example of pain in the *right side* dependent upon pregnancy. About the sixth or seventh month (sometimes, but rarely as early as the fifth,) women will occasionally complain of this pain, which is generally supposed, and I think with great truth, to be due to pressure on the liver by the ascending uterus. The pain usually continues until after delivery, when nothing more is heard of it. It is aggravated by constipation, and the excretions are ordinarily dark-colored.

Treatment.—Both the cough and pain in the side are increased by the constipation, and the removal of the latter is the only indication in the case before us. I shall recommend, with the view of acting freely on the liver, which is apt to become torpid from the pressure of which we have spoken, the following:

℞ Hydrarg. *c.* Creta . . . . . gr. viij

Let this be taken at night, followed in the morning by

℞	Sulphat. Magnesiæ	ʒ ii
	Infus. Sennæ	℥ vi
	Mannæ	ʒ j
	Tinct. Jalapæ	ʒ ij *M.*

The above mercurial and mixture may be repeated occasionally with decided benefit.

"Madam, you need feel no uneasiness about the cough or pain; they will both leave you as soon as you are confined. When you need a physician, if you will let me know, I will have you provided with a good doctor, who will take care of you." "Thank you, sir, a thousand blessings on you!" "Much obliged, my good woman; good morning."

Pruritus Pudendi in a married Woman, aged twenty Years.—Mrs. B., aged twenty years, the mother of one child, eighteen months

old, says she has been a great sufferer for the last two years. "Well, madam, why do you come to the Clinique?" "Because I wish to be cured, sir." "That is right, madam; we will endeavor to serve you. Do you suffer much!" "O! indeed, I do, sir. I am tormented nearly out of my senses." "What is it, madam, that torments you?" "It is a constant itching, sir. I have suffered from it for two years; and I have never had any thing do me any good." "What was the state of your health previous to your marriage?" "It was excellent, sir; I never knew what it was to be sick." "How soon after your marriage did you complain of this distressing itching?" "About six months after my marriage, sir." "Were you pregnant at the time?" "Yes, sir, about four months." "The itching you complain of is about your genitals, is it not, my good woman?" "Yes, sir." "Do you sometimes become sore, and bleed from scratching yourself?" "O! yes, sir, I am nearly crazy with torture." Here, gentlemen, is a case of practical interest—for it is precisely such as you will meet with after you shall have commenced your professional labors. It will not be confined to the poor and humble in life, such as constitute the recipients of our charity in this Clinique—but it will sometimes be found among the gay and wealthy of this world. You have heard the language of this poor woman—it is, indeed, graphic in description, and conveys most truthfully the character of her sufferings. The disease under which she labors is called *Pruritus Pudendi*—it is rarely an idiopathic, but almost always a symptomatic affection. When consulted in cases of this kind, you can not exercise too much vigilance; the anguish of the unhappy sufferer is beyond any thing you can imagine; and it is your duty, by skillful and prompt treatment, not only to appease that anguish, but to remove its cause.

Causes.—Pruritus pudendi may be produced by numerous causes, viz.: pregnancy; final cessation of the menses; inattention to personal cleanliness; the presence of what are termed the *pediculi pubis*, known as the small parasitic insects which occasionally infest these parts; acrid discharges from the vagina; ascarides in the rectum, etc.* You see, therefore, gentlemen, from the simple enumeration of the principal causes of this affection, how necessary it is for you to employ due circumspection in the examination of each case that may present itself to your observation.

Symptoms.—The characteristic feature is the intense itching; sometimes, also, small vesicles, containing a sero-sanguineous fluid, will be observed on the inner surface of the parts; and, in some cases, ulcerations will follow the constant scratching to which the patient has recourse in the hope of momentary ease.

* In some instances the worms will pass from the rectum to the vagina; and two cases have recently been published by Dr. Vallez, in which pruritus pudendi has resulted from the presence of worms exclusively in the vagina, none having been found in the rectum. In these cases, mercurial ointment will prove an efficient remedy.

Diagnosis.—From the history of the case, as given by the patient, I am inclined to the opinion that the pruritus was due to pregnancy—but you must remember, gentlemen, that if I be correct in this view, the case is rather an exception; for we generally find that pruritus resulting from gestation usually ceases after delivery. In the present instance it has not done so.

Treatment.—This will depend upon the cause of the pruritus, and the condition of the parts. It is not improbable that an abstraction of a small quantity of blood from the arm, together with saline cathartics and a lotion of the borat of sodæ, say ʒj to Oj of water would have sufficed to relieve this patient, if early employed. But from the description of her sufferings, something more potent will, no doubt, be required. This, however, can only be determined by examining the true condition of the parts. [Here the patient was placed on the bed, and the Professor proceeded with the examination. The internal surface of the labia majora, the vestibulum and clitoris, were seats of extensive ulceration.] You perceive, gentlemen, as I separate the vulva, the extent of morbid action in which these parts are involved; and it is truly lamentable to think that this poor creature, who is dependent for her daily bread on the "sweat of her brow," should have been so long afflicted with this painful affection. "My good woman, I neglected to ask you whether or not your bowels are regular?" "They are much confined, sir." "How is your appetite?" "Very bad, sir. You see, sir, I am losing my flesh because I can't eat." Pruritus pudendi, gentlemen, is very apt to lead to emaciation; and, in the case before us, marked as it is by general decay of the constitution, if we limit our remedies to local applications, we shall fail in affording relief. We must conjoin general with local treatment. The first thing that I shall do will be to touch the ulcerated surfaces freely with the solid nitrate of silver. [Here the Professor cauterized the ulcerations.] Under the circumstances of the case, I prefer this application to any other. It should be repeated every fourth or fifth day, as may be indicated by the progress of the disease. The parts should be cleansed with castile soap and tepid water; and, as far as practicable, rest enjoined on the patient. This woman will be benefited by a brisk cathartic, and I shall, therefore, order the subjoined pills, to be followed in the morning by ʒj of epsom salts:

℞ Massæ Hydrarg. . . . . gr. iv
Aloes . . . . . gr. iv
Saponis . . . . . gr. ij
Divide in pil. ij.

When the bowels have been freely moved, a table-spoonful of the following may be taken three times a day:

℞ Pulv. Rhei. . . . . ʒj
Carbonat. Sodæ } . . . . . āā ʒij
Pulv. Columbæ }
Aquæ Menthæ } . . . . . āā ʒvj *M.*
Aquæ Puræ }

Diet nutritious, with half a pint of porter daily. You will sometimes, gentlemen, meet with a form of *prurigo* of the genital organs, assuming the character of *eczema*, which is extremely difficult to manage, often proving obstinately rebellious to remedies. In this particular condition of things, the following treatment has been proposed by M. Tournie. You will remember the case of Elizabeth Richardson, who came here in November last, and in whom the treatment to which I allude was quite successful, after repeated failures with other means. M. Tournie recommends, as topical applications, calomel ointment, and a powder of camphor and starch. Should the parts be covered with scabs, emollient poultices are first to be employed; when the scabs are removed, the ointment is to be applied twice a day, ʒj of calomel to ℥j of lard; after each application, a powder, consisting of four parts of starch to one of finely-powdered camphor, to be freely used.

Defective Menstruation in a Girl, aged twenty-four Years — Mary M., aged twenty-four years, unmarried, a red-faced, plethoric girl, seeks advice for a headache and sense of suffocation. "How long, Mary, have you suffered from headache?" "I have had it, sir, for more than a year." "Does the headache never leave you?" "Yes, sir, I am much worse at times than I am at others." "How is the suffocation, is that worse at times too?" "Yes, sir." "Are you much troubled with dizziness?" "Yes, sir; when my head is bad, I feel as if I would tumble over. I am so light-headed, I am afraid to walk about." "Do you know where your heart is, Mary?" "It is here, sir, I believe." [The patient puts her hand over the region of the heart.] "Do you have any beating there?" "Yes, sir, and that is what distresses me so much." You have heard, gentlemen, what this girl has to say about her sufferings, and I am sure it would perplex any of you to know how or what to prescribe for her, without some further insight into the case. This is an example of what will often be presented to you in practice, and it is the very kind of case which will generally resist treatment, and linger on until mischievous consequences ensue, simply because the source of the trouble is not understood. I can not say positively, for as yet I have made no inquiry on the subject, but it appears to me that the cause of this girl's sufferings is obviously traceable to menstrual derangement. Let us examine this point. "Mary, you observed a few minutes since, that it is now more than a year since you first complained of these difficulties." "Yes, sir." "How were your monthly turns previous to that time?" "They were always regular, sir, until about fifteen months ago." "What took place at that time?" "I was scrubbing, sir, and took a heavy cold, and my courses stopped on me for two months." "How have they been, Mary, since that time?" "I see very little, sir. They come on at the right time, but they do not continue more than a day, and as soon as they stop, then my sufferings begin." You perceive, gentlemen, I am not guilty of error of judgment as to the cause of this

girl's distress. Your attention has been repeatedly directed in this Clinique to the importance of the menstrual function, and you have been told that its integrity can not be violated without involving, in a greater or less disturbance, the general system. If this girl be not speedily relieved by judicious treatment, the result will not be limited to disturbed action, but the disturbed action will terminate in some serious, if not fatal lesion. The indication here is so broad, the duty of the physician so obvious, that not the slightest ground for doubt exists. Without delay, means must be resorted to for the purpose of re-establishing the natural and healthy menstrual function; as soon as this object is accomplished, harmony will be restored to the economy, and this girl will cease to suffer from headache, palpitation, a sense of suffocation, etc.

Treatment.—Let her lose from the arm ʒviij of blood, and then the following powder administered:

℞ Sub Mur. Hydrarg. . . . . gr. x
Pulv. Jalapæ . . . . . gr. xv
Pulv. Antimonial . . . . gr. i *M.*

In the morning ʒj of castor oil.

In cases like the one before us, after the above treatment, we are partial to what we have denominated artificial menstruation, which is accomplished as follows: commencing as near the time of the expected "courses" as possible, ʒij of blood should be abstracted from the arm. In two weeks ʒij more should be abstracted. Let this be continued regularly every fifteen days, until the menstrual function becomes natural. In addition to the bleeding, two of the following pills should be taken for three successive nights, commencing a night or two before the menstrual period:

℞ Pil. Aloes *c.* Myrrha . . . . . ↄiss
Divide in pil. vj.

On the nights that the pills are taken, the patient should use the styptic pediluvium, composed of two table-spoonfuls of mustard and one of red-pepper in a bucket of warm water. To ensure a free state of the bowels, a wine-glass of the following mixture to be taken each morning, as circumstances may require:

℞ Sup. Tart. Potassæ } . . . . . ää ʒi
Sulphatis Magnesiæ }
Aquæ puræ . . . . . Oj
Ft. sol.

The diet to be exclusively vegetable. "Mary, I will send a doctor to bleed you as ordered, and you must faithfully observe the directions about the medicine, etc." "Indeed, I will, sir." "Good morning, my good girl, and return here one month from this day." "Thank you, sir."

LECTURE XII.

Mammary Abscess in a married Woman, aged eighteen Years.—How soon after Birth should the Infant be put to the Breast?—Warty Excrescences in the Vagina of a little Girl, three Years of age, accompanied with Mucous Discharge.—Cephalhæmatoma, or bloody Tumor of the Scalp, in an Infant, five Weeks old.—Vesico-vaginal Fistula, produced by the unjustifiable use of Instruments.—Conservative Midwifery.—Abuse of Instruments.—Pregnancy complicated with Ovarian Tumor in a married Woman, aged twenty-four Years.—Convulsions in an Infant five Weeks old, from Constipation.—Gonorrhœa in a married Woman, aged twenty-six Years.—How many Ligatures should be put upon the Umbilical Cord.—Ozœna in a little Girl, aged four Years.—Polypus of the Womb, removed with the Calculus Forceps.—Falling of the Womb from Engorgement of its Cervix, in a married Woman, aged forty-three Years.

MAMMARY ABSCESS IN A MARRIED WOMAN, EIGHTEEN YEARS OLD. HOW SOON AFTER BIRTH SHOULD THE INFANT BE PUT TO THE BREAST?—Mrs. B., aged eighteen years, the mother of one child, four weeks old, is laboring under abscess of the breast. The left breast, which is the seat of the abscess, is enormous, as large as the head of an adult. The infant was not put to the breast for four or five days after its birth, because the mother did not think she had any milk; and when she put it there, the child could not draw the milk, because the nipple was so flat it could not take hold of it. The patient says she has not been able to sleep for the last two weeks—she has been in constant agony with her breast, and begs most piteously that something may be done to relieve her. You have, gentlemen, in the person of this young woman—young, indeed, to be a mother—an example of what you will often meet with in practice; and the question naturally arises, has her suffering been the result of necessity, or has it arisen from positive carelessness? That the latter is the true cause of her present condition does not admit of a doubt, and is perfectly susceptible of demonstration. What are the facts? A woman is delivered of an infant, the breasts become filled with milk—there is no outlet, and the quantity of milk is still accumulating every hour. Every hour, therefore, the breasts become more distended—the milk glands and other tissues being unduly engorged. The elements of trouble are present, and if not removed they light up serious inflammatory action—pain and fever ensue—and, in a few days,

matter is secreted; and the breast, as is the case in the instance before us, becomes enormously distended with purulent fluid. During the stage of suppuration, the patient can tell you far more emphatically than any language of mine can convey, the intensity of her sufferings. "Yes! Doctor, dear, I can tell—I know what suffering is now—my eyes have not been closed for many days." You hear, gentlemen, the simple but truthful language of this poor woman; let it be a lesson to you, and never inflict this amount of misery on any of your patients by a careless discharge of duty. When you attend a female in confinement, you are to remember that your office as practitioners is not limited to the mere supervision of the birth of the infant—you are to take cognizance of every circumstance connected with the lying-in chamber —so far as the welfare of your patient is concerned—from the very commencement of labor until she has entirely recovered from the effects of her parturition. Any thing short of this full and thorough attention as to every detail, which may possibly involve the comfort or safety of your patient, is a delinquency of duty, which can not be justified.

On the present occasion, I shall limit myself to a brief view of what is to be done in order to protect the breasts from harm, and prevent the formation of abscess, which is one of the most painful, and oftentimes protracted complications of the Lying-in-room. This brings me to the consideration of an important question—*How soon after birth should the infant be put to the breast?* I know that there exists a difference of opinion on this subject; but the rule which I recommend to you, and which future observation will prove to be correct is this: as soon as the mother has recovered somewhat from the fatigues of her labor, say about four or six hours, *let the child be put to the breast.* The advantages of this practice are the following: 1st. The very suction of the child's mouth on the nipple encourages the secretion of milk. 2d. The early application of the child to the breast enables it the more readily to seize the nipple—for as great as the instinct is, which leads the newborn infant to take hold of the nipple as the fount from which it is to derive its nourishment, yet I am satisfied that the instinct diminishes with the delay, which oftentimes occurs, from either prejudice or carelessness, in putting it to the breast. 3d. If the child be not applied early, the breast becomes hard, and the milk is not only abstracted with difficulty, but with much pain to the mother. 4th. If the child be allowed to nurse a few hours after birth, it will draw from the breast that portion of the milk which is known to be purgative; in this way, the *meconium* will be removed from the intestinal canal, and the infant saved from that improper but popular practice of the administration of medicine simultaneously with its birth. You should remember that human milk varies in its properties. For example, when it first flows from the breast after delivery, it is yellowish and thick, containing a much greater proportion of cream than under ordinary circumstances—

and this constitutes not only an efficient, but the natural cathartic for the new-born infant—this cathartic removing from the system that dark viscid matter known as the *meconium*, and which, if it be suffered to remain in the intestines, very frequently gives rise to convulsions, etc. 5th. The early application of the child to the breast will, as a general rule, ensure the free discharge of milk, and, therefore, prevent the unnatural distention of the breast, which is the common cause of milk abscess. But there may be some circumstances, which will obstruct the flow of milk from the nipple notwithstanding the early application of the child—and these may arise from the infant itself—such for example, as debility, tongue-tied, sore mouth, malformation, etc., etc.; or from the mother, because of the flattened condition of the nipple, so that it is impossible for the infant to grasp it. Under such circumstances, there is a very simple and effectual means of overcoming this difficulty—take a pint bottle, and fill it with hot water—then pour the water out, and apply the bottle over the flattened nipple—as the bottle cools a vacuum results, and a powerful suction is exercised on the nipple, which becomes at once elongated, and the milk is seen to spout out. As soon as the bottle is removed, the child must be applied to the breast, and it grasps the nipple without difficulty. This is far better than suction pumps, and other irritating contrivances usually resorted to. You are to bear in mind that the great remedy for the prevention of milk abscess is to *protect the breasts against undue distention.* When the milk does not escape with sufficient freedom, it is important, in order to control, to a certain extent, its too abundant secretion, to place your patient on solid food, such as boiled rice, potatoes, etc., and forbid drinks, for these increase the mammary engorgement. The bowels, too, should be kept soluble by saline medicines, which are preferable to all others in these cases, for they produce, as you know, serous discharges. The following may be administered with advantage:

℞ Sulphat. Magnesiæ . . . . . ℥ iss
Inf. Rosar. C. . . . . ℥ viij
Ft. sol.

A wine-glass once or twice a day as circumstances may indicate. In the case before us, however, there is a large secretion of matter—the breast is filled with it. What is to be done? The indication is obviously to evacuate it without delay by a free opening with the lancet. Make your incision below so that the matter may escape without obstruction. [Here the Professor introduced the lancet into the depending portion of the abscess, and not less than a pint and a half of matter escaped; a small piece of lint was inserted between the lips of the opening, with directions to remove it every four hours to allow the matter still further to escape—the breast to be poulticed for two or three days.] In addition, gentlemen, to what has just been done for this patient, it is neces-

sary to invigorate the general system. The diet should be nutritious, and one of the following powders taken twice a day:

℞ Pulv. Rhei. . . . . ʒij
Sulphat. Quinæ . . . . . ʒj
Div. in Chart. No. xx.

Warty Excrescences in the Vagina of a little Girl, three Years of age, accompanied with Mucous Discharge.—Julia S., aged three years, is brought to the Clinique by her mother for advice. The mother says the child complains of great irritation about the vagina, often cries, and says she has pain in that part. Before introducing this little girl to you, gentlemen, I deemed it necessary in order that I might ascertain the true state of things, to examine her, and I have discovered enough to account for all the symptoms of which she complains. The vestibulum, and outer and lateral portions of the vagina are studded with small warty excrescences, which give rise to a great deal of irritation, and cause this child much discomfort. These excrescences are extremely rare in so young a patient, and when they exist, are apt to produce much anxiety in the mind of the parent. You understand how essential it is to know with precision the nature and extent of morbid action. Suppose one of you had been consulted about this little patient, and had become satisfied with the simple story of the mother, that her child complained of uneasiness and irritation in the region of the vagina. If you had gone no farther than her statement, any treatment which you might have suggested, would of necessity have been unscientific, and in all probability vain, if not hazardous. The child likewise has a mucous discharge from the vagina. How do you explain the presence of this discharge? What produces it? I have on several occasions directed your attention to this subject. Scrofula, ascarides in the rectum, the irritation of teething, and these warty growths, are all so many causes of this form of discharge in the young girl. The discharge of mucus, therefore, in this case, is not the disease—it is not the feature which is to engross your attention, it is merely an effect—whilst the cause, the excrescences, are alone entitled to your consideration. Remove them, and the discharge will disappear.

But you may very properly ask in what way do these morbid growths produce a secretion of mucus? I will explain. These excrescences are not natural; they are the result of morbid action; their presence is a source of irritation. This very irritation increases the afflux of fluids to the parts, and hence the mucous discharge. You have had before you, the present session, two interesting cases of profuse mucous secretion from the vagina in women, and in both instances we traced the discharge to the presence of warty excrescences in the vestibulum; these were removed by the curved scissors, and the patients were restored to health. You will meet nothing in practice among females more rebellious to remedies than the various discharges

from the vagina. They are rebellious, however, not from necessity, but simply because their real source is not ascertained. If you should prove successful in treating them—and nothing is easier if you will only regard them as effects, and trace them to their true causes—you will not only derive great reputation, but you will readily accumulate a fortune, if that should be the object of your ambition. In the case of the little girl before us, there can be no doubt as to the proper course to be pursued, and we shall therefore suggest the following:

The excrescences should be sprinkled once a day with the subjoined powder; it will be found effective, and I have no doubt the mother will return here in a few days, happy and delighted at the restoration of her little daughter to health:

℞ Acetat. Cupri }
Pulv. Sabinæ } . . . . . āā gr vj.

CEPHALHÆMATOMA, OR BLOODY TUMOR OF THE SCALP, IN AN INFANT, FIVE WEEKS OLD.—Catherine C., aged five weeks, is brought for advice by her mother who is in great affliction, supposing that her little infant must necessarily die because of a large tumor on its head. The swelling commenced, the mother says, about twenty hours after birth, and was at first not larger than a walnut. It is now nearly half the size of the entire head of the child, situated on the upper and lateral portion of the cranium. The child is restless and fretful, and the mother the picture of despair. The case before you, gentlemen, is one of not very common occurrence, and I am indebted for the privilege of showing you this interesting character of tumor to my friend, Dr. John Simmons, to whom I am under many obligations for several important cases brought to my Clinique. The swelling on this infant's head is a cephalhæmatoma, which means a bloody tumor. You perceive from the distress of the mother, and the hopeless view she takes of the case, that it is one calculated to excite deep sympathy.

There is, in my judgment, not the slightest cause for anxiety, and you will find that this infant will be relieved of the swelling, and the mother made happy. In examining the tumor critically, we observe that it is characterized by two circumstances: 1st. It is soft, slightly compressible, and without pain; 2d. The integuments covering it are without change. It is nothing more than an extravasation of blood under the scalp, caused by pressure on the head during parturition. Much difference of opinion has existed as to the proper treatment of these tumors. Some have recommended free incisions—this is bad practice, and has resulted in more than one instance fatally. The object to be accomplished here is the reduction of the tumor, if possible, through absorption. For this purpose, therefore, I shall recommend evaporating lotions, and gentle pressure. Pieces of adhesive plaster, one-half inch wide, and long enough to pass over the tumor in its length and breadth, must be applied. This is all that I shall suggest, and you will see the result. "Madam, you may dry up your

tears, and take your child home with perfect confidence that nothing will befall it from that tumor. Bring it here next Monday a week from to-day, and you will find that I have not deceived you," "Oh! thank you, sir, and many blessings on you." I speak, gentlemen, very confidently about this case, and I hope the result will prove that I am correct.

Vesico-vaginal Fistula, produced by the unjustifiable use of Instruments, in a married Woman, aged forty-two Years.—Mrs. C., aged forty-two years, widow, the mother of four children, the youngest seven years of age, comes to the Clinique, and says she has been in a deplorable state since the birth of her last child. She is constantly troubled with a discharge of water, which scalds and irritates her, and often produces such distress as to incapacitate her from performing her daily labor, by which alone she is enabled to earn a few shillings for the support of herself and little children. Her previous labors were always without the slightest difficulty; she states that, in her last confinement, only six hours after her labor had commenced, her physician attempted to deliver her with forceps, and, after several unsuccessful efforts, during which she suffered excruciating agony, he abandoned her! Left alone, her labor continued four hours longer, when she was delivered, without assistance, of a living child. The head of the infant, however, was much bruised by the rude attempts of the doctor to apply the instrument. From the birth of her child to the present time she has been unable to retain her water, and she presents herself at the Clinique in the hope that something may be done for her.

Here, gentlemen, is a case for your sypmathy; it presents an instructive lesson, and one which I trust will make an abiding impression on you. Cases like these should not be suffered to pass without severe rebuke. Unpardonable ignorance, or wanton officiousness—accept either horn of the dilemma you please—has entailed upon this unhappy woman, not only unnecessary suffering, but a disease both loathsome and difficult to cure. As soon as she related her case to me, I suspected the existence of the trouble, which was fully confirmed on examination. This unfortunate patient, poor and dependent for her daily bread on her daily toil, is an example—not, I regret to say, a solitary one—of the cruel wrongs inflicted on suffering woman by unfeeling and reckless men, who, under the mantle of a diploma, forgetting the high prerogatives, and sacred responsibilities involved in the possession of that document, proceed with utter indifference in their work of destruction! What do you suppose is the cause of this woman's melancholy condition? The attempt which her doctor made to deliver her with forceps, an attempt for which there was no justification, as the sequel of the case proved, caused a rent in the bladder, producing a large fistulous opening between it and the vagina, thus most probably entailing upon this patient a life of misery. These fistulous openings, always more or less difficult to cure, present occasionally, as in the case before

us, not the slightest prospect of relief. The fistula here is jagged and large, the former condition being most probably due to previous ulceration; the edges are hard and thickened, and altogether one of the most unpromising forms of vesico-vaginal fistula which could possibly present itself to the attention of the practitioner. With the hope of changing the character of the thickened edges, I shall touch them freely with the solid nitrate of silver; and, for the present, recommend the sponge pessary as a mere temporary means of protecting this poor woman from some little of the inconvenience attending the constant discharge of water. If, hereafter, we shall find a reasonable prospect of relief by the ligature, we shall have recourse to it. A case of vesico-vaginal fistula was brought before you during the session of last winter, and you will recollect it was materially benefited by the actual cautery, which I applied in your presence.

Allow me now, gentlemen, in the most solemn and emphatic manner, to caution you against an error which, unfortunately for suffering humanity and the honor of our profession, has too generally prevailed. I allude to the indiscriminate and unpardonable use of instruments in the practice of midwifery. That they are resorted to in this city most unjustifiably, and with results the most disastrous, I know to be a fact. If the grave could speak, how touching and fearful would be its revelations on this topic—how monstrous the guilt of those who revel in innocent blood! Not long since I was visited by a young medical gentleman, who had been in practice but a short period. In the course of conversation the subject of operative midwifery was introduced; and he remarked to me that he had enjoyed the best opportunities of becoming familiar with the use of instruments, for his preceptor had performed the operation of embryotomy on an average sixteen times a year!!! To you, gentlemen, an announcement of this character may appear like romance, but I have myself witnessed in this city scenes of blood sufficient to satisfy my mind that this is not an exaggerated picture; and I will take the liberty of citing one case, among several others now fresh in my memory, to show you that I do not speak without cause when I protest against the unholy acts of men, who were intended neither by Heaven nor Nature to assume the sacred duties of the lying-in-chamber. The particulars of the following case I have mentioned in my edition of Chailly's Midwifery:

"Two years since I was requested to visit a poor woman who resided a few miles from this city. She had previously borne two living children, and her confinement had not been attended with any unusual circumstance. On arriving at the house, there was presented to my view a scene which I can never efface from memory. It was a spectacle at which the heart sickened—it was humiliating to my professional pride, and I could not but experience feelings of deep mortification. This unfortunate sufferer had been in labor twenty-six hours, when two medical

gentlemen, for reasons which I trust were satisfactory to themselves and their consciences, determined on the use of the perforator. This instrument of death was accordingly thrust into the brain of a living child; the labor, however, did not advance, and they proceeded to remove the fœtus piecemeal. After four hours' desperate toil—and I ask, where could have been their feelings of humanity—they succeeded in bringing away the entire fœtus in a mangled condition, with the exception of the head, which was still in the womb. The friends of this poor creature—for, destitute as she was, she was not without friends in this her time of trial—her friends, I repeat, became alarmed; their confidence was lost, and the serious apprehensions entertained for the safety of the woman induced them to call in additional aid. I was sent for; and on hearing the particulars of the case as far as the messenger could communicate them, I hastened to the house, accompanied by my former pupils, Drs. Busteed and Burtsell. The patient was pale and exhausted; her countenance was that of a dying woman. She was almost pulseless, with cold extremities, and the perspiration of death on her. In her death agony, she supplicated me to save her, and said, with a feeling that none but a mother can cherish, that she was willing to undergo any additional suffering if she could only be spared to her children! Poor creature! her measure of anguish was indeed full; and had she known that she was about being removed from her children by the atrocious butchery of men, to whom she had intrusted her life, she would not have made the appeal she did. In approaching the bed of the dying woman, and on attempting to make a vaginal examination to ascertain the condition of the womb—the head of the fœtus being still in its cavity, having been separated from the trunk—you may well imagine my feelings on finding a mass of small intestines protruding from the vagina, and lying between the thighs! The operators had not contented themselves with slaughtering the infant, but they ruptured the uterus, through which the intestines had escaped; and, in this condition, they had abandoned the woman! She lay in this situation three hours before I saw her, the doctors having left the house, stating that nothing more could be done!! Verily, death does terminate all human effort.

"The question now may be asked, why was embryotomy had recourse to in this case? I never could ascertain. There must have been some secret reason for it; the burning love, perhaps, which some men have for the eclat of *bloody deeds*. There was no deformity of the pelvis, the head of the fœtus was of the usual size; and, as far as I could learn, it was an ordinary labor. The doctors judged it advisable to do something, and they decided to turn and deliver by the feet. They accordingly proceeded, and, mistaking a hand for a foot, pulled it into the vagina. They were then foiled, and, in order to complete the delivery, commenced cutting up the fœtus, and extracting it piecemeal. Thus were two lives wantonly sacrificed. The patient died in about two hours after

I arrived; and half an hour before she sunk, she observed: '*My poor child was alive, for I felt it move when the doctors were tearing it from me!*' Such language, uttered under such circumstances, was indeed graphic and eloquent in condemnation of those who had been participators in this cruel tragedy."

PREGNANCY COMPLICATED WITH OVARIAN TUMOR IN A MARRIED WOMAN, AGED TWENTY-FOUR YEARS.—Mrs. J., aged twenty-four years, came to the Clinique to-day, bringing with her an interesting little infant, five weeks old; she had another child eighteen months of age. This patient, gentlemen, presented herself here last February, under peculiar circumstances; and, on reference to your note-books, you will find that the little infant now smiling in her arms affords very conclusive evidence of the truth of the opinion I gave her at that time. The history of the case, according to the record, is briefly this: Last February, when she first came to the Clinique, she was the mother of a child thirteen months old. About two months after the birth of the child, she observed a small tumor in the left iliac region, which continued to increase in volume. She nursed her child until February, and it enjoyed good health during the whole period of lactation. From the birth of this child to the time that she applied here for advice, she had not menstruated. She became very much alarmed in consequence of her increasing size, and imagined she would die. After a very full and thorough examination of this case, you will remember that the decision at which I arrived was—that the patient before us was pregnant, probably between four and five months, and was also laboring under considerable enlargement of the left ovary. This case is interesting in several points of view: 1st. About two months after the birth of her first child, she observed a small tumor in the left iliac region; 2d. She had continued to nurse her child until thirteen months of age, and notwithstanding her being between four and five months pregnant, the child suffered no derangement; 3d. From the birth of her first child, she had not menstruated; 4th. The pregnancy was complicated with ovarian tumor. These four points may be considered as exceptions to general rules, and, therefore, are invested with more than ordinary interest. When the patient first presented herself at the Clinique, she did not entertain the slightest suspicion of her being pregnant; nor was she disposed to place much value on my opinion, when I assured her that she was actually four or five months advanced in gestation. Her attention had been exclusively fixed upon the tumor, and she ascribed her increased size altogether to its presence. "Well, madam, do you now believe I told you the truth?" "O! yes, sir." "How does the tumor compare in size with what it was before the birth of your child?" "I think it is much larger, sir."

It is by no means an easy matter, gentlemen, to arrive at a correct diagnosis in cases like these; under certain circumstances, it is almost

impossible, with the presence of an ovarian growth, to state positively whether or not pregnancy exists. In the case before us, you will recollect I made a very thorough examination. It was quite apparent that there was an enlarged ovary; and on the following evidence I based my opinion that, together with the enlarged ovary, pregnancy existed. 1st. The areola was well developed, presenting all its characteristics; 2d. The womb was enlarged, and could be distinctly felt three or four fingers' breadth above the pubes; 3d. The neck of the uterus was full and presented those peculiar changes—to which I have often alluded in my Lectures on Midwifery—and which always accompany pregnancy; 4th. The evidence conclusive to my mind was the passive movement of the fœtus, or "ballotement," which I very distinctly recognized after several unsuccessful attempts.

It was, therefore, gentlemen, on this testimony that I grounded the opinion, viz.: that the patient was laboring under disease of the ovary, and was also four or five months pregnant. That this opinion was true is established by two circumstances—1st. The little infant now in the arms of its mother; 2d. The existence of the tumor, which you perceive here passing obliquely from the left iliac region towards the umbilicus. [Here the patient was placed on the bed, and the tumor thoroughly examined.] There is one point about this case to which I desire for a moment to direct your attention. You will remember that, when interrogating her upon the subject, the patient replied that the ovarian tumor is much larger now than it was previous to the birth of her child. There is nothing singular in this circumstance; but, on the contrary, it is in keeping with what is usually observed to be the fact in ovarian disease complicated with gestation. During pregnancy, these enlargements ordinarily remain stationary, for the reason that the action going on in the uterus, and the supply of blood necessary for the maintenance of the placental circulation, divert, for the time, the nutritious elements, which would otherwise pass to the ovary, and facilitate its development—for you must recollect, that diseased, like healthy structure, is dependent for its increase on the aliment it receives. As soon, therefore, as pregnancy is completed, the current of fluids sets toward the ovary, and its growth ordinarily becomes rapid.

"What is the state of your general health, my good woman?" "It is good, sir." "Do you nurse your little infant?" "Yes, sir." "Have you sufficient nourishment for it?" "O! plenty, sir." "Is your appetite good?" "Yes, sir; I have a very good appetite, and my general health, I think, was never better." "Are your bowels regular?" "That is the only thing, sir, that troubles me; they are rather confined." You may think it strange, gentlemen, that, with the disease of the ovary, I should not recommend this patient to wean her child. But I do not do so for the following reasons: 1st. Her general health is good, and she has ample nourishment for her infant; 2d. The very act of nursing, through the diversion made to the breasts, may, for the time being

retard the development of the ovarian growth; 3d. Without decided objection, the young infant should be nursed by the parent, for the reason that the mother's milk, other things being equal, is best adapted to its wants, and powers of assimilation. For the present, therefore, I shall simply recommend this patient to take at night, as circumstances may require, two of the compound rhubarb pills.

CONVULSIONS IN AN INFANT FIVE WEEKS OLD, FROM CONSTIPATION.—Julia E., aged five weeks, is brought by her mother to the Clinique for advice; the mother says her infant, three weeks after birth, was attacked with convulsions, and they have continued to occur at intervals of four and five days. The mother is much alarmed, and fears there is no hope for her child. Convulsions, gentlemen, under any circumstances, and at any age, are well calculated to inspire alarm; and we can not, therefore, be surprised at the anxiety exhibited by this woman in behalf of her little infant. The nervous system in infancy is extremely susceptible of disturbed action, and although convulsions in the young child are often transitory in their effects, and pass off without involving any portion of the nervous system in organic lesion, yet this is not always so; and it becomes the physician to exercise more than ordinary vigilance in all cases in which convulsive movements present themselves.

Convulsions, I have remarked to you on former occasions, are much more common in early childhood than in adult age—and this arises from the fact that in early age, the spinal cord holds the ascendency over the cerebral mass; while, as age advances, the brain predominates, and controls those reflex actions of the medulla spinalis, which are so common during infancy, and which at once explain the greater frequency of convulsions at that period. Although the brain at birth is insignificant in function, and exercises the slightest possible influence on the system, yet its growth is extremely rapid. During the first two years of existence, such is the rapidity of its development, the brain doubles its weight; and just in proportion as this organ grows and becomes developed in function, does it assume a higher control over the nervous system, and more especially does it preponderate over the spinal cord. This is an interesting physiological fact, and accounts for the decline in the frequency of convulsions as the child grows older. Years ago, when physiology was in its infancy, and the practice of medicine a question often of conjecture—necessarily so from the want of those lights which physiology and pathology have since supplied—convulsions whether in the adult, youth, or infant, were traced directly to the brain, and the unhappy patient treated upon this hypothesis. The lancet, leeches, purgatives, blisters, etc., constituted the remedies of hope; but how seldom alas! was hope realized, and how multiplied the deaths, which resulted from this routine system of therapeutics! You live, gentlemen, as it were, in another age; and while those who preceded you in the study

of our noble science were but too frequently obliged to grope in the dark, and substitute false reasoning and unsupported theory for truth and well established principles, you, by the invaluable contributions to medicine, through the zeal and labors of the physiologist, pathologist, and chemist, have comparatively an easy duty to perform—every step of your progress is made radiant by the lights which mind has developed, and every fact thus given you is a basis for the erection of a superstructure of solid truth. Be not, however, content with the rich advantages you enjoy—intellect must not be satisfied with what has been accomplished—it must push on its investigations, and a glorious harvest is at hand for him, who prosecutes with an earnest zeal the wonders and beauties of nature—for, after all, nature in her strange and oftentimes mysterious evolutions should be a constant object of contemplation to the physician. Her mechanism, perfect and marvelous, you learn from dissection—a knowledge of the varied actions and uses of that mechanism you derive from physiology—while pathology teaches you the character and variety of its numerous derangements. Chemistry, too, throws a flood of light on the phenomena constantly observed both in healthy and morbid structure, and opens a new avenue, by philosophical deduction, to the application of remedial agents.

Causes.—Infantile convulsions, which are generally symptomatic, are traceable to a great variety of causes. To enumerate them all at the present time can scarcely be necessary. Among them may be mentioned, as operating during the first few weeks of life, a retention of the meconium or urine, injury to the child during delivery, constipation, improper food, flatulence, gripings, sudden and loud noises, etc., etc.

Symptoms.—These it is not necessary to describe, for when convulsions occur, their presence becomes sufficiently manifest, and the symptoms characterizing them will be modified according to numerous circumstances.

Diagnosis.—The practitioner will be at no loss to decide as to the nature of the affection; for convulsive spasms, unless as occasionally occurs they be masked, are too evident to lead to any embarrassment on this head.

Prognosis.—The issue of convulsions in infants will depend very much on the cause producing them, and the peculiar nervous susceptibility of the system.

The next question for us to consider is the *Treatment.*—You see this interesting little infant before you, and you have heard the statement of the mother that a week after birth it was attacked with convulsions, which continued to occur at intervals of four or five days. Is there any thing in this statement, which will enable you to prescribe for the infant? There is absolutely nothing to guide you, for the plain reason that you know nothing of the cause which has produced the convulsions. Is it, for example, a retention of the meconium or urine; is it an

injury sustained during birth, or is it constipation, improper food, etc.? There is not one of you who is prepared to answer these interrogatories, and until something more is ascertained in reference to what the convulsions are due, any medication which may be suggested will be more or less empirical, because it would be founded upon nothing stable. We shall, therefore, endeavor to ascertain the condition of the child previous to the attack, and then see if we can connect the convulsions with the cause that produced them. "Madam, what was the character of your labor, was it protracted and severe?" "I was in labor, sir, sixteen hours." "Were your infant's bowels free soon after birth?" "Yes, sir." "What was the color of its evacuations?" "They were black, sir." This question, gentlemen, I ask for the purpose of ascertaining whether he meconium passed off. The black material of which the mother peaks, was undoubtedly the meconium. "Did you put your child to he breast soon after birth, and have you sufficient nourishment for it?" "I put it to the breast, sir, a few hours after birth, and I have an abundance of milk." "Have its bowels continued to be free up to this time?" "No, sir. One week after birth it became very much confined in its bowels, not having a passage more than once in four days, and then after much straining, only a few lumps passed from it." "What, madam, is the condition of your own bowels?" "Very confined, sir. I have been troubled in this way for the last four months, and since the birth of my child I have been afraid to take medicine, because I thought it would injure it."

Do you not now, gentlemen, appreciate the importance of the interrogatories which I have just addressed to this woman, and do not her answers clearly indicate the cause of the nervous disturbance in her infant, for which she seeks advice at this Clinique? An infant must be made of rock, or of something equally unimpressionable, to have its bowels moved but once in four days, and then only a few lumps pass away, and not suffer as a consequence under serious nervous derangement. Constipation, therefore, has produced the convulsions. But there is another interesting fact connected with this case. The mother says that she herself has also been affected with confined bowels, and it is highly probable that the torpor of the infant has been derived through the milk from the parent. It is a principle which you are to bear in recollection, that nursing-children are extremely liable to this character of indirect action transmitted by the mother. The presumption is that if our remedies be limited in this case to the infant, they will be without any permanent avail. We shall, therefore, whilst directing medicines for the constipation of the infant, not omit proper attention to the mother.

Treatment.—The indication here is to regulate the bowels of both mother and child:

℞ Hydrarg. c. creta . . . . . gr. ij

Divide in Chart. No. ij.

One of the powders to be given at night to the infant, and followed in the morning with a tea-spoonful of castor oil. Let the other powder be given the second night, and next morning be followed by a solution of flake manna.

℞ Sub. Mur. Hydrarg. . . . . gr. x.

This powder to be taken by the mother, followed in the morning by the annexed draught:

℞ Sulphat. Magnesiæ . . . . . ℥jss
Infus. Sennæ . . . . . ℥iv
Mannæ . . . . . ℥j
Tinct. Jalapæ. . . . . ℥j *M.*

Gonorrhœa in a married Woman, aged twenty-six Years.—Harriet C., aged twenty-six years, married, complains of excessive pain in passing water, she says the scalding is such that it produces great annoyance, and is accompanied with a discharge of matter. Her health was always good until ten days ago, when she first experienced a frequent desire to pass water, accompanied with pain and scalding. Here, gentlemen, is an interesting case for you. A frequent desire to urinate, attended with a scalding sensation, in the female, may arise from various morbid conditions of the parts; for example, ulceration of the urethra or neck of the bladder, bloody tumor of the meatus, chronic inflammation of the mucous membrane of the bladder, the irritation from undue pressure of a diseased or prolapsed womb, gonorrhœa, etc., are among the causes capable of producing these symptoms, for you must remember that the scalding and frequent micturition are mere symptoms of some disturbing cause—they are simply disclosures made by nature that something is wrong in the mechanism—and it becomes you, as the artizans, who are acquainted with that mechanism, and understand how to repair its derangements, to ascertain accurately what it is that has occasioned the disturbance. This, I can not too often repeat, is the leading principle of safety with the practitioner. Without it, he is tossed about in a sea of conjecture, mere chance is his only guide, and defeat the almost inevitable result. When this patient stated her case to me, I made an examination, and found the parts much inflamed, with a purulent discharge from the urethra; the womb is healthy and in place. On questioning her closely, she expressed the apprehension that she had contracted a disorder from her husband. Her suspicions I have confirmed, for it is evident that she is affected with gonorrhœa. This disease is much more manageable in the female than in the male, and this arises from the shortness and greater dilatability of the urethra in the former.

Treatment.—This woman should, in the first place, be freely purged; and for this purpose let her take at night the following powder, and in the morning ℥j of Epsom salts:

℞ Sub. Mur. Hydrarg. . . . . gr. x
Pulv. Jalapæ . . . . . gr. xv
Pulv. Ipecac. . . . . gr. j

Ft. pulv.

The following lotion should be freely applied to the parts several times during the day:

℞ Liq. Plumbi acetat. dilut. . . . . ℥ xij

When the bowels have been properly moved, a table-spoonful of the annexed mixture three times a day:—

℞	Bals. Copoibæ	℥ j	
	Misturæ Camphoræ	℥ ij	
	Mucil. Acaciæ	℥ iij	*M.*

The patient to drink freely of barley water, flax-seed tea, etc., and abstain from stimulating diet.

The little infant, gentlemen, which was presented to you a few moments since, with an ulcerated umbilicus, brings to my mind a question to which I shall briefly allude, viz.: *How many ligatures should be placed on the cord?* The general practice of physicians is to apply two ligatures, and separate the cord between them. For this practice I can see no valid reason; and the one which is usually advanced is full of error, because it is founded upon a false hypothesis. It is alleged that if only one ligature be applied, the mother will be exposed to all the hazards of flooding through the untied extremity of the cord. Let us examine this question. The after-birth, or placenta, which is the medium between the mother and fœtus whilst in utero, is divided into two surfaces, and possesses two distinct circulations; or, in other words, two distinct circulations are going on in the placenta. The two surfaces are called, the one the maternal, or uterine, the other the fœtal, or membranous. The former has its connections with the uterus, the latter is covered by the amnion and chorion, and regards the fœtus. The two circulations are the maternal and fœtal; the former is carried on by the utero-placental vessels, the latter by the vessels composing the umbilical cord, which ramify on the fœtal portion of the placenta, viz.: the two umbilical arteries, and one umbilical vein. These two circulations are distinct and independent—there is no continuity of canal between them. If you attempt to inject the umbilical vein, the injection will pass into the radicules of the umbilical arteries, but not into the utero-placental vessels. So much for anatomical injection in demonstration of the fact that these two circulations are not carried on by continuity of vessel, and are, therefore, distinct.

If we now invoke physiology, additional proof as to the independence of these circulations will be exhibited. To suppose, for a moment, that the blood circulating in the system of the mother passes directly into the system of the fœtus, unchanged and unelaborated, is not only to suppose a physical impossibility, but it would be the admission of a principle at variance with all sound physiology. If the blood of the mother be analyzed, it will be found to be very different from that in the system of the fœtus, and utterly unfit, without modification, for the nourishment of the latter; and again, the blood discs in the maternal

blood could not, by any possibility, pass into the small and delicate vessels of the fœtus. The question naturally arises, where does this change take place, and what is the character of the modification to which the maternal blood is subjected before it supplies the fœtal system with its elements of nutrition. These questions have, for a long time, constituted points of controversy, and have elicited a free and full discussion. The elaboration is undoubtedly perfected in the placenta by a sort of endosmose movement; for example, on the maternal portion of the placenta the arterial blood, coming directly from the system of the mother, imparts to the blood brought from the fœtal system by the umbilical arteries, which ramify on the fœtal portion of the placenta, a vivifying principle, or, in other words, oxygenates it; this blood thus decarbonized, and freighted with fresh elements of nutrition, is taken up by the radicules of the umbilical vein, and carried into the system of the fœtus.

If you object to this explanation—which is now the accepted one—and maintain the old notion that actual contact is necessary in order that decarbonization may be accomplished, it is only necessary for you to reflect for an instant how this process is effected in the lungs. You are aware that there is no direct contact there between the oxygen of the atmosphere and the carbon of the venous blood—and yet, decarbonization, so essential to life, is going on without interruption from birth to death; and the familiar experiment of placing a bladder filled with venous blood in a jar of oxygen gas, which results in the decarbonization of the blood, is another very striking proof that contact is not essential to this process. Now, gentlemen, if you will bear in mind what I have just said as to the arrangement of the two placental circulations, and their independence the one of the other, it does appear to me that you can have no difficulty in appreciating how futile the apprehension is of flooding when but one ligature is applied to the cord; and how unnecessary it is, especially in single births, to have recourse to two ligatures. I never apply but one for the following reasons: 1st. Two are unnecessary, because the small quantity of blood which flows from the untied extremity of the cord consists merely of the disgorgement of the vessels on the fœtal portion of the placenta, and does not come directly from the system of the mother; 2d. This very disgorgement, in my opinion, assists in the more prompt expulsion of the after-birth.

Ozæna in a little Girl, aged four Years.—Mary H., aged four years, has been affected for the last four months with a discharge of offensive matter from the nose. The interest of this case, gentlemen, is to ascertain, if possible, what has given rise to the discharge. You have had before you on several occasions young infants laboring under more or less mucous discharge from the nose, constituting an affection of the Schneiderian membrane, termed *coryza*—there are two forms of this disease, the *coryza simplex*, and the *coryza maligna*. The former is

usually trivial, and readily yields—the latter, which sometimes prevails alarmingly in hospitals where large numbers are congregated, is often a rebellious and fatal malady. The proper name of the disease in this little girl is *ozæna*, derived from a Greek word, which signifies stench. Ozæna consists in an offensive purulent secretion from the nose; it is necessarily an annoying affection, and occasionally proves extremely destructive, involving the bony structure itself. "Madam, has your child ever had the scarlet fever, or the measles?" "No, sir." "Have you ever observed any swellings about its neck?" "Yes, sir; it formerly had lumps in its neck, and the doctor lanced one of them." The reason, gentlemen, of my asking these questions is this: scarlet fever and measles will sometimes be followed by ozæna—and scrofula is a very common cause of this affection. On examining the neck of this little girl, you perceive the cicatrices resulting from the incisions formerly made in the tumors, and some of the lymphatic glands are still tumefied. There can be no doubt that this child is scrofulous; and the discharge from the nose may be regarded as one of the circumstances connected in her case with this diathesis.

Treatment.—The nose should be cleansed several times a day with castile soap and water, and then touched once a day, by means of a camel's hair pencil, with the following solution:—

℞ Nitratis Argenti . . . . . gr. vj
Aquæ puræ . . . . . ℥j
Ft. sol.

The child should be in the open air, and, if possible, sent to the sea-shore. Diet nutritious. This little girl would, I am sure, be much benefited by the syrup of the iodide of iron, of which let her take fifteen drops twice a day.

Polypus of the Womb, removed with the Calculous Forceps, in a married Woman, aged thirty-nine Years.* Mrs. B., aged thirty-nine years, the mother of two children, came to the Clinique to-day to return thanks for the benefit she had received. This case, gentlemen, you will, I am sure, remember with much satisfaction. The patient before you, when she first presented herself here, exhibited a very different countenance; she was then pale and almost exsanguinated; and, as she told us, without hope. She had been subject to repeated floodings, accompanied with bearing-down pains, simulating the throes of labor. After an examination, I discovered that the flooding and pains were occasioned by a polypus of the womb. The patient being a sensible woman, and most anxious for relief, consented to an operation; and, in your presence, I removed the polypus by twisting its pedicle with the ordinary calculous forceps. "Madam, how is your health compared with what it was when you first applied for advice?" "O! sir, I am now a happy woman, and I have come to tell you how much obliged I am for restor-

* Page 83.

ing me to health." "Has the flooding ceased?" "Yes, sir! and my courses are now quite regular; I have no pain, and every day I am gaining strength." In the removal of polypus of the womb, it is important to remember that if you should employ the ligature, it will be necessary, should the patient complain of pain, at once to loosen it, for the manifestation of pain is strong proof that you have embraced within the ligature the cervix of the uterus; and should you be heedless of this fact, death will most likely ensue. Under ordinary circumstances, a polypus is insensible, and the patient suffers no pain on the application of the ligature to its pedicle.

FALLING OF THE WOMB FROM ENGORGEMENT OF THE CERVIX IN A MARRIED WOMEN, AGED FORTY-THREE YEARS.—Mrs. B., aged forty-three years, married, the mother of two children, the youngest two years of age, says she has been in poor health since the birth of her last child; she can not walk with any comfort in consequence of a bearing-down feeling; she has pain in her back, and a dragging sensation in her groins; frequent desire to pass water; occasional nausea, and is always more comfortable in the recumbent posture.

The symptoms, gentlemen, which this patient has described are too vague to enable us, with any degree of precision, to ascertain their true cause; and this is the character of case, which you will often meet with in practice, and which, simply because you do not understand its real nature, proves rebellious to treatment, and brings discredit on you, and your profession. Better for you to retire from the field of practice, than subject yourselves to the mortifying results of routine treatment, or the fatal hazards of empiricism. The profession of medicine has its toils and sacrifices—but it is not without its pleasures and its triumphs. These last, however, are enjoyed only by the scientific practitioner, who is enabled in the first place to trace morbid action to its legitimate source, and then, by the application of correct principles remove it, and impart health and vigor to his suffering patient. I am gratified that this patient has presented herself at the Clinique, for it affords me an opportunity of directing your attention to a very important and interesting subject. Before introducing her to you, I found it necessary—in order that there might exist no doubt as to her disease—to make a vaginal examination. This I did, and discovered that she was laboring under falling of the womb, the uterus being on a level with the vulva, and the cervix much enlarged.

So far as my own personal observation will enable me to judge, the majority of females, who have any uterine derangement, are extremely apt to refer them all to falling of the womb. This is a serious error, because it too often leads the practitioner to a false judgment—not the practitioner, who thinks and acts for himself, but he who suffers his mind to be swayed by the declarations of his patient, and permits these declarations alone

to form the basis of his treatment. In all cases, therefore, in which prolapsus is supposed to exist by the patient herself, or suspected by the practitioner, it is absolutely necessary to institute an examination in order that the true condition of things may be ascertained. Allow me briefly to call attention to the position and attachments of the uterus in its normal state, with a view to a better understanding of the operation of certain influences, which are known to result in the displacement of this organ. The uterus is situated in the pelvic excavation, the bladder being in front, and the rectum lying posteriorly; the small intestines rest on its upper surface or fundus, while the lower surface or cervix is encircled by the superior extremity of the vagina. Between the posterior surface of the womb and rectum there intervenes what is termed the *triangular space;* into this space the small intestines sometimes fall, and become strangulated; and the ovary, both in its healthy and diseased state, will occasionally be felt there, giving rise to various, and oftentimes distressing symptoms. The entire of the posterior surface of the womb is covered by peritoneum, while only the two superior thirds of the anterior surface are invested with this membrane, the inferior third being in contact, through the medium of cellular tissue, with the bas-fond of the bladder.

The uterus is supplied with several ligaments, viz.: the broad, or ligamenta lata, which are simple duplications of the peritoneum, and the round, or ligamenta rotunda. The broad ligaments are calculated to a certain extent to maintain the uterus in its parallel position to the axis of the superior strait of the pelvis; while the round ligaments, which arise from the upper, lateral, and anterior surface of the organ tend to prevent retro-version. The ligaments of the womb, I am well satisfied, exercise very little influence in preventing prolapsion; indeed, they have no control over those causes, which are known to be the most common in the production of this form of displacement. The natural foundation of the uterus, and that which gives it due support, under ordinary circumstances, is the vagina. It is necessary, therefore, that you should clearly comprehend the connections of this passage, in order that you may appreciate its ability in a healthy state to sustain the organ *in situ*. The vagina is a crooked canal, corresponding more or less accurately with the curves or axes of the pelvis. The concavity of its curve is anterior, while the convexity is posterior. The vagina is divided into an upper and lower orifice, an anterior, and a posterior surface. Its upper orifice encircles the neck of the womb—its lower opens upon the vulva. Anteriorly, the vagina is in connection with the bladder, and a little lower down with the urethra, constituting the septa, known as the vesico-vaginal, and urethro-vaginal. To facilitate your knowledge of the posterior relations of the vagina, we shall divide this passage into five parts; the superior fifth is floating, and also as a peculiarity is covered by the peritoneum—the three middle fifths are in close connection with the rectum, forming the recto-vaginal

wall or septum; and the inferior fifth is separated from the rectum by the intervention of the perineum.

You can not fail to observe how admirably, by these connections, nature has provided for the due support of the uterus; but you must not forget that the ability to furnish this support on the part of the vagina ceases to exist when the uterus, through morbid action, undergoes an increase in its volume. Without at this time directing your attention to the various causes of uterine displacement, I shall limit myself to the consideration of one cause only, viz., an increase in the weight of the uterus. This organ is liable to several forms of displacement: 1st. Ante-version; 2d. Retro-version; 3d. Prolapsus; 4th. Procidentia, etc., etc. If the womb should become the seat of enlargement on the anterior portion of its fundus or body it will be ante-verted, if the enlargement be on the posterior surface retro-version will occur; but should the increase of volume be on the cervix, then prolapsus, and sometimes procidentia ensues. There is no fact of more importance for you to bear in mind than this; indeed, it may be considered as one of the cardinal principles always to be vivid in the mind of the practitioner who undertakes to treat displacements of the uterus. The honor of having first called the attention of the profession to this subject belongs, I think, to Lisfranc, who has contributed so largely and profitably to our knowledge of uterine pathology; and if this principle, so earnestly inculcated by him, had been more generally observed, displacements of the womb would not only have been treated with far more success, but much unnecessary anguish would have been spared unhappy sufferers.

It is not only unphilosophical; it is, indeed, little else than empiricism to regard morbid action in an abstract point of view. Abstract reasoning is, in my judgment, the leading fault of the medical practitioner, and it is the true secret of failure in the application of therapeutic agents. A patient has fever. Is it not material before attempting to subdue that fever to ascertain what has produced it? Another is laboring under fracture of the limb. Is there but one plan of treatment for fractures, or will the treatment depend upon the character of the fracture? The enlightened surgeon will tell you that the latter is undoubtedly true. Your presence is suddenly demanded in a case of apoplexy. If you be a routinist, and look merely at the fact that your patient is attacked with apoplexy, you will seize your lancet, and abstract blood copiously from the arm; and yet that apoplexy may result from gastric repletion, the remedy for which would have been an emetic! In such case, your bleeding is without avail; the patient sinks, and friends are agonized simply because you looked at one point only, instead of taking a comprehensive view of the disease. Apply these remarks, gentlemen, to prolapsion of the womb, and see how full of truth they are! The patient before us is laboring under this affection. The womb has fallen down; it is no longer *in situ*. If, then, you regard the displacement as the disease, you will probably resort to some mechanical means to give it support, perhaps the pessary. But I

tell you, that to apply a pessary in prolapsus, such as is now before us, would not only aggravate the sufferings of this poor woman, but it would afflict her with additional disease, and generate a new train of morbid phenomena. And why? This is an important question, and I will briefly answer it. The prolapsion here is not the disease, it is the effect of disease; the womb has descended from its proper situation in consequence of its increased weight, the increased weight arising from engorgement of the cervix of the organ. The introduction of a pessary, under such circumstances, would not meet the difficulty; it would, however, exert an injurious pressure against the engorged surface, producing ulceration, and, perhaps, far more serious results. Here, then, the engorgement is the disease, the prolapsion the effect.

Engorgement of the neck of the uterus may result from ulceration, chronic inflammation, &c., of the organ; engorgement, however, is not always confined to the cervix, it sometimes involves the entire uterus. There are several forms of it, such, for example, as sanguineous or congestive engorgement, œdematous engorgement, and what is termed the hard engorgement; this latter, though amenable to remedies, will occasionally degenerate into schirrus of the womb. The patient before us is affected with congestive engorgement. In these cases, the menstrual function is very apt to become deranged, either defective in quantity, or altogether suppressed. On inquiry, I find that this woman has suffered from a deficiency of the catamenial flow.

Treatment.—To be consistent, and true to our reasoning, we shall pay no sort of attention to the prolapsus; but shall direct all our treatment to the engorgement, which is the sole cause of the displacement in this case. Sanguineous engorgement of the uterus is usually quite a manageable affection. It consists principally in a distended condition of the uterine vessels; and the indications of treatment are twofold: 1st. To disgorge the vessels by occasional bleeding, together with astringent washes; 2d. To invigorate the general strength. With the former object, therefore, we shall recommend the application of six leeches to the cervix once in ten days for two or three successive periods; and as soon as the leech-bites have healed, the following injection may be used freely during the day:

℞ Sulphat. Ferri. 3j
Decoct. Quercus . . . . . Oj
Ft. sol.

Two of the following pills, which will be found laxative and tonic, may be given twice a day:

℞ Extract Gentianæ } 3j
Pulv. Rhei }
Saponis 3ss
Aquæ . . . . . q. s.
Ft. massæ in pil. No. xxxx. *dividenda.*

The diet to be nutritious, and the patient to observe the recumbent posture as far as circumstances will permit.

LECTURE XIII.

Retention of the Menses with Hæmatemesis, in a Girl, seventeen Years of age.—Vicarious Menstruation.—Threatened Paralysis of the lower extremities, in a married Woman, aged twenty-one Years, from defective Menstruation.—Abdomino-rectal Hernia in a married Woman, aged twenty Years, confined six months since with Twins.—Ulcerative Stomatitis, and Diarrhœa from Teething, in an Infant, eight Months old.—The Mortality of Infancy; is it from necessity or from neglect?—Submucous Fibrous Tumor of the Uterus, in a married Woman, twenty-three Years of age, with suppression of the Menses for the last twenty-two Months.—Ovarian Tumor in a married Woman, aged twenty-two Years, projecting into the triangular Fossa between the Uterus and Rectum.—Diagnosis between this form of Tumor, and Retro-version of the Fundus Uteri.—Introduction of the Uterine Sound.

Retention of the Menses with Hæmatemesis, in a Girl, seventeen Years of age.—Vicarious Menstruation.—Margaret M., aged seventeen years, of a plethoric habit, has never menstruated. She complains of fullness about the head, and says she frequently has her vision obscured, with beating in her ears; her bowels are habitually constipated, and she has thrown up blood several times within the last four months. The case before you, gentlemen, is one embodying much practical interest, and I invite your attention to it as one of more than ordinary instruction. This girl has never menstruated—she may, therefore, be said to labor under amennorrhœa. Amennorhœa is, as you know, divided into two forms, retention and suppression; in the former, the function has never appeared; in the latter, on the contrary, the menses having been established, become from some cause or other arrested.

The aspect of this girl is not one of disease; she looks as if she enjoyed good health, and so far as the popular eye is concerned, and her own looks indicate, the judgment would be that she is a vigorous, healthy young woman. The physician, however, must look beyond the surface, mere appearances are of little value, for they are oftentimes false lights. There is, in this city, many a bruised heart under a fashionable exterior; the tinsel of dress and ornament may deceive the spectator, but it can not appease the anguish of a broken spirit. Too often, indeed, in my professional rounds, has occasion caused me to bear testimony to this truth! Our profession opens to us, if I may so speak, the portals of the human heart—its joys and its sorrows, its longings and its prejudices, its natural and its forced impulses, its outward demonstra-

tions and its secret pinings, are all so many points worthy of the profound attention of the medical practitioner. These remarks are equally applicable, in many instances, to diseased action. You will occasionally be called upon to prescribe for patients, whose aspect is that of health, but who, on investigation, will be found to labor under serious derangement. It is for you, therefore, not to suffer your judgment to be led astray by mere appearances, but to pursue your investigations with a determination to ascertain, in the first place, whether disease exists, and secondly, if it be found to exist, to recognise if possible its true character. These are the two essential duties of the physician; they are in fact the necessary elements of successful practice. Apply these observations to the case before us, and see whether they will enable us to embrace fully all its features. As I have already said, the patient has the appearance of good health, but her statement, which you have just heard, establishes very conclusively the fact that her system is much deranged, and requires the interposition of science. The fullness of the head, the obscure vision, the beating in the ears, the hæmatemesis indicate disturbed action. It is for us to decide as to the true value of these morbid conditions; in other words, are they primary or secondary? are they results, or are they causes?

There is another important circumstance connected with the history of this girl—a circumstance so essential, that to pass it by, would be to remove all foundation of correct diagnosis—she has never menstruated, and yet she is seventeen years of age, with a fully developed physique; she is no longer a child, but bears all the external evidences of womanhood. Whilst laboring under retention of the menses, she presents at the same time an example of great vascularity. Are you surprised with these facts before you, that the patient should complain of fullness of the head, etc.? Can you not at once connect this fullness of the head, the obscured vision, the beating in the ears, and the hæmatemesis with the amenorrhœa? Have you any difficulty in placing them under the chapter of effects, while you at once recognize the amenorrhœa as the cause? Nature is always conservative; she has been unable to establish the natural menstrual function; something or other has contravened her purpose, and in order to protect the system from the plethora consequent on the amenorrhœa vicarious menstruation presents itself in the hæmatemesis. Far better that this girl should bleed from the stomach, than that the brain should become invaded, and death ensue from apoplexy! The hæmatemesis, or vomiting of blood, is the feature in this case. In a word, it is an *example of vicarious menstruation.* It is totally unconnected with any organic disease of the stomach, and it is simply a derivative influence, instituted by nature to diminish the general plethora, and thus guard the economy against more serious injury. Probably of all the causes of hæmatemesis, there is none more common than retention and suppression of the menses, or the suppression of a hemorrhoidal discharge.

This discharge of blood can not fairly be termed idiopathic; it is a symptomatic bleeding, and is the result of an absence of the catamenial function through the uterine organs. Both men and women bleed from the stomach from different causes; sometimes the hemorrhage is the effect of ulceration of the vessels, etc. But in the case before us, there is no disease of the stomach, and the blood that is thrown from it, is a simple capillary hemorrhage from its lining or mucous coat. You will sometimes observe this vicarious menstruation from the lungs, in girls laboring under retention of the menses, and in this case, too, the bleeding is not the result of pulmonary disease, but the consequence of rupture of the capillary vessels. This character of bleeding from the lungs may go on for years, without in any way affecting the integrity of these organs. How important, under such circumstances, are just distinctions, or perhaps in more professional language, accurate diagnosis. How easy would it be, under these circumstances, to mistake a comparatively harmless hemorrhage from the lungs, for the fatal hæmoptysis of consumption!

Treatment.—The indication in the case before us, is to establish by judicious medication, the catamenial function. The hæmatemesis is but a shadow, and will cease as soon as the uterine organs perform their office properly. Let ʒ vj of blood be taken at once from the arm, and in order to act freely upon the bowels, the following powder should be taken at night, and in the morning, ʒ j of epsom salts in a tumbler of water.

℞ Sub. Mur. Hydrarg. . . . . gr. x
Pulv. Jalapæ . . . . . gr. xv
Pulv. Ipecac. . . . . gr. j
Ft. pulv.

Just before the next attack of hæmatemesis, let 4 leeches be applied to each groin, and the bleeding encouraged with warm fomentations. One of the best means of promoting the bleeding, after the leeches have fallen off, is by soft sponges wrung out of hot water. The constant application of these will prove very efficient for the purpose, and are much better, and more at hand than poultices. The patient should have her feet put into a foot-bath, with a table-spoonful of mustard, and one of cayenne pepper. This to be repeated for two or three nights, and in addition let two of the following pills be taken for two successive nights:

℞ Pil. Aloes c. Myrrha . . . . . No. vj.

The object of the above treatment is to divert the blood from the stomach to the uterine organs. It will be proper to let this girl drink ice-water, and use ice freely. It will have a good effect in preventing the congestion of the gastric mucous surface.

THREATENED PARALYSIS OF THE LOWER EXTREMITIES IN A MARRIED WOMAN, TWENTY-ONE YEARS OF AGE, FROM DEFECTIVE MENSTRUATION.—

Caroline W., aged twenty-one years, a muscular red-cheeked young woman, complains of more or less constant dizziness; her menstrual evacuation is deficient in quantity; the bowels are predisposed to constipation; she takes very little exercise, and indulges her appetite, which is generally very good. "What brings you, my good woman, to the Clinique?" "I am anxious, sir, to have something done for the pain and dizziness in my head; I have been troubled in this way for some months, and I am very uneasy, sir, about myself." The interesting feature, gentlemen, in the case before us is the fact that this young woman suffers from pain and dizziness in the head—these two circumstances appear exclusively to absorb her attention; and she expresses much apprehension for fear they should result seriously. Her apprehensions we shall find are not without force. "Do you sometimes feel as if you would fall down?" "Very often, sir." "Have you any unsteadiness in your gait, as if you had not proper control over your limbs?" "Yes, sir, they often feel so." "Are you often troubled with nausea?" "Sometimes, sir." "Have you ever lost the power of speech?" "No, sir—but I lost about ten months ago the use of my lower limbs for two weeks, and I recovered after being bled, and blistered on my head." "Well, my good woman, why did you not tell us this before?" "Why, sir, I thought you would find it all out."

I do not regret, gentlemen, the conversation which you have just heard—it has thrown ample light on the case before us, and at once explains my motive in addressing the above questions to this patient. If I were to ask any one of you to tell me what that motive was—or, in other words, what object I had in view by the questions I have just propounded, you would say without hesitation that I was endeavoring to ascertain whether or not symptoms of paralysis had not exhibited themselves in the person of this patient. The character of my interrogatories was so obvious, and their bearing so manifest, that you could not but appreciate the point at which I was aiming; and the patient, you perceive, has fully confirmed my suspicions by the voluntary statement that ten months ago she lost the use of her lower extremities. I have had frequent occasion in this Clinique to direct your attention to the subject of paralysis—and I have pointed out to you the two characteristic peculiarities of this affection, as it occurs in the adult and early childhood. In the former, it is usually connected with disturbance of the brain, and is generally more or less permanent—while in the latter, it is commonly the result of reflex irritation of the medulla spinalis, and is more or less transitory in its character. You have had before you numerous cases of paraplegia in children, which we have traced to intestinal disturbance, reflecting upon the spinal marrow, and thus causing loss of motion in the lower extremities, accompanied sometimes but not always with loss of sensation. These cases have yielded to treatment, and you have participated with me in the pleasure I have derived from the result.

Let me for a moment allude to a circumstance connected with this case. You perceive that while the patient complains of headache and vertigo, and presents a combination of derangements indicating serious trouble of the nervous system, yet her appetite and digestion are good. In a word, the functions of organic life appear to be undisturbed. You will very frequently observe this fact in the course of your professional career, and it is important that you should be able to explain what to the popular mind may seem an inconsistency, but to the educated physician is a striking evidence of the wisdom displayed in the arrangement of the human mechanism. Man enjoys two lives—one is animal, the other organic. In a degree, these are independent of each other, and are controlled respectively by each of the two nervous departments. The former is regulated by the nerves of the cerebro-spinal axis, or as they are called, the nerves of animal life; the latter is dependent for the harmony of its functions on the distribution of the trisplanchnic system of nerves, denominated the nerves of organic life. I have told you that these two existences are separate, and to a certain extent independent of each other. Hence, how often do you observe, in the paralytic and imbecile, digestion vigorous, and the functions of organic life unimpaired? But, there is a beautiful, and at the same time striking exemplification of this independence in the two lives at the approach of death. Have you ever watched over the couch of a dying friend, and noted the phases of his last agony? If so, memory will crowd your minds with reminiscences—melancholy, indeed—but graphic and conclusive of the truth of what I have just stated. While one life is dead—the other exists—and it is not until the extinction of the latter that man ceases to live! Animal existence is the first to die, organic the last. When the eye and ear have ceased to perform their functions, and the tongue has lost its power of articulation—when the intellect is merged in stupor, and cut off from all consciousness of external things—in a word, when animal life is extinct, organic existence still maintains its vitality—and it is not until the last beat of the heart that the triumph of death is complete!

Treatment.—The question now to determine—the one which so deeply interests this patient—is the course to be pursued with a view of protecting her against another attack of paralysis. You can have no doubt as to the cause of the paralysis—it is vascular fullness, increased by the defective menstrual loss; the brain has thus been crowded with blood, and the result, you see, has been serious derangement of the nerves of animal life. Take from the arm ℥ x of blood, and give two of the following pills every four hours until free purgation is produced:—

℞	Sub. Mur. Hydrarg.	℈j
	Olei Tiglii	gtt. ij
	Pulv. Ipecac. . . .	gr. ij
	Syrup. Simp	Q. S.

Ft. Massa in pil. x. *dividenda.*

In addition to the above, let this girl, just before the expected menstrual period, lose from the arm ʒ ij of blood, and the same quantity in two weeks; this bleeding from the arm to be continued until the function is sufficient in quantity. The bowels to be kept in a soluble state by epsom salts, with exercise in the open air. The diet to be vegetable; and, as a salutary waste-gate to the brain, a seton should be put in the back of the neck.

Abdomino-rectal Hernia in a married Woman, twenty Years of age, confined six Months since with Twins.—Margaret R., aged twenty years, married, was delivered, six months since, of twins, and presents herself to-day for advice, in consequence of what she terms "a large tumor" in her abdomen. I am enabled, gentlemen, to show you, in the person of this patient, a most interesting, and, I may add, remarkable case of displacement. If your attention had never been drawn to this subject, you might, when engaged in practice, become much embarrassed in forming a correct diagnosis. When this woman told me she had a tumor, I was, of course, anxious to ascertain its true character; and, on instituting an examination, I discovered that, in certain positions, I could very distinctly feel an unusual protrusion from the central portion of the abdomen, the protrusion being elongated and narrow; while, in other positions, the protrusion entirely disappeared. In connection with this circumstance, I also noticed an extraordinary flaccidity of the abdominal integuments—they hung in large folds, and looked more like an empty sac than the parietes of a primipara. Successive parturitions produce, by repeated distension, flaccidity of these integuments; and the flaccidity is usually in proportion to the number of pregnancies. It is not common, therefore, in a first gestation, to observe much change in this particular. [Here the patient was placed on the bed in the recumbent posture, and the Professor, in directing attention to the abdomen, observed:] You perceive, gentlemen, the extraordinary appearance of the abdominal integuments—they have lost all their elasticity, and, as you see, lay in large folds; they possess no resistance, having lost all power. If I were to ask this patient when she became affected in this way, I could very readily anticipate her answer. O! sir, observed the patient, I never had any thing like it before the birth of my children. This is precisely the reply I should have expected; and it is for us to explain why she should be an exception to the general rule, which I have already mentioned, viz.: that women with their first children usually do not, after birth, have much flaccidity of the abdominal integuments.

In this case the abdomen has been so enormously distended by the presence of twins, that the integuments have lost all power, and hence the remarkable relaxation, which you observe. Again, while the patient remains on her back in the recumbent position, there is not, as you perceive, the slightest vestige of a protrusion. The abdomen is flat, and the only

thing remarkable is the relaxation of the integuments. She now assumes a demi-recumbent position, and you immediately observe a protrusion passing through the central line, extending some six inches in length. You remark now that she is in the erect posture, the protrusion is much increased in volume, occupying precisely the same direction. What, gentlemen, is its character? Is it an abnormal growth? Under what classification of tumor do you place it? These are the questions which very legitimately present themselves for solution. The only thing abnormal about the case is this: the immense distension, which the abdominal walls have undergone, has resulted in the separation of the two recti muscles, and through this opening there is a protrusion from the abdomen—and for the want of a better name, I have termed it *abdomino-rectal hernia.*

Treatment.—All that is required is to give, by means of a properly-adjusted bandage, uniform support to the abdomen. There is nothing dangerous—nothing to be apprehended from this form of protrusion. Obstinate constipation, however, might result in serious difficulty; and, therefore, it should be guarded against. "Madam, you have no tumor. You may go home with the assurance that there is no cause for uneasiness." "Thank you, sir."

Ulcerative Stomatitis and Diarrhœa from Teething, in an Infant eight Months old—Mortality of early Infancy—Its Causes.—Wm. F., aged eight months, has been affected with diarrhœa and sore mouth for the last two weeks; it has refused the breast for the last two days, and is extremely fretful. "Has your child any teeth, madam?" "It has two, sir." "What was the condition of its health previous to this attack of diarrhœa?" "It was good, sir; it had not any sickness since its birth. Do you think you can cure it, sir?" "Yes, madam, if you will follow our directions." There are, gentlemen, many outlets to the life of the young infant—and it is indeed fearful to contemplate the mortality of the first year of human existence. In France, where so much has been accomplished in the way of hygienic measures, of one million of children annually born two hundred and fifty thousand die at the end of twelve months. You see, therefore, that one-fourth of the infants born are swept from earth before the completion of the first year! It is stated by the Registrar-General, that in 1846, of fifty thousand persons who died in London, more than fifteen thousand were less than two, and over twenty-one thousand were under ten years of age! Again, of every one hundred persons born in London, thirty-five die before they attain their tenth year! What a melancholy picture for contemplation—a picture which would have no existence if the obligations of society to the destitute were properly discharged. I can not understand why London, with its numerous and well conducted hospitals for adults, should have so completely neglected the wants of sick children. In that great

metropolis, there is but one hospital especially devoted to children, and that containing not over sixty beds!! Well may common sense ask, Where, citizens of London, is your philanthropy, where your equalized charity? Is it that young children, the most helpless and dependent of the human family, are unworthy of your care, that you should have bestowed all your benevolence on the older and less dependent members of that same family? London stands almost alone among the cities of the civilized world in this cruel neglect of the helpless child, when weighed down by disease; and if the philanthropist wishes to know how this neglect has operated, let him ponder over the tables of mortality as given under the authority of the Registrar-General. In these tables, he will find something for reflection, if not for bitter remorse, at the shameful wrong committed against those little creatures, who, though they can not plead their own cause, are in every way entitled to the warm sympathies and protection of those on whom the smiles of fortune are constantly playing. What are young children, but so many links between the present and the future? If it be true, that the human family, like nations, is perpetuated through succession; and if the pride and honor of each country is to be represented hereafter by the young of the present day, does it not become all, who look to the glory of the future, to spare no labor on the moral and physical well-being of those on whom the character of that future is to depend? I think so; and it is in part because of this opinion that I lament the wants of the little children in the metropolis of England.

It is not until the termination of the second year of existence that the infant may be said to have passed the dangers incident to it. At the end of the second year the first dentition is completed. Abstract reasoning might impress you with the belief that the melancholy mortality of infancy is attributable to the process of dentition; but you must take a more comprehensive view of this subject; as rational men you must, in your calculation, start with broad and tenable premises, and your deductions will then be more likely to approximate the truth, and become data for correct opinion. It is not, as a general rule, until the sixth or seventh month that the infant begins to suffer from teething, and yet long before that period it is subject to diseases which oftentimes prove fatal. How true, indeed, is it that the existence of the infant, even before its birth is completed, is placed in serious peril. As soon as the head has passed the vulva, untoward delay on the part of nature, or officious interference by the practitioner, may cause the extinction of life.

Again, the first hour after birth is too often the starting point of disease, which, sooner or later, proves fatal. Unnecessary medication, the sojourn of the meconium, improper food, bad air, general neglect, are among the causes which obtain in the early destruction of life. The new-born infant, too, has scarcely come into the world when we find it frequently attacked with what may be termed one of the accompaniments

of the lying-in-chamber—*purulent ophthalmia.* You have had before you in this Clinique numerous cases of this affection commencing a few days after birth. If to these circumstances be superadded scrofula, rachitis, syphilis, etc., the melancholy legacy often entailed upon offspring, you will, I think, acknowledge that the first months of infancy, before dentition and its accompanying troubles commence, is one of positive danger. But I can not believe that this fatality is other than relative. To suppose that it is a necessary result, would be in my judgment detracting from the beneficent acts of Him, who controls all things earthly, and whose power tends not to the destruction, but, on the contrary, to the preservation of the human family. When I say, therefore, that the mortality of early infancy is relative, I mean to imply that it is, *cæteris paribus*, in proportion to the neglect of those principles, which both common sense and science have told us constitute the very foundation of human health. A child, for example, comes into the world with syphilis, and it dies either from the disease, or the effects of the medicine incautiously administered to arrest the poison. Will you tell me that this child dies from necessity? As well might you argue that the inebriate, who walks into the river, goes there by the direction of Providence! He goes there because, in making a beast of himself, he has become deprived of that intelligence which God has given him, and which intelligence, if properly used, will guide him safely through life. So is it with the new-born infant affected with syphilis; it comes into the world with a taint received from its parents, and its life is forfeited through treachery to natural obligations.

You perceive, therefore, that the mortality of early infancy is not to be ascribed so much to necessity, as to the violation of those leading ordinances, the integrity of which nature has declared essential to the preservation of health. How important, then, is it for the practitioner to have his mind imbued with a knowledge of these ordinances—and how imperative the duty to see that they are observed. I would not, however, have you suppose from what has been said that the period of dentition is not one of peril. On the contrary, from the age of six months to the termination of the second year—the period included in the first dentition—there is a vast fatality. But this is not to be attributed exclusively to the fact that the child is teething. You must remember that here too there is a combination of circumstances tending to the destruction of life. The period of infancy is one of uninterrupted growth, with evolutions so wonderful and rapid that indeed it may truly be said that the young child is in a state of constant transition. Every hour almost brings with it remarkable changes in the physical organism —and these changes, so rapid and constant, and so necessary, too, for the completion of the mechanism, do of necessity predispose the young infant to a variety and complication of derangements. It is a physiological truth that the young child enjoys almost exclusively an organic or

vegetative existence—in it, nutrition appears to be the great object of nature, and hence we notice the rapid growth of the physical machine. It soon attains the perfection of development, and then the balance-wheel—repair and waste—is brought into active duty. Should this balance-wheel perform its offices agreeably to the exactions of nature, harmony of function and health will be the result. Should, however, either repair or waste preponderate the one over the other, derangement and disease will naturally follow.

The period of dentition is apt to be accompanied by certain morbid conditions, which it is highly important for the practitioner thoroughly to comprehend; and he should be enabled to distinguish between the morbid phenomena which depend more or less directly on the irritation of teething, and others which are merely incidental in their occurrence. A child while teething is extremely liable to irritation of the lining membrane of the mouth—and this will show itself under various forms; such as stomatitis, apthous eruptions, diptheritic deposits, etc. In the case before you there is an example of stomatitis as the accompaniment of dentition. This affection has been divided into four kinds; 1st. Follicular; 2d. Ulcerative; 2d. Malignant; 4th. Mercurial. This little child is affected with ulcerative stomatitis. The stomatitis in this case has been produced by the irritation of the gums—it is, however, observed in infants of an earlier age, and is often traced to gastric derangement, particularly when there is an excess of acid in the stomach. To this subject, however, your attention has already been directed on former occasions. In addition to these local troubles connected with teething, the constitution frequently becomes more or less involved, as is evinced by the frequent occurrence of convulsions, cutaneous eruptions, diarrhœa, etc. The subject of convulsions from the irritation of teething we have repeatedly discussed in this Clinique. You have also been admonished not rashly to interfere with the various eruptions, which, from time to time, show themselves at this period, on the head, face, etc. I am firmly impressed with the accuracy of the ancient doctrine in regard to those eruptions occurring at the time of dentition—they are salutary waste-gates—so many derivative influences, which nature supplies to break the force of irritation. The duty, therefore, of the practitioner is not suddenly to heal, but simply keep them within reasonable check.

Again, observation exhibits an interesting fact with regard to these eruptions, viz.: that they very often disappear when the process of dentition has been completed, after having resisted every attempt at medication. With regard to the diarrhœa ordinarily observed at the time of dentition, I think, too, that the opinion entertained by the older writers is far more philosophical, and more in accordance with daily observation than the views on this subject promulgated by certain modern authors. What are the facts which the observant physician is constantly called upon to notice in an infant who is suffering from the irritation of teething?

They are facts of no little moment, for they embody a practical truth of great value. If you interrogate a practitioner of experience, he will tell you that the general rule is this: as soon as the gums of the infant begin to swell, the irritation is transmitted to the intestinal mucous surface, the result of which is looseness of the bowels. The exception to this rule is constipation. No one, I imagine, will attempt to deny the truth of these two propositions. If, therefore, they be conceded, the diarrhœa will stand in relation to the swollen gums as effect and cause. Let us proceed a step further, and what do we observe? Should the diarrhœa not be so profuse as to debilitate the energies of the system, it will be found that the child will improve under it; or, in other words, that the constitutional disturbance, especially of the nervous system will be so far controlled as to prevent those serious, and oftentimes fatal convulsive movements so appalling both to the mother and practitioner.

Suppose, however, that the physician should regard the diarrhœa as a primary disease, and as totally unconnected with teething—and this is a common and fatal error in practice—he would administer some astringent medicine which, while it would arrest the diarrhœa, thus closing the waste-gate which nature in the exercise of her conservative power had opened, would most probably prove fatal to the infant. Do you wish the proof of this? See what occurs in the teething infant whose bowels are constipated—fever, convulsions, and death ordinarily follow.

I am aware that the doctrine has been proclaimed *ex cathedra* that to regard diarrhœa as the usual effect of dentition is merely to perpetuate a crude and vulgar notion. But allow me to say that, crude and vulgar as this notion may be deemed, it is a principle which nature herself inculcates, and she silently but eloquently urges you to adopt it as a principle of safety in the management of children suffering from the irritation of teething. The lesson she enjoins is this: when the diarrhœa in a teething infant is so profuse as to interfere with the general harmony of its system, it is the duty of the practitioner, not hastily to check it, but to keep it under proper control. Again, nature urges—when the teething infant is constipated, its only safety is in proper purgation. I would remark further, that when the diarrhœa accompanying dentition is an idiopathic affection, it is so as an exception to a general rule, for it is almost always symptomatic. This form of diarrhœa is as much entitled to the name of tooth diarrhœa, as is the tooth cough, or worm cough, or liver cough, which were fully explained to you a few Cliniques since as merely symptomatic disorders—between which and primary or idiopathic affections it is important for you to distinguish.

Treatment.—If you will view this case according to the standard that I have endeavored to place before you, and be governed by my reasoning, you will regard the stomatitis and diarrhœa simply as results, occasioned by the process of teething; and how far the diarrhœa is to be checked becomes a matter for you seriously to determine. Is it so pro-

fuse as to debilitate the infant, or is it within reasonable, or, if you choose, salutary limits? This is the first question to be decided. That the former is true admits of no doubt. The infant presents all the indications of prostration. Therefore, with a view to limit the diarrhœa, I shall order a tea-spoon of the following mixture once or twice a day, according to circumstances:

℞ Cretæ Misturæ . . . . . ℥ ij
Tinct. Kino }
Tinct. Catechu } . . . . . gtt. viij *M.*

The lower middle incisors have pierced the gums while the portion of gum corresponding with the upper middle incisors is very much swollen, and the teeth appear to be ready to protrude. It is, therefore, proper under these circumstances, to lance the gums freely, which will be attended with the double advantage of allowing the upper incisors to pierce the gum, and at the same time relieve the irritation by the slight bleeding, which will follow the incision. In the ulcerative stomatitis you will find an efficient remedy in the chlorate of potash; it is also one of the very best remedies in what is termed *cancrum oris*, or phagedenic ulceration of the mouth in children. I have employed it with the happiest results. I think its use for this purpose was first suggested in Germany. It may be employed in the case of this infant as follows:

℞ Chlorat. Potassæ . . . . . ʒj
Sacchar. Alb. . . . . ʒ ij
Aquæ distillat. . . . . ℥ iij *M.*

A dessert-spoonful two or three times a day.

Sub-mucous Fibrous Tumor of the Uterus in a married Woman, twenty-three Years of age, with Suppression of the Menses for the last twenty-two Months.—Mrs. M., aged twenty-three years, presents herself at the Clinique for advice, in consequence of ill health for the last two years. She has been married three years, has had no children, nor was she ever pregnant; she has labored under suppression of the catamenia for the last twenty-two months, and is greatly emaciated. She complains of a swelling in the lower portion of her abdomen, which she says she has observed for the last eighteen months. "Madam, what was the state of your health previous to your marriage?" "It was good, sir." "Were your periodical turns regular?" "Yes, sir." "Did you enjoy robust health?" "Indeed, I did, sir. I was a strong, hearty woman, and I did not know what sickness was." "Do you know what caused your *courses* to become suppressed?" "I do not, sir, unless it was a cold I took." "You say that they have been suppressed for the last twenty-two months?" "Yes, sir." "Was your health good before that time?" "It was, sir." "For the last twenty-two months what has been the condition of your health?" "Bad, very bad, sir. I have been failing every day, and you see I have fallen away to a mere shadow."

"Has the swelling in the lower portion of your abdomen, increased in size?" "Oh! yes, sir. It was quite small at first." "Have you had, since you first noticed the tumor, a frequent desire to pass water?" "Yes, sir, that has troubled me very much." "How are your bowels?" "Very confined, sir." "Have you any pain when you have an evacuation?" "Yes, sir, a great deal." "Do you sometimes feel a numbness in your lower limbs?" "Yes, sir." "Do they swell." "They do, sir."

The case before you, gentlemen, is well calculated to arrest your attention, for it presents several points of more than ordinary interest. While the questions which I have addressed to this patient have elicited prompt and satisfactory answers, yet they contain nothing which will enable you to arrive at a just conclusion as to the nature of her malady. What duty, then, devolves on the practitioner in order that he may clearly comprehend the true character of the case before us? He should institute a careful and thorough examination; endeavor, if possible, to ascertain the nature and origin of the swelling of which this patient complains, and see if he can connect it with the general derangement of health under which she labors. This I have done; I have made with much care a vaginal examination, and I am now prepared to tell you what I have discovered to be the facts in the case. 1st. On introducing my index finger into the vagina, I very distinctly recognized a considerable enlargement of the uterus, and on placing the other hand on the abdominal walls, I could readily grasp the upper portion of this organ; with an alternate movement of elevation and depression of the two hands thus applied, it was very evident that I embraced between them the enlarged womb; 2d. The neck of the uterus is shortened, and its parietes expanded, while the *os* is sufficiently dilated to enable me to introduce the apex of the finger, and feel a substance within its cavity, of uniform surface, and slightly hard to the touch; 3d. In examining the iliac fossæ, I found them free from all fullness, and the tumor I felt is in the central and lower portion of the abdomen. The tumor is not sensitive to the touch, and it is very manifest that it is not pediculated. This want of sensibility is rather an exception to the general rule.

As soon as I had ascertained these facts, a very natural question for me to ask this patient was, whether or not she had been subject to periodical hemorrhages. She replied, No! adding that for the last twenty-two months she had not only labored under suppression of her courses, but had been entirely free from any character of sanguineous discharge from the vagina. You will presently understand why I asked this question, and you will gather the fact that, in her case, the absence of periodical floodings is also an exception to what is almost always observed in the character of disease with which she is affected. This patient has a fibrous tumor in her uterus growing from the internal surface of the organ, and causing the organ to enlarge precisely as the tumor becomes

developed. The uterus is subject to various morbid growths, such for example, as the fibrous tumor, divided into the benign and malignant, polypoid formations, which are pediculated, etc. In the case of this patient we have what is known as the sub-mucous tumor of the uterus. Fibrous growths connected with the womb are not of rare occurrence—and in the course of your practice they will present themselves to your observation. When they exist, they will be found in one of three positions, and hence they have been divided into three varieties, the variety depending on the exact location they occupy. 1st. The sub-mucous; 2d. The sub-peritoneal; 3d. The interstitial. It is important that you should have an accurate idea of these three forms of tumor, for on this knowledge may frequently depend proper therapeutic applications, and in some instances, will prevent inconsistent if not hazardous interference on the part of the practitioner. When the tumor is situated within the cavity of the uterus, it is under the mucous membrane, or in other words, the mucous membrane of the womb forms its outer covering, and hence it is called sub-mucous. When, on the contrary, the tumor grows from the external surface of the uterus, the peritoneum is its investing membrane, and hence it is sub-peritoneal. When it becomes developed amid the muscular fibres of the organ, it is called interstitial.

You see, therefore, there is propriety in the denomination of the growth from the position it occupies. The progress of these tumors is extremely uncertain. Sometimes they remain dormant for years, and occasion very slight uneasiness to the patient; they sometimes degenerate into bony matter, and are expelled from the womb—again, through the progress of inflammatory action, abscesses form in the tumor, matter is discharged, and the patient often recovers her health. The matter is sometimes discharged through the cervix uteri, sometimes through the rectum, and occasionally from the urethra. The presence of a fibrous tumor in the womb is not incompatible with child-bearing, but it necessarily enhances the perils of parturition; and by the pressure of the fœtus against the tumor during labor, the suppurative process will often be much more early developed. The fibrous tumor occasionally, too, originates on one of the lips of the os uteri, and as it becomes developed, to a greater or less extent, it encroaches on the vaginal walls.*

* About two years ago, I saw, in consultation with Dr. Palmer of Williamsburgh, an interesting case of disease in a lady, the mother of three children, the youngest two weeks old. About eight days after the birth of her last infant, she complained of rigors followed by fever. Pressure on the hypogastric region was attended with much suffering. In a word, she had all the symptoms of inflammatory action; and much apprehension had been felt for fear of puerperal peritonitis. On the fifth day after the first rigor, the patient had a copious discharge of matter from the urethra. It was at this juncture that I was invited by my friend, Dr. Palmer, to visit his patient. After a very careful examination, we arrived at the opinion that the discharge of matter proceeded from an intra-uterine tumor, the opening between the uterus and bladder having taken place at the bas-fond of the latter organ. The lady was

There is one feature in the case before us, which is well worthy of your attention—it is the general *emaciation* of the patient. She states that before the suppression of the catamenia, and previous to the existence of the tumor, she was not only a healthy, but a robust woman. Since, however, she first recognized the presence of the tumor, she has gradually continued to lose flesh, and is now, as you perceive, comparatively a mere shadow. This is by no means an insignificant circumstance; and the question at once presents itself, what has occasioned this general atrophy of the system? The patient is without cough—she has not been subject to a protracted drain of the economy, from diarrhœa, dysentery, menorrhagia, diabetes, etc.,—what then has produced this general decay of structure?

This question, to which we have heretofore directed your attention, in connection with affections of the womb and ovaries, involves a leading principle in uterine pathology—a principle so fundamental indeed, that if it be suffered to pass unnoticed by the practitioner, will often lead to false diagnosis, and consequently empirical treatment. The emaciation here is the result of local disease—the nerves of organic life, whose healthy influence is so essential to the maintenance of the nutritive functions, have suffered impairment from the diseased condition of the uterus, and hence they have been unable to transmit to the digestive organs their proper supply of nervous power. How often have you seen this principle exemplified in the Clinique, both in functional and structural disease of the uterus! It is a principle which those of you who intend to make a speciality of the maladies peculiar to women must have constantly before you. Often will it prove a faithful guide, and enable you to reach the truth which, without it, would be unattainable. It is not improbable that the patient herself, as well as her friends, imagine that the emaciation is the absorbing feature in the case—and with this view, their therapeutics would consist in the administration of tonics to generate an appetite, etc. But to you, this decay of structure presents a very different aspect—it is the effect of a disease, which alone is to occupy your attention; and if you can succeed in arresting it, then the nutritive functions will be the recipients of healthy nervous influence —digestion will be improved, and the patient will gain flesh and strength. This, at least, is the fair reasoning in the case—reasoning, which all experience proves to be correct. You must, however, remember that although as a general rule the functions of the sympathetic nerve become impaired in diseases of the uterus, yet there are occasional exceptions to its application. Some women, of iron constitutions, resist this indirect influence of morbid action on their nutritive organs, and do not become wasted in tissue; so that while you recollect the rule, you must not forget the exception.

placed on tonics, and rapidly recovered. She has since borne a child, and is now in the enjoyment of good health.

Causes.—Those of you whose attention has not been particularly directed to this subject, may be surprised to learn that fibrous tumors of the uterus are far more frequently met with in the unmarried and barren, than in those who have borne children. Such, however, is a well established truth; and the existence of this form of uterine growth is by no means of rare occurrence. The cause of these tumors is involved somewhat in obscurity—and authors differ in opinion on the subject. External violence will sometimes lay their foundation; and menstrual suppression will, in my judgment, be found a common antecedent to their development. In the patient before us, it is a rational conclusion that suppression has been the cause. Dysmenorrhœa, too, of the congestive type, will, I think, be found among the causes of this class of uterine tumors.

Symptoms.—The symptoms, which result from fibrous tumors of the uterus are of a mixed character—general and local. Sometimes nausea and vomiting, and enlargement of the mammary glands supervene. But the principal disturbances are local—such, for example, as a frequent desire, and sometimes an inability to pass water from mechanical pressure of the tumor against the bladder. Indeed, the latter will occasionally become much distended, and the distention will even reach the ureters and kidneys, giving rise to a comatose condition of the brain. Pain in defecation, hemorrhoids, prolapsion of the mucous membrane of the rectum, constipation, also, from pressure of the tumor, may be classed among the effects or symptoms of fibrous growths of the uterus. Bearing down pains, with displacement of the womb, the displacement depending on the portion of the uterus at which the tumor is found. There is one symptom attending the sub-mucous fibrous tumor, which is almost always present, and which constitutes much of the danger, but in this case it is absent. I allude to the profuse hemorrhages, which, as a general rule, may be said to characterize the sub-mucous tumor. You may ask—and very properly so, what is the source of the hemorrhage in these cases? The bleeding proceeds from the mucous or investing membrane which becomes congested, the vessels relieving themselves in this periodical loss of blood, which at times is fearfully profuse, and exhausting to the patient. Why should this usual accompaniment of the sub-mucous fibrous tumor be wanting in the case before us? Is not the fact explained in the pale and anæmic aspect of this patient's countenance? Comparatively, there is no blood in the system—and what is there has lost, through disease, its ordinary properties. This exception, then, to a very general rule, imparts additional interest to the case.

Diagnosis.—This is an important subject for us to consider; and it will oftentimes require all your sagacity and vigilance to distinguish between fibrous tumor of the uterus, and the various conditions of the organ, which occasionally simulate the presence of the tumor. The fol

lowing may be mentioned among those conditions: 1st. Pregnancy; 2d. Ovarian disease. *Pregnancy.* In a married woman, who, of course, has a right to be pregnant, the distinction may not always be of the same paramount importance; but in the unmarried, whose character and happiness become involved in the decision, there is no higher obligation imposed on the practitioner than a prompt and just decision of the case. In fibrous tumor, as in pregnancy, there will usually be enlargement of the breasts, and nausea—but in the latter only will the true *areola* be observed, characterized by the œdema of the nipple and surrounding surface, and enlargement of the follicles, with more or less moisture and emphysema. According to the best observation, in fibrous tumor, as in other morbid conditions of the uterus, the areola is usually of a dark color, and the follicles are numerous—but it is wanting in the true characteristics of the areola of gestation, the *œdema* and *moisture.* You should not regard these appearances of the breast lightly; they are important indications, and possess a precious value in all cases of doubt. Again, in pregnancy, there are the various changes in the os and cervix uteri, to which I have so repeatedly referred in my Lectures on Midwifery; the regular surface and ovoid shape of the uterus; the pulsations of the fœtal heart, the bruit placentaire, the active movements of the fœtus, the ballottement, the Kiestine in the urine, etc. *Ovarian Disease.* Your distinction between fibrous tumor of the uterus and ovarian disease is to be drawn from the following circumstances: In the latter, the tumor will be found to have commenced in one of the iliac fossæ, while in the case of fibrous growth, it commences in the central line; in ovarian disease, too, there is a greater degree of mobility, and in raising the uterus with the finger per vaginam, the ovarian tumor does not become elevated, except in cases in which, as the result of inflammation, adhesions form between the ovarian enlargement and the womb. In fibrous tumor, the os uteri is thrown downward, while in ovarian disease it becomes elevated. The uterine sound of Simpson, which you have seen me use, will remove all error on the subject. In ovarian disease, if you introduce the sound into the cavity of the womb, you can usually separate this organ completely from the ovarian mass, and thus your diagnosis is placed beyond all doubt.

Prognosis.—It is difficult to decide how these tumors will terminate; they will sometimes remain stationary for years; again, they grow with great rapidity, and, by their pressure on the different organs, produce serious, and often fatal results.

Pathology.—There is some difference of opinion in regard to the true nature of these uterine fibrous growths; and a recent writer of much weight in his opinions (Dr. Ashwell), maintains that they are invariably of a cancerous nature. This view he endeavors to sustain by various arguments, but, I think, without success. The entire ground of his argument may be opposed, and, it appears to me, triumphantly, by the fol-

lowing facts: 1st. In fibrous tumor of the uterus we do not observe that characteristic feature of carcinoma, viz., the facility of converting into its own peculiar and malignant substance adjacent tissues; and we might also add that the peculiar cachectic condition of system, together with the striking odor, so constantly the accompaniments of cancerous development in the uterus, are not, as a general rule, recognized in fibrous formations of this organ. Again, uterine cancerous growths are almost uniformly fatal; fibrous tumors, on the contrary, often exist without at all involving the safety of the patient. I have examined many fibrous tumors of the uterus, after death, and while in some I have detected true schirrous development, yet in the greater number no evidence of malignant growth has been recognized. But the frequently non-malignant character of these tumors is also proved very conclusively by the success of judicious treatment. Lebert says that fibrous tumors of the uterus differ from the same character of growth in other portions of the system, in the fact that the former resemble more perfectly in their structure the normal tissue of the uterus, containing numerous fibro-plastic cells, and true muscular fibres of organic life.

Treatment.—There exists much discrepancy of opinion, not only as to the efficacy of treatment in fibrous tumors, but also in reference to the value of specific agents. Dr. Clarke states that he has known these tumors to become spontaneously absorbed; while Dr. Ashwell mentions cases which have yielded to the administration of iodine. In the case before us, such is the delapidation of the general health, but little is to be expected from any plan of treatment. With a view, however, if possible, of checking the growth of the tumor, I shall recommend the following ointment, which has been successful in fulfilling the indication just named:—

℞ Ungt. Hydrarg. fort.
Ceræ flavæ } . . . . . ℥ ss
Adipis

Ft. Ungt.

Let the os uteri be well lubricated night and morning with this ointment, and externally the following may be applied once a day:—

℞ Ungt. Hydrarg. . . . . ℥ ss
Hydriod. Potassæ . . . . . ʒ j
Iodin puræ . . . . . gr. v
Adipis . . . . . ℥ j

Ft. Ungt.

For the purpose of regulating the bowels, and at the same time exciting a little action in the stomach, two of the following pills may be taken according to circumstances:—

℞ Pulv. Aloes . . . . . ʒ j
Extract Gentianæ . . . . . ʒ ss
Olei Carui . . . . . gt. x
Syrup . . . . . Q. S.

Ft. fiant pillulæ, xx.

When the tumor projects into the vagina, it should be removed by ligature or the knife. Lisfranc, when within reach of the finger in the cavity of the womb, divided the mucous membrane, separated the attachments of the tumor with his finger or knife, and removed it. Amussat says these fibrous tumors usually are but slightly adherent to the uterus, even when completely surrounded by the tissue of this organ; and he has, therefore, proposed to remove them by enucleation. He lays bare the tumor by an incision, and then detaches it with his fingers. Extraordinary success has followed this operation, in the hands of Amussat, but such has not always been the result with others; the patients frequently succumbing from inflammation.

Ergot will sometimes be found useful in expelling these tumors, through the contractions it produces.*

Ovarian Tumor in a married Woman, twenty-two Years of age, projecting into the Triangular Fossa, between the Uterus and Rectum—Diagnosis between this form of Tumor and retro-version of the Fundus Uteri—Introduction of the Uterine Sound.—Mrs. C., aged twenty-two years, married for the last three years, no children, has been afflicted for two years past with distress and bearing down pains in the region of the womb, and particularly with a pressure on the rectum. In addition to these troubles, she has labored under dysmenorrhœa. This case, gentlemen, was brought to the Clinique by my friend, Dr. Simmons, and I think you will find in it several points of more than ordinary interest. Dr. Simmons informs me that this patient has been, from the time her menses commenced, affected with dysmenorrhœa. Every character of medication had been resorted to both in hospital and private practice, with the view of affording her relief, but without avail. On applying to Dr. Simmons, he instituted a careful examination, and was of opinion that the dysmenorrhœa in this case was due to stricture of the cervix uteri—a cause of painful menstruation to which your attention has been repeatedly directed—and he at once had recourse to MacIntosh's remedy, viz.: mechanical dilatation by means of the bougie, which was followed by the happiest effects, and resulted in relief to the patient. This, therefore, is an extremely interesting feature in the case before you. But, as we proceed, we shall notice other points of moment connected with it. "Madam, have you ever noticed a swelling about your person?" "Yes, sir; I feel a lump here [the patient places her hand on the right iliac region], and it gives me pain." "How long is it

* Dr. Washington L. Atlee has recently published an interesting paper on the subject of these uterine growths, and has cited several cases in support of his views in reference to the mode of removing them. He believes "these tumors are very imperfectly organized; consequently their vitality may be very easily destroyed; a section made through their investing membrane will sometimes be followed by the death of the whole mass," etc. He also is in favor of enucleation.

since you first observed it?" "About two years ago, sir." "Are your bowels confined?" "Very much so, sir." "Do you suffer pain when you have an evacuation?" "Yes, sir; I suffer agony." "Do you have numbness in your limbs?" "Sometimes, sir; and I almost always have a dull pain in them."

You probably, gentlemen, do not appreciate the object of these questions; but in a moment you will understand why I have addressed them to this patient. I have, before introducing it to you, examined this case very critically, and have discovered an interesting state of things. There is enlargement of the right ovary, and the lower portion of the tumor has fallen down into the triangular space bounded anteriorly by the posterior surface of the uterus, and posteriorly by the anterior surface of the rectum. This accounts for the pressure of which the patient complains, and likewise for the pain accompanying an attempt at defecation; the rectum being encroached upon by the presence of the tumor, there is necessarily a mechanical impediment to a free passage from the bowels. In addition to this, from the same cause there is undue pressure on the sacral plexus of nerves, which would be apt to produce a sensation of numbness in the extremities, and at once accounts for the dull pain which the patient says she experiences. You now see the object of my questions. You have had presented to your observation in this Clinique fourteen cases of ovarian disease, and you have been told that invariably, on questioning the patient closely, you will learn that the tumor was first felt not in the central portion of the abdomen, but on either the right or left side, occupying the position of one of the iliac regions. This is an important *diagnostic* fact. Your attention has been so often called to the various points connected with ovarian disease, that I shall for the present dispense with a general discussion of this affection, and confine myself to one or two features only. The most common form of ovarian disease is encysted dropsy. Whether the case before us is one of this nature, it is impossible to decide for the tumor is so small, fluctuation can not be detected, even if fluid should exist.

But the engrossing feature of the case—that which gives it intrinsic value—is the circumstance of its position between the rectum and uterus. In describing the pelvic viscera the other day, you will remember that your attention was very particularly directed to the *triangular fossa* found between these two organs; and you were informed that occasionally a fold of the small intestines falls into it, resulting sometimes in strangulation. At other times the ovary, either in its healthy or morbid condition, projects into this space, giving rise to a variety of phenomena, the character of which it is essential for the practitioner clearly to comprehend. An example of the latter case you now have before you; and it can scarcely be necessary for me to enter into an elaborate argument to prove the necessity, under such circumstances, of accurate diagnosis. I prefer rather to instruct you as to the manner of forming your opinion,

and the means of distinguishing between this affection and others, which may, in their symptoms, very closely simulate it. The affections which may be mistaken for this character of disease are: 1st. Fæcal matter in the rectum; 2d. Prolapsion of the small intestines; 3d. Retro-version of the fundus of the womb. When the rectum is distended by fæces, the practitioner will be able to ascertain the fact by moving with his finger the different portions of fæcal matter; and, under ordinary circumstances, this can be accomplished without causing pain to the patient. When the small intestines have become prolapsed, the nausea, and occasionally when strangulation ensues, the symptoms characterizing this latter condition will develop the fact. The more common affection, however, the one calculated to deceive the practitioner, and cause him to mistake it for a prolapsed ovary is retro-version of the womb. How, then, are you to distinguish between these two affections?

This is an important question, and in every way well worthy of careful consideration. In retro-version of the womb, and in a prolapsed ovary, the symptoms bear a striking resemblance; and you will, therefore, be called upon to exercise a very nice sense of discrimination in order that you may not confound the one condition with the other. If you make a vaginal examination of a female who is laboring under retro-version of the womb, you will discover two important facts: 1st. The retro-verted fundus can be distinctly felt by the finger pressing more or less against the rectum; 2d. The cervix uteri will be to a greater or less extent inclined forward; not so in prolapsed ovary. Again, with one finger introduced into the rectum, and the other into the vagina, the two fingers embracing respectively the fundus and cervix of the organ, the momentary replacement of the uterus by the finger in the rectum will immediately be followed by a central position of the cervix in the pelvic excavation; not so in prolapsed ovary. This proves conclusively that the tumor felt in the triangular space is a retro-verted womb. If, too, the female should be in the recumbent position, with her abdomen toward the bed, the uterus will often spontaneously return to its proper position; not so in prolapsed ovary.

But the infallible means of diagnosis between these two affections will be the introduction of the uterine sound—an ingenious and highly useful, but at the same time, incautiously used, a most dangerous instrument, which was first introduced to the attention of the profession by Dr. Simpson, of Edinburgh. It has since undergone some modifications by Huguier, Valleix, and others. The instrument is not unlike a male sound, having a handle, and a curve of some three or four inches. It is recommended to introduce the sound into the womb with the aid of the speculum. The speculum, in my opinion, is not only unnecessary, but renders the introduction of the instrument difficult. I take the index finger of my left hand as a guide, and introduce it thus. [Here the professor introduced the sound without any apparent pain to the patient.]

The instrument, gentlemen, is now introduced, and the curved portion has passed parallel to the long axis of the uterus. If the case before us were one of retro-version of the organ, having by means of this instrument placed it in proper position, I should not, of course, feel the retro-verted fundus pressing against the rectum. I now, as you perceive, introduce my finger into the vagina, and find the tumor occupying the same place in the triangular fossa between the womb and rectum. It is manifest, therefore, that it is not a retro-verted womb. What, then, is it? It is clearly a case of ovarian enlargement. With my finger introduced into the vagina, and the other hand placed on the right iliac fossa, I can very distinctly embrace the ovary. The nature of the tumor having been ascertained, the next question is—What can be done in the way of restoring this patient to health? This brings me to the consideration of the

Treatment.—The patient before us will sustain depletion, and under the circumstances I shall recommend the following course to be pursued: Half a dozen leeches should be applied to the tumor, either in the iliac fossa or in the vagina, once in two or three weeks; the patient should be freely purged with the saline mixture, and a nitric acid issue placed upon the side of the sacrum; the diet to be vegetable. This treatment may have a tendency to check the future growth, and even diminish the size of the tumor.*

* Were I positive in this case that the enlarged ovary was one of *unilocular encysted dropsy*, I should be strongly tempted to perforate the ovary through the vagina, and, after evacuating the contents of the cyst, inject into it the tincture of iodine; from which I think we are justified, from recorded cases, to anticipate one of two results, either an arrest of the secretion through the modifying influence of the iodine, or an adhesion of the sides of the cyst, which, of course, would destroy altogether the secreting surface.

LECTURE XIV.

Puberty in the Female; its Signs; Changes, Physical and Moral, in the young Girl.—Menstruation, when does it Commence?—Its Causes, Symptoms, and Periodicity.—What is the Source of the Menstrual Blood?—Menstruation essential to Health, but not to Life.—Meteorism, with Globus Hystericus, in a young Girl aged eighteen Years, the result of Hysteria.—Suppression of the Menses for the last six Months from Fright.—Five successive Miscarriages in a married Woman, aged twenty-five Years.—Treatment of Miscarriage.

GENTLEMEN:—The period of puberty is one of the most interesting, and, at the same time, important eras of female existence—interesting, because, in a physiologieal sense, it may be said to be the starting point of her physical life, her first introduction, as it were, to the pleasures and cares of womanhood; important, because, as a general rule, in proportion to the facility or difficulty with which this period and its various phenomena are established in the economy, will be the future good or bad health of the girl. Puberty in the female is characterized by certain developments, the most prominent and remarkable of which is *menstruation*. Indeed, it may be said that the appearance of the menstrual function is the positive evidence afforded by nature that the various physical modifications or developments, more or less directly connected with the advent of puberty, have been completed. I propose to make some general observations on this subject, with a view more especially of directing your attention to the marked influence exercised by the approach and establishment of puberty over both the physical and moral condition of the female.

First, as to the physical changes. At the approach of puberty, the generative organs undergo a very rapid and remarkable development, which, when conpleted, gives to them the peculiar characteristics which they preserve during the rest of life. The pelvis enlarges, the organs of generation increase in volume, the integuments begin to be covered with hair, and the internal surface of the labia majora is moistened with a fluid secreted by the sebaceous follicles, which also at this time become enlarged, and enter upon function. Besides these, there are other changes no less important to be remembered. The hips become more expanded, which is due to two causes: first, the growth of the pelvis, and, secondly, the increase of cellular tissue. The breasts also enlarge; in a word, the

entire person of the girl loses its orginal form and features of the child, and assumes, through these successive changes, the graceful tournure of the woman. Closely allied with, and directly consequent upon these modifications in the *physique*, are to be observed certain differences in the *morale* of the individual. Before this, the girl was not only in reality a child, but she was conscious of the fact; and hence all her thoughts and acts were those of the child—she was gay and sportive, wayward and without care. But now there is a something which tells her that she enters upon a new existence—new responsibilities devolve upon her—and, if I may be permitted to say so, her sex is defined—hence, we find her reserved—she feels that she is a woman, and instinct points out the modest bearing so emphatically the attribute of her character. When these various physical and moral developments have been completed, and even before, the most important function in the female economy commences—I mean menstruation. The menstrual function consists usually in a monthly muco-sanguineous discharge, which commences at puberty, and continues periodically, except during pregnancy and lactation, until the fortieth or fiftieth year of age, when its final cessation takes place.

There is, however, much irregularity both as to the time of commencement, and the period of termination of this function; and its early advent or final cessation will be controlled by various circumstances. Menstruation is the direct consequence of congestion of the ovary, in the first place, and, secondly, of the uterus—these congestions being the result of the ripening or maturation of the graafian vesicles, and the discharge of the ovules which they envelope; this emission of the ovules takes place at each menstrual crisis. There is, indeed, a striking similarity in this respect between the menstrual period in woman, and what is termed the period of *heat* in animals. The doctrine is very generally maintained that menstruation is peculiar to the human female. If by this it be intended to convey the idea, that the function as it exhibits itself in woman, with all its phenomena, its duration, etc., is exclusively recognized in her, then I can see no objection to the doctrine, for it is founded upon undeniable evidence. If, on the contrary, it be argued that during the period of *heat*, certain animals do not have any sanguineous discharge, no matter how slight or for how short a time, then I object to the doctrine, for it is against the evidence furnished us by accurate observation. Examine, for example, the slut at the time she is about to take the dog (her period of *heat*), and you will find not only congestion of the parts, but also a slight sanguineous secretion; and during this time of *heat* the same thing is observed which is so characteristic of the menstrual function in woman, viz., the spontaneous maturation and subsequent escape of ovules. This periodical maturation of the ovules, and their separation from the ovary at the menstrual crisis is now the accepted doctrine, for which we are indebted to the united labors of Bischoff, Gendrin, Negrier, Raciborski, and others.

Period of the first Menstruation.—The period at which the menstrual function appears for the first time in the female varies according to numerous circumstances, constituting so many influences which either hasten or retard its establishment; among these influences may be mentioned: 1st. Climate; 2d. Education and mode of life; 3d. Temperament and Constitution; 4th. Race. A clever writer, Roberton, has attempted to show that climate exerts no influence over the early or late appearance of the menstrual function, but in my opinion he has signally failed in the proof. His arguments are certainly plausible at first sight, but when closely analyzed, they, like the facts he adduces in support of his opinion, are not only unsatisfactory, but entirely void of strength. Nothing, I think is more completely settled than the influence exercised by climate on this function. Here, for example, in New York, girls, as a general rule, all things being equal, begin to menstruate from thirteen to fourteen years of age, while in more southern countries, such as India, Egypt, Turkey, etc., it is not unusual for the function to commence at nine and ten years of age. In Sweden, Siberia, and other cold regions, the usual period is from sixteen to eighteen years.

Education and mode of life also exert a remarkable influence even under the same climate. The girl, for instance, reared and educated under the blandishments and excitements of city life, her head filled with the prurient ideas engendered by the perusal of lascivious books, and a spectator of, if not a participator in, the more lascivious dance, will menstruate earlier than the girl who is reared in the country, and whose pursuits and education are more in keeping with good sense and good health. In speaking of the influence of temperament and constitution on the menstrual function, Brierre de Boismont gives the following statistical tables as the result of his observation, which certainly has been extensive and well directed:

TEMPERAMENTS.	MENSTRUATION COMMENCED.
Sanguineous,	14 years and 6 months.
Lymphatico-sanguineous,	14 years and 7 months.
Lymphatico-nervous,	14 years and 7 months.
Lymphatic,	15 years and 4 months.
CONSTITUTION.	**MENSTRUATION COMMENCED.**
Robust,	14 years and 6 months.
Good,	14 years and 8 months.
Middling,	14 years and 9 months.
Delicate,	15 years and 4 months.

Some very interesting facts have been mentioned by Raciborski in connection with the influence of *race* over the late or early appearance of the menstrual function, which appear to show that this influence is supreme, and is not affected, or very slightly so, even by climate. Thus, if a young infant born of English parents in London should be taken to India, and reside there permanently, she will menstruate no earlier than if she had remained in London. Reverse this, and bring an infant born

in India, of Indian parents to London, the same influence of race will be observed. The fact is undoubtedly one of interest. You will read in the books of cases of children menstruating as early as two, three, or five years of age, etc., but all these records must be received *cum grano salis;* at all events, they can be regarded in no other light than extremely rare exceptions. Such, however, is not the case with those instances of tardy menstruation, not only recorded in books, but which you will occasionally encounter in practice. For example, we have had in the Clinique a patient, thirty-five years of age, whose function had never appeared; this case you will remember was one (as we judged,) of atrophy of the ovaries. We have had also before us numerous instances of girls of seventeen, eighteen, and twenty years of age, who had not menstruated; and in several of these latter, on inquiry we ascertained that they had suffered for months from more or less profuse leucorrhœal discharge. This character of discharge you will find not uncommon under these circumstances, and in such cases, as also in women whose menstrual function having been established becomes from some cause or other suppressed, you will observe not unfrequently that the leucorrhœa takes, as it were, the place of the catamenial function, and in these instances, it becomes a grave question for the practitioner to decide how far he is justified in arresting the leucorrhœal discharge.

As a general rule, I have remarked that in cases of suppression, as also in cases of tardy menstruation, those women who are affected with leucorrhœa, enjoy a much greater immunity from the constitutional and local disturbances usually consequent upon an absence of the menstrual function—another proof to my mind that the leucorrhœa, in these cases, acts as a sort of salutary waste-gate, and is, if I may so term it, a species of substitute menstruation. In a word, my general rule is not, under such circumstances, to interfere with the leucorrhœa, but to proceed, when treatment is indicated, with remedies proper when it has never appeared to promote the menstrual function, and when suppressed to restore it. In confirmation of the propriety of this practice, I have usually remarked that soon after the catamenia is established, the leucorrhœa ceases. Surely, then, it would be unphilosophical to regard the leucorrhœa in these cases as a pathological condition. I am rather inclined, on the contrary, to rank it in that category of numerous and admirable contrivances resorted to by nature, when there is any interruption in the functions of the economy, to break the force of morbid action. You must, however, bear in mind that some women, in whom the menstrual function is perfectly regular, will be affected with leucorrhœa for several days after the period ceases; while in other cases, the leucorrhœa will show itself a few days before the catamenial flow, and terminate with it, etc.

But let us take another view of this question. It is, I believe, admitted that the menstrual fluid is composed of two distinct parts, one con

sisting of an increased mucous, or epithelial secretion, and the other of blood which escapes from ruptured blood-vessels. In both cases, the fluid comes from the mucous membrane of the uterus. The mucus is simply an exhalation, while the blood, we know, can not be exhaled, for the reason that as it contains red globules, these can not pass by endosmosis or percollation through the walls of the vessels. Therefore, when the true menstrual blood is discharged, it is because the vessels have become ruptured. The same principle precisely is observed with regard to the absorption of pus into the blood; it is only the thin portion of the pus which passes into the circulating fluid; the pus globules can not, under any circumstances, while the vessels maintain their integrity, commingle with the blood. Indeed, I am clearly of opinion that women, under certain conditions of system, have their menstrual periods represented mostly by a discharge of mucus, and it is, therefore, incumbent, as I have already remarked, not rashly to interfere with this mucous or leucorrhœal discharge. Its sudden arrest will oftentimes be followed by the same morbid phenomena, which usually characterize suppression of the menstrual evacuation when occurring in its normal condition.

Causes of Menstruation.—In reading the various and conflicting opinions advanced by authors to explain the cause of the menstrual discharge, you can not but be struck with two facts: 1st. The manifest want of agreement, and 2d. The absurdities to which mere hypothesis will oftentimes lead its supporters. Some ascribe the menstrual crisis to the influence of the moon; others say that it is produced by general plethora of the system; others maintain that it is due altogether to local plethora, etc.; and so I might proceed to enumerate the different theories which have been projected on this subject, but *cui bono?* Women menstruate not only at every phase of the moon, but they menstruate every hour and day in the year. What then becomes of this supposed lunar influence, a doctrine, I may mention of very ancient date, and which has been warmly defended by some of the early fathers. Again, you will occasionally see females in infirm health, the very opposite of plethora, have their menstrual turns with more or less regularity, but why should this be, if the menstrual function be owing to general vascular fullness of the system—a doctrine which also has had its eloquent advocates.

A truce to theory, and let us come to facts. When a girl menstruates, it is because she has attained a point in her physical development, which enables her to perform this function. Function, in a physiological acceptation, is the specific act performed by, and peculiar to, a given organ. For example, the lungs decarbonize the blood; the liver secretes bile; the kidneys urine; the heart receives into its right cavities venous blood, and throws from its left cavities arterial blood, etc. These, together with numerous others, are functions, which commence with the birth of the child, and which are more or less directly connected with the maintenance of life. They, therefore, differ from the menstrual function in

the broad fact, that the latter does not manifest itself until some years after the birth of the being; and while its periodical recurrence is material to the health, yet it is not essential to the life of the individual. Now, it appears to me that the true explanation of the cause of menstruation consists in the elucidation of the simple question, viz.: Why is not the function of menstruation, like the functions of the lungs, heart, liver, kidneys, etc., simultaneous with the birth of the child? The solution of this interrogatory is, in my opinion, the only philosophical explanation of the cause of menstruation; and we proceed, therefore, in a very few words, to answer the above question. As soon as the child is born, and its existence becomes independent, the lungs commence their office of decarbonization, simply because the lungs are developed, and prepared for this duty; the heart receives venous blood and disposes of arterial blood, because the heart is developed and fitted for this office; the liver secretes bile, and the kidneys secrete urine, for precisely the same reason.

But the difference with menstruation is this—it, like the other functions, is the offspring, if I may so speak, of organic action; and the reason that it is not co-existent with birth, and does not become established until a later period, is that the organs, of which it is the specific function, have no physiological existence—that is, they lack physical development, and, therefore, have not yet become participators in the acts of the system. What, pray, are these organs? They are the *ovaries*, the essential and only organs of generation, strictly so called, in the female. The development of the ovaries occurs at the period of puberty, and then it is that their physiological action commences. At this time you will observe, on the surface of these bodies, the graafian vesicle, this latter containing the ovule, which I have told you, escapes ordinarily with the menstrual blood. As these ovules on the surface become matured, the ovary itself forms the center of a sanguineous afflux, a veritable congestion, in which the fallopian tubes and uterus participate; this congestion results in the escape of mucus and of blood, which pass from the uterus through the os tincæ into the vagina, and thence externally—and this is menstruation. But why should this function of menstruation be periodical, that is, occur once in twenty-eight days, instead of being continuous and uninterrupted like most other functions in the system? This is a perfectly legitimate question, and its solution easy. If you examine an ovary in its congestive state you will observe on its surface the matured ovules of which I have spoken, or at least the ruptured vesicles from which they have escaped; examine the organ still more closely, and you will find imbedded in the sub-jacent tissue other ovules, which are not matured, but which, as they approach the surface of the ovary, become so, precisely as did the first.

So, in this way, there is at each monthly crisis a constant succession of ovules to be observed, which either become fecundated by the seminal fluid of the male, or, in the absence of such influence, escape with the

catamenial fluid. This periodical maturation of the ovules continues from the period of puberty until the final cessation of the menstrual function. There is a singular coincidence as to the physiological condition of the ovary before the age of puberty, and at the time the woman ceases finally to menstruate. Previous to puberty, the ovaries are undeveloped, enjoy no action—in a word, they are inert; after the function has ceased, these same bodies fall into a state of atrophy, and are no longer engaged in the affairs of the economy. The similarity of condition in these organs before and after the menstrual period is explained in this way—menstruation is the evidence which nature furnishes that the female is susceptible of becoming impregnated, that she is in a state to carry out that cardinal office of her sex, the reproduction of her species. Menstruation is, as it were, but the result of the ripening of the ovules, which the female is required to furnish in order that she may perform her part in the great and interesting work of increase. The reason, therefore, that her ability to perform this latter duty is restricted to certain limits, is because it is only within these limits—from the period of puberty until the final cessation of the menstrual function—that the ovaries are capable of secreting ovules, which constitute the *sine quâ non* of procreation, so far as the female is concerned.

What is the source of the menstrual blood?—This has been for some time a vexed question; but it is now very generally conceded that the menstrual fluid is derived from the internal surface of the uterus; this latter organ, as well as the fallopian tubes, participating in the periodical congestion, which commences in the ovaries. The uterus at the time, and one or more days before the menstrual crisis, becomes congested—its weight increases, and hence from this latter cause the female will oftentimes complain of more or less bearing-down pain, a more frequent desire to pass water, etc. But some women menstruate, though rarely, during pregnancy. What, under these circumstances, is the source of the catamenia? Certainly, in such case, the menstrual fluid is not derived from the internal surface of the uterus—but from the surface of the cervix, from the os tincæ, and even sometimes from the upper portion of the vagina. These latter facts have been well established by the examination of pregnant women, with the speculum, while menstruating; it being distinctly observed that the blood proceeded from one or other of the parts just mentioned.

What are the symptoms of Menstruation?—The symptoms of menstruation may be divided into local and general, and they will vary according to numerous circumstances. So far from there being any uniformity in these symptoms, it is much nearer the truth to say that their variety is almost incalculable; and you will find in practice that some females menstruate without any of those premonitory and accompanying troubles, which usually characterize this event. As a general rule, for some days, and, occasionally, for weeks before the menstrual period, the girl will

experience more or less uneasiness about the hips, in the sacral region, and in the loins—a sense of bearing down, with unusual heat about the vagina; this latter organ, together with the external organs and os tincæ, will undergo a degree of tumefaction. There will be sometimes severe colic, with a tympanitic condition of the abdomen. The breasts enlarge, and at times become extremely painful. There will be more or less derangement of the stomach, loss of appetite, insomnolence, and at other times, on the contrary, a constant disposition to sleep. The face, and sometimes the lower extremities, become œdematous; tumefaction of the eye-lids, with heaviness of the eyes, and a dark blue and defined line bordering the under lid. In addition to these symptoms, there will be others, such as cephalalgia more or less intense, tinnitus aurium, deafness, indistinct vision, and, in some cases, almost every variety of nervous disturbance—hysteria, epilepsy, catalepsy, mania, etc. In truth, as I have already mentioned, the first advent of the menstrual function, as well as its subsequent recurrence, may be preceded or accompanied by such a variety of abnormal phenomena, that I can do nothing more than give you, as I have briefly done, the general outline.

But there is one point of great practical importance connected with the first menstruation, to which I desire, for the moment, to advert. It is this—it is not at all unusual for young girls, after the function has appeared for the first time, to pass several months without its recurrence. These cases usually excite much anxiety on the part of the mother, and her first appeal is to the physician, begging him to do something "to make the poor child regular." Now, in all such cases, my advice to you is, *unless there be some positive derangement of the health calling for special treatment, do nothing.* Nature abides her time, and when she has completed her arrangements, will establish the function in its proper order. Officiousness in these cases on the part of the practitioner almost always leads to ruinous results.

What is the true time between the menstrual periods, and what is the loss sustained by the female at each of these periods?—All that can be said upon these two questions is, that there is no absolute rule with regard to either of these points of inquiry. Some women will menstruate every twenty-eight days (and this is the most ordinary period), others every thirty days, and others again every thirty-five days; while again you will observe in some the menstrual period occurs every twenty-five days, in others every twenty-one days, and in others every fourteen days. These and other variations with regard to the periodicity of this function will be observed by you in practice. Precisely the same difference will present itself in regard to the quantity of fluid lost at each catamenial evacuation. The average quantity may, perhaps, be estimated at from four to six ounces. But some women will lose eight, others four, others two, and others again only one ounce. I think, gentlemen, I have given you the true facts with regard to these points; at

least, they are in perfect accordance with my observation in the field of practice, and I have no doubt, too, with the experience of others. Now, allow me to urge upon you another caution on the score of officiousness. Suppose a female applies to one of you, and says—"Doctor, I am not as I should be; I have my courses every two weeks." Another says—"I have them only every six weeks;" and a third tells you "that she does not lose more than one ounce of fluid at each period;" while a fourth advises you that "at each of her turns she loses from six to eight ounces." Here, then, are four patients each with her own peculiarity, and each one, too, demanding at your hands professional treatment. If these patients should apply to me, the first question I would address to them would be this—How is your general health? If they were to answer me that their health was good, and the only circumstance that caused them anxiety was this irregularity as to the time of the catamenia, and the quantity lost at each period, I would say to them—Give yourselves no uneasiness; you do not require medicine. Go home and be content with good health, for it is a prize more easily lost than gained. Indeed, I might very appositely, under such circumstances, quote those familiar lines inscribed on the tombstone of an unfortunate victim to medication:

> "I was well; I wished to be better;
> I sent for the doctor, and *here I am.*"

Meteorism with Globus Hystericus in a young Girl aged nineteen Years, the results of Hysteria—Suppression of the Menses for the last six Months from Fright.—Lucy R., aged nineteen years, seeks advice for an enlargement of the abdomen, which she says causes her such excessive pain that she is fearful she has inflammation of the bowels. "How are your courses, my good girl?" "I have not had them, sir, for the last six months." "Were you always regular previous to the last six months?" "Yes, sir." "Do you know what caused you to become irregular." "Yes, sir; it was a fright I took." "What caused you to be frightened?" "Why, sir, the lady with whom I lived lost her watch, and she said I had stolen it. She told me if I did not give her the watch, she would have me taken up by the police." "Well, did you give her the watch?" "Oh, no, sir! indeed, I did not take it. The lady found it in her carriage." "Had you your courses on you at the time you became frightened?" "Yes, sir, and they immediately stopped." "Did any thing occur after you became irregular?" "That very night, sir, I thought I was dying. I felt a large lump in my throat, and I had a sort of fit; they called it 'falling-fit.'" "Did you have your senses about you at the time you had the fit?" "At first, sir, I knew every thing that was passing around me; but after some time I lost my mind." "How many of these fits have you

had?" "I have had them every month, sir, since I became irregular." "Do you always have the lump in your throat at those times?" "Always, sir, and I can not swallow." "Do you always lose your consciousness?" "Not when the fit first comes on, sir; but after some time."

Now, gentlemen, permit me to ask you—what is your diagnosis of this case? It is one of great interest in a practical point of view, and it is important that you should clearly understand its nature. The two features about the case, which appear to absorb the attention of this girl, and which have induced her to seek advice at the Clinique, are: 1st. The enlargement of the abdomen; 2d. The excessive pain, which she apprehends is caused by inflammation of the bowels. These, I repeat, are the two principal circumstances of the case in the judgment of this young woman. Let us now examine whether they have in reality any abstract importance, or whether they are not simply the results of a cause, which, perhaps, is not yet apparent to you. It appears from the conversation which has just passed between this girl and myself that, until the last six months her health was good; but since that time she has been subject to "fits," as she terms them, and now comes to the Clinique because of an enlargement of her abdomen, and severe pain, which she attributes to inflammation of the bowels.

With these facts before you, it is quite evident that, in endeavoring to comprehend the true nature of the morbid phenomena exhibited in the person of this patient, and with a view, too, of applying the appropriate remedies, we should inquire minutely as to what occurred six months since, when it appears the derangement of her health first commenced. We have made this inquiry, and you have heard the statement of this girl, viz.: that while she was menstruating six months since, the function became suddenly arrested in consequence of the fright she experienced in being charged with having stolen her mistress' watch. On that very night, a few hours after the suppression of her courses, she says "she thought she was dying; she felt a large lump in her throat, and had a sort of fit: they called it the *falling-fit*." These, you will remember, are her own words, and so far as they elucidate the question of diagnosis, they are full of significance. There is no doubt that the "fits" to which this girl has been subject are hysteric paroxysms, and the "lump in her throat" together with the enlarged and painful abdomen are but accompaniments of this hysteric condition. Let us examine the evidence a little more minutely. As the lawyers say, the following facts are before us: 1st. Six months ago the girl became frightened, the consequence of which was a sudden stoppage of her menses; 2d. A few hours afterward she had a "fit" with a "lump in her throat," etc.; 3d. She has those fits every month; 4th. Every time she has the fit she has the "lump in her throat" together with difficulty

in swallowing; 5th. *At first*, she does not lose her consciousness, but she *does after the fit continues for some time;* 6th. These two phenomena, viz.: the "lump in the throat" and the gradual loss of consciousness are present every time she has the "fit."

If we subject these facts to an analysis, we shall encounter no difficulty in forming an accurate diagnosis. There is no doubt that the fright experienced by this girl was the starting point of her deranged health. One of the commonest causes of suppressed menstruation is mental emotion, such as fright, etc.; and you perceive that the second link in the chain of morbid phenomena in this case is the arrest of the menses. A few hours afterward we have the occurrence of the "fit." We must now see whether it is possible to trace any direct connection between the fit, and the menstrual suppression. To you, whose attention has been so repeatedly called to the marked influence exercised by the uterine system over the general economy, under the operation of diseased action, it can not be necessary to enter upon an argument to establish this connection. Both in functional and organic affections of the uterus, there are striking sympathetic phenomena exhibited in the system—and these phenomena are modified according to a variety of circumstances. In one case there will be hysteria, in another epilepsy, in another catalepsy, etc. In the case of this girl, I have no hesitation in denominating the fit of which she speaks one of hysteria—a nervous affection, which assumes myriads of forms, and which has called forth numerous and conflicting opinions. There are three pathological conditions connected with this case, which it may not be unprofitable for us to examine somewhat in detail, especially as they may be classed among the ordinary phenomena of the hysteric paroxysm—the conditions to which I allude are as follow: 1st. The *globus hystericus;* 2d. The meteorism; 3d. The fit with subsequent loss of consciousness.

At a very early period of our science, indeed almost coeval with its history, it had been observed that women affected with hysteria had a swelling in their throat, the *globus hystericus*, which oftentimes impeded respiration. The Ancient Fathers were remarkable for accuracy in observation, although they were unable frequently to explain the various morbid phenomena, which presented themselves to their view. Their attempted explanations appear sometimes indeed ludicrous in the extreme, but before pronouncing judgment against them, should we not remember how completely they were deprived of the resources with which modern science furnishes us? They imagined that the globus hystericus was occasioned by the ascent of the uterus to the throat! This we know to be an absurdity—and yet in full view of the untenable hypothesis, we can not close our eyes against the cardinal fact that the Ancients possessed not only accurate views with regard to the pathology of hysteria, but at the same time they were far more unanimous than the moderns in maintaining those views. They contended that the hys-

teric paroxysm originated in disturbed action of the uterine organs. All subsequent observation has demonstrated the truth of this opinion—it has, and will continue to survive the disputations of the men of our own times on this vexed question. So that, if on the one hand we may be disposed to smile at the absurdity of an hypothesis, we have good reason, on the other, to yield our profound respect to the fidelity of observation exhibited by the early patriarchs of our profession.

We who understand at the present day, through the developments of the physiologist, the beautiful and harmonious workings of the nervous system in health, and its perturbing action under the influence of disease, can have no difficulty in explaining the various symptoms which usually accompany hysteria; and the globus hystericus, which is one of the most constant attendants of this affection, is simply the result, if I may so speak, of depraved nervous influence. Nothing is more common in hysteria than tumefaction of the hypogastrium and abdomen, disturbance of the diaphragm giving rise to hiccough; tumefaction and spasm of the esophagus, trachea, etc., producing in the one case difficult, and sometimes impossible deglutition, and, in the other, disturbed respiration, and a sense of suffocation. Now, what are all these phenomena but so many evidences, not of primary derangement of the nerves distributing themselves to these different parts, but disturbances of the nerves of an important center—the uterine system—with which these parts are in close alliance by means of the ganglionic distributions. It is scarcely necessary for me to trace these nervous connections, but in recalling your knowledge of anatomy you will at once appreciate both their interest and importance. Commencing with the great trisplanchnic nerve as found on the uterine organs, you recognize an unbroken chain of connection through which either healthy or morbid influence is transmitted, including the different abdominal ganglia, and especially the semi-lunar ganglia and solar plexuses; and then passing along the other connections, you will remember the cœliac, diaphragmatic plexuses, the various thoracic ganglia, the cardiac nerves, not forgetting that important link, the pneumogastric, then the cervical ganglia, etc.

With this brief retrospect of the various nervous distributions, you have the key which explains to you how derangements in the nerves of the uterine system will, to a greater or less extent, involve distant organs —at one time causing derangements in the abdomen, at another in the thorax, at another in the throat, etc.; and you must also remember that by the same character of connection the brain oftentimes will become disturbed. The globus hystericus is, therefore, the result of primary irritation of the uterine nerves, this irritation being transmitted, link by link, through the whole chain until it reaches the nerves of the esophagus and trachea. Let us now, for the instant, inquire as to the manner in which the meteorism or flatulent distention of the abdomen—another usual accompaniment of hysteria—is produced. It is precisely in the

same manner—the abdominal ganglia, together with the solar and semi lunar plexuses, become secondarily the seat of irritation, the digestive functions suffer derangement, as is exhibited in various ways, such as the sudden secretion of gas, giving rise to a veritable meteorism, pains, etc. One word now touching the convulsive paroxysm and the subsequent loss of consciousness. You will occasionally observe the most frightful contortions during an attack of hysteria, and at other times the convulsive paroxysm will be comparatively slight. Indeed, it may be said that the intensity of the paroxysm varies according to an infinity of circumstances. I have seen instances in which it required several persons to hold the patient to protect her against harm during the attack; and again, I have encountered cases in which there was a very slight approach to what may be called a convulsive effort.

But there is one feature connected with hysteria to which it may be useful to call your attention—it is the loss of consciousness which sometimes supervenes in the attack. It has been seriously doubted whether in hysteria there is ever loss of consciousness, but on what grounds, I am sure I can not understand. To my mind, there is no fact more emphatically established than that women, laboring under an hysteric paroxysm do lose for the time being all sense of the external world, while, again, you will find that this want of consciousness is only partial. But there is a circumstance, which has been well observed by authors, and which you, too, will recognize in practice, it is that in hysteria the mind does not become lost at the commencement of the attack, but the unconsciousness is always gradual. This constitutes a very important diagnostic symptom between hysteria and epilepsy, in which latter, one of the very first and most prominent symptoms is immediate and complete loss of consciousness. In questioning this girl, you will remember how particularly I interrogated her on this point. My question was, "Do you always lose your consciousness in these attacks?" She replied, "Not when the fit first comes on, sir, but I do after some time." It may, however, be observed, that this derangement of the intellect is not a uniform accompaniment of hysteria. You would, perhaps, very naturally conclude, that in the more severe forms of hysteria, the heart and vascular system participate in a very marked manner in the general disturbance produced by the convulsive spasm. Such, however, is not the fact. In simple hysteria, no matter how violent the paroxysm, the pulse is usually undisturbed.

Treatment.—If, gentlemen, you have followed this case closely in all its details, and if the comments I have just made are not the veriest of all fictions, the conclusion at which we must arrive as to what should be done for the purpose of restoring the girl to health can not admit of two opinions. The origin, the very starting point of her troubles, the real basis of her hysterical attacks, etc., is unquestionably the *suppression of her menstrual function;* and until this function is restored, she will be, so

far as the recovery of health is concerned, without hope. And have you forgotten a most important disclosure made by this girl, viz., that her attacks of hysteria *come on once a month, at the very time that her menstrual function should appear?* What stronger fact than this to demonstrate the connection between this patient's ill health, and the absence of her catamenial discharge?

"When, my good girl, is the time for you to have your courses?" "I ought to have them, sir, in three or four days; but I am sure they will not come on." "Very well, we will do something for you to make you right again." "O! thank you, sir." The reason of my making the last inquiry must be obvious to you. In all cases in which, in suppression of the menstrual function, it may become necessary to have recourse to remedies for the purpose of promoting the catamenial discharge, you will find that the efficacy of these remedies will be greatly enhanced by applying them at the *opportune time.* Although the function is suppressed, you must recollect that at each month there is what is termed the menstrual *molimen*, or, in other words, more or less congestion of the uterine organs; and it is during the presence of this *molimen* that your remedies will be most likely to be followed by good effects. We shall, therefore, order for this girl the application of four leeches to each groin to-night; to-morrow night, and the succeeding one, a styptic pediluvium of cayenne pepper and mustard, one table-spoonful of the former to two of the latter in a bucket of warm water before going to bed. As a temporary remedy for the meteorism, and also with a view of producing a free purgative effect, let her take to-night the following:—

℞ Olei Ricini
Olei Terebenthinæ } . . . . . ℥j

"Now, my good girl, do what I have told you; and do not fail to return here on next Monday, and report the state of your health." "I shall do so, sir."

FIVE SUCCESSIVE MISCARRIAGES IN A MARRIED WOMAN, AGED TWENTY-FIVE YEARS—TREATMENT OF MISCARRIAGE.—Mrs. T., married, aged twenty-five years, says she is very much exhausted, and begs that something may be done to give her a little strength. She is extremely pale, and labors under general nervous disturbance—such as palpitation of the heart, vertigo, restlessness at night, with inability to sleep. She exhibits a striking example of anæmia from losses of blood. "How long, my good woman, have you been married?" "Three years, sir." "Have you ever had a living child?" "No, sir." "When did you have your first miscarriage?" "About four months after my marriage, sir." "Do you know what caused you to miscarry at that time?" "I was carrying a heavy basket of clothes home, sir, and I fell down; that same night I

was taken sick, and the next day miscarried." "Did you lose much blood?" "No, sir, not a great deal, but I nearly died in my last miscarriage from the quantity of blood I lost." "When did you miscarry the second time?" "Just nine months after my marriage, sir." "Do you know what caused you to miscarry this time?" "No, sir." "When did your third miscarriage take place?" "Just one year ago, sir." "Do you remember any particular circumstance that caused it?" "No, sir, I do not." "When did you miscarry the last time?" "Two months ago, sir." "What caused you to miscarry this time?" "Indeed, I don't know, sir." "Did you lose much blood?" "O! yes, sir, I nearly died, and I am so weak now that I can scarcely get along."

The case before you is one of special interest—it involves some points of practical value, to which I shall for a few moments call your attention. The subject of miscarriage is a most important one for the practitioner, and it is necessary that he should comprehend and appreciate its causes, its perils, and its treatment. Human life has oftentimes been sacrificed through ignorance in the management of miscarriage; and when death ensues, it usually does so from the profuse hemorrhage which takes place before, during, or after the expulsion of the ovum. There is one peculiar feature in the case before us well worthy of attention—and you will remark that I elicited the fact by the questions which I addressed to this patient. The point to which I allude is this—when a female miscarries, especially in her first pregnancy, she will be very apt to have subsequent miscarriages, and this is what may be denominated miscarriage from *habit*. A knowledge of this fact inculcates, in the first place, the necessity of the practitioner enjoining on his patient, in her first pregnancy, the great necessity of avoiding all those causes which are known to favor a premature expulsion of the ovum; and secondly, in the event of a miscarriage, to exercise more than ordinary vigilance in the subsequent pregnancies. This woman has very satisfactorily accounted for her first miscarriage—which was, no doubt, occasioned by carrying the heavy basket, together with the fall of which she speaks. But she is unable to account for her subsequent troubles, and I, therefore, refer them, in the absence of other known causes, to that remarkable influence exercised in these cases by *habit*. The general causes of miscarriage are numerous, some of which appertain to the mother, and some to the fœtus; and it must be borne in mind that these causes act mostly through their impressions on the nervous system. Hence they may be divided into those which irritate directly the medulla spinalis, and those which irritate it indirectly through an impression made on the excitor nerves. Thus the causes are either centric or eccentric. There is great value to be attached to this classification, for it opens an interesting chapter of inquiry, and presents substantial guides for practice. We are much indebted to Dr. Tyler Smith for what he has done on this subject—he has, if I may so speak, elaborated the physiology propounded by Marshall Hall, and ap-

plied it more especially to obstetric medicine. The causes which belong to the parent may be divided into the predisposing and exciting. Among the former, may be enumerated excessive plethora ; undue irritability of the nervous system, inducing premature action of the uterus ; the various diseases of the uterus ; general debility, etc. Among the exciting causes you may class bodily injury, such as proceed from violence of any kind, falls, blows, etc. ; fright, anger, sorrow ; drastic purgatives ; irritating enemata, etc.

Those causes which proceed from the fœtus are : its death ; implantation of the placenta over the mouth of the uterus ; disease of the placenta, etc. The question may now be asked—what is a miscarriage ? This has been variously defined by authors ; but, for all practical purposes, it may be said to be the expulsion of the ovum at any time during the first six months of gestation. The next question is : how do the causes, capable of inducing this premature effort of the uterus, act, and what are the phenomena which result from the operation of these causes ? These are practical queries, and are entitled to attention. The various causes may be said to exhibit their effects in different ways, depending upon the direct or indirect influence they exercise on the uterus and its contents.

For example, in one case, they may induce an increased flow of blood toward the organ, and hence, hemorrhage and its consequences ensue—in another, pain may be the result, and hence contraction of the uterus, and expulsion of its contents ; while in a third instance, the cause, whatever may be its nature, may induce detachment of the placenta, which will result in hemorrhage and miscarriage. No matter what may be the cause of the miscarriage, the phenomena connected with the expulsion of the ovum resemble closely those of an ordinary labor. The expulsive force is the same, viz. : the contractions of the uterus. As a general rule, unless the membranes be ruptured by the rude manipulations of the accoucheur, previously to the expiration of the third month the ovum is usually expelled entire with its envelopes. It is not necessary for me, on this occasion, to enumerate the different symptoms of miscarriage ; they may be embraced in the two terms *pain* and *hemorrhage*. When a female is threatened with premature expulsion of the embryo, these two phenomena, pain and hemorrhage, will almost always, to a greater or less extent, be present. But allow me here to guard you against a false diagnosis in regard to these two phenomena. In the first place, a pregnant woman may suppose herself menaced with a miscarriage simply because she has pain. But this is not sufficient—the pain of miscarriage, like the pain of labor, is peculiar, it is recurrent, marked by distinct intervals. It is in a word, nothing more than the contractions of the uterus, which you know are never continuous, but always intermittent, when engaged in the expulsion of the ovum, whether at full term, or at an earlier period. The pain which the female

may mistake for labor pain may result from colic, indigestion, and various other circumstances, which have no possible connection with any specific action of the uterus. You see, therefore, it will be for you to determine as to the character of the pain, and whether it portends danger to the mother and embryo, or whether it is an ephemeral matter, which will yield to the administration of appropriate remedies.

Again, a pregnant woman, especially in the earlier months of her gestation, may have a discharge from the vagina, without being at all threatened with a miscarriage. This sanguineous discharge may be nothing more than menstruation which, you are aware, sometimes occurs in pregnancy, examples of which you have seen in the Clinique. As a general rule, you will be enabled to distinguish menstruation from the hemorrhage of miscarriage in several ways: 1st. Its occurrence will usually accord with the menstrual periods previous to pregnancy; 2d. It is unconnected with any of the causes of miscarriage; 3d. The patient is in good health, etc.; 4th. The flow is not profuse, and lasts generally but two or three days.

But a very important point, both for the patient and practitioner, connected with the subject under discussion is—*How is a miscarriage to be managed?* When summoned to a female who supposes herself to be menaced with a miscarriage, the first and obvious duty of the practitioner is to ascertain whether she is in fact menaced, or whether her fears are without foundation. If it be discovered that she is really threatened—his duty will be confined to the attainment of one of two objects—either the prevention of the miscarriage—or, if this can not be accomplished, he must limit himself to those measures, which will enable him to conduct his patient safely through her troubles. Now, with regard to the prevention of a threatened miscarriage, I wish very emphatically to remark that this can often be accomplished, even when apparently there exists no longer any hope of attaining this desirable object; and you must allow me to impress upon you not only the necessity, but the high moral obligation imposed on the practitioner, of employing in the most faithful manner those means which are best calculated to arrest the premature action of the uterus. Let us now examine in what these means consist. The prevention of a threatened miscarriage is not to be accomplished by any act of empiricism—it is, on the contrary, to be accomplished in the first place by a just discrimination of all the circumstances by which each individual case may be surrounded, and secondly, by a proper adaptation of remedies to the peculiar condition of the system at the time.

There is, I think, great want of judgment, generally speaking, in the management of these cases—and this arises either from gross ignorance, or unpardonable carelessness. What, for example, is the first remedy usually resorted to when a miscarriage is apprehended? It is the application of cold to the hypogastrium, thighs, etc. Now, let us inquire

for the instant what, physiologically speaking, will be the action of cold thus applied? You all know that its tendency is *to produce uterine contraction*, through the operation of reflex influence. Then, is cold an appropriate remedy under these circumstances? On the contrary, is it not of all agents the very one best calculated to defeat the object the practitioner has in view, viz.: the prevention of miscarriage? If you can prevent the contractions of the uterus, you will also prevent the premature expulsion of the ovum—and the converse of this is equally true—if the contractions be not arrested, expulsion of its contents will be the inevitable result. You see, therefore, that the practice usually had recourse to in these cases, is not only bad practice, but it is the veriest offspring of ignorance. We will now suppose that you are at the bed-side of a pregnant female who has both pain and a discharge of blood from the vagina—and that you have satisfactorily ascertained that these two phenomena are positively connected with a threatened miscarriage—what is the first thing to be done? It is this—take a survey of the general condition of your patient for the purpose of ascertaining some of the following points: 1st. Is she laboring under marked plethora? 2d. Is she of an extremely nervous temperament? 3d. Has she been exposed to any sudden emotion, such as fright, anger, depression of spirits, etc.? 4th. Has she experienced any violence, from a blow, a fall, etc. These are some of the principal queries, which a vigilant practitioner would naturally institute in his own mind.

Treatment.—You must remember that, in the management of a miscarriage, no matter what may be the cause which has determined it, *absolute rest must be enjoined.* This is a *sine quâ non* as to success with the remedies to which you will necessarily be obliged to resort.

The patient should be placed in the recumbent position, with her hips slightly elevated. Suppose, now, that she is very plethoric, with more or less febrile excitement. What in this case should be done, especially if there be a reasonable hope of preventing the expulsion of the ovum? Why, obviously to reduce the plethora, which you will find not an uncommon predisposing cause of miscarriage. For this purpose general blood-letting is the great agent. In addition to the abstraction of blood, give your patient ten grains of nitrat potassæ in a tumbler of water, with vj. gtt. of tinct. digitalis. Let this be repeated every four or six hours, together with *abstemious diet.* Again, your patient is not laboring under plethora, but she is of an extremely nervous temperament. What in this case is indicated? Certainly not the abstraction of blood, but, on the contrary, the employment of such remedies as will tend to calm and fortify the system, such as the various anti-spasmodics, nervines, etc. In these cases, I have experienced benefit from the injection of laudanum and tepid water into the rectum, lubricating the *os tincæ* with the ungt. belladon. ʒj ext. belladon. to ℥j of lard, opium suppositories introduced into the rectum, etc. Internally, a table-spoonful of

the following mixture may be given every hour or so until the object is attained:

℞ Syrup Papav. . . . . ʒ ij
Mucil. Acaciæ. . . . . ℥ ij
Sol. Sulph. Morphiæ . . . . . gtt. xx
Ft. Mist.

The above remedies, together with cheerful and encouraging assurances that things are going on well, will oftentimes have a capital influence in these cases of threatened miscarriage from purely excessive nervous susceptibility. Allow me here to make one remark in reference to the impregnated uterus in cases of primiparæ. You will find as a general rule that women of an extremely nervous temperament, who may be termed, in fact, very *impressionable*, are more apt than others to miscarry in their first gestation, and the fact is readily explained. In *primiparæ* the uterus distends with less facility than in subsequent pregnancies, and in women of great nervous susceptibility this very difficulty encountered in the distension of the organ very frequently leads to premature action of the uterus, and the consequent expulsion of the ovum. In such cases, even before there was the slightest manifestation of trouble, I have been in the habit of recommending the lady to foment freely, *but without using friction*, the hypogastric region with warm sweet oil and laudanum. This, I am sure, will often prove an efficient remedy in these cases, and I can speak of it with much confidence. Its *rationale* is too manifest to need explanation.

But let us present to you another view of miscarriage. The treatment which we have thus very summarily suggested is intended for the *prevention* of a threatened miscarriage. Let us now call your attention for a moment to those remedies which will be indicated in cases in which it will be impossible to prevent the expulsion of the ovum, and in which the duty of the practitioner will be limited to saving the life of the mother. The true danger to the mother is the profuse hemorrhage, and instances are not few in which she has sunk from the loss of blood.

When, then, it becomes an ascertained fact that the miscarriage can not be arrested, there are certain remedies to which the practitioner can have recourse for the purpose of causing strong uterine contractions, which not only facilitate the expulsion of the ovum, but which also arrest the hemorrhage. These remedies are: 1st. Cold; 2d. The tampon; 3d. The secale cornutum. Cold water dashed suddenly upon the abdomen will oftentimes be productive of the happiest effects; so also will it result beneficially when injected into the rectum. In these desperate cases this agent should never be neglected. The tampon, under these circumstances, acts, if I may so say, in a two-fold capacity. In the first place it arrests, for the time being, the hemorrhage, and, secondly, the irritation produced by the tampon on the mouth of the uterus provokes contractions of this organ, and thereby facilitates the object in view.

The tampon consists of numerous small balls of linen, or of pieces of sponge, introduced into the vagina as far as the os uteri, until the vagina is completely filled up. The whole is then to be kept in place by a compress and bandage. The influence of the secale cornutum in inducing uterine contractions is now no longer a question for discussion. The tincture may be used for this purpose, say ʒ j in half a wine glass of water every ten or fifteen minutes, as circumstances may require, or ʒ ij of the powdered ergot may be infused in ℥ vj of boiling water, and a table-spoonful given every fifteen minutes until proper contractions are induced. Having thus very generally alluded to the indications to be fulfilled by the practitioner in the treatment of miscarriage, I desire to say one word on a point closely connected with this subject, and you will, I am sure, note it useful to be remembered. When a female has had one or more abortions, you will find it to be essential that she should not become pregnant for at least *several months after the last trouble.* This should be distinctly enjoined; and if your advice be not followed, the censure will not be with you, but with those who, having rejected your counsel, can not consistently hold you responsible for results.

It now remains for me to suggest a course of treatment for the patient before us. She is, as you perceive, much exhausted, and presents a striking example of the inroads which frequent miscarriages will make upon the general health. This patient needs building up, and for this purpose nothing, perhaps, is better suited to her case, as a medicine, than quinine:

℞	Sulph. Quinæ	gr. xx
	Acid. Sulph. Dilut.	gtt. xx
	Syr. Zingiberi	℥ iv
		Ft. sol.

A tea-spoonful of the above solution to be taken three times a day—a nutritious diet, and half a pint of porter daily. "Do you wish, my good woman, to recover your health?" "Indeed I do, sir." "Then I would recommend you to send your husband to Texas for at least twelve months." "Oh, sir, I would not like him to go so far; but he has an offer to go to Pennsylvania to work in the mines." "Well, Pennsylvania will do as well as Texas, provided he leaves you at home." "I am not going, sir." "That's right. Good morning!"

LECTURE XV.

Imperforate Os Tincæ in an unmarried Girl, aged twenty-two Years—Retention of the Menses—Perforation of the Os Tincæ, and Evacuation of the Menstrual Blood.—Retention of the Menses from imperforate Os Tincæ, in a married Woman, aged twenty-seven Years, mistaken for Pregnancy—Vaginal-Hysterotomy in a married Woman, the Mother of two Children, from criminal attempts at Abortion, by Madam Restell—Safety to both Mother and Child.—Congestive Dysmenorrhœa in a Girl, eighteen Years of age—Spirits of Mindererus.—Pregnancy complicated with Ovarian Dropsy, in a married Woman, aged twenty-two Years.—Case of a Patient tapped three times for Encysted Dropsy during Gestation.

IMPERFORATE OS TINCÆ IN AN UNMARRIED GIRL, AGED TWENTY-TWO YEARS; RETENTION OF THE MENSES; PERFORATION OF THE OS TINCÆ, AND EVACUATION OF THE MENSTRUAL BLOOD.—Jane T., aged twenty-two years, has never menstruated; her general health is much impaired; the abdomen is enlarged, and she has suffered for the last few years from more or less nausea, and bearing-down pains, which have occasioned her much distress. She says she has taken a great number of pills and powders to set her right, but all without effect. "How long, my good girl, has it been since you first begun to enlarge?" "I don't know, sir, exactly, but I think I commenced to notice it when I was eighteen years old." "Do you observe that you are larger at certain times than at others?" "Yes, sir, I have bearing-down pains which distress me very much every month, and then I notice that I am larger than at any other time." "But the enlargement never leaves you entirely, does it?" "Oh no, sir." I am happy, gentlemen, to be able to present this case before you; it is one of no slight importance, and is full of professional interest. What are the facts? Here is a young, unmarried woman, aged twenty-two years, whose menstrual function has never appeared, and the abdomen is as much enlarged as you would expect it to be in a pregnancy of five months; she has suffered from occasional nausea and bearing-down pains for several years past. These are the actual symptoms of which this patient complains, and now the question arises, what do these symptoms portend? You have heard her statement that she has taken a number of pills and powders to set her right, but all without effect, and she, indeed, may have added that with the conversion of her system into a veritable apothecary's shop, she would still have been without benefit, for the obvious reason that drugs can not meet the indi-

cation in her case. Before introducing her into the Clinique, as soon as I heard her statement I subjected her to a critical examination; she is most anxious to be relieved, and like a sensible girl has afforded me an opportunity of ascertaining, beyond a doubt, the true cause of her troubles; in return for this exhibition of good sense, I have promised to relieve her, and I shall make good that promise before she leaves this room, provided she will permit me. "Oh! sir, I will consent to any thing, if you will only make me well." "That I certainly will do, my good girl." You perceive, gentlemen, that I speak of the result of this case with great confidence; perhaps, you may think with too much confidence, but you will be pleased to bear in mind that I have "a reason for the faith that is in me." I have, in the first place, from a very careful investigation, recognized beyond all peradventure, the source of this girl's sufferings, and I know, as clearly as I know that to-morrow's sun will rise, that the difficulties with which she is affected will yield to judicious treatment.

In my examination, the first point of inquiry was as to the nature of the abdominal enlargement. Is it, I asked myself, an enlargement produced by an ovarian tumor, or peritoneal dropsy? Is it tympanites intestinalis, or tympanites abdominalis? Is it a fatty omentum, or an enlarged liver, spleen, etc.? And then I started the inquiry—if none of these causes be in operation, is the enlargement of the abdomen dependent upon an enlargement of the uterus, and if so, what is the cause of the distended uterus? Is it pregnancy, hydatids, physometra, hydrometra, etc., or may it be the retained menstrual blood, which has produced the enlargement? With these objects in view, I proceeded with the examination as follows: the patient was placed on her back, with the thighs flexed upon the abdomen. I soon discovered that the enlargement of the latter was caused by distension of the uterus. I arrived at this conclusion, 1st. From the shape of the tumor; 2d. From its ascending parallel with the mesial line; 3d. In the lumbar regions, on either side of the tumor, there was evidently an unoccupied space, which yielded under percussion a sound of resonance, while the sound from the tumor itself was flat and dull; 4th. I could distinctly circumscribe the upper boundary of the tumor, which was below the umbilicus, and when I introduced the index finger into the vagina, with the other hand grasping the upper surface of the tumor, by the movement of elevation and depression, I found I completely embraced between my hands, thus applied, the enlargement, and that its ascent and descent were perfectly under control, depending upon the direction of the movement imparted by either one or other hand; 5th. I detected fluctuation on percussing the enlarged uterus through the walls of the abdominal cavity, and with the finger introduced either into the rectum or vagina, the finger pressing against the body of the womb, the sense of fluctuation was again perfectly manifest; 6th. In addition to the above facts disclosed by this

examination, there is another which is conclusive as to my diagnosis, viz: the *os tincæ*, or mouth of the womb, is closed; or in other words, is *imperforate;* there is an entire absence of the two lips, and in the middle and lower portions of the organ corresponding with the *os*, there is a slight circular depression, flattened and imperforate. There can be no doubt about the sound and fluctuation of which I have spoken, they are palpable, and are quite easy of recognition. The fluctuation is not general in the lower belly; it is, on the contrary, circumscribed, being not on the sides of the abdomen, but central and below. Again, the patient, you will perceive, presents all the general physical appearances of womanhood; this fact is conclusive that the amenorrhœa in this case is not owing to a want of ovarian development. You will remember, too, that I asked the girl whether the enlargement was greater at certain times than at others, and the reply was, that it is greater when she has the bearing-down pains which she experiences each month.

This, in connection with the other circumstances of the case, is an interesting fact, and is readily explained. In the first place, a portion of the menstrual fluid poured out is very likely absorbed between the periods; and, secondly, the uterus is in a state more or less of congestion at the menstrual crisis, and thus increases for the time the bulk of the abdomen. The opinion, therefore, at which I have arrived is this—that the girl before us is affected with retention of her menses caused by an imperforate *os tincæ*, and that the enlargement of the uterus is dependent upon the presence of the *menstrual fluid*, which is poured out monthly; but which, having no means of exit from the uterus, accumulates, and thus gives rise to distention of the organ. Retention of the menstrual blood within the womb is not always the result of an imperforate *os tincæ*, it sometimes is caused by an imperforate hymen, and again by a complete closure of the vagina. This latter, as well as the imperforate *os tincæ*, may be either primitive or secondary; that is, these obstructions may be congenital, or they may be the effects of injury to which the parts have been subjected. When the retention is due to an unbroken and resisting hymen, there is one peculiar symptom not observed in the other forms of obstruction, viz., a portion of the menstrual blood passes into the vagina, and presses consequently against the hymen, so that the accoucheur, with his finger applied to the hymen, will be enabled oftentimes to detect fluctuation.

Treatment.—Now that we have determined our diagnosis, the next point for decision is as to what is to be done for the relief of this girl. The indication is obvious—the menstrual blood must have an outlet; and this is to be accomplished by an operation, which consists in the introduction of a curved trochar into the central and inferior portion of the neck of the uterus, for the purpose of making an opening, or, if you choose, an artificial *os tincæ*. This operation is not a difficult one, although it is not altogether free from hazard, especially in unpracticed

hands. "My good girl, you have heard what I have said about your case, will you allow me to relieve you?" "Yes, sir." [The patient was placed on the bed, and the Professor proceeded as follows: The index finger of the left hand being introduced into the vagina, and the apex carried to the central and lower portion of the cervix uteri, to serve as a guide, the Professor introduced, with the other hand, the curved trochar, with which he penetrated the uterus, passing the instrument *from below upward parallel to the axis of the organ.* As soon as the organ was penetrated, the instrument was withdrawn, and there immediately escaped about two quarts of liquid blood.] You perceive, gentlemen, that with the escape of the blood, the abdominal enlargement has diminished; the blood which has passed from the uterus in this case is, as you notice, quite fluid, and without odor. This is not always so; it is occasionally viscid and thick, and accompanied with a fetid smell. In order to prevent the healing of the opening which I have made, it will be necessary to introduce and retain for a few days a soft bougie. This is all that will be required; and that the bougie may not be disturbed, the patient must keep the recumbent posture. "Well, my good girl, how do you feel?" "Oh, sir, I am so much obliged to you; I am so happy. I wish I was able to pay you for what you have done." "I am, my good girl, abundantly paid by your thanks." Cases, gentlemen, like the one now before us, are among the gratifying incidents of professional life, and for me they possess a priceless value. They break the monotony of the professional circuit, and impart a fresh charm to the oftentimes arid and uninteresting field, which the medical practitioner is called upon to traverse. The grateful thanks of this girl are more acceptable than the richest fee she could offer me in the shape of dollars and cents. It may not be out of place, in this connection, to call your attention to the following case, which presented itself to my observation some time since:

A respectable woman, the wife of a mechanic, married about six weeks, requested my professional advice. She stated that her husband, a month after marriage, had begun to treat her cruelly, in consequence of suspicions he entertained in regard to her fidelity toward him. When I saw her she had the appearance of being about six months pregnant; and she remarked that some of the female relatives of her husband had impressed him with the belief that she was pregnant when he married her; hence his cruel treatment. The poor woman was in deep distress, and supplicated me to satisfy her husband that she was true to him, and his suspicions unjust; assuring me at the same time that she would cheerfully submit to any examination that I might suggest. She informed me that she was twenty-seven years of age, and had never menstruated; her health had been wretched from early girlhood. On calling to see her the following day, I observed that there was an indistinct and circumscribed fluctuation perceptible at the anterior portion of the abdomen, and extending upward within one inch of the umbilicus.

On introducing my finger into the vagina, and reaching the cervix uteri, I discovered an entire absence of the *os tincæ*, the lower and central portion of the cervix being quite smooth and uniform on its surface. With the other hand applied to the abdomen, I grasped the fundus of the womb, and felt that I embraced this organ completely between the hand externally, and the finger introduced into the vagina. The diagnosis was plain, viz.: that the fluctuation perceptible in the first instance was the menstrual blood contained within the uterus; and, that, in consequence of there being no outlet, this fluid had accumulated, producing a distention of the womb, and giving rise to the suspicion of pregnancy. After this examination, I stated my opinion very fully to the husband, and told him that his wife could be relieved by an operation, at the same time assuring him that his suspicions were entirely unfounded. Having obtained his consent, and his wife being most anxious to afford her husband evidence of good faith to him, assisted by two of my office pupils, Messrs. Burtsell and Morris, I introduced a speculum into the vagina, and brought distinctly to view the cervix uteri. This I penetrated at its lower and central portion; and instantly not less, I am sure, than two quarts of blood were discharged from the uterine cavity. It is as well to mention that the perineal strait of the pelvis was somewhat contracted in its transverse diameter. The operation was attended with very little pain; the uterus was restored to its ordinary size, and the patient recovered in the course of a few days, when I was much gratified with a visit from both herself and husband, the latter appearing truly contrite, while the former assured me of the happiness she experienced in being restored to the love and confidence of her husband.

Precisely six months from the day I operated, I was called on by this patient, who informed me that she believed herself pregnant, which I found to be actually the case. I attended her in her confinement, and after a severe labor of twenty-eight hours, I deemed it necessary to apply the forceps, and delivered her of a fine living son, assisted by two of my pupils, Messrs. Meriwether and Whipple, of Alabama.

The following case of *imperforate os tincæ* in a pregnant woman, the result of injuries to the neck of the uterus from repeated attempts at abortion, and on whom I performed the operation of vaginal-hysterotomy with safety to both mother and child, is not without interest, and, therefore, I avail myself of this connection to direct attention to it. This case was published in the New York Journal of Medicine, for March, 1843.

December 19th, 1843, Drs. Vermeule and Holden requested me to meet them in consultation, in the case of Mrs. M., who had been in labor for twenty-four hours. On arriving at the house, I learned the following particulars from the medical gentlemen: Mrs. M. was the mother of two children, and had been suffering severely, for the last fourteen hours, from strong expulsive pains, which, however, had not caused the slightest

progress in the delivery. I was likewise informed that, about four hours before I saw the case, Dr. Miner, an experienced physician, had been sent for, and, after instituting a vaginal examination, remarked to the attending physicians, that, "in all his practice, he had never met with a similar case." Dr. Miner suggested the administration of an anodyne, and, having other professional engagements, left the house. Mrs. M. was taken in labor Monday, December 18th, at seven o'clock, P.M., and on Tuesday, at seven P.M., I first saw her. Her pains were then almost constant; and such had been the severity of her suffering, that her cries for relief, as her medical attendants informed me, had attracted crowds of persons about the door. As soon as I entered her room, she exclaimed, "For God's sake, doctor, cut me open, or I shall die; I never can be delivered without you cut me open." I was much struck with this language, especially as I had already been informed that she had previously borne two children. At the request of the medical gentlemen, I proceeded to make an examination per vaginam, and I must confess that I was startled at what I discovered, expecting every instant, from the intensity of the contractions of the uterus, that this organ would be ruptured in some portion of its extent. I could distinctly feel a solid, resisting tumor at the superior strait, through the walls of the uterus; *but I could detect no os tincæ.* In carrying my finger upward and backward toward the cul-de-sac of the vagina, I could trace two bridles, extending from this portion of the vagina to a point of the uterus, which was quite rough and slightly elevated; this roughness was tranverse in shape, but with all the caution and nicety of manipulation I could bring to bear, I found it impossible to detect any opening in the womb. In passing my finger with great care from the bridles to the rough surface, and exploring the condition of the parts with an anxious desire to afford the distressed patient prompt and effectual relief, I distinctly felt cicatrices, of which this rough surface was one.

Here, then, was a condition of things produced by injury done to the soft parts at some previous period, resulting in the formation of cicatrices and bridles, and likewise in *the closure of the mouth of the womb.* At this stage of the examination, I knew nothing of the previous history of the patient more than I have already stated, and the first question I addressed to her was this: Have you ever had any difficulty in your previous confinements? Have you ever been delivered with instruments, etc., etc. She distinctly replied that her previous labors had been of short duration, and that she had never been delivered with instruments, nor had she sustained any injury in consequence of her confinements. Dr. Vermeule informed me that this was literally true, for he had attended her on those occasions. This information somewhat puzzled me, for it was not in keeping with what any one might have conjectured, taking into view her actual condition, which was undoubtedly *the result of direct injury done to the parts.*

I then suggested to Drs. Vermeule and Holden the propriety of questioning the patient still more closely, with the hope of eliciting something satisfactory as to the cause of her present difficulty; remarking, at the same time, that it would be absolutely necessary to have recourse to an operation for the purpose of delivering her. On assuring her that she was in a most perilous situation, and, at the same time, promising to do all in our power to relieve her, she voluntarily made the following confession: About six weeks after becoming pregnant, she called on the notorious Madame Restell, who, learning her situation, gave her some powders with directions for use; these powders, it appears, did not produce the desired effect. She returned again to this woman, and asked her if there were no other way to make her miscarry. "*Yes*," says Madame Restell, "*I can probe you; but I must have my price for this operation.*" "What do you probe with?" "*A piece of whalebone.*" "Well," observed the patient, "I can not afford to pay your price, and I will probe myself." She returned home, and used the whalebone several times; it produced considerable pain, followed by discharge of blood. The whole secret was now disclosed. Injuries inflicted on the mouth of the womb by these violent attempts had resulted in the circumstances as detailed above. It was evident, from the nature of this poor woman's sufferings and the expulsive character of her pains, that prompt artificial delivery was indicated.

As the result of the case was doubtful, and it was important to have the concurrent testimony of other medical gentlemen, and as it embodied great professional interest, I requested my friends, Drs. Detmold, Washington, and Doane, to see it. They reached the house without delay, and, after examining minutely into all the facts, it was agreed that a bi-lateral section of the mouth of the womb should be made. Accordingly, without loss of time, I performed the operation in the following manner: The patient was brought to the edge of the bed, and placed on her back. The index finger of my left hand was introduced into the vagina as far as the roughness, which I supposed to be the original seat of the *os tincæ;* then a probe-pointed bistoury, the blade of which had been previously covered with a band of linen to within about four lines of its extremity, was carried along my finger until the point reached the rough surface. I succeeded in introducing the point of the instrument into the center of this surface, and then made an incision of the left lateral portion of the *os*, and, before withdrawing the bistoury, I made the same kind of incision on the right side. I then withdrew the instrument, and in about five minutes it was evident that the head of the child made progress; the mouth of the womb dilated almost immediately, and the contractions were of the most expulsive character. There seemed, however, to be some ground for apprehension that the mouth of the uterus would not yield with sufficient readiness, and I made an incision of the posterior lip through its center, extending the incision to within a line

of the peritoneal cavity. In ten minutes from this time, Mrs. M. was delivered of a strong, full-grown child, whose boisterous cries were heard with astonishment by the mother, and with sincere gratification by her medical friends. The expression of that woman's gratitude, in thus being preserved from what she and her friends supposed to be inevitable death, was an ample compensation for the anxiety experienced by those, who were the humble instruments of affording her relief. This patient recovered rapidly, and did not, during the whole of her convalescence, present one unpleasant symptom. It is now ten weeks since the operation, and she and her infant are in the enjoyment of excellent health.

I omitted to mention that the urethra was preternaturally dilated. I introduced my finger as far as the bladder without any consciousness on her part, such was the degree of its enlargement.

About ten days after the operation, Dr. Forry visited this patient with me, and heard from her own lips the narrative of her case, so far as her visit to Madame Restell is concerned, and which I have already stated. On Saturday last, January 20th, Dr. Forry again accompanied me on a visit to this woman, and a vaginal examination was made. The mouth of the womb was open, and permitted the introduction of the end of the fore-finger; the two bridles were distinctly felt, extending from the upper and posterior portion of the vagina to the posterior lip of the *os tincæ*, which they seemed firmly to grasp. The urethra was very much enlarged, and somewhat tender to the touch. At my last visit to this patient with Dr. Forry, she made some additional revelations, which I think should be given not only to the profession, but to the public, in order that it may be known that, in our very midst, there is a monster who speculates with human life with as much coolness as if she were engaged in a game of chance. This patient, with unaffected sincerity, and apparently ignorant of the moral turpitude of the act, stated unequivocally, to both Dr. Forry and myself, *that Madame Restell, on previous occasions, had caused her to miscarry five times*, and that these miscarriages had, in every instance, been brought about by drugs administered by this trafficker in human life. The only case in which the medicines failed was the last pregnancy, when, at the suggestion of Madame Restell, she probed herself, and induced the condition of things described, and which most seriously involved her own safety, as well as that of her child. In the course of conversation, this woman mentioned that she knew a great number of persons who were in the habit of applying to Madame Restell for the purpose of miscarrying, and that she scarcely ever failed in affording the desired relief; and, among others, she cited the case of a female residing in Houston Street, who was five months pregnant; Madame Restell *probed her*, and she was delivered of a child, to use her own expression, "*that kicked several times after it was put into the bowl.*"

It, indeed, seems too monstrous for belief that such gross violation of

the laws of both God and man should be suffered in the very heart of a community professing to be Christian, and to be governed by law and good order. Yet these facts are known to all who can read. This creature's advertisements are to be seen in most of our daily papers; there she invites the base and the guilty, the innocent and the unwary, to apply to her. She tells publicly what she can do, and, without the slightest scruple, urges all to call on her who may be anxious to avoid having children. Here, then, is a premium offered for vice, to say nothing of the prodigal destruction of human life that must necessarily result from the abominations of this mercenary and heartless woman. With all the vigilance of the police of our city, and with every disposition, I am sure, on the part of the authorities to protect public morals, and bring to merited punishment those who violate the sanctity of the law, this Madame Restell, as she styles herself, has as yet escaped with impunity. Occupying the position I do, and fully appreciating the important trusts confided to my care in connection with the department over which I have the honor to preside in the University, I have felt it to be a duty I owe to the community, to the profession, and to myself, publicly to expose the facts of this case; and I fervently hope that the disclosures here made may tend to the arrest of this woman, and the infliction of the severest penalty of the law.

In a professional point of view, this case is not without interest. It must be evident to all that, without the operation, the patient must have sunk. She had been in labor precisely twenty-nine hours when I made the section of her womb, and for twenty hours previously the contractions were most energetic, possessing all the characteristics of true expulsive pains. But yet, with all this suffering, not the slightest change had been effected in the parts. If nature, therefore, had been competent to overcome the resistance, sufficient time was allowed for this purpose. Longer delay would undoubtedly have placed the lives of both mother and child in extreme peril; for, from the reiterated but unavailing efforts of the womb, there was reason to anticipate rupture of this viscus, which would most probably have compromised the life of the mother; while, at the same time, the child was exposed to congestion from constant pressure exerted on its head by the contractile force of the uterus.

I am not aware that this operation has ever been performed in this country, at least I have found no record of it. It has, on several occasions, been resorted to in Europe, but not always with success.

Congestive Dysmenorrhœa in a Girl eighteen Years of age—Spirits of Mindererus.—Margaret M., aged eighteen years, was reported by her mother as much improved since she first applied for advice. You remember, gentlemen, the case of this patient. She had suffered during her menstrual periods excessive pain, so much so, indeed, that she was disqualified from attending to her ordinary duties. It was,

we stated to you at the time, an example of congestive dysmenorrhœa, the pathology of which consists in the exudation of coagulable lymph, coating the cavity of the uterus. This is thrown from the organ in fragments, and hence the extreme pain so characteristic of the malady. The treatment ordered for the patient was intended to break up the congestive tendency, and consisted in the local abstraction of blood from over the sacrum every two weeks, together with free purgation and vegetable diet. "Is your daughter's health improved, madam?" "It is very much improved, sir." "Has she suffered less pain during her turns than she did when you first brought her to the Clinique?" "She is like a different person, sir; and I wish I knew how to thank you for what you have done for her." "No thanks necessary, madam. It affords us great pleasure to relieve the suffering, and you will always find us happy to do what we can for you and any friends who may need professional advice. This is a large city, and contains many poor but worthy people, who, in their sickness, will always cheerfully have accorded to them whatever benefit it may be in our power to confer." "Thank you, sir." "That will do, madam. Good morning!"

Dysmenorrhœa, gentlemen, is an affection which you will often encounter in practice, and it is highly important that you should make a just distinction as to its various causes.

Allow me here to call your attention to a remedy suggested by authors in the congestive form of dysmenorrhœa—a remedy which, unquestionably, does produce, under some circumstances, the happiest results, but the *modus operandi* of which, as far as I know, is not understood, nor do I believe that any explanation has as yet been attempted. Indeed, in prescribing the remedy, practitioners content themselves with the statement, that past observation has satisfied them of its efficacy. They prescribe it, they admit, empirically, having no knowledge of the manner in which it acts. The remedy to which I allude is the *liquor ammoniæ acetat.* known as the spirits of Mindererus. It has occurred to me that the manner of its operation is susceptible of explanation, as follows:—1st. The menstrual blood while within the cavity of the uterus differs from the menstrual blood in the vagina, the difference being due to the fact, that while in the uterus it coagulates because of its fibrin. In the vagina it does not coagulate, because it loses its fibrin. 2d. In the uterus the menstrual blood undergoes an alkaline re-action; in the vagina, on the contrary, an acid re-action. The mucus of the vagina contains more or less acetic acid, and this is a solvent of the fibrin.

These two propositions, I believe, are accepted doctrines, and upon them I shall base my hypothesis. 3d. In the dysmenorrhœa of congestion there is an exudation of coagulable lymph—a diphteritic deposit similar to what occurs on the internal surface of the larynx in croup, and this coagulable lymph lines the cavity of the uterus, forming a deciduous membrane, which, during the menstrual crisis, is thrown from the organ

in fragments. 4th. The liquor ammoniæ acetat. when taken into the system, passes into the blood, and tends, in my opinion, to lessen the fibrin in the menstrual fluid of the uterine cavity, thus in a measure destroying its coagulability, and thus, to an extent, interrupting the formation of the deciduous membrane. I believe, therefore, that the true explanation of the efficacy of the spirits of Mindererus in dysmenorrhœa is the fact that it modifies the character of the blood before it passes from the uterus, partially dissolving its fibrin, and thus removing the element to which it owes its power of coagulation. I am aware that to this hypothesis it may be objected—1st. That the liquid acetate of ammonia, as taken into the system, is soon changed into the carbonate of ammonia in consequence of the oxygen which it receives from the arterial blood; and, secondly, that, as alleged, the whole of the ammonia passes from the system through the renal secretion. The first objection in no way invalidates my position, for the carbonate of ammonia is as much a solvent of fibrin as is the liquid acetate of that alkali; and in reply to the second objection, I would remark that while the fact is conceded that the greater portion of the ammonia is excreted through the urine, yet the conjecture that no part of it circulates through the entire system rests entirely upon negative proof. Until recently, on the same character of proof was sustained the opinion that mercury did not pass into the circulation; but the researches of Personne have shown the contrary, for he has detected mercury in the milk of the mother, who had been subjected to its administration. This fact opens a new avenue to our views on the action of that much abused but precious remedy, mercury, and removes all foundation from the theory, very generally entertained, that this agent passed from the system with the fæces.

Pregnancy complicated with Ovarian Dropsy, in a married Woman, aged twenty-two Years.—Mrs. B., aged twenty-two years, is the mother of one child, ten months of age. The case before you, gentlemen, came to the Clinique last June; and those of you who were here at that time will remember the interesting particulars connected with it. "How old, madam, was your child when you first applied here for advice?" "It was about four months old, sir." "When did you first notice a swelling in your abdomen?" "About two months after the birth of my infant." "Where did you observe it?" "In the lower portion of my person, sir, on the right side." "Did it give you much uneasiness?" "It did not give me any pain, sir—but it made me unhappy, because I did not know what it was." "Did it grow very rapidly?" "It has grown very rapidly since you first saw it—and I am afraid something else is the matter with me." "Do you suppose you are pregnant?" "I am afraid so, sir." It is now five months, since this patient applied at the Clinique for advice—at that time, as reference to your notebooks will inform you, I told you she was laboring under encysted dropsy of

the right ovary. The abdomen, as you now perceive, is greatly enlarged, and the patient presents the aspect of being in the ninth month of gestation. It then becomes an extremely important question to decide whether this increased size of the abdomen is due exclusively to the enlarged ovary, or whether there may not also be the co-existence of pregnancy. This question necessarily imparts additional interest to the case before us, and it demands deliberate consideration. I might cite many instances in which the decision of this question would strike directly at character—that precious possession than which nothing is more valuable; let an individual be without character, and he is not only the scorn of the earth, but the most pitiable of all God's creatures. Character, gentlemen, is an ægis for all time—it not only serves you during life, but it consecrates the memory after death—it embalms you in the recollection of the good, and protects you against the assaults of the degraded hypocrite.

Under certain circumstances, few things are more difficult than to decide as to the simultaneous existence of pregnancy and ovarian disease. In the married woman, who has a right to be pregnant, an erroneous decision would not involve character; but how different in the case of the unmarried, who, simply laboring under enlargement of the ovary, should be charged with being pregnant! These questions constitute the great and delicate points of the profession—points which demand, and should receive, the fullest consideration of the medical practitioner who, in matters like these, is the only umpire, and on whose judgment must rest the issue of happiness or misery. Before presenting this patient to you this morning, I made a critical examination, and have no doubt that she is pregnant, probably between four and five months. This opinion I have formed from the condition of the womb, and the change in its cervix, the appearance of the circle around the nipple, constituting the areola, which, I have stated on former occasions, possesses for me a strong evidence of pregnancy. I do not allude to the simple discoloration of the circle—for this may, and does occur in numerous morbid conditions of the uterus—but I speak of the moisture and emphysematous character of the integument—two attributes of the areola, to which, I believe, attention was first called by Montgomery in his valuable work on the signs of pregnancy.

The true areola, in my judgment—and this opinion is founded on careful and extensive observation—is not recognized, except as a consequence of gestation; and its presence, in the case before us, together with the confirmatory evidence furnished by the changes in the uterus, places the question of pregnancy beyond all doubt. In addition to this testimony, I might have recourse to auscultation, but the difficulty of detecting the sounds of the fœtal heart, under existing circumstances, with the abdomen enormously distended by an ovarian growth, would be greatly enhanced—and for the same reason, we are deprived of the evi-

dence furnished by the *bollottement*, or passive movement of the child, which is determined by the accoucheur by placing one finger on the posterior surface of the cervix uteri, and the other hand on the fundus of the organ, and thus with an upward impulse communicated by the finger to the neck of the uterus, the fœtus is made slightly to ascend in the organ, and it then immediately rebounds—in consequence of its floating in fluid, the liquor amnii—and imparts to the finger a sensation which constitutes unequivocal proof of pregnancy. No other object than a fœtus could impart such a sensation—for of all intra-uterine growths, it is the only one that floats in fluid. Although, therefore, we are deprived of the important evidence derived from auscultation and the ballottement, yet I feel no hesitation in expressing my opinion that this patient is undoubtedly pregnant. The important consideration now arises—what is to be done? Under existing circumstances, we shall do nothing in the way of treatment with the simple exception of keeping the bowels in a soluble state; and for this purpose one of the following powders may be taken in half a tea-cup of tepid water at night, as circumstances may require:

℞ Sulphat. Sodæ . . . . . ℥ij
Pulv. Rhei. . . . . ℥j
Pulv. Zingiberi. . . . . ℈j

Div. in Chart. No. x.

The fact that pregnancy exists, prevents any other, at least for the present, than palliative treatment. It may, however, become necessary, before the birth of the child, to tap the patient with the view of removing the abdominal distention.

You will permit me, in connection with this subject, to mention the following interesting case, to which I was called some years since, and which, in several particulars, has a strong bearing on the one now before us:

I was requested to visit Mrs. B., aged twenty-seven years, from whom I heard the following particulars: She had been married nine months and a half. Previous to her marriage she had always enjoyed good health, and her "monthly courses" had observed a marked regularity. About six weeks prior to her marriage, she thought she observed a very slight swelling in the right iliac region; it produced no uneasiness, but actuated, no doubt, by a proper feeling of delicacy, Mrs. B. consulted a physician, to know whether, under the circumstances, it would be proper for her to marry. She was assured that the swelling would amount to nothing, and, therefore, felt no further anxiety in regard to it. Her "courses" never returned after marriage, and the various presumptive and probable symptoms of pregnancy soon manifested themselves. With the exception of frequent indisposition to sleep at night, and torpid bowels, nothing remarkable occurred until about eight and a half months after her marriage. At this period, the pain in her back was at times excessively severe, and the abdominal enlargement had increased so

rapidly that she found it necessary to seek medical advice. A surgeon was accordingly sent for, and, after reflecting on her case for some days, told the husband of Mrs. B. that, if his wife would consent, he would remove the tumor. To this proposition, she, in common with her husband and friends, objected. Another medical gentleman was then requested to meet the first in consultation. Nothing, so far as I could learn, of professional interest was agreed on by them. The husband, naturally anxious to know the precise condition of his wife, called on these gentlemen, and requested them to say whether they considered her pregnant. They declined giving an opinion, and said they would prefer waiting, as a few days would decide the nature of the case. Dissatisfied at not receiving more encouragement than was embodied in the above conversation, the gentlemen were told that their services were no longer required. This is the purport of what transpired previous to my seeing the case, and the facts are stated as taken down by me at the time from the lips of Mrs. B. in the presence of Dr. Washington.

On visiting the patient, I found her excessively enlarged, and laboring under very acute distress; the integuments on the abdomen appeared ready to burst. She was feverish, and much troubled with constipation. Her respiratory and digestive organs suffered greatly from pressure, and her general appearance of emaciation evidenced much internal trouble. For the last two weeks Mrs. B. had been compelled, such was her distress, to leave her bed frequently during the night and walk the room. After a very rigid investigation, by way of question and answer, as to the history of the case, I was unable to elicit any facts other than those which have already been mentioned. Mrs. B. being then arranged in bed on her back, with the thighs flexed on her pelvis, I made an abdominal examination of the tumor. It was very evident that the enlargement was wanting in uniformity, and it assumed somewhat a diagonal position as regarded the abdomen. There was no pain when the tumor was pressed upon; and, in percussing the abdomen, a very distinct fluctuation was perceptible. It was plain that this was not a case of ascites, for the fluctuation, though tolerably diffused from the great size of the tumor, was certainly circumscribed; and ascites, we know, at least in a majority of cases, is preceded by such symptoms of disease as will at once enable the careful practitioner to detect the malady. From the previous history, therefore, of the case, together with the symptoms present, I had no hesitation in concluding that the patient labored under ovarian dropsy. An examination, per vaginam, was next made, and it was discovered that the womb was enlarged. There was nothing remarkable about the cervix uteri—no pain on pressure, and its structure appeared perfectly natural, nor was there the slightest vaginal discharge. The finger being introduced into the rectum, the posterior surface of the womb evinced a decided development of this viscus, and this latter examination fortified me in opinion as to the probable amount of uterine enlargement.

The question now to be decided was an exceedingly important one. Did the enlargement of the womb depend upon pregnancy, or was it the result of disease, or might it be owing to the presence of something in its cavity other than a fœtus? That it was not disease, the perfect absence of pain, and all the symptoms ordinarily attending a morbid condition of this viscus, seemed clearly to demonstrate. The patient was fully under the impression that she was pregnant, and had, together with her female friends, attributed all her distress to this condition. She, however, had never felt the motion of the fœtus. It will thus be seen that I had arrived at a portion only of my diagnosis, and the duty devolved on me to endeavor to account for the enlargement of the womb. Accordingly, I resorted, as the only means now left, to auscultation. I made repeated attempts, simply with my ear applied to the abdomen, to detect the pulsations of the fœtal heart, or the "bruit placentaire." I did not succeed.

On the following day, I requested my friend, Dr. Washington, to visit the patient with me. She was again examined with great care, and several attempts were made both with the ear and stethoscope, but without success. Under all the circumstances of the case, we felt ourselves justified in giving the following opinion, which was stated to the patient and her friends, viz.: that Mrs. B. labored under ovarian dropsy, complicated most probably with early pregnancy. The distension of the abdomen was now so great, and the distress from injurious pressure so marked, that it became my duty to urge on Mrs. B., as a means of temporary relief, the necessity of being tapped. The suggestion was not assented to, and palliatives were directed, keeping the bowels in a relaxed state, and ordering such articles of diet as were most easy of digestion. Morphine procured her comparative rest at night. She continued in this state until the 15th of July, when I operated on her in the presence of Dr. Washington, Professor Alban Goldsmith, Drs. Caldwell and Hibbard. One gallon and a half of amber-colored fluid, of the consistence of melted calf's foot jelly, were drawn off, which gave her immediate relief. On the following day, Dr. Washington and myself again had recourse to the stethoscope, and the pulsations of the fœtal heart were distinctly heard. This was most gratifying, so far as it confirmed the diagnosis. It is highly probable that the great size of the tumor had materially interfered with our arriving at this result earlier. On the 20th of July, Mrs. B. quickened. From the period of the operation until the following October, Mrs. B. enjoyed comparatively good health; her digestion was much improved, and she gained flesh. In October, however, it again became necessary to draw off the accumulated fluid. One gallon was taken away; in two weeks afterward, the distension was much increased, and on the 19th of October, half a gallon of fluid was drawn off.

It is worthy of remark, that in performing this last operation, not

more than an ounce of fluid passed through the canula. A probe was introduced to remove the obstruction, but none was found to exist. It was, however, very evident that there was yet a great quantity of fluid in the ovarium, and the distress of the patient obviously indicated the removal of at least a portion of it. The trocar was therefore introduced into another part of the tumor, when not more than two ounces passed away. The instrument was then withdrawn, and on looking attentively at the ovarium, a pouting was observed at its upper portion, immediately under the last rib. The trocar being introduced at this point, sufficient fluid escaped to make the patient quite comfortable. The cause of the difficulty was owing to the fluid being enclosed in cysts, each distinct in itself, and it seems to me that a useful lesson can be derived from the recollection of this fact. For example, in hydatid dropsy of the ovarium, post-mortem examination reveals to us that the various cysts or compartments vary in size, some containing a gallon or more, while others are so small, as not to yield, when punctured, an ounce of fluid. Now, let us suppose our opinion to be formed as to the existence of ovarian dropsy in any given case, and in the event of an operation, if, in puncturing one of the small cysts, not more than a large spoonful of liquid escape, we might at first suppose that we had failed in our diagnosis. The bare mention of the fact will, I apprehend, be sufficient to put practitioners on their guard against the possibility of such an error, involving as it certainly would, their professional reputation, if, indeed, it did not compromise the safety of the patient.

After the last tapping, Mrs. B. passed on with more or less distress to the period of her confinement, which took place on the 29th of October. She was in labor only two hours, and was delivered of a still-born, unnatural, and sickly-looking infant. The placenta followed almost immediately the expulsion of the fœtus, and the uterus was well contracted. In two hours after the birth of the child, the abdomen commenced enlarging, and in thirty-six hours after her delivery, this poor woman breathed her last, the abdomen being ready to burst from gaseous distension of the intestines. The husband and friends had been fully admonished of the almost certain result of the case, soon after we had first visited the patient. In the post-mortem examination, in which I was kindly assisted by Dr. Caldwell, the uterus was found to be perfectly healthy, the left ovarium was immensely large, and filled with a number of hydatid cysts. The right ovarium preserved its natural character in every respect.

LECTURE XVI.

Introductory Remarks.—Undue Lactation in a married Woman, thirty-two Years of age.—Anæmia.—Paraplegia in a Child, twelve Months old, from Intestinal Irritation.—Procidentia of the Womb in a married Woman, aged fifty-five Years, nine Years standing, with Venereal Ulcerations on both sides of the Organ.—Profuse Menstruation in a young Woman, twenty-two Years of age, from Grief.—Incontinence of Urine in a married Woman, eighteen Years of age, from Paralysis of the Neck of the Bladder.—Falling of the Bladder in a married Woman, aged twenty-five Years, mistaken for Falling of the Womb.—Palpitation of the Heart from Dyspepsia, in a married Woman, aged thirty-two Years.—Encysted Tumor in the posterior wall of the Vagina, in a married Woman, twenty-three Years of age.

Gentlemen :—The diseases peculiar to females are often extremely obscure, and the practitioner must remember that successful treatment depends on a just discrimination of the nature of the malady. Many a valuable life has been sacrificed by error of judgment in this particular, and discredit brought upon our science by mistaking effects for causes. In the present state of physiological knowledge, it would indeed be difficult to present such a classification of these diseases as shall accord perfectly with pathology and therapeutics. The old doctrine, however as propounded by the early Greek writers with regard to these maladies and especially hysteria, have yielded to the advances of modern science The functions of the nerves, as now understood, have thrown a flood of light on points formerly obscure and unsatisfactory ; and we may be permitted to predict, in view of what has already been accomplished through our knowledge of the brain and nervous system generally, that all rational deductions in disease will sooner or later be based on the anatomy and physiology of this system, taken in connection with the important disclosures of chemistry. That there subsists, between the nerves of the uterus and the general economy, an intimate connection can not for one moment be doubted. Deny this, and we are at a loss to explain many of the phenomena so constantly occurring in the system of the female. For example, the diseases which may be considered as peculiar to women are, with good reason, divided into organic and functional. The pathology of the former can be determined without difficulty, for they involve lesion of structure, which becomes manifest to the sense either of touch or sight. This organic lesion will occasion-

ally give rise to the same series of phenomena, which are known to follow mere functional disturbance. The only evidence that these phenomena are due to structural, and not functional disease, is furnished by the fact that a lesion does in truth exist. The pathology, therefore, of organic disease of the womb is simple, and of easy comprehension; not so with the functional derangements of this organ, for here there is no change of structure—none at least appreciable in the minutest autopsy. We have already seen that the important function of the uterus—that which is in fact the balance power between health and disease in the female, *menstruation*—can not, under ordinary circumstances, be interrupted; or, in other words, can not depart from its normal standard, without involving, to a greater or less extent, the general economy in constitutional disturbance; and this result is produced through the medium of the ganglionic system of nerves, and the cerebro-spinal axis.

There are two points you are constantly to keep in view, so far as the diseases of women are concerned: 1st. Is the disease organic, or is it functional? 2d. Is any given disturbance in the system local, or is it dependent on the structural or functional derangement of the uterine organs? If you will steadily bear in memory these two interrogatories—suffering your minds on no account to be diverted from the true issue—you will have overcome one of the principal difficulties in the treatment of these special maladies. In order that you may clearly appreciate the value of the principle we are inculcating, let us, for example, take the case of a lady who consults you in the hope that she may derive from your skill a remedy for a distressing headache—so distressing, indeed, that her mind almost becomes bewildered. Your first duty, in a case of this kind, is to decide whether the pain is the result of an affection of the head, or whether it is a mere symptom of trouble in some remote organ. You see at once how essentially your treatment, if rational and effective, must depend on a just distinction. Again, if the headache should be found to proceed from functional disturbance of the womb, which is a very usual circumstance, it must be remembered that two opposite, or, if you choose, two contradictory conditions of this organ are alike capable of producing the same result—intense headache. For example, a lady whose menstrual evacuation is deficient in quantity is extremely liable to severe cephalalgia; precisely the same thing occurs in a female whose system has been drained by an excessive loss of blood. Hence, in miscarriage, where the patient has become nearly exsanguinated, a very common result will be, distressing headache. If you should decide erroneously in these two cases—if, for instance, you should mistake the one condition of system for the other, the most serious consequences may ensue to your unhappy patient. Headache, produced by deficient menstruation, will yield to judicious abstraction of blood, cathartics, diet, etc., these remedies being employed, not empirically, but in reference to the peculiar circumstances which may exist at the time. Head-

ache, on the contrary, the result of excessive loss of blood, would not only be aggravated by this treatment, but fortunate, indeed, would it be for the sufferer, if her life did not pay the forfeit of erroneous judgment.

You will frequently be consulted by ladies for a supposed disease of the liver; pain in the right side over the region of this organ, giving rise to the belief that the liver is affected. Under this conviction mercurials are administered, and frequently serious mischief ensues to the general system. The pain does not yield to the treatment; the mercury is still continued, and oftentimes the most fearful ravages result from the administration of this valuable but much abused remedy. The plan for you to pursue is a simple one; if your opinion be invoked in a case of this kind, do not take it for granted that because the patient suffers pain in the right side she is, therefore, laboring under disease of the liver. You must remember that this very character of pain is sometimes the result of pregnancy, and occasionally an important symptom of disease of the womb. In engorgement without ulceration, and in ulceration of the neck of this organ, I have frequently known this pain to be present, and it exists, also, in other derangements of the uterus. In a word, gentlemen, the distinction between the scientific physician and the empiric is this—the former traces effects to causes; before prescribing, he endeavors to ascertain what there is wrong in the wonderful machinery of the human fabric; he will not content himself with mere conjecture, but true to the principles of his science, and devoted to its interests, by diligent investigation he discovers *what the matter is*, and then applies the remedy. The latter, the heartless empiric, true to the principles of his calling, speculates with human life as the broker does with dollars and cents—the great object of his existence being the amassing of wealth—makes human nature his study, and devotes his nights and days to the formation of schemes by which he will be the better enabled to practice on human credulity

Undue Lactation in a married Woman, thirty-two Years of age.—Anæmia.—Mrs. H., aged thirty-two years, married, the mother of seven children, the youngest eight months old, says she is very weak, and wishes some strengthening medicine. She has been married nine years, and previously to her marriage her health was excellent, she being a vigorous and hearty woman; is the mother of seven children, and nursed all of them, until they were twelve months old, with the exception of the one before the last, which she did not wean until he was sixteen months of age. Her health began to fail her about four months before she weaned this child, she becoming extremely nervous, restless at night, with palpitation of the heart, and vertigo, together with constipated bowels. "What is the age of your last child, madam?" "He is eight months, sir." "Do you nurse him?" "Yes, sir." "How

was your health when you were carrying him?" "I was better, sir, but soon after he was born, I began to feel sick again, and I am very bad now, sir." "Well, madam, you need not tell us that; your very appearance shows that you are in bad health. Have you any cough?" "No, sir."

In addition, I find this patient is laboring under profuse menstruation, her turns having come on about three months after the birth of her child, and continue for ten days at a time; she is quite unhappy, and is strongly impressed with the belief that she can not recover her health. In some particulars she may be said to be hypochondriacal, one of the characteristic symptoms of which is dejection of spirits, together with a despondent hope. There is no difficulty in understanding why this woman should be despondent, as her nervous system has undergone such a remarkable depression, and her vital forces are so dilapidated that her natural strength of mind and energy have yielded to the encroachments of disease. These are the cases, which require not only judicious treatment, so far as mere medication is concerned, but also the encouraging and confident assurance of the physician. Encouraging language, and the excitement of cheerful hopes are oftentimes important aids to the medical man, and, under almost any circumstances, constitute an acceptable boon to the patient. There is a striking analogy between our profession and religion—both require works, and both need faith. The physician who, in the treatment of disease, shall limit himself to the mere administration of drugs, will frequently find himself unrequited by success. But if, with the judicious employment of remedial agents, he will combine a sensible, moral treatment, he will oftentimes discover that he has obtained a victory which could be accomplished in no other way. I am a firm believer in the operation of mind upon matter.

The patient before you presents an interesting example of disease, for which you will often be consulted in practice; it is unfortunate, however, that its nature and causes are too generally overlooked. It is only necessary to observe the pallid cheek of this woman, and note the feeble pulse, together with the general evidences of prostration presented in her system, to be satisfied that her vital forces have from some cause or other undergone a severe shock. She is perfectly *anæmic;* the red corpuscules, which formerly were in abundance, are now no longer to be recognised, and she exhibits the aspect literally, if I may so speak, of a bloodless woman. You must bear in mind that the patient is thirty-two years of age; she was always a healthy woman until four months previously to weaning the child before the last. She has no cough, and as far as we can learn by questioning her, she has not labored under any acute disease. How then do you explain this pallor of countenance, and general decay of the vital energies? These latter are evidently the results of some antecedent disturbance, the nature of which it is the duty of the physician thoroughly to examine. If something be not done to arrest the gradual decline of this woman's strength, it is quite mani-

fest that she must die; her whole frame is shattered, and she is rapidly failing.

A close analysis of the circumstances connected with the case before us, will at once explain the dilapidated state of this woman's health. Her physical powers have been too severely taxed, and she exhibits in the pallor of countenance, weak pulse, cold extremities, the vertigo, and palpitation of the heart, the effects of a drain on the system, which she has not been adequate to sustain, and at the same time preserve that harmony of action which constitutes health. This case is full of practical import; it is of frequent occurrence, and it will be your duty when consulted, to understand the nature of the influence which has resulted in such complete derangement of the vital forces. This is clearly an example of the exhausting effects of undue lactation. The patient has nursed her child too long. The connection between the nervous and circulating systems has frequently been explained to you, and the natural dependence of the one on the other you can not fail to understand. This dependence the practitioner should never lose sight of in the treatment of disease; oftentimes it will afford the only sure basis for correct therapeutic application, and the cardinal element of successful treatment. In plethora, the nervous system is unduly stimulated—in anæmia, it is depressed. In plethora, organic or nutritive life is excessive—in anæmia it is defective. In this case, the anæmia is the result of the long continued lactation.

You will remark, in the course of your professional observation, that undue lactation is not always limited in its effects to a bloodless condition of the system; and as an evidence of the influence of anæmia on the nervous structure, you have only to look at the various shades of nervous derangements, which often follow this drain on the economy. In one case, you have hysteria under one or other of its multiplied forms, while in another, the brain itself becomes so deeply involved as to result in positive insanity. It is, therefore, gentlemen, manifestly of the greatest moment to watch with scrupulous care the insidious progress of this drain, capable as it is of producing not only functional derangement, but even insanity and death. There is one difficulty which you will almost always encounter in the treatment of undue lactation—a difficulty which arises directly from that sacred and unwavering love of her child which is the distinguishing attribute of woman. In the love she bears her offspring, woman forgets self—her whole heart is centered on her child—it is the idol of her affections, the object of her devoted care by day and by night. Her own pallid cheek and trembling frame are but trifles in contrast with her duties to her infant—and too often, alas! this intensity of maternal affection displays itself at the expense not only of health, but of life itself. There is something beautiful, but at the same time heart-rending, in the contemplation of this undying affection of woman. Nothing can abate it but the grave! Whether in poverty, or under the weight of

mental depression, in sickness, or in the midst of the keenest physical suffering, woman's heart still beats for her child, and her last breath is but an aspiration to Heaven for its protection and guidance!

"Madam, do you wish to recover your health?" "Indeed, I do, sir?" "Then, you must follow my advice strictly." "I will, sir." "The first thing for you to do is to wean your child." "O! sir, I can not do that!" "Why not, my good woman?" "Because, sir, I am afraid it will die if I stop nursing it." "But you are not able to nurse it—you have not sufficient strength—and your milk is not proper for it." "I will take any kind of physic, sir; but I can not wean my child, he is too delicate." "You will allow me to say, my good woman, that I know more about this matter than you do; and if you do not follow my advice, you will certainly fall into a state of health which will not only prevent you from taking care of your child, but will ultimately destroy you." "Then, sir, I will do what you say." In cases like these, gentlemen, you must remember that all medication will fail, if you do not, in the first place, remove the cause of the exhaustion—the nursing infant. This being done, the next object is to repair, by appropriate remedies, the waste incurred by the mother. You will not have forgotten in the questions which I have addressed to this woman, that she has informed us of a very material circumstance, viz., that in addition to the drain of lactation, her "monthly turns" are too profuse. This latter arises, no doubt, from an atonic condition of the vessels, constituting a form of passive menorrhagia. This, therefore, must not escape your observation, and will require immediate attention.

Treatment.—With the view of controlling the profuse menstruation, you will find that cold water injections will prove very effective. In this character of menorrhagia I frequently employ them, and with the happiest results, as follows: Two days after the courses commence let half a pint of water, cold from the pump, be thrown slowly up the rectum night and morning; and this should be repeated daily during the menstruation, until the function becomes natural. It may be found necessary to repeat the injection for two or three successive periods. The salutary influence of this simple but efficient remedy is due to the tone it imparts to the uterine organs. In addition, let the patient take during the menstrual flow ʒj. of the tincture of ergot twice a day in a half wine glass of cold water; this to be continued for two or three days, as circumstances may indicate. For the purpose of improving the digestive functions, and invigorating the general health, one of the following powders may be taken twice a day:

℞ Pulv. Rhei . . . . . ƋIJ
Sulphat. Quinæ . . . . . ƋJ
Divid. in Chart. XX.

The diet should be nutritious, with half a pint of porter daily. While, however, we prescribe for the mother, we are not to forget the infant.

Its diet, for the present, should consist of two-thirds cow's milk and one of water; equal parts of milk and barley water, or rice water; panada, made of soda biscuit, etc., etc.

"Now, madam, if you will pay strict attention to what we have told you, I am quite confident you will have no cause to regret it; but, on the contrary, both you and your infant will be benefited. Come here, my good woman, one month from this day, and report yourself."

Paraplegia in a Child twelve Months old.—Rachel L., aged twelve months, is brought to the Clinique by her mother, who is in great distress because her infant has lost the use of her lower limbs. "How long, madam, is it since you noticed that your child could not move its limbs?" "I first noticed it, sir, about three months ago." "Have you done any thing for your child?" "Yes, sir; I have rubbed it with liniments." "Well, madam, you need not use any more liniments, for they will not restore to your infant the use of its limbs." "Oh, sir, can nothing be done for it?" "Be patient, madam; we will tell you as soon as we know more about the cause that has produced the loss of power. Was your child healthy at its birth?" "Yes, sir; it was a beautiful babe." "Did it continue healthy to the time that it lost all power over its limbs?" "It appeared sick, sir, about two weeks before that time." "What was the matter with it, madam?" "Its bowels were out of order, sir." "Were they confined?" "Not at first, sir." "In what condition were they, madam?" "Dark slimy stuff passed from them, sir." "Did you give it any medicine?" "I gave it some oil, sir." "How were they afterward?" "Oh, they have been all the time confined, sir. Sometimes nothing passes it for four or five days." "Do any lumps come from it?" "Yes, sir; white lumps; they look sometimes like curdled milk." "Now, my good woman, please to recollect how soon after the bowels became deranged did you first notice that your infant had no power over its limbs?" "About two weeks, sir."

I think, gentlemen, as the law has it, we have made out our case. Paraplegia in children is produced by various causes, and is usually transitory in its nature. In this latter respect it differs from paraplegia in the adult, which is commonly connected with some cerebral disturbance, and is generally permanent. The causes of paraplegia in infancy and early childhood are cold, fright, intestinal irritation, etc. You have had an opportunity of seeing more than twenty cases of this affection in the Clinique, and you have enjoyed with me the pleasure of witnessing nearly all of them yield to remedies. In the case before us, I have no doubt that the paraplegia is occasioned by intestinal irritation. You have heard the statement of the mother, and that statement, which appears to bear the seal of good faith, informs us of a very important fact, that previous to the loss of power in the limbs, the infant's bowels were much deranged, at first by vitiated secretions, and afterward by consti-

pation—white lumps, etc., passing from it. It is very natural, however, for you to ask what connection there is between intestinal irritation and paraplegia? This I have repeatedly explained at former Cliniques in the following manner:—The intestines and abdominal viscera are almost entirely supplied with nerves from the sympathetic or ganglionic system. At the same time fibrils of nerves from the spinal marrow unite with the branches of the ganglionic nerves as they distribute themselves on the intestinal canal. In this way, you perceive, there is a connection by nervous influence between the intestines and medulla spinalis. When the former become the seat of irritation, this irritation is oftentimes conveyed by means of this connection to the medulla. The nerves, as you know, which pass to the lower extremities, proceed from the spinal marrow. These nerves, therefore, will lose their power of controlling muscular action as long as the source from which they are derived is the seat of irritation. What now is to be done for this child? Emphatically nothing but to remove the cause of the paraplegia. With this object, we shall recommend the following course to be pursued:

℞ Hydrarg. *c.* Creta . . . . . gr. iv.

Let the infant take this powder to-night, followed in the morning by castor-oil, and every third night afterward, for three successive times, let it take half a grain of the hydrarg. *c.* creta, with a view to its alterative action, and in the morning flake manna dissolved in warm water.

PROCIDENTIA UTERI IN A MARRIED WOMAN, FIFTY-FIVE YEARS OF AGE, NINE YEARS STANDING, WITH VENEREAL ULCERATIONS ON BOTH SIDES OF THE ORGAN.—Mrs. C., aged fifty-five years, complains of much pain and soreness. She says there is a large lump protruding from her person, which has lately become extremely tender, and occasions her much uneasiness when she walks. She has been troubled with the lump, as she terms it, for the past nine years, ever since the birth of her last child. On being asked whether she had a severe labor in her last confinement, she remarked that she was in labor four days, and suffered most intensely; she also observed that the "Doctor told her the after-birth grew to her side, and that he pulled it away." "Did you leave your bed, my good woman, soon after the birth of your child?" "Indeed I did, sir. I was at my wash tub the day after my child was born." This is not a solitary example of what the suffering poor have to encounter in this metropolis. The rich of this world know but little of the sacrifices entailed upon poverty. Necessity compelled the poor woman to leave her bed the day after the birth of her child, and as a consequence she is badly afflicted.

The patient before us, gentlemen, is laboring under procidentia uteri, which fact I have ascertained by an examination previously to introducing her into the Clinique. The questions which I have just addressed to her, and the answers she has given, will at once disclose the circumstances which have operated in the production of this uterine displacement.

This is the fifth case of *procidentia uteri* which has been presented to

your observation since the commencement of the Winter Session of Lectures. Besides the displacement of the organ, there is connected with this case another feature of more than usual interest, and well worthy of attention—I allude to extensive ulcerations on each side of the protruded organ. These ulcerations are of a peculiar character, and are not altogether free from danger. They are venereal, and, as you will see immediately, they have, from their phagedenic nature, made rapid and frightful progress. "How long, madam, have you had those sores about you?" "Six weeks, sir." "Have you had any thing done for them." "No, sir." "Why, my good woman, did you not apply to some doctor for advice?" "O! I did not think they would signify, sir; and besides, I am a poor miserable woman; I have no money to give to the doctors." "Well, I am glad you have come here. We shall do what we can for you. The poor are always welcome at this Clinique. There is no money required here, my good woman; and you and your fellow-sufferers in poverty will always find us ready to befriend you." "Thank you, sir—a thousand blessings on your head!" [The patient was placed on the bed, and the Professor pointed out the peculiarities of the procidentia together with the ulcerations, which were nearly as large as a four-shilling piece.]

Here, gentlemen, is a melancholy state of things. This poor woman is in deep affliction. Together with poverty, which brings its own sorrows, she is laboring under a formidable displacement of the womb, and, at the same time, is affected with a loathsome malady! Because this unhappy patient presents in her own person the effects of venereal disease, she is not to be disfranchised from your sympathies, nor is she to be regarded as a worthless and abandoned woman. In reply to my inquiries as to the manner in which she contracted this affection, she told a simple, and, I think, consistent story. She has a dissolute husband, from whom she received the disease. Under any circumstances, however, it is our duty to do all in our power to restore her to health. Allow me, for a moment, to direct attention to one or two points of interest connected with this case. You perceive here, as I hold the uterus, there is a peculiar condition of the *os tincæ*. Its long diameter, instead of being transverse, is from above downward, and this arises from the fact that the chancre has destroyed the lower and central portion of the inferior lip of the os uteri. Again, you observe that I now grasp with my finger and thumb the bladder, which is connected by cellular tissue to the inferior third of the anterior surface of the womb, and if you will remark, for the instant, the direction of the chancres, you will see that they have nearly in their progress reached the bladder itself! Should this organ become involved, you can readily imagine the melancholy consequences which would most likely ensue. The internal surface of the thighs, too, are much inflamed from the constant friction against the ulcerated surfaces of the womb.

Causes.—Procidentia of the uterus may arise from badly-managed labors; too early getting up after delivery; carrying heavy burdens; constipation; falls, etc.

Symptoms.—Pain in the back and loins; difficulty in passing water; impeded progression; pain at the umbilicus; severe pulling sensation in the groins, etc.

Diagnosis.—Procidentia might possibly be mistaken for polypus—inversion of the womb—inversion of the mucous membrane of the vagina—fibrous tumors, etc., but the blunder would be without apology. I have repeatedly called your attention to the diagnostic marks of each of these morbid conditions. In procidentia uteri, the presence of the *os tincæ* at the extremity of the tumor, defines the character of the affection.

Treatment.—The first object to be attended to in the case before us is the healing of the ulcerations by local treatment; and, secondly, guarding, by appropriate medication, the constitution from secondary syphilis. To attempt to return the uterus, and secure it *in situ* with the venereal chancres unhealed, would be merely to expose the vagina to fresh ulcerations. We shall, therefore, proceed with the following treatment:—I now, as you perceive, freely cauterize the chancres with the nitras. argenti—and, to protect them against friction, it will be well to cover them with patent lint smeared with the spermaceti ointment. One of the following pills to be taken three times a day until ptyalism is produced:—

℞ Pil. Massæ Hydrarg. . . . . ℈ij
Pulv. Opii . . . . . gr. iv
Ft. massa in pil. xx *divid.*

As a local application to the ulcer hereafter the following may be employed with advantage:—

℞ Sub. Mur. Hydrarg. . . . . gr. iv
Aquæ Calcis . . . . . ℥j
Ft. Sol.

"Madam, you can go home—and return here on Monday next. If you will follow our directions strictly, we will endeavor to cure you of the ulcers—and then contrive an instrument for the support of your womb, so that you will be much more comfortable than you have been for years."

PROFUSE MENSTRUATION IN A YOUNG WOMAN, TWENTY-TWO YEARS OF AGE, FROM GRIEF.—Susan M., aged twenty-two years, unmarried, is pale and nervous; complains of dizziness in her head, excessive palpitation of the heart, and inability to sleep. Her health was always remarkably good until six months since, when the death of her brother caused her so much grief that her menstrual function, from always being previously regular, became extremely profuse, and has continued so to the present time—in fact she says her menses are on her, more or less, constantly. It is only necessary to look at this poor girl, and see her pale cheek and

shattered health to appreciate the marked changes which undue losses of blood will occasion in the system. Until six months since she had always enjoyed excellent health—now she is the very embodiment of dilapidation! It shows you how important it is to check early these wasting influences.

I commend this case, gentlemen, to your observation as one well worth a place in memory. We have in the person of this young woman an example of menorrhagia, or profuse menstruation from grief. Mental despondency and grief usually produce suppression—in this instance, however, the opposite result has occurred. How do you connect the vertigo and palpitation of the heart with the profuse menstruation? The connection is so obvious that there is not one of you who can not instantly explain it. The profuse loss has brought on an anæmic condition of the system—the brain and heart are both supplied with impoverished blood, and hence the dizziness and palpitation.

Treatment.—The dizziness and palpitation are not the cardinal features in this case—they are the effects of a more important derangement, which must first occupy our attention. This drain upon the system must be checked. This being done, the next object will be, by judicious treatment, to repair the waste consequent on the deranged menstrual function. With a view of arresting the profuse discharge, let a tea-spoonful of the following mixture be taken three times a day:

℞ Tinct. Cantharid. }
Tinct. Cubeb. } . . . . . āā ʒ j
Tinct. Capsici. }
Mucil. Acaciæ. . . . . ℥ ij *M.*

In addition to this, half a pint of cold water should be thrown up the rectum every night, until the discharge sensibly diminishes. In order to procure sleep, which is a most important element toward the restoration of this girl, a table-spoonful of the following mixture may be taken every hour after retiring to bed until sleep is produced:

℞ Syrup. Papaver. . . . . ʒ ij
Mucil. Acaciæ. . . . . ℥ ij
Sol. Sulph. Morphiæ . . . . . gtt. xx *M.*

Incontinence of Urine in a married Woman eighteen Years of age.—Mrs. T., aged eighteen years, married, says she has no control over her water; it passes from her involuntarily, and renders her life miserable. "How long have you been married, madam?" "Four years, sir." "Why you have just told me you are but eighteen years old, Mrs. T." "Yes, sir, that is so." "How old were you when you were married?" "Just turned fourteen, sir." "You married rather young, madam!" "Indeed, I did, sir; but it was not my fault, I was coaxed into it." "That is the way, madam, with a great number of young women." "Was your health good before your marriage?"

"Yes, sir, it was very good." "Have you any children?" "None alive, sir; I have had three premature births." "When did you first complain of the disease for which you now seek advice?" "About a week after I had the first birth." "You are positive you had no difficulty with your water previous to that time?" "Yes, sir, I am very certain." "Do you say that your water passes from you, more or less, constantly?" "Yes, sir, and I hope you will do something for me." "Indeed, I shall my good woman; and I hope I shall be able to relieve you."

Here, gentlemen, is an interesting case of disease, entailing on this poor woman much annoyance. What do you suppose is the real cause of the affection, under which she labors? This, in fact, is the only question for our consideration; and in order that there may be some basis for the opinion at which we shall arrive, let us, for a moment, inquire what the causes are which give rise to watery discharge from the vagina. This is the course which common sense—I regret to say too much neglected in forming our judgment of disease—would naturally suggest. Speculation in medicine, like speculation in commerce, more frequently leads to bankruptcy than to truthful and substantial results. To prescribe for this patient by hypothecating a cause for her malady would, according to the doctrine of chances, not only be unprofitable to her, but most probably would tend to an aggravation of her sufferings.

Let us, then, pass briefly in review the various influences capable of producing discharges of water in the female, and then examine which one of these influences corresponds with the case before us. This is the true mode of investigation—an investigation based upon that necessary principle in philosophy—of tracing effects to causes. It is a principle, which will serve you in all time in the practice of your profession; let it be the foundation stone on which your opinions are to be erected, and you will find such opinions resisting the revulsions in the scientific, as does the mountain-rock grow firmer amid the tempests in the physical world! A female may have a discharge of water from the vagina under the following circumstances: 1st. From hydatids of the uterus; 2d. Cauliflower excrescence; 3d. Vesico-vaginal fistula; 5th. Hydrometra; 6th. Paralysis of the neck of the bladder, etc. With the exception of hydrometra—which means a collection of water in the womb—there is not one of the above maladies to which your attention has not been specially directed in this Clinique, and you have had ample opportunity of hearing their various features discussed; you have enjoyed, too, the privilege of seeing examples of each of these affections. Without now reiterating what I have on former occasions fully explained in reference to the causes, symptoms, diagnosis, and treatment of these diseases, I shall merely remark that the patient before us is laboring under *incontinence of urine* from paralysis of the neck of the bladder. There is no enlargement of the uterus—no disease of its cervix—the

vesico-vaginal, and urethro-vaginal septa are uninjured. These facts I have ascertained by a vaginal examination; and because of these facts, as well as the symptoms, which characterize the case before us, have I formed the opinion, which I have just stated.

Causes.—Incontinence of urine in the female may arise from various causes—such, for example, as defective action of the sphincter around the neck of the bladder, constituting partial or complete paralysis of the part—and this paralysis may be traceable to injuries of the brain or spinal marrow, cold, long-continued pressure of the fœtus during pregnancy, or parturition, immoderate sexual intercourse, the extraction of a calculus through the urethra, etc.

Diagnosis.—Incontinence of urine from paralysis of the bladder is marked by a more or less constant dribbling of the urine, the patient having no control over its escape; and the incontinence from this cause is distinguished from vaginal watery discharges produced by other morbid conditions by the absence of the lesions and circumstances, which accompany these conditions.

Prognosis.—Usually the affection yields to judicious treatment.

Treatment.—The management of this affection will depend on the particular cause to which it owes its existence. In the present case I shall recommend ten drops of the following to be taken in a wine glass of flax-seed tea three times a day:

℞ Tinct. Cantharid. . . . . ℥j

This, together with a blister over the sacrum, is all that I shall suggest for the present. "Madam, you must follow the directions, and return here on this day week." "Thank you, sir, I shall." "Good morning, madam."

Cantharides, gentlemen, as you are aware, exerts a specific influence on the neck of the bladder, producing on the part a very decided and marked action. Nothing is more common in practice than to notice cases of *strangury*, the result of blisters, the strangury being produced by the absorption of the cantharides.

Falling of the Bladder in a married Woman, aged twenty-five Years.—Mrs. C., married, aged twenty-five years, the mother of one child, six months old, seeks advice for what she supposes to be falling of the womb. "How long, madam, have you been an invalid?" "I have not been well, sir, since the birth of my infant." "How long have you been married?" "Eighteen months, sir." "What was the state of your health previous to your marriage?" "It was always good, sir." "From the time of your marriage until your confinement was your health good?" "It was, sir, except that in the latter part of my pregnancy I became rather weak." "Do you know, madam, what caused you to be weak?" "I do not, sir, unless it was overwork." "That is

a very common cause, my good woman, of weakness, and it is one of the trials to which the honest and industrious poor of this city are constantly exposed." "Indeed, it is, sir; but I could not help it, for I was obliged to work to get along." "I am not censuring you, my good Mrs. C.; I am only lamenting the necessity which imposed this hardship upon you." "Thank you, sir." "Was your labor a severe one?" "Yes, sir; I suffered very much. I was sick nearly four days." "Do you mean to say that you were in labor for four days?" "Yes, sir." "How long after your confinement did you leave your bed?" "The next day, sir. I had no help, and was obliged to stir about to get my husband something to eat when he came from his work."

You hear, gentlemen, the simple story of this honest woman. She makes no complaint of her situation in life, and her plain yet eloquent language is an earnest of the truthfulness of her statement. Poor and dependent as she is for her bread on her daily labor, I will venture the opinion that she is far happier than thousands in this metropolis, who have at their control all the glitter and luxuries of this world. "Indeed, I am very happy, because my conscience does not trouble me." "I am sure of it, madam."

"Why do you think you have falling of the womb, Mrs. C.?" "Because one of my neighbors told me so, sir." "Is that neighbor a doctor or a woman?" "Oh, her name is Mrs. Mulligan. But the doctor told me so, too." "What is Mrs. Mulligan's business?" "She takes in washing, sir." "Does she practice medicine?" "Oh, no, sir." "What does she know about falling of the womb?" "I don't know, sir; but she told me that her cousin, Mrs. Higgins, had falling of the womb, and she knew I had it too." Well, gentlemen, this is one species of logic, and you will often meet with it in practice.

"When the doctor told you that you had falling of the womb, did he examine you before giving his opinion?" "No, sir; he was Mrs. Mulligan's doctor, and he called over one day and said that Mrs. Mulligan was right, and I had falling of the womb." "Did he order you to do any thing?" "Yes, sir, he told me to put a plaster on my back." "Did Mrs. Mulligan know that the doctor ordered the plaster?" "Yes, sir, and she said it would cure me, as it did Mrs. Higgins." "Did you use the plaster?" "No, sir, because I don't see how a plaster on my back could draw my womb up." "Nor I, either, my good woman."

This conversation, gentlemen, is not altogether unprofitable. There is a point about it, and your own intelligence will deduce from it all that is material for you to remember. One thing, however, is very evident, that, according to the statement of this patient, there was an entire concurrence of opinion between Mrs. Mulligan and the doctor as to the nature of the disease, which is not always the case in more learned consultations. "Will you be kind enough, my good woman, to tell me whether you suffer any pain?" "I am much troubled, sir, with a forc

ing down." "Do you have any difficulty in passing water?" "I want to pass it very often, sir, and that's what gives me so much trouble." "Do you leave your bed frequently at night for that purpose?" "Yes, sir; I am more distressed at night than in the day time with my water." I wish you, gentlemen, particularly to note this latter circumstance. I shall allude to it again in a few moments. "Do you have any other kind of pain than the forcing down of which you speak?" "Yes, sir; I have a dreadful dragging here [the patient places her hand on the umbilicus], and it is always worse just before I pass my water." This is another important fact, gentlemen, which I wish you to note, and to which your attention will be immediately called. "Are you troubled, madam, with a discharge?" "Yes, sir; I have the whites."

You perceive, by the answers which have been elicited, only a part of the case now before you. This patient has been told by her friend Mrs. Mulligan, and also by Mrs. Mulligan's doctor, that she is affected with falling of the womb. This belief is strongly impressed upon the patient's mind, so strongly, indeed, that she comes to the Clinique in the hope that she may obtain relief for this supposed affection. Before presenting the case to you, I examined it thoroughly in the presence of my assistants, Drs. Martin, Savage, Butler, Steves, and Tichenor, and what do you suppose is really the difficulty under which this patient labors? Certainly not *falling of the womb*, for this organ is very nearly *in situ*, but *falling of the bladder*. It is, I think you will agree with me, a matter of some moment to distinguish between the displacement of these organs. And what I wish more particularly to impress on your recollection is this—*never allow the declarations of your patient, or those of her friends, to form the basis of your own professional opinion.* For your own opinions you are justly responsible; see, therefore, that they rest neither on ignorance nor conjecture, but that they stand on the broad foundation of truth. Falling of the bladder is not of frequent occurrence; but when this form of displacement exists, it is extremely important that there should be no error in the diagnosis. Your own honor as practitioners, and the welfare of your patients call for this accuracy.

Causes.—Any thing that is calculated to relax the walls of the vagina will necessarily, more or less, predispose to falling of the bladder; such, for example, as repeated births, too early getting up after delivery, etc. Carrying heavy burdens, severe fits of coughing, and constipation, may be enumerated among the exciting causes of this displacement. The bladder may be slightly prolapsed, or it may protrude beyond the vulva (as is the case in the patient before us), forming an external tumor.

Symptoms.—In this form of displacement, there will be a sense of fullness and pressure downward, or, as the patient expresses it, a forcing down. This is generally more annoying at night, when the patient is in bed, than at any other time, for the reason that the protruded portion of

the bladder becomes more or less distended with urine, and hence also the more frequent desire for passing water at night. You will recollect in my interrogation of this woman, she remarked that "she was more distressed at night than at any other time with her water." You now have the explanation of this circumstance. There is another symptom of falling of the bladder, to which it is necessary to refer—it is the dragging pain at the umbilicus, which you have heard the patient complain of, and which also is a symptom of procidentia uteri, because in this latter displacement the bladder is also brought down, it being connected to the inferior third of the anterior surface of the uterus by cellular tissue. Sir Charles Clarke claims to have been the first to direct attention to this pain at the umbilicus as an effect of procidentia vesicæ; and explains the connection between cause and effect on very rational grounds. The superior ligament of the bladder, formed by the remains of the two umbilical arteries, passes from the fundus of the organ to the umbilicus. The bladder being prolapsed, the ligament is put upon the stretch, and hence the pain. When lecturing on the signs of pregnancy, you will not have forgotten that I spoke particularly of the fact that the first six weeks after gestation the uterus *descends* into the pelvic excavation; and for this reason there is very often pain at the umbilicus; and, therefore, this pain is classed among the early signs of pregnancy. Another effect, or, if you prefer it, symptom of prolapsed bladder, is a mucous discharge, more or less profuse. This discharge is what the patient characterizes as the "whites."

Diagnosis.—Procidentia of the bladder might, through carelessness, be confounded with procidentia uteri, inversion of the mucous membrane of the vagina, encysted tumor of the vagina, and with other growths of this part. But I apprehend, ordinary attention would readily obviate error on this subject. In procidentia uteri, the os tincæ is immediately detected; in inversion of the mucous membrane, and in the various tumors occasionally found in the vagina, you will observe that there is no diminution in the bulk of the enlargement, whatever it may be, when the bladder is evacuated. Not so in procidentia of this latter organ, for the protrusion in this case is always diminished when the contents of the bladder are removed. [The patient was placed on the bed, and the professor proceeded to show the protruding bladder, and directed special attention to several points of interest.] You perceive here, gentlemen, I gently grasp the bladder between my thumb and the index finger—its protrusion is very evident, as you can see—but may it not be, you may ask, that this is not the bladder, and that it is something else? Let us test this question. Here is the *meatus urinarius*, the outer opening of the female urethra, slightly turned upward. I introduce, as you perceive, into the urethra and bladder the female catheter. The catheter is now in the bladder; I raise the free extremity of it thus, and push the other extremity outward and downward, and the result is that I here

feel the extremity of the instrument very distinctly against the protruding bladder. This, then, is demonstration irresistible that our diagnosis is accurate.

Prognosis.—Procidentia vesicæ is not usually attended with danger; its chief features are the annoyance and pain consequent upon it.

Treatment.—Here the indications are twofold: 1st. To restore the organ to its position; 2d. To prevent by proper support its future prolapsion. For the latter purpose, recourse must be had to the pessary. Of these instruments, there is, as you are aware, a variety. A very good pessary, in a case like the one before us, would be a sponge, or what is, perhaps, still better, the India-rubber ball, which you have frequently seen me use in this Clinique in cases of procidentia uteri with great benefit. As there is much relaxation of the vagina, I shall recommend the following wash, two syringes full of which must be thrown up the vagina twice a day, first taking the precaution to remove the pessary:

℞ Decoctus Quercus . . . . . Oj
Sulph. Zinci }
Sulph. Aluminis } 3j

Ft. sol.

It is proper to keep constantly in the bladder a catheter, which will prevent the accumulation of urine, always an impediment to recovery in these cases. In obstinate cases, more particularly when the female has passed the child-bearing period, an operation may be performed for the purpose of diminishing the capacity of the vagina, and thus preventing the prolapsion of the bladder. The operation consists in removing by dissection a fold of mucous membrane from the vagina, and bringing the edges together by suture; some employ the stronger escharotics, and even the actual cautery for this purpose.

All straining and carrying of heavy burdens must be avoided. Constipation would give rise to straining, and is always found to aggravate either procidentia of the bladder or womb. This, therefore, must be guarded against. "I neglected to ask you, madam, whether your bowels are regular?" "No, sir; they are very much confined." Two of the following pills to be taken at night, as circumstances may require:

℞ Pil. Rhei C. 3i

Divide in pil. xii.

Palpitation of the Heart from Dyspepsia, in a married Woman, aged thirty-two Years.—Mrs. B., aged thirty-two years, married, no children, complains of palpitation of the heart, which she says has troubled her more or less for the last two years. She is very much alarmed, and is fearful that she has disease of the heart, which will cause her to die suddenly. "You say, madam, you have had palpitation of the heart for the last two years?" "Yes, sir." "What was the state of your health previous to the last two years?" "It was excellent, sir." "How long

have you been married?" "Four years, sir." "Is your husband living?" "Indeed, he is, sir." "You have stated that you have no children?" "I have no children, sir." "Do you know what caused your health to give way two years since?" "I had a great deal of suffering, sir, at that time." "What kind of suffering, madam?" "It was in my mind, sir; I lost an only sister, and I grieved so, that I have never had any health since, sir." "Did you lose your appetite?" "Yes, sir, and my stomach swelled." "What do you mean by your stomach swelling, madam?" "It used to get big and hard, sir." "Did it continue large all the time?" "Oh, no, sir. I would gulp a good deal of wind, and then my stomach would get small." "Did you always feel relieved after you gulped up the wind?" "Always, sir. It was the only thing that gave me any ease." "How was the palpitation after you got rid of the wind?" "It was always a great deal better, sir, and it did not trouble me until my stomach swelled again." "Then, you have not had the palpitation all the time?" "No, sir; I am sometimes free from it for several days?" "How are your bowels, madam?" "Very bad, sir." "What do you mean by that, my good woman?" "They are very much confined, sir."

There are few derangements of the human system more calculated to fill the mind with serious apprehension, than abnormal palpitation of the heart. Whether it attack the philosopher, the statesman, the merchant, the mechanic, the result is usually the same—fearful forebodings! Death, at all times, brings its terrors as well as its sorrows. There is something fearful in its contemplation, even when the mind is best prepared for its approach. To die! What words are there in the language which we speak, so momentous in meaning, so true in fulfillment? Let all else fail, let language be proved a mass of chaotic terms, and let the sophist attempt to demonstrate that the existence of an eternal God is founded on fiction, yet he even will admit that one of the infallible things of this world is that *man must die.* If any thing be required to give a keen edge to this fearful truth, it is the constant dread of sudden death from a supposed incurable affection of some important organ.

I have been, almost unwittingly, led to these remarks by the circum stances of the case before us. Here is a poor woman, who has labored for the last two years, more or less, under palpitation of the heart, and she has associated in her own mind with this palpitation, the most mel ancholy result—sudden death. "Indeed, I have, sir, and I have been a very unhappy woman." "Be quiet, if you please, madam; I will show directly that you have been unhappy without a cause." "Can I be cured, sir?" "I will promise to cure you, my good woman, if you will not interrupt me again." "Oh, sir, I won't speak." To impose silence on a woman is emphatically curtailing her of her greatest prerogative. If, now, I were to ask any of you to point out the leading feature in the case before us, you would unquestionably say it is the palpitation. But

it devolves upon us as medical men, whose duty it is to discriminate between the substance and shadow, to give to this palpitation its true value. Sometimes the disturbed action of the heart is a most significant and fearful symptom, when, for example, it arises from organic lesion of this viscus, and more especially, from valvular disease. And again, the palpitation is frequently, and this happily is the case in the majority of instances, the result simply of functional derangement. Whenever, therefore, your opinion is requested in cardiac disturbances, remember that the first object of inquiry is this: Is the disturbance organic or functional? It was with a view to this distinction that I have asked the questions which you have just heard, and I feel positive that the palpitation in the case before us is purely functional. The heart's ordinary action, as you are aware, is due to the influence which it derives from the sympathetic nerve, and you can readily comprehend how this nerve may modify the contractions of the heart in cases in which the functions of organic life are impaired. But there is another influence exercised over the heart, which you are not to lose sight of—it is through the pneumo-gastric nerves. It has been proved that if the galvanic battery be applied to these nerves, the heart becomes so disturbed that all action for the moment ceases, and the contractions are resumed as soon as the battery is suspended. This experiment is conclusive proof of the manner in which the heart is affected by mental emotions, for it is through the pneumo-gastric nerves, that the irritation is transmitted from the brain.

Causes.—Palpitation may arise from various causes: 1st. Structural disease of the organ; 3d. Plethora, the blood discs producing by their stimulus over-action; 3d. Anæmia, in which the impoverished condition of the blood is inadequate to supply the necessary stimulus for normal action of the heart; 4th. Mental emotions, dyspepsia, hysteria, chlorosis, etc., may be classed among the causes of what is termed functional palpitation.

Symptoms.—In palpitation, the result of valvular disease, the disturbed action of the heart, as a general rule, undergoes no diminution, but becomes more and more aggravated. The pulse intermits, the palpitation is increased by exercise, and œdema, etc., follows. In mere functional disease, on the contrary, we are very apt to notice what is exhibited in this case, viz.: the patient is one day better, and the next not so well.

Diagnosis.—In organic disease of the heart, auscultation, either mediate or immediate, will develop the fact. In functional disease, much too may be learned from this mode of physical examination, because if carefully instituted, it will at once detect the absence of those circumstances, which indicate structural lesion. Again, the practitioner, in a careful survey of all the points in each individual case, will be enabled, without embarrassment, to form a just opinion.

Treatment.—The case before us is clearly one of abnormal palpitation

from dyspepsia—producing a general derangement of the nutritive functions, and thus sympathetically affecting the natural order of the heart's pulsations. You have heard what this patient has said as to the starting point of all her sufferings, both mental and physical. It was profound grief at the death of an only sister! Previously to that occurrence, she was a rugged woman. Grief, when deeply felt, is a powerful agent of disturbed action. Often it dethrones reason, and places the mightiest intellect on a level with the imbecility of the idiot! Do not, therefore, undervalue the influence of mental depression in the production of morbid action. Its sway is far greater than you at present imagine, but its true influence will be appreciated by you when, ceasing to occupy these benches, you shall have become actively engaged in the practical duties of your profession.

I have just remarked that this patient is laboring under dyspepsia—this is a broad term, and means much or little precisely as it is interpreted. It presents a variety of shades, and is susceptible of numerous divisions. I shall simply recommend one or two of the following pills as circumstances may indicate:

℞ Pulv. Aloes }
Pulv. Rhei. } . . . . . āā ℈j
Saponis . . . . . gr x
Divide in pil. x.

These will tend to regulate the bowels—and when this object is attained, a tea-spoonful of the subjoined tonic may be taken three times a day in half a wine glass of water:

℞ Acid. Sulphur. Dilut. . . . . ℥j
Syrup. Aurantii . . . . . ℨ iss
Aquæ Cinnamomi . . . . . ℨ ij *M.*

Diet to consist, as far as possible, of animal broths, and lean meats—no vegetables.

"You must be careful, madam, to follow the directions as nearly as you can; and return here a month from to-day, and report the state of your health." "Oh! sir, I will certainly do so, if the Lord spares me. I am very grateful to you, sir." "Not one word of thanks necessary, madam. You are quite welcome. Good morning!"

ENCYSTED TUMOR SEATED IN THE POSTERIOR WALL OF THE VAGINA IN A MARRIED WOMAN, TWENTY-THREE YEARS OF AGE.—Mrs. I., aged twenty three years, married, the mother of two children, the youngest eight months old, seeks advice for a swelling, which she says troubles her very much at times. "How long have you had the swelling, madam?" "I never felt it, sir, until after the birth of my last child." "Had you any particular difficulty in your last labor?" "No, sir." "Were you delivered with instruments?" "Oh! no, sir." "How are your bowels, madam?" "They are very irregular, sir." "What do you mean

by that, my good woman?" "That I always require medicine, sir; they are so confined." "Do you notice that the swelling becomes larger, when you attempt to have an evacuation from your bowels?" "Yes, sir; that's the time it gives me so much uneasiness." "What kind of uneasiness, madam?" "A forcing, sir, as if something wanted to pass from my person." "From your front passage?" "Yes, sir." "Do you have the same forcing sensation, when you cough?" "Yes, sir, exactly." "Have you ever had any thing done for this swelling, my good woman?" "Yes, sir, I wore an instrument." "What kind of instrument?" "There it is sir." [The patient shows a hard globular pessary.] "How long did you wear that instrument, madam?" "Only one day, sir." "Why not longer?" "Because it made the swelling worse; and it gave me a great deal of pain." "You were a sensible woman, madam, not to use it more than one day; and you would have been still more sensible if you had not used it at all." "Oh! sir, the doctor told me it was the only thing to cure me." "What did he say was the matter with you?" "Why, sir, he told me my womb was down." "Did he examine you, madam?" "Yes, sir, twice." "Then he made a mistake, madam; your womb is not down." "Thank you, sir." "Quite welcome, madam."

This, gentlemen, is an instructive case on two accounts. In the first place, the patient before us has been treated for a disease which does not exist; and secondly she presents an example of what may be considered, comparatively at least, a rare affection. When you shall have left these halls, and entered the field of professional duty, you will occasionally have presented to your observation examples, like the present, of erroneous judgment on the part of the practitioner. It is, indeed, a very common error to suppose that *prolapsus uteri* exists. This displacement of the organ is not unlike dyspepsia, liver complaint, consumption, etc. When a patient has some obscure affection, and it taxes the brain of the practitioner too severely to give it a just and proper name, one of the above affections is commonly selected as a mantle for his embarrassment; or in more expressive language, his ignorance. So, too, with regard to ailments about the female organs. Prolapsus here serves the purpose of a mantle. Have you not seen to-day in the Clinique two cases in which the patients were told that this was their disease, when in fact the uterus was, in both instances, perfectly *in situ!*

Let these cases teach you a lesson! I have labored earnestly to bring your minds to the full appreciation of accuracy in diagnosis—in the treatment of disease it is, I may say, the *sine quâ non.* What is it that constitutes the basis of practical medicine? Is it not anatomy, that beautiful science which discloses the wonderful structure of the human fabric—a fabric perfect in itself, and in every part revealing the evidences of unearthly wisdom! Physiology, too, teaches us the mechan-

ism of that structure, and points to harmony of action as the great requisite of health. Disease, which always results, in a greater or less extent, from an interruption of this harmony, assumes one of two forms —it is either organic or functional. In the latter, there is disturbed action—in the former, lesion of structure. The object, therefore, of our science I hold to be threefold: 1st. To ascertain whether disease exists; 2d. To distinguish between organic and functional disturbance; 3d. To restore, by appropriate remedies, the system to its normal action. These, then, are the three cardinal duties of the practitioner—to discharge them properly pre-supposes necessarily an adequate knowledge of the principles on which all scientific medicine is based, comprehending also a thorough acquaintance with the therapeutic application of remedial agents. The patient before you has not, as I have remarked, falling of the womb—yet she has a swelling or tumor which, under certain circumstances, projects from the vagina. The question, then, for us to determine, is, as to the nature of that swelling. This for the present is the only question; that being disposed of, the next inquiry will be as to the remedy.

When this patient spoke to me, about half an hour before the Clinique, and gave me a history of her case, I told her very frankly that I could not give an opinion worth a thought without an examination. This she readily assented to, and I have ascertained that she has an encysted tumor on the posterior portion of the vagina the size of a pullet's egg, and in an attempt at defecation, and in coughing (as you shall immediately see), the tumor projects beyond the vulva. This form of tumor, although more common than the fibrous tumor, is not frequently found in the vagina. It is, however, occasionally met with in this part, as well as in one or other of the labia externa, and when it does exist, it is manifestly the duty of the practitioner to recognize its true character.

Causes.—The origin of encysted tumor of the vagina has been referred to inflammation of one or more of the mucous follicles with which the lining membrane of the organ is supplied. In a state of health these follicles are small, and secrete a bland fluid, which is intended for the lubrication of the vagina, and under the influence of chronic inflammation they pour out a whitish fluid, constituting vaginal leucorrhœa. It was the opinion of Sir Astley Cooper that these follicles became en larged in consequence of the obstruction of their orifices, and thus the encysted tumor was the result of the enlarged follicles. These tumors have received various names, depending on the nature of their contents. There is the atheromatous, meliceritous, and steatomatous form of encysted growth. In the first, the contents of the cyst are pus-like; in the second, a fluid like honey; and in the last, a substance resembling suet or fat.

Symptoms.—The tumor, when very small, will not be likely to cause much annoyance, but when of larger growth it will very naturally result

in more or less pressure on the parts, and in some instances, by its development, it may interfere not only with sexual intercourse, but also with parturition.

Diagnosis.—The encysted tumor is soft and elastic to the touch. It is moveable, and, carefully examined, fluctuation will often be detected. [Here the patient was placed on the bed, and the professor examined the tumor with much care.] This, gentlemen, is the tumor of which I speak. It is situated, as you see, on the posterior surface of the vagina. Madam, will you be kind enough to cough? You now notice how the tumor protrudes under the exertion of coughing. That this is not a vaginal enterocele is evident from the fact that, by placing my two fingers beyond it, I can, as you observe, draw it to the entrance of the vagina, proving in the first place its great mobility, and secondly its independence of surrounding parts. It is not an abscess, for there is no pain on pressure, nor is there the discoloration of abscess.

Treatment.—There are two modes of treating encysted tumors of the vagina. One consists in excision, the other in merely evacuating the contents of the sac. The former is sometimes attended with difficulty, and, in my opinion, is rarely necessary. I shall now with my lancet penetrate the sac, and allow its contents to escape. The operation is a very simple one, needing only a free incision of the sac in order that its contents may be evacuated. Notwithstanding the simplicity of the operation, yet this is a case which, if properly treated, will give you reputation. A patient is not apt to forget the medical man who has relieved her after others have failed.

You perceive, gentlemen, nearly a wine glass of tenacious fluid has escaped through the incision I have made. The vagina should be injected with castile soap and water twice a day for three or four successive days, and nothing more will be required. In order to remove the constipation under which this patient labors, two of the following pills may be taken as circumstances indicate:

℞ Massæ Hydrarg. . . . . ℈j
Pulv. Aloes . . . . . ℈iss
Divide in pil. xv.

"You may go home, madam. You will have no more trouble from that tumor." "Oh, sir, I am so much obliged to you." "You are quite welcome, my good woman. Come to the Clinique two weeks from this day, and report whether or not we have told you the truth." "Indeed, I will, sir." "Good morning, madam."

LECTURE XVII.

The Diseases of Infancy; their Importance and Fatality; is this Fatality unavoidable?—Peculiarities, Anatomical and Physiological, of the Infant.—Vomiting in an Infant, one Month old.—Suppression of the Menses from Cold, in a young Woman aged twenty-two Years.—Melancholy death of a young Lady from wantonly trifling with her health.—Occlusion of the Anus, in an Infant one Week old; Operation.—Amenorrhœa, with imperforate Os Tincæ, and Encysted Dropsy of the right Ovary, in a Girl aged eighteen Years, the lower portion of the Ovary being prolapsed into the triangular Space between the Uterus and Rectum.—Vaginal Hysterotomy, and subsequent Delivery with Forceps, with safety to both Mother and Child.—Atrophy in an Infant, aged twelve Months.—Purulent discharge from the Female Urethra.—Convulsions in an Infant, five Weeks old, occasioned by intestinal irritation.

Gentlemen:—You have had before you during the present session of lectures a great variety of infantile diseases; you have observed the maladies peculiar to the new-born infant, and have not failed to contrast them with those which develop themselves at a later period of childhood. In the study of the diseases of infancy, there is a peculiar interest; and if no other motive should urge the physician to a faithful investigation of these affections, philanthropy alone, it appears to me, presents irresistible claims. The bills of mortality exhibit a fearful picture, and while they are humiliating to our science, they should prompt an earnest endeavor to check this melancholy outlet to human life. If we are to credit statistical tables, gathered with great care, and with a definite object, one-fourth of the children born in France die before they have completed their first year! To the philosopher, to him who reasons, is fond of demonstration, and wishes data for his opinions, the following question in connection with the above results, will very naturally present itself: Is this fatality in infancy unavoidable, and beyond the limits of science? It becomes us to examine this question; it stands at the very foundation of the topic now under discussion, and exhibits for the contemplation of the physician subjects of the deepest interest. I assume the negative side of this question. It can, I think, be demonstrated that the mortality of early life is due not to necessity, but to various causes which, measurably at least, are within control.

It is unfortunate that authors, and also teachers, in their discussion of infantile diseases, have described them too much in the abstract.

Take, for example, most of the treatises on this subject, and what do you find? A given affection is spoken of, its causes, symptoms, diagnosis, prognosis, pathology, and treatment are minutely discussed; but the principal point is passed over in silence, the point most material for the physician to remember, and without which he can have no basis of hope that his treatment will prove curative. The point to which I allude is this—*that the diseases of infancy differ from those of the adult as do the structure and physiology of the one from those of the other; there is simply an analogy, nothing more.* With few exceptions, the error of which I speak pervades the works put into your hands as guides for the treatment of the maladies incident to early childhood; you go forth on your mission of duty with false principles, and, as a necessary consequence, in your conflict with disease defeat will be your portion. The true requisite for the physician, if he desire to treat successfully the diseases of infancy, is to understand the peculiarities of that tender age; he must examine and study with no ordinary attention the characteristics of structure, and his mind must become familiar with its special physiology. A work on the physiology and pathology of infancy, with a direct reference to the differences of healthy and morbid action as it exists in the young and adult subject, is what at this time is much needed; it would shed fresh light on one of the most interesting departments of the profession, and would lead to a salutary influence in our application of therapeutic agents.

The new-born infant is altogether a different being from the adult; the mechanism of the one is imperfect, while that of the other is complete and perfect in all its parts. The one is engaged, if I may so speak, in the work of development, while the other, whose development is achieved, is occupied with the repair of the waste to which its organs are constantly subjected. In the infant, the nutritive functions, through which the general fabric is completed, are in full activity—organic life, indeed, is here so exclusive that it may be said with truth, that in the earlier periods the infant enjoys but one existence—the animal functions are yet in slumber, the intellectual faculties undeveloped. Ratiocination is not one of the attributes of the new-born child, nor does it enjoy the power of locomotion. Both these latter are but results of healthy development, the former of the brain, the latter of the bones, muscles, and nerves. From the moment of birth, nature becomes actively engaged in perfecting the various organs of the infant; this work of development is necessarily rapid, and the constant and hurried transitions through which the child is passing are not only fruitful causes of disturbed action, but require a special and guarded therapeutics. The young infant possesses no language of the tongue to tell its sufferings, hence the difficulty of the physician oftentimes to detect the true nature of the disease. Conjecture is thus frequently substituted for positive knowledge, and conclusions hastily arrived at, not only unjustified, but too often fatal. Though the in-

fant can not speak, yet it possesses a language perfectly intelligible to the accurate observer—it is the language of expression. Some one has said, and most truly so, "that the countenance of the young child is the mirror of nature." Yes, gentlemen, it is a faithful reflex—its smile is that of pleasure and sincerity, while the indication of pain is but the offspring of suffering. Its countenance knows not the guile of the hypocrite—its expression is that of truth, and hence in health, under the influence of physical quietude, every feature bears the impress of tranquillity.

Billard and Jadelot in France, and Underwood in England, have given great attention to this subject—they have studied carefully the countenance in health and disease—the eye, the mouth, the nose, the cry, the respiration, the gestures, the attitude—in a word, the *tout ensemble* of expression, has constituted for them a subject of profound reflection; and their varied and constant opportunities for observation, have led to important results. Bouchut, in his *Traitè pratique des Maladies des Nouveaux-nés*, has elaborated this subject, and you can refer to his able work with much profit. Hippocrates has drawn particular attention to the change of physiognomy in the different diseases of the adult, and in this he has been followed by some of his successors. Little, however has been said with regard to these changes in the infant—and it has been left for the moderns, our own cotemporaries, to deduce practical and important inferences respecting morbid action in the infant, based upon the peculiar expression of countenance.

This is a topic worthy of your consideration. I have on various occasions called your attention to it in connection with the numerous infantile diseases which have been presented at the Clinique—and I shall continue to do so, for I regard a knowledge of this language of expression as one of the indispensible elements of success in the management of the maladies peculiar to infancy. But in what way is the knowledge to be obtained? Exclusively by observation. All that is valuable in the practical part of your science is the result of observation. Simple hypothesis is simple conjecture, but when tested and proved to be true by repeated observation, it then becomes a reality; it loses its hypothetical character, and is accepted as a *fact*. So, too, with the language of expression as a means of diagnosis.

You have already seen that the first year of existence is one of alarming fatality—and I am disposed to believe that of all the causes which conspire to this early destruction of human life, there are two peculiarly constant and unerring in their effects—I mean *improper food* and *overdrugging*. If you will consult your note-books, they will tell you of the numerous cases of emaciation from diarrhœa which have been presented at the Clinique almost in the last stages of decay, and which were traced to food which the infant could not assimilate—the food, consequently, became a source of irritation to the muco-intestinal surface, keeping up frequent and profuse discharges, involving the entire system in disturbed

action, and ultimately leading to death. Count the multitudes of young children swept from earth by what the bills of mortality denominate "*cholera infantum*," and you will then be enabled to approximate some idea of the fatal effects of food unfitted to the frail and sensitive organs of the infant! Nature has abundantly provided for the nourishment and development of the fœtus during its sojourn in its mother's womb—and, after its birth, that same nature, always vigilant, and governed in her actions by a conservative principle, has also provided a nutriment suited to its wants and physical capacity. Under ordinary circumstances, if the infant be permitted to take this nutriment thus prepared, and of such easy elaboration, it will be found to thrive, and pass with much greater certainty through the period of life usually so fatal to it. But, unfortunately, nature has to contend with many rivals in the persons of *experienced* nurses, and occasionally officious physicians. The infant has scarcely come into the world, certainly not longer than to be washed and dressed, before its little stomach is made the receptacle either of medicine, which it was never intended it should take, or various compounds, such as teas, tisans, panadas, etc.,—and on the sole ground that the "poor little dear" must be purged, or that it is hungry. If it should cry, then the evidence of its hunger is beyond all doubt! This is all wrong. It is a pernicious practice, and one which I trust will never meet your sanction.

There is a striking analogy in the laws instituted for the regulation of the health of man, and those which obtain in the health of animals. Instinct affords you very strong, I might say irresistible evidence that nature, when not interfered with, is quite adequate, while disease does not exist, to provide for the internal wants of the new-born child. Are any of you fond of the canine species? If so, how often must you have observed the little pup soon after its birth—look at that pup, and see how true it is to the impulses of nature! It is scarcely in the world, before it seeks the teat of its mother. It draws *ad libitum* upon that fountain to which it has a birth-right, and from which it extracts the elements not only of nutrition, but of health. No medicine or artificial food given here, and consequently none of those derangements, the immediate result of officiousness. And why is this? Simply because where instinct prevails, nature exercises a sovereign control, and exhibits in full beauty her power and perfection. Man boasts of his reason, but oftentimes, through his own perversion of it, he finds that, in many of its operations, it is less than instinct! I leave you to reconcile the paradox—all experience proves that my remarks are just, and susceptible of demonstration in a thousand different ways. But to our cases.

Vomiting in an Infant one Month old.—Mrs. B., aged twenty-six years, married, the mother of two children, the youngest four weeks old, brings her infant to the Clinique for advice, because it has vomited more

or less for the last two weeks. "Do you nurse that child, madam?" "Yes, sir, indeed I do." "Do you have plenty of nourishment for it?" "Yes, sir, more than it can take." "Does it nurse as if it had a good appetite?" "O! yes, sir; and I am sure it gets enough." "That little infant does not look as if it were sick, my good woman." "It has no sickness at all, sir, but the vomiting; and if you will only cure that, doctor, you will make me very happy." "When did it first begin to vomit?" "About two weeks ago, sir." "Had it been sick before that time?" "No, sir; it was the healthiest babe you ever saw." "What was the state of its bowels?" "Beautiful, sir!" "What do you mean by that, my good woman?" "They were so regular, sir." "Were they regular from its birth?" "Yes, sir." "Are they regular now?" "Yes, sir." "Have you ever given it any medicine?" "Never a grain, sir." "Then, my good woman, you are one of the most sensible mothers I have met with in some time; and I wish your example was more frequently followed. Does your child sleep well?" "Yes, sir." "Is it playful when awake?" "Yes, sir, you see now how cheerful it looks, and it is always so, except when it vomits." "Now, madam, will you be kind enough to tell me how often your child vomits during the day?" "It always vomits, sir, as soon as it is done sucking." "How long does the vomiting continue each time?" "O! sir, it is over immediately—as soon as it lets go the breast, it throws up, and then it is quite well again." "What does it throw up?" "Nothing but milk, sir."

You must not suppose this case unworthy of consideration; it is one of great importance, because it enables me to direct your attention to a point of more than ordinary interest. When you shall have become practitioners of medicine, you will not be unlike jurors; it will be your place not only to listen to evidence, but it will become your solemn and constant duty to analyze it, and take it for what it is worth, and nothing more. Evidence in law, as in medicine, is intended to direct the mind to truth, but in order to do this, it must be positive, substantial evidence. False evidence is to the lawyer or physician, what a false light is to the mariner—they both lead to false deductions, and oftentimes false issues. Before proceeding further with this case, I desire to ask one or two questions: "Madam, is your own health good?" "Yes, sir, thank God, I am perfectly well." "Do you know whether you have eaten any thing to disagree with you?" "No, sir, nothing." "You have not been disturbed in your mind in any way?" "Oh, no, sir, I have nothing to worry me."

The inquiries which I have addressed to this woman are intended to develop the true nature of the vomiting, with which her little infant has been affected for the last two weeks. Vomiting in early infancy and childhood is sometimes a most significant symptom, and whenever it occurs, it is the duty of the physician to examine scrupulously every circumstance connected with it, in order that he may ascertain its real

import. As a prelude to eruptive diseases, especially scarlatina, vomiting is very common, so also in cerebral disturbance, whether from the effects of concussion, or other circumstances; it is often, too, the accompaniment of diarrhœa and dysentery; food which the stomach can not digest will occasion it. Mental emotions of the mother, improper food, the return of the catamenia, will oftentimes so alter the character of the milk, as to cause the child to eject it from the stomach. You perceive, therefore, that there are various causes capable of producing this gastric irritability in the young infant, and in a case like the one before us, it is a matter of moment that the practitioner should distinguish the true cause of the disturbance. This little infant, about which the mother expresses so much anxiety, is the picture of health in appearance, and from the questions I have asked, it is evident that in every particular it enjoys an immunity from disease. It is without fever, its bowels are regular, it sleeps well, has a good appetite, and is cheerful—*but for the last two weeks it has been troubled with vomiting.* What does this vomiting mean; or, in other words, what is it that produces it? This is the sole question for our consideration, and it was with a view to its proper elucidation, that I have asked the various questions which you have heard—the answers have established unequivocally that the vomiting is the result of *gastric repletion*—the infant's stomach each time it nurses becomes overcharged, and it has no other alternative but to relieve itself.

Would it not, allow me to ask, be a cruel thing to subject this poor little child, whose health is excellent, to medication? And yet, if you allow the anxiety of the mother alone to govern you, such would probably be the course you would pursue. Let this case teach you a lesson. Remember it when in practice, and it may serve you as well as those who will look to you for counsel in real as well as supposed illness. "Madam, I can not give your infant any medicine." "Oh, doctor, please give it a little just to stop the vomiting." "Would you have me injure your child?" "Oh, indeed, I would not, sir." "Then you must permit me to exercise my own judgment, and not be influenced by your anxiety, which is altogether without foundation. Your child vomits because its little stomach becomes overloaded with milk whenever it nurses, and if you wish to arrest the vomiting, you must see that it does not take more into its stomach than it can comfortably contain." "Well, doctor, was I not a silly woman not to find that out?" "No, my good woman, you were not so silly as you imagine; you did what many others would have done, you centered your attention exclusively on the vomiting, without looking to the cause that produces it. Take that child home, and give it the breast less frequently, and be sure that it nurses only a few minutes at a time. This is all that will be necessary, and if you follow these simple directions, your infant will cease to vomit, and you will no longer be an anxious mother." "Oh, thank you, sir, I am so glad." "Good morning, madam."

SUPPRESSION OF THE MENSES FROM COLD IN A YOUNG WOMAN, TWENTY-TWO YEARS OF AGE—MELANCHOLY DEATH OF A YOUNG LADY FROM WANTONLY TRIFLING WITH HER HEALTH.—Mary J., twenty-two years of age, unmarried, is plethoric, with flushed countenance, and a bounding pulse. "What do you complain of, Mary?" "My head feels, sir, as if it would burst." "How long have you had that sensation in your head?" "For the last two months, sir." "It is a sense of fullness, is it not?" "Yes, sir, and I am so dizzy, that I feel like falling down." "Do you feel sick at your stomach sometimes?" "Yes, sir, lately I felt so very often." "What other trouble have you, Mary?" "Why, sir, my chest is all stuffed up, so that I can not breathe freely." "Any thing else?" "Yes, sir, my head beats very much, and I feel very bad, sir." "What was the state of your health, Mary, previous to the last two months?" "It was very good, sir. I could attend to my work, and never complained of any thing being the matter with me." "Are your bowels regular?" "No, sir; they have been very much confined lately."

If, gentlemen, you were called upon to prescribe for this girl, you would not, I apprehend, do so successfully without knowing something more of the case than has yet been developed through the questions which I have addressed to her. All the knowledge we have obtained by her statement is this: She has had, for the last two months, intense headache, with dizziness and occasional nausea, a sense of suffocation, and confined bowels.

These are the leading features of her case, and their true import can only be interpreted by tracing them to their antecedent or cause. Women may have these symptoms from various disturbing influences, and it becomes the practitioner, as far as may be, to trace them back by a rigid analysis to their original source. "Are your turns regular, Mary?" "I have not had them, sir, for the last three months." "Were they always regular before that time?" "Always, sir, and I was very healthy." "Do you know what caused them to stop on you?" "I do not, sir, except that I was caught in a very heavy shower, and got very wet." "When was it, Mary, that you were caught in the shower?" "Three months ago, sir; the last time my turns were on me." "Did they stop on you suddenly?" "Yes, sir, and I have not seen them since." "How long after you were exposed to the shower did you feel the headache?" "The next day, sir." "Did you do any thing for yourself?" "I put some vinegar on my head, sir." "You might as well have taken a pint of the muriated tincture of nonsense, Mary." "I hadn't any, sir." "Well, no matter about that."

Here, gentlemen, is a practical case for you—the very type of what you will constantly see in practice. This girl's system is thrown into disturbance because of the arrest of the menstrual function—a function which, I have repeatedly told you, can not be unduly interrupted without involving the general economy in more or less difficulty. Among

the causes of this sudden suppression, there is none more frequent in its action than cold. This fact is well understood by those beyond the pale of the profession, and it will fall to you, as it has frequently done to me, to witness in the more elevated spheres of society the effects of the wanton manner with which young ladies, availing themselves of this knowledge, trifle with their health. I have now before my mind a melancholy example of this thoughtless temerity in the person of a pure and lovely creature, whose life was forfeited, and whose death caused a blank in the parental heart, and threw a gloom over the domestic hearth which no time can dissipate. Without guile, and full of purity, this young girl, unconscious that the rash act would prove her destruction, plunged her feet into a bucket of ice-water a few hours after her menstrual flow commenced. The function became immediately arrested, and such was the reaction on the brain, that in less than six hours she was a corpse from apoplexy. It is not for me, gentlemen, to depict the anguish of that hour, or to tell you of the bleeding hearts that hung in the bewilderment of grief over the lifeless body of that beloved daughter, and fondly cherished sister. Let it suffice to tell you that I was a witness to the scene, and that night, in harrowing but graphic truth, revealed to me how death can sport with human affection. It is a great misfortune that young girls budding into life should be kept in such profound ignorance of their own peculiar mechanism, and of the laws by which its harmony is maintained. Interrogate the grave, and ask that last and dismal abiding place to reveal its triumphs, obtained through this ignorance, and it will tell you their name is legion. On us, as medical men, devolves the sacred duty of admonishing mothers to instruct their daughters as to their physical well-being. What parent who is not a maniac would give to her infant an open razor with which to amuse it? Would not her common sense at once disclose the absurdity of such an act? She would see that this was placing in the hand of her child an instrument of destruction, and if forfeiture of life were not the result, it would be only because of the interposition of a merciful Providence to protect the child against the insanity of the parent. The open razor to the young child is not more fatal in its effects than are the multitude of vicious practices, countenanced by society, to the young girl.

The whole system of female education among us is, in my judgment, radically wrong, and the wrong strikes at the very foundation of all happiness—health. The three leading objects which should interest a mother in behalf of her daughter are—healthy physical development, high mental cultivation, and a moral training, which will not only cause her to appreciate, but will also enable her to perform with inflexible fidelity her duties to society. Does the present system of education—do the prurient books with which the boudoir and chamber are crowded—does the no less prurient dance, which so few have the moral courage to resist, though in their hearts they condemn it—tend to the accomplish-

ment of these objects? No, gentlemen, they are like the fatal Upas, whose touch is withering, and whose impress is death.

But let us return to our patient. There can be no doubt as to the cause of this young woman's suffering—suppression of her menstrual function. Let this be restored, and the headache and other symptoms will disappear.

Treatment.—Let ʒ viij of blood be taken at once from the arm. To-night the three following pills:

℞ Submur. Hydrarg. . . . . gr. vj
Croton Tiglii . . . . . gtt. 1-2
Pulv. Ipecac. . . . . gr. j
Ft. massa in pil. iij *div.*

To be followed in the morning by the subjoined mixture:

℞ Sulphat. Magnesiæ . . . . . ʒ iij
Infus. Sennæ . . . . . ℥ vj
Tinct. Jalapæ . . . . . ʒ iss
Mannæ . . . . . ʒ j *M.*

The diet to be strictly vegetable; and in order afterward to insure a soluble condition of the bowels, a wine glass of the following saline mixture every morning, as circumstances may require:

℞ Sulphat. Magnesiæ } . . . . . ℥ j
Sup. Tart. Potassæ }
Aquæ Puræ . . . . . Oj
Ft. Sol.

Occlusion of the Anus in an Infant, one Week old. Operation.—Joseph B., aged one week, has had nothing to pass its bowels since its birth. It is apparently in great agony—refuses the breast—and is constantly moaning. "That is not your child, madam, is it?" "No, sir; it's mother is too weak to come out." "So I should think, my good woman." "That little infant is rather young to be brought here." "Yes, sir; I know it is, but the poor little dear suffers so much that its mother begged me to let you see it." "Well, madam, we will do what we can for it." "Are you certain that it has not had a passage since its birth?" "Oh! yes, sir—I know it has not." "Does it pass its water?" "Yes, sir." "Have you given it any medicine." "Indeed, sir, it has taken all sorts of things." "What has it taken, madam?" "Molasses and water, and castor oil, and rhubarb, and"—"There, my good woman, that will do." "Why, sir, I have not told you half!" "You have told me sufficient to satisfy my mind that that poor little infant, young as it is, has passed through a martyrdom! Does that child vomit?" "Oh, yes, sir; for the last four days it could not keep any thing on its stomach." "Is its little belly large?" "Oh, yes, sir, it is very much swell ed." "Has it been attended by a doctor?" "Yes, sir; and he said the child's bowels had the torpids." "You mean torpor, do you not, madam?" "Well, sir, it was something that way." "I think we shall discover, my good woman, that the torpor was in the doctor's brain."

The case before you, gentlemen, is one of singular interest, for several reasons. In the first place you see a little infant but a week old, who has had no evacuation from its bowels since its birth; and it seems to have resisted every attempt by medicine to effect this object. It is now, as you perceive, suffering severely; its abdomen very much distended, with irritable stomach, and no desire for the breast. Its moans indicate great distress, and its whole aspect portends a fatal issue. Is there one of you who is not strikingly impressed, in looking at this little sufferer, with the soundness of that principle which I have so often told you is fundamental in the investigation of disease, viz.: a just distinction between the substance and shadow? The feature in this case which, at the sacrifice of every other consideration, has attracted attention, is the fact that the bowels have not been moved since birth. To overcome this supposed torpor of the system various medicines have been administered, but all without avail; and the result of this partial or abstract view, is protracted suffering which will result most probably in death.

In his contemplation of disease, the observation of the physician must be critical—his reasoning based on a broad foundation, and his deduction, if not always just, should at least be rational. I do not yet know certainly, for I have made no examination to ascertain the fact, but I am disposed to suspect from the whole history of the case that this infant has had no evacuation because of a mechanical obstruction, constituting occlusion of the anus. [Here the infant was examined by the professor, and his suspicions were soon confirmed. There was occlusion of the anus, and the want of action in the bowels at once accounted for.] You perceive, I am right; and you understand, too, at what little cost I have been enabled to arrive at a correct judgment as to the true cause of this infant's distress. In this case, the inactivity of the bowels is the shadow, while the occlusion of the anus is the substance. In other words, the latter is the cause, the former the effect. The absurdity, therefore, of attempting to produce an evacuation by medicine is too manifest to need one word of argument. In my lectures on Midwifery, I have spoken very fully of the duties of the practitioner to the new-born infant; and among these duties, there is one of special interest; it is this: as soon as the infant has been properly washed, it should be minutely examined, with a view of ascertaining whether or not there exists any congenital deformity. The urethra and anus should be inspected—for if either of these outlets be occluded, the future safety of the child may very materially depend upon the fact being known early. "Madam, it is not necessary for me to tell you that this child is in a very dangerous situation." "Oh! no, sir, I see it, poor little dear." "There is but one thing, my good woman, that presents the slightest ground of relief, and that is an operation." "What, sir, to open its stomach?" "No, madam, we do not open stomachs here—and you need have no fear of the operation of which I speak. Shall I do what I think is proper, and

which, in fact, is the only thing that can be done?" "Yes, sir, I am sure the poor babe's mother will consent to any thing." "What I propose doing, gentlemen, is to divide by a simple incision the membrane which, you perceive, has caused an imperforation of the anus. [Here the infant was placed on its back, the thighs elevated by an assistant, and the occlusion being well exposed, the professor with a bistoury, made the incision.] Immediately a large quantity of meconium passed from the bowels, the tumefaction of the abdomen became very much diminished, and the infant's countenance gave evidence of relief. In order that the incision I have made may be kept open, it will be necessary for a day or two to introduce into it a small pledget of lint well smeared with simple cerate; and it will also be proper to throw up the bowel two wine glasses of tepid water this evening, with a view of promoting a free evacuation. In almost all cases of congenital occlusion of the anus, the sphincter exists; and hence after the simple incision of the membrane closing the anus, the latter and also the rectum are usually found normal. An occlusion of the rectum is extremely rare. "Take that child home, madam; and tell its mother we have done all we could for it; tell her also, that we can not promise that it will live, although its chances for life now are a thousand to one what they were a few moments since." "Indeed, I will tell her, sir, what you say—and I am sure she will be very thankful to you." "Good morning, madam."

AMENORRHŒA, WITH IMPERFORATE OS TINCÆ, AND ENCYSTED DROPSY OF THE RIGHT OVARY IN A GIRL AGED 19 YEARS, THE LOWER PORTION OF THE OVARY PROLAPSED IN THE TRIANGULAR SPACE BETWEEN THE UTERUS AND RECTUM.—Mary R., aged 19 years, arrived in this country from Ireland five months since. Her mother says her health began to decline at the age of fifteen. She is pale, emaciated, with no appetite, and labors under extreme prostration. She has an enlargement of the abdomen, which is traceable from the right iliac fossa, in an oblique direction, to within a short distance of the umbilicus. She has never menstruated, is habitually constipated, and has been so, more or less, for the past two years. She complains of a distressing pressure on her back passage; has taken a quantity of medicine, she says, for the purpose of regulating her bowels and bringing on her "turns;" but nothing has done her good. "When, my good woman, did you first discover this enlargement in the abdomen of your daughter?" "I think, sir, that was the commencement of her ill health. She first called my attention to it when fifteen years of age, the time that her health began to decline." "Do you remember, my good girl, in what part of the abdomen this tumor first commenced?" "Yes, sir; it commenced in my right groin."

The case before you, gentlemen, embodies a combination of extraordinary circumstances, and as such will not very frequently present itself to your observation. This girl I have examined in the most critical

manner; both she and her mother are anxious to secure her relief, and she consented to a thorough exploration of her case, the result of which I will now give you. In the first place, the girl, although 19 years of age, has never menstruated; secondly, there is an imperforate os tincæ; thirdly, the right ovary is affected with encysted dropsy, giving the girl the appearance of being five or six months pregnant; fourthly, the lower portion of the encysted tumor has projected low down into the triangular fossa between the uterus and rectum, and distinct fluctuation is felt there, as well as in the abdomen; fifthly, the obstinate constipation is the effect of the pressure of this tumor on the rectum. This poor girl has been a great sufferer, and in the hope of lulling her pain, she has been in the habit of resorting to anodynes. The uterus, though there is an imperforate os tincæ, and the girl has never menstruated, is not enlarged. On a vaginal examination, I ascertained this fact, and on introducing the other finger into the rectum and pressing upon the prolapsed ovary, I very distinctly felt the uterus fall slightly forward. Moreover, I was enabled to push the uterus upward, and discovered in this way that it had undergone no increase of size. It is not, under the circumstances, remarkable that this organ is not enlarged, and does not contain menstrual blood, for the disease of the ovary nas most probably been the cause of the non-menstrual accumulation.

You see, therefore, that a girl, 19 years of age, may have never menstruated. She may have, at the same time, an imperforate os tincæ—which you know is sometimes the cause of retention—and yet there may be an entire absence of the menstrual blood in the cavity of the uterus. I have examined with all necessary caution the abdominal tumor, and find it to be an enlargement of the right ovary, consisting essentially in dropsy of this organ. Perhaps, of all the forms of morbid action to which the ovary is liable, dropsy is the most frequent. This is called encysted dropsy, in contra-distinction to other dropsies, for the reason that the fluid is contained within one or more cysts. According to my observation, and I think this accords with the experience of others, disease of the ovary is comparatively rare in a girl so young as the one before us. I shall, on another occasion, speak more particularly of the causes, pathology, symptoms, treatment, etc., of ovarian dropsy, and for the present I shall merely remark that marriage and child-bearing, together with suppression of the menses, both in the married and unmarried, are among the common causes of this affection. In the diagnosis of ovarian dropsy, it must not be forgotten that enlarged cysts, presenting all the usual symptoms of ovarian dropsy, are occasionally located in the abdominal cavity, altogether unconnected with disease of the uterus and its appendages; the omentum, peritoneum, etc., constituting the seats of these enlargements. The fluid of ovarian dropsy may be contained in one cyst, or it may be in several; hence the division of dropsy of this organ into *unilocular* and *multilocular*. The interesting,

and I may say the unusual feature in this case, is the fact that the en larged ovary is prolapsed into the triangular fossa, and that distinct fluctuation can be detected at that point. I have met with this peculiarity in ovarian disease, but, I repeat, it is not common. I have also seen cases in which the ovary, entirely free from disease, has fallen into this fossa ; it is as well to mention that occasionally the small intestines become prolapsed in it ; and instances are recorded in which death ensued, under these circumstances, from strangulation of the intestinal mass.

Treatment.—In the present case, but little is to be expected from medication. This poor girl is weighed down by an accumulation of troubles, and I have no faith that medicine will avail much in securing her health. One thing, however, is broadly indicated, and that is to lessen the size of the ovarian tumor, which will result in the removal of the severe pressure against the rectum ; and while she will thus be temporarily relieved from pain, an opportunity will be afforded of remedying the constipation, which arises almost entirely from the mechanical pressure of the ovary against the lower intestine. The next indication will be to sustain the strength, as far as possible. I propose to penetrate the ovary with a trochar, through the vagina, at the most dependent portion of the tumor, which will not only afford a readier passage for the escape of the fluid, but will enable me to prevent the evils of its re-accumulation, by keeping permanently in the opening a sound through which the fluid will pass as soon as it is secreted. I do not think this a suitable case for injection into the ovarian sac—this latter practice has been resorted to, more particularly in France, with a view of producing adhesive inflammation of the sides of the cysts, and thereby destroy the secreting surfaces. The injection employed has been the tincture of iodine, port wine, a solution of sulphate of zinc, etc. "Madam, you have heard what I have said about your daughter's case—will she consent to an operation, which I candidly confess to you will not, in my opinion, restore her to health, but which will relieve her of much suffering ?" "Yes, sir, she will consent, I know, to any thing you may judge best to be done." "Well, my good woman, I will be at your house to-morrow morning at half-past eleven o'clock, and do what I think is most adviseable in the case."

[According to promise, I visited this girl, and, in the presence of Professor Gross, of the University of Louisville, Drs. Newkirk, Forbes, Finnell, and Gregor, I introduced along my finger the curved trochar into the vagina, and penetrated the ovary immediately behind the *cervix uteri*, taking care to direct the instrument, as soon as it entered the tumor, *upward*, in order to avoid injury to either the uterus or rectum. As soon as the trochar was withdrawn, there escaped through the canula more than three quarts of a tenacious and dark colored fluid. Immediately after the ovarian sac had been evacuated, a large quantity of fœcal

matter, consisting principally of *scybalæ*, passed off from the rectum, which the poor girl observed afforded her much relief. The end of the canula was left in the ovary, and so fastened as to allow the free escape of the fluid. The girl was directed to take occasionally one of the following pills, a good combination in a case like this where, with the constipation, there is evidently defect in the action of the liver:

℞ Pil. Gambogiæ *c.* . . . . . gr. xxiv
Pil. Massæ Hydrarg. . . . . gr. xij
Ft. massa in pil. vj *dividenda.*

With a view of imparting tone to the stomach, a tea-spoonful of the following tonic twice or thrice a day:

℞ Sulphat. Quinæ . . . . . gr. vj
Acid. Sulph. Dilut. . . . . gtt. vj
Syrup Zingiberi . . . . . ℥ ij
Ft. sol.

The diet to be bland and nutritious.]

In connection with this subject, allow me to direct your attention to the following interesting case of imperforate os tincæ in a pregnant lady, on whom I performed successfully the operation of *vaginal hysterotomy*. The case has been reported in the *American Journal of Medical Sciences.*

Vaginal Hysterotomy and Subsequent Delivery with Forceps, with safety to both Mother and Child.—On Saturday, Nov. 6th, at 6 A.M., Dr. Alexander Clinton was summoned to attend Mrs. L., aged thirty-six years, in labor with her first child. Dr. C. had been for some time the family physician of Mrs. L., and had attended her in repeated, and occasionally severe attacks of nephritis. On arriving at the house he found Mrs. L. in labor, the pains being decided, and occurring with regularity at intervals of fifteen and twenty minutes. In his examination per vaginam, the doctor was unable to detect the os tincæ; he very cautiously explored the vagina, and presenting portion of the womb, with his finger, and after several fruitless attempts to find the mouth of the uterus, he came to the conclusion that the difficulty of reaching the os was owing to the malposition of the organ, probably retroversion of the cervix. Accordingly he waited until evening, when the pains increasing in violence, and assuming an expulsive character, he examined his patient, but without better success. He then proposed a consultation, the patient having been in labor fourteen hours. Professor Mott was sent for; on hearing the particulars of the case he made a vaginal examination, and after repeated attempts, failed in finding the mouth of the womb. Professor M. suggested that possibly some change might occur during the night in the position of the parts, which would enable him to reach the os uteri, and left the house with the promise that he would return in the morning. Dr. Clinton continued with his patient during the night, and the pains occurred regularly with more or

less force. He made several examinations in the night, and could feel nothing but a globular surface.

In the morning, Nov. 7th, at ten o'clock, Professor Mott returned; the pains were then much more violent, and the patient suffered severely. He again attempted by examination to reach the mouth of the womb, and again failed. To use his own language, "I have seen a great many obstetric cases, and have attended almost every variety of parturition; but it is the first time after thirty-six hours' labor, that I could not feel the os tincæ." The case was now assuming a dangerous character; the pains were frequent and expulsive, with an obliterated mouth of the uterus. The fear, therefore was rupture of this organ, and death of the patient, with but little chance for the life of the child. The husband and friends were informed of the precarious situation of the patient. Drs. Mott and Clinton decided to have additional consultation, and at the request of these gentlemen, I met them at one o'clock on Sunday, the patient having been in more or less active labor for forty hours. On examining her I could not feel the slightest trace of the os tincæ, and I became satisfied, after a thorough exploration, that it was entirely obliterated. Under these circumstances, the death of the mother being inevitable without an operation, it was proposed to lay the womb open through the vagina, and at the request of the gentlemen, I proceeded to perform the operation, as follows: with a probe-pointed bistoury covered to within a few lines of its extremity with linen, and taking my finger as a guide, I made a bi-lateral section of the neck of the womb, extending the incision to within a line or two of the peritoneal cavity. The head of the child was immediately felt through the opening. The pains continued with violence, but there was no progress in the delivery; the neck of the uterus was extremely hard and resisting, and presented to the touch after the incision, a cartilaginous feel. Dr. Mott and myself then left the patient in charge of Dr. Clinton, and returned again at six in the evening. At this time, although the pains had been severe, the head had not descended, nor had any impression been made on the opening. I then made an incision through the posterior lip; the patient was not in a condition to sustain blood-letting, and a weak solution of tartar-emetic was administered, with a view, if possible, of producing relaxation. Dr. Clinton remained with his patient, and promised if any thing occurred during the night, to inform us of it.

We were both sent for at two o'clock. Dr. Mott having arrived before me, and finding the patient suffering severely from violent and expulsive pain, all of which produced little or no change in the position of the child's head, enlarged the incision which I had previously made in the posterior lip of the cervix. We remained until seven o'clock in the morning, when we left. The patient being much fatigued, a Dover's powder was ordered, which procured a comfortable sleep, and temporary immunity from suffering.

We called again at eleven o'clock. The opening had somewhat dilated, and the head could be more distinctly felt, but it had not begun to engage in the pelvis. There was much heat about the parts, and the scalp was corrugated. The pains continued with regularity, losing nothing in violence, and at six o'clock in the evening of Monday the patient's strength, which had been cautiously guarded, was evidently giving way, and her pulse rose to one hundred and forty! In a word, the symptoms were most alarming. The question now presented itself—What was to be done? After mature deliberation, being essentially conservative in the whole management of the case, we determined to make an attempt to deliver with the forceps, certainly not an easy thing to do with the head of the fœtus at the superior strait, not having begun to engage in the pelvis, and the mouth of the womb rigid and unyielding. The forceps, however, after a full view of all the circumstances, presented to us the most feasible means of effecting delivery. At the request of Drs. Mott and Clinton, I applied the instrument, and was fortunate enough, without much loss of time, in locking it. The head was situated diagonally at the upper strait, with flexion but partially made. At first, I directed my traction downward and backward, the handle of the forceps forming an acute angle with the axis of the inferior strait of the pelvis; and when I succeeded in flexing the chin of the child upon the sternum, I then rotated the handle of the instrument for the purpose of giving the demi-spiral movement to the head. In this way, after very great effort, I succeeded in bringing the head to the inferior strait, and with powerful, but well-guided tractions, drew it more than one half into the world. At this stage of the operation, my arms and hands were nearly paralyzed, such was the force necessary to overcome the difficulty. I requested Dr. Mott, who was by my side, to relieve me, and after no inconsiderable effort he succeeded in bringing the head into the world; and our gratification was in no way diminished by the fact that the child was alive, an event certainly not to be expected.

As strange as it may appear, the only inconvenience experienced by the mother after delivery was an inability to pass her water; this continued for about two weeks, rendering it necessary to introduce the catheter twice daily for the purpose of emptying the bladder. The mother and child are in the enjoyment of excellent health.

It may, perhaps, be thought by some that the patient should have been delivered sooner, and that we subjected her to serious and unnecessary hazard in delaying delivery by forceps. This reasoning might possibly be sustained on general principles; but I think it will be conceded that, in this individual case, we were not only justified in the delay, but the result proved the wisdom of the course we pursued. In my opinion, nothing, under the peculiar circumstances of the case, could have warranted an attempt at artificial delivery, *save an approach to exhaustion on the part of the mother, or the occurrence of some accident plac-*

ing life in imminent peril. The position of the fœtal head, and the condition of the mouth of the womb, were such as to render extremely probable the failure of any attempt at delivery. The obvious indication, therefore, was to trust to nature as long as she was capable of acting, and for the accoucheur to proceed to artificial delivery the moment the general system exhibited unequivocal evidences of prostration.

It may be very properly asked whether this was a case of primary or secondary closure of the *os tincæ.* That it was secondary is manifest from two circumstances: 1st. The patient always menstruated regularly previous to her pregnancy; and secondly, to suppose that she could have become impregnated with an imperforated *os tincæ*, is to suppose what, under the circumstances, may be called an absurdity. There are cases, however, recorded in which sexual intercourse was had through the female urethra, followed by impregnation, but in these examples there was a communication between the bladder and uterus. In the present instance there existed no such communication. The only explanation of the closure of the mouth of the uterus in this patient is, that it was the result of inflammation of the *os uteri.*

Atrophy in an Infant aged twelve Months.—John R., aged twelve months, is brought to the Clinique by its mother, and exhibits a degree of emaciation apalling to look upon. It is constipated, often not having an evacuation for four or five days, with more or less nausea and vomiting, and it is extremely fretful. Its evacuations are lumpy and white. For the first five months after its birth, it was a healthy child in every respect, and quite large for its age. Since that period, however, it has continued to decline, and has now become so emaciated, that it has more the aspect of a skeleton than a living being. The term *atrophy*, gentlemen, is employed to signify defective nutrition, and is divided into general and local, the former where all the tissues of the economy are involved in the loss, the latter where some particular organ or portion is the seat of disease. In the case before us, involving as it does the emaciation and decay of the living structure, the term marasmus is often applied by writers. One of the fundamental ordinances of nature is, that life can not be long maintained without a constant repair of waste, and the proper equilibrium between these two processes, waste and supply, will secure to the various organs of the body their due nutrition. Nutrition becomes interrupted only when either the repair or waste preponderates the one over the other. If there be excessive repair, hyper trophy will be the consequence; while atrophy is the result of excessive waste. The powers of assimilation in the young infant are exceedingly feeble; indeed the infant is not required to perform much duty in this particular, for the material which Nature has prepared for its sustenance requires but little elaboration after being taken into the economy. The mother's milk is the proper nourishment for the infant, or the

reason that, of all known substances, it is the best adapted to its delicate organs.

You see, therefore, that nothing is more simple than the proper and speedy assimilation of these elements; and it is in this way that children at the breast, if not interfered with by officious nurses, as a general rule, thrive and grow fat.

General atrophy may result from two causes: 1st. Insufficient food; 2d. Food of improper quality. In order that the wants of the system may be provided for, it is not only necessary that waste should be repaired, but the animal temperature through the respiratory process must also be maintained. Food, therefore, when taken into the system is intended to—and must in fact, in order that health may be preserved—accomplish these two objects, viz.: the repair of waste, and the supply of material for the respiratory process. If you will bear in mind these two propositions, I will endeavor to explain the true cause of atrophy of the system as it occurs to my mind. My theory may possibly not account for every case of inanition, but I am confident it will tend to elucidate the subject, and what is of cardinal importance, if true, it will lead to the application of salutary therapeutic principles. 1st. The physiologist has declared that perfect nutrition is the result of the proper elaboration of the ingesta. 2d. The ingesta, when elaborated, repair waste, and furnish material for the respiratory function. 3d. The material for the respiratory process is eliminated from the bile; that is, it produces the oily materials from which the carbon and hydrogen are derived. Without a due supply of these substances, you understand that the animal temperature can not be preserved, and life, therefore, becomes extinct. 4th. According to the experiments of Schwamn, if a ligature be placed around the ductus communis choledochus, the animal gradually emaciates and dies, for the reason that the oily materials of the bile are not furnished—there are consequently no carbon and hydrogen, for the want of which respiration can not be maintained. 5th. When death ensues from starvation, the gall-bladder is found turgid, and no bile is observed in the intestines. With these facts before me, in connection with another broad fact that, in the great majority of children affected with atrophy, the function of the liver is so deranged as to become almost dormant; or, in other words, there is an absence of biliary secretion, I am of opinion that in many, if not all cases of this decay of structure, we can trace the cause to imperfect action of the liver, which results in a deprivation of carbon and hydrogen so absolutely essential to the maintenance of the animal temperature.

You may, perhaps, not be disposed to attach much importance to this reasoning, but you will be pleased to bear in mind that it was on this hypothesis alone that we have based our treatment of four cases of atrophy, which have been presented to you during the present session; and if you

will turn to your note-books, you will find the record of these cases—you will see that, in every instance, the children were restored to health. There is not one of you who does not recollect with interest the case of Kate B., the little sufferer of six years of age, who, many of you thought, would not survive its return home, such was the degree of its emaciation. The views which I have just expressed to you as to the cause of atrophy are not views of to-day—nor are they the sudden graspings of a mind enslaved to theory. I have seen many cases of extreme emaciation in children—I know that they are generally considered as beyond the efficacy of our science, and these cases too often prove fatal simply because of the opinion that they are beyond medication. Basing my opinion upon past success, I regard the great majority of these cases as being completely within the limits of our science; they are amenable to remedies. You will all bear witness that I have no fondness for theory—my liking is for facts. I have told you that every fact in medicine is a gem, it is *pro tanto* a firm foundation on which you can stand with reliance. Facts should be the constant object of your pursuit; without them the science of medicine is a blank, and its practice the most positive of all uncertainties. He who can erect, by careful observation, a pyramid of facts, will find in that pyramid a monument of Truth! My attention was first drawn to the cause of atrophy, as I have already explained to you, from the circumstances of its great fatality. Believing, therefore, as I do that its true cause is traceable to inactivity of the liver, thus cutting off the proper supply of oily matter from which are derived the carbon and hadrogen so necessary to the physiology of the respiratory movement, I recommend the following

Treatment.—As a general rule, in atrophy the intestines are more or less loaded with offensive fœcal matter; and as the first step to successful treatment, a brisk purgative should be administered, such, for example, as the following:—

℞ Submur. Hydrarg. . . . . gr. ij
Pulv. Jalapæ . . . . . gr. iv
Ft. Pulv.

Let this powder be given at night, followed in the morning by two tea-spoonsfuls of castor oil. As soon as the bowels have been thoroughly evacuated, it is proper then to commence with alterative doses of:

℞ Hydrarg. *c.* creta. . . . . gr. vj
Div. in Chart. No. xij

Let one of these be taken every second night. When the evacuations afford evidence that the biliary secretion is in action, the powders should be discontinued; and half an ounce of comp. decoct. of sarsaparilla with gtt. iv. of liquor potassæ given twice a day. There is no remedy, perhaps, better calculated to invigorate the drooping powers of the system under these circumstances than the sarsaparilla, when properly prepared. After continuing the sarsaparilla for two weeks,

we usually suspend it for a time, and substitute the following old, but admirable alterative:

℞ Oxymur. Hydrarg. . . . . gr. 1-4
Tinct. Rhei. } . . . . . āā ℥j
Tinct. Cinchonæ }

Ft. sol.

Twenty drops twice a day—in two weeks it may give way to the sarsaparilla. An alternation of these remedies, according to the sound judgment of the practitioner, will prove invaluable in the management of this affection. Medicines, however, will be of little avail without close attention to diet, fresh air, etc. The stomach, it must be borne in mind, is extremely debilitated—its function has been nearly destroyed—and the most scrupulous care must be observed not to overload, or annoy it with improper food. Rice jelley—biscuit jelley—sago—tapioca jelly—chicken and beef tea, delicately prepared—and when it agrees with the stomach, *cream;* all will be found proper articles of food.

Purulent Discharge from the Female Urethra, occasioned by Ulceration of the Neck of the Bladder.* Mrs. C., aged 27 years, married, the mother of two children, who had sufferd from a discharge of matter, with a scalding sensation in passing water since the birth of her last child, returned to-day and stated that she had entirely recovered. This case, gentlemen, you will not have forgotten, for it was one of more than usual interest. After hearing the statement of this patient when she first came to the Clinique, I gave it as my opinion that she was laboring under ulceration of the neck of the bladder, produced most probably by a protracted and severe labor, her labor having lasted over sixty hours. The treatment ordered consisted in an injection every second day of a solution of the nitrate of silver into the urethra, until there should be a decided amendment in the symptoms:

℞ Nitrat. argenti . . . . . ℈ij
Aquæ Puræ . . . . . ℥viij

Ft. Sol.

The patient was also freely purged with saline medicines, and ordered to take 10 grains of the nitrate of potash in a tumbler of flaxseed tea twice a day.

The result of this treatment you now perceive in the complete restoration of the patient. "You can go home, madam." "Thank you, sir. I am greatly obliged for what you have done." "Very welcome, my good woman. Good morning."

Convulsions in an Infant five Weeks old.† Julia E., aged five weeks, was returned to-day by her mother, who reported her quite restored. This case, gentlemen, is one of deep interest to you. You will, by turning to your notes, be reminded that this little infant, al

* Page 174. † Page 195.

though but five weeks of age, had been subject to repeated attacks of convulsions. These not only caused the mother much anxiety, but induced her to abandon all hope of recovery. Your attention was called very particularly to the subject of infantile convulsions, and the various interesting points connected with them fully discussed. On questioning the mother as to the cause of the convulsions, she observed she could not tell what produced them—but in answer to another interrogatory she told us that "her little infant frequently passed four and five days without an evacuation, and then nothing but small lumps came from it, and also that she herself was habitually constipated." With this intelligence, extracted, as you will remember, by a rigid cross-examination, there was no difficulty in accounting for the convulsions, which were evidently the result of intestinal irritation. The indication was to disregard the convulsions, which were simply effects, and apply our remedies to the removal of the cause. This was done, and you now have in the bright eyes and cheerful countenance of this infant ample testimony of the result. Its bowels were regulated by minute doses of the hydrarg. *c.* creta, followed by castor oil; and as the mother nursed it, it became necessary to overcome the constipation with which she was affected. She was accordingly ordered the necessary remedies for this purpose. "Well, madam, how is your little infant now?" "Thank you, sir, it is quite well—it has not had any convulsions since the medicine took effect." "How are its bowels?" "Quite regular, sir; it has two passages every day." "Did you notice what passed from it when it took the medicine?" "It was lumpy, green stuff, and very offensive, sir." It can scarcely be necessary for me to make any comments on this case. It tells its own story. "You can go, madam; your infant is now well, and if you desire to keep it so, you must be more careful in future."

LECTURE XVIII.

Management of the Placenta after the Delivery of the Fœtus in Natural Labor.—Treatment of Uterine Hemorrhage.—Excessive Pain in the Uterus every time the Child is put to the Breast, in a married Woman twenty-three Years of age.—Procidentia Uteri, with Venereal Ulcerations.—Suppression of the Menses of two Years and four Months' duration, in a married Woman aged twenty-six Years, the Mother of two Children, the Youngest three Years old, from imperforate Os Tincæ, the result of Inflammation; Operation.—Physometra in a married Woman, aged thirty-two Years; What is Physometra?—Introduction of a Silver Tube into the Uterus, followed by an escape of offensive Flatus.—Occlusion of the Anus, in an Infant aged one Week.—Encysted Tumor, seated in the Posterior Wall of the Vagina, in a married Woman twenty-three Years of age.—Partial Paraplegia, in a married Woman aged thirty-two Years, from Instrumental Delivery; Remedial Effects of Strychnia.—Epilepsy occurring at each Menstrual Period, in a Girl aged sixteen Years.

Management of the Placenta after the Delivery of the Fœtus in Natural Labor—Treatment of Uterine Hemorrhage.

Gentlemen—the case of Mrs. W., who appeared before you a few moments since, presenting an example of the dilapidating effects of profuse loss of blood at the time of delivery, affords me a proper occasion to make a few practical observations on the management of the after-birth. To the young practitioner, there is no topic of higher interest in the whole range of midwifery than that which treats of the conduct of the accoucheur immediately after the expulsion of the child. Gooch, an emphatic and practical writer, says, "It is too common an error to suppose that as soon as the child is delivered, all danger is at an end." The true danger of parturition, in an ordinary labor, commences with the birth of the child, and is more or less connected with the delivery of the placenta. The rules for the management of the after-birth are few and simple, and upon their faithful observance oftentimes depends the safety of the mother. In the first place, what do you understand by the placenta, and what are its relations to the uterus? These are two primary and leading questions, and their solution will at once remove all embarrassment in the discussion of this subject. The placenta is a deciduous mass, composed almost entirely of blood-vessels, and is divided into two portions, the maternal, which is in adhesion with the uterus, and the fœtal, which is covered by the two membranes, the chorion and amnios. There are two circulations in the placenta, one on the maternal, the other on the fœtal

surface. The former is carried on by the utero-placental vessels, the latter by the vessels in the umbilical cord, viz., the two arteries and one vein. These circulations are entirely distinct and independent of each other, so far as continuity of canal is concerned. This fact has been abundantly proved, and it is material that you should remember it in connection with what we shall have to say on the subject of uterine hemorrhage. We shall now suppose that you are in the lying-in chamber administering to the wants of the parturient woman; the labor has commenced, and progresses favorably, nothing untoward occurs; the child is expelled through the maternal organs, and the question now is—What are you next to do? Allow me here to enjoin upon you a rule, which admits of no exception, and to which I very fully referred in my lectures on midwifery. The instant the infant is expelled, before doing any thing else, *place your hand on the abdomen of the mother*, and ascertain whether or not the uterus responds to the delivery of the child, or, in other words, whether it contracts, which fact can be readily recognized by feeling this organ in the hypogastric region, *hard and of diminished volume.*

If the uterus be contracted, you need have no fear of hemorrhage; should it not be contracted, there will necessarily be hemorrhage, and the advantage of the rule I give you is that you are thus early informed that flooding exists, and can apply your remedies in time, before your patient is so much exhausted, by loss of blood, as to render the issue of the case doubtful. Let us, however, assume that the uterus does respond to the expulsion of the fœtus, and this being ascertained, what is your next duty? Undoubtedly to attend to the child. I have on a former occasion explained the rules by which you are to be governed in placing a ligature on the cord, and shall, therefore, not allude to them at present, except that you should use *one and not two ligatures.* The usual practice, I am aware, is to apply two ligatures, but the principal argument in favor of this practice, viz.: "that in using but one ligature, the mother will be exposed to hemorrhage through the untied extremity of the cord," is not only without foundation, but discloses an utter ignorance of the anatomical and physiological peculiarities of the placenta. Where, for example, does the blood come from—always small in quantity—which flows through the placental extremity of the cord as soon as the latter is divided? Certainly, not from the maternal system, for it is demonstrated that there is no continuity of canal between the maternal and fœtal circulations in the after-birth, and therefore there can be no fear of flooding. The small quantity of blood, on the contrary, which is observed to pass from the untied extremity of the cord, is nothing more than the disgorgement of the umbilical arteries and vein, which ramify on the fœtal portion of the placenta; and, in my opinion, this very disgorgement, while it in no way endangers the safety of the mother, facilitates the delivery of the after-birth.

Therefore, abandon the common practice, which is based upon an idle

fear, and employ but one ligature. When the ligature is applied, what next? The child is then given to the nurse, and we shall now confine our remarks altogether to the delivery of the after-birth. This organ is attached to the internal surface of the uterus—most commonly at the upper and lateral portion—the principal medium of attachment being the utero-placental vessels, through which is carried on the circulation on the maternal surface of the placenta. As a general rule, nature separates the placenta from the womb, and this is accomplished through the instrumentality of uterine contractions. Five, ten, or twenty minutes—the time varying from different influences—after the birth of the child, the patient will complain of pain, and the pain will be followed by a slight discharge of blood; these two circumstances—the pain and discharge of blood—are the evidences that nature is engaged in the detachment of the placenta. The pain is recurrent like labor-pain; it is a natural process, and therefore must not be interfered with. But how are you to know that the detachment of the placenta has been accomplished? A very important question, the solution of which you must thoroughly understand, for it has much to do with the propriety of your conduct on this occasion. Under ordinary circumstances, when the after-birth is completely detached from the uterine surface, it will be found resting over the mouth of the womb, either center for center, or a portion of its circumference will be felt, sometimes protruding into the vagina.

There are two extremes which the practitioner must sedulously avoid in the management of the placenta—the one is premature and officious interference with the operations of nature, the other a hesitation to act when nature has achieved her part of the process, and calls upon him to interpose. This remark has special reference to the duty of the accoucheur, after the placenta has become detached from the uterus, *and this organ is found contracted with the after-birth resting over the cervix.* It very often happens that the young practitioner remains at the bed-side of the patient hour after hour, expecting every moment the expulsion of the after-birth—this does not take place, the patient becomes alarmed at the delay, and all the consolation she experiences, is the assurance that it will soon be all right. Another hour elapses, and no expulsion. A consultation is now proposed by the friends—this of course is acceeded to, and when the consulting physician arrives, he proceeds like a man who understands his business—he finds that the uterus is contracted, introduces his finger into the vagina, feels the detached placenta resting over the mouth of the womb, and delivers it without any delay, in the following manner: The cord being enveloped with linen, he makes two or three twists of it around the fingers of the right hand, while he introduces the index-finger of the other hand into the vagina, carrying it up to the mouth of the uterus, this 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 falls 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, in order that the membranes may be twisted into a cord, which enables them to resist the pressure of the os uteri as they pass through it, and thus there will be no fear of any fragments of them remaining in the uterine cavity, which would often result in more or less annoyance to the patient.

The moment the delivery of the placenta has been accomplished, the accoucheur should carefully introduce his finger into the vagina, and remove any coagula of blood that may be there, and he should particularly ascertain whether there *is a clot of blood keeping the mouth of the womb open*. If so, it must be immediately removed. Should it be suffered to remain, the patient will be exposed to much unnecessary suffering by the severe contractions of the uterus, occasioned by the presence of the coagulum. When the placenta is still high up in the womb, and not separated from the uterine surface, the *accoucheur should not make traction on the cord*, for he will incur the hazard either of lacerating the placenta or cord, or, if the adhesions between the after-birth and uterus be sufficient to resist the force of the traction, the latter organ will often be inverted. In order to facilitate the detachment of the after-birth, frictions may be made on the abdomen with a view of stimulating the contractions of the uterus. As soon as the placenta is removed—and *not before*—the accoucheur should have a bandage applied around the body of his patient. This bandage consists of a double fold of linen, about fourteen inches wide, and sufficiently long to encircle the body. It should be brought down well under the hips, and secured with pins. The pressure of the bandage should be gentle and uniform—the object being to give proper support, and not to occasion painful annoyance. Many fashionable women are in the habit of using variously-constructed corsets for this purpose. These corsets are usually stiff and unyielding, like the prejudices of these patients, and often prove injurious.

The rules which I have just indicated apply especially to the management of the after-birth in cases of ordinary labor, when nature separates this body from the uterus, and when the duty of the practitioner is limited to its mere extraction. Let us now, gentlemen, view this subject in a different aspect; and in order that you may fully appreciate the fearful responsibilities which you are so soon to assume as practitioners of midwifery, and the extent of the obligations to be imposed upon you, we will suppose that, as soon as the child is delivered, in placing your hand on the abdomen of the patient, you discover that, instead of a hard contracted body in the hypogastric region, the uterus is enlarged, uncontracted, or, if you please, in a state of *inertia*. Under these circumstances there will of necessity be *flooding*, constituting one of the most perilous and, if not promptly met, one of the most fatal complications of the lying-in room. If you should not be adequate to this pressing emergency—if, through indifference to your studies, you

should have neglected to learn the principles which are to guide you in these trying cases, deep will be your lamentation, and abiding the regrets which this delinquency will engender. If you be not prepared to treat a case of uterine hemorrhage, the lying-in room is no place for you. Its threshold is too sacred, its trusts too momentous, to be confided to an incompetent practitioner.

Allow me to say to those of you, who have never been engaged in practice, that if there be one thing more than another in the routine of professional duty calculated to strike terror into the heart of the practitioner, and for the moment paralyze his best energies, it is a case of *flooding* after the birth of the child. One moment's hesitation or doubt on the part of the accoucheur, and death speedily terminates the scene. Nature has opened her flood-gates, and if they be not instantly and skillfully closed, all chance of rescue is at an end. In order to present this subject to you in full force, imagine that you are summoned to attend a lady in confinement. The labor is natural, and of ordinary duration. While in conversation with the nurse, your attention is attracted to the patient. You are struck with the sudden change in her appearance. You approach the bed. Her face is pale and ghastly; she is speechless, without pulse; in a word, death is written on her countenance. It is a case of *flooding*. To hesitate an instant is to deprive your suffering patient of the last earthly hope. On you, therefore—on your science and skill—on your prompt and efficient action—must depend the life of this being. There is no time for consultation here. On your own resources alone rests the issue of life or death. Every eye is turned toward you. The confusion of the scene has awakened the household. The husband and, peradventure, the little children seek the chamber of their mother, and, overwhelmed as they are with grief, in the agony of their distress, they exclaim in tones which will reach the very depths of your heart, "Doctor, save my wife." "Oh, save our mother!" This appeal, if made to a practitioner inadequate to the emergency, will prove a withering comment on past neglect, and cause him to bewail in tears of blood the fatuity which urged him thus to sport with human life. But should this appeal be made to one who possesses science and skill—to one who, when he crosses the threshold of the lying-in chamber, feels that he is competent faithfully and promptly to discharge his duty—and if, in the exercise of his knowledge, he rescue the patient from her impending danger, and restore her to her husband and children, he will have accomplished one of the most glorious of all human triumphs.

It appears to me that the subject of *flooding* after the birth of the child can be disposed of in a very simple manner. I shall not occupy your time with any elaborate discussion on this topic, but will limit myself to one or two points, which, I think, will sufficiently embrace the entire question, at least in all its practical bearings. In the first place, hemorrhage, after the expulsion of the fœtus, may be either *external* or

internal. The former when the blood flows through the vagina—the latter when its escape is prevented either by a coagulum of blood or the detached placenta resting over the mouth of the uterus. Both external and internal hemorrhage are due to the same cause—*want of uterine contraction.* Both are to be arrested by the same remedies, the object of which is *to make the uterus contract, and to diminish the force of the circulation in the organ itself.* Again, both in external and internal hemorrhage, the source of the loss of blood is the same, viz., the *utero-placental vessels,* and therefore the danger in either form of flooding is identical.

Treatment.—Remember this great principle that, in profuse uterine hemorrhage, delay on the part of the practitioner in the application of the proper means to induce contraction of the uterus is in most instances the certain prelude of death. In flooding, the placenta will either be partially or completely detached from the uterine surface; in either case, the treatment is precisely the same. There is no greater error than to suppose that hemorrhage will be arrested by the removal of the after-birth. This body *is not the bleeding surface*—and whether it be in or out of the uterus is a matter of entire indifference, so far as the chief object is concerned—*the bringing on uterine contractions.* Therefore, do not imitate that negative, and oftentimes fatal practice of removing the placenta as the first and chief thing to be done with a view of arresting hemorrhage. On the contrary, have recourse to a more reliable and effective means of accomplishing the object. Introduce your hand into the uterus, carry it up to that portion of the organ to which the placenta is partially attached, or from which it has been completely separated—with the expanded dorsum of the fingers make a gentle but uniform pressure against the bleeding vessels—with the other hand applied to the abdomen make counter-pressure. Should the womb not contract, without an instant's delay employ the cold dash—let a pitcher of ice-water be thrown from a heighth, say two feet, suddenly upon the abdomen—and repeat it without hesitation, should it be necessary. These are the heroic, substantial, common-sense remedies in these cases of desperate hope—and they will often serve you faithfully in the hour of need. As soon as the uterus begins to contract, you can gather up the after-birth in your hand, and keep it within your grasp until by powerful contractions it, together with your hand, is expelled. I have occasionally found great benefit from introducing a small piece of ice into the vagina—the contact of cold thus suddenly applied will sometimes produce immediate contraction of the uterus by the stimulus imparted to the excitor nerves, thus inducing the full benefit of reflex action. In speaking of the application of cold as a remedy in inertia of the uterus, it is important to bear in mind that *cold* too long applied loses its effect, or, in other words, becomes *in-excitor;* and it has been demonstrated that the *alternation* of heat and cold constitutes a most

positive excitor of the medulla spinalis. In profuse uterine hemorrhage, however, I do not think this alternation is called for, because the application of the cold will not be of such long duration as to diminish its influence in bringing on the contractions of the uterus. But the principle is one of precious value, and can be, as is evident, employed in a variety of conditions with marked advantage. It can scarcely be necessary for me to remind you that when it has become important to resort to refrigerants for the purpose of bringing on uterine contractions, as soon as this latter object has been accomplished, and consequently the hemorrhage arrested, *no time should be lost in giving warmth to the patient by the application of bottles of hot water, warm flannels, etc.;* but remember this is to be done without moving the patient, for the slightest exertion would be likely to induce syncope. I omitted to mention the occasional efficacy of iced-water as a drink in uterine inertia—it produces contraction of the organ through its impression on the pneumogastric nerve, which is an excitor of the uterus. Oftentimes, I have found benefit from the administration of iced-water in cases of passive menorrhagia dependent upon an atonic condition of the uterine organs.

I have, as you perceive, alluded only to two remedies for uterine hemorrhage, viz., the introduction of the hand for the purpose of making pressure on the uterine surface, and the application of cold; and these I regard as the heroic remedies, which, more than any others, are to be relied on in cases in which the life of the patient is placed in imminent peril, and in which prompt and immediate action is required. But there are, besides pressure and cold, various other means recommended by authors, which, perhaps, need a passing notice. One of the popular remedies commonly resorted to in these cases, and which has received the approbation of very high authority in the profession, is *ergot;* many practitioners are in the habit of relying upon this agent as all-sufficient in uterine hemorrhage, no matter how profuse, or how seriously it may threaten the life of the patient, but this is bad practice. The action of ergot is not instantaneous; on the contrary, it often requires ten or twenty minutes before its effects become manifest. With this, therefore, as the sheet-anchor of hope, death will often ensue before the remedy acts. My advice to you, with regard to the administration of ergot in these cases, is as follows: *Do not rely upon it as a heroic agent*—if you give it, to which there can be no objection, let it be administered simply as an *auxiliary* means of overcoming the hemorrhage through its well-known influence on uterine contraction—but never let it take the place, in perilous flooding, of the two great and efficient remedies—*pressure and cold.*

One word now, as to the employment of the *tampon* as a means of controlling hemorrhage after the birth of the child. This is also a favorite remedy with some practitioners. My advice to you, gentlemen, is—never resort to the tampon as a means of checking hemor-

rhage *after* the birth of the child, for the reason that it exercises no possible good in controlling the cardinal object in view—the contraction of the uterus—but, on the contrary, its direct and necessary tendency is to convert an external into an internal hemorrhage, thus, by the arrest of the flow of blood through the vagina, lulling the practitioner into false hope, and insidiously but most certainly destroying the patient—for, as I have already remarked, whether the hemorrhage be internal or external, if it be not checked, the tendency is the same—death. The younger Baudelocque proposed, some years since, pressure of the abdominal aorta as an efficient means of arresting uterine hemorrhage. This has been resorted to successfully in some cases, but its efficiency is far from universal. There appear to me to be two solid objections to it: 1st. In fat women, it will be difficult to make the necessary pressure; 2d. Compression of the aorta will more or less obstruct the circulation in the vena cava.

As to the injection of vinegar, lemon-juice, and other irritating substances into the uterus in these cases, they are all pernicious in their tendency, and without a solitary advantage in their favor. I might here, also, speak of electricity, so much lauded by certain English authorities—but the principle objection to it is the delay connected with its application, simply for the reason that the apparatus is not at hand and, often, before it could be obtained, death would have claimed his victim. Let us now suppose that through the prompt application of proper remedies, the hemorrhage has been arrested, the next question is—What will be the condition of the patient, and what should the practitioner do. If the patient should have lost much blood, you will find her in a state of great prostration—frequently without pulse, cold extremities, etc.—in a word, she will, to all appearances, be more or less in a moribund condition. Under these circumstances, I know of no remedy so efficacious as laudanum: give it in tea-spoonful doses every ten or fifteen minutes until reaction is brought about. The first indication of its good effects will be disclosed by the return of the pulse in the radial artery, together with warmth of the extremities, and cutaneous surface generally.

As soon as reaction is established the laudanum must be suspended, and the patient's strength afterward sustained by animal broths, etc., should there be nothing to contra-indicate these latter. One of the commonest effects of this profuse loss of blood will be intense headache. Be careful how you mistake this symptom, together with the intolerance of light, which usually accompanies it, for *phrenitis*. This error has been committed more than once; the lancet has been resorted to, and death the almost necessary consequence. I have already called your attention to the subject of headache, which so frequently is found to accompany profuse losses of blood, and which often, too, is one of the prominent symptoms of anæmia.

Excessive Pain in the Uterus every time the Child is put to the Breast, in a married Woman, twenty-three Years of age.—Mrs. H., aged twenty-three years, married, the mother of one child, three weeks old, complains of great distress in her womb whenever she allows her infant to nurse. "How long have you been married, madam?" "About eighteen months, sir." "Was your health good before your marriage?" "Yes, sir; I was always a healthy woman." "Has it been good since your marriage?" "Always, sir; I have not had a day's sickness." "Did you ever suffer from pain in your womb before the birth of your child?" "Never, sir." "When do you feel this pain of which you speak?" "Only, sir, when my babe takes the breast—and then I suffer dreadfully in the lower part of my stomach." "Does the pain leave you when the child finishes nursing?" "Always, sir." "Is the pain as severe now as it was soon after the birth of your infant?" "No, sir; but it troubles me a good deal yet."

What do you make of this case? It is one of more than usual interest; and when you meet with it in practice, it will serve you greatly if you should understand how to manage it. This you can only hope to do by first comprehending its full meaning. Pain in the uterus is oftentimes the result of disease in that organ; but it is also occasionally the effect of an influence transmitted from a remote portion of the system. You might infer, merely from the statement of this patient, that she is laboring under some local affection of the uterus, and the pain of which she complains might be referred by you to this cause. But you are not to judge either of the existence or the measure of disease from the declarations of your patient; you are to form your opinion from the evidence which will be presented to your senses. In order that there should exist no possible doubt on the subject, I have examined this woman *per vaginam*, and find her uterus perfectly healthy, nor is there any thing in the adjacent organs to account for the pain. What, then, produces her suffering? It is explained altogether upon the principle of *reflex action*. The traction of the child's mouth on the nipple excites an action in the spinal nerves, which is immediately transmitted to the *medulla spinalis*, and this latter, becoming the seat of irritation, imparts to the nerves of the uterus an influence, which induces contraction of this organ, and consequently pain. But you may ask, do all nursing women complain of this pain? By no means—some never experience the slightest inconvenience; while others, on the contrary, of a sensitive nature, suffer for some time after birth much annoyance. The best remedy is *patience;* as the breast becomes accustomed to the child's mouth, the irritation gradually diminishes, and in a short time the uneasiness about the uterus, which is but an effect of the mammary irritation, will subside.

Procidentia Uteri in a married Woman, fifty-five Years of age, nine Years standing, with Venereal Ulcerations on both Sides of

THE ORGAN.* Mrs. C., aged fifty-five years, returned to-day to the Clinique. "How are you, my good woman?" "Thank you, sir; I am much better." "How are the ulcers?" "They are nearly healed, sir." "Then you must be much more comfortable." "Indeed I am, sir." This poor woman, when she first came here, excited our sympathies by the simple and, I believe, truthful story she told of her sufferings. She had been affected with *procidentia uteri* for the last nine years; and it was occasioned by her leaving her bed too early after confinement—a very common cause of this affection. You can not have forgotten her emphatic remark in reply to the question I addressed to her: "Did you leave your bed soon after the birth of your child?" "Indeed, I did, sir; I was at my wash-tub the day after my child was born!" In addition to her other troubles, this poor woman contracted from her dissolute husband, six weeks before she presented herself here, the syphilitic disease —and you will remember the two venereal ulcers on the sides of the uterus. "You say, my good woman, the ulcers are better?" "O! sir, they are nearly healed." [Here the patient was placed on the bed, and the Professor called the attention of the Class to the appearance of the chancres; on one side of the womb the ulceration was entirely healed— and on the other, the chancre was not larger than a shilling piece, with a healthy and restorative aspect.] If you will turn to the report of this case, you will find that, in speaking of the *Treatment*, the following was my language: "The first object to be attended to in the case before us is the healing of the ulcerations by local treatment; and, secondly, guarding, by appropriate medication, the constitution from secondary syphilis. To attempt to return the uterus, and secure it *in situ* with the venereal chancres unhealed, would be merely to expose the vagina to fresh ulcerations. We shall, therefore, proceed with the following treatment: —I now, as you perceive, freely cauterize the chancres with the nitras. argenti—and, to protect them against friction, it will be well to cover them with patent lint smeared with the spermaceti ointment. One of the following pills to be taken three times a day until ptyalism is produced:"—

℞ Pil. Massæ Hydrarg. . . . . ʒij
Pulv. Opii . . . . . gr. iv
Ft. Massa in pil. xx *dividenda.*

"Did you take the pills as directed, my good woman?" "Yes, sir; I took fourteen, and my gums became sore, and then I did 'nt take any more." "That was right. You may now take one of the remaining six pills every third night, until you have finished them." It is important, in cases like these, in order that the full effects of mercury may be had, to continue at intervals the medicine for two or three weeks even after salivation has been accomplished. After she has completed the pills, it will be proper for her to take during the day half a pint of the compound

* Page 271.

decoction of sarsaparilla, to be continued for at least six weeks, occasionally suspending its use for a day or two.

"You can now go, my good woman—and return here two weeks from to-day. By that time the other ulcer will be healed, and I will then introduce an instrument, which will give support to the womb, and enable you to attend to your duties with comparative comfort."

SUPPRESSION OF THE MENSES OF TWO YEARS AND FOUR MONTHS' DURATION IN A MARRIED WOMAN, AGED 26 YEARS, THE MOTHER OF TWO CHILDREN, THE YOUNGEST THREE YEARS OLD, FROM IMPERFORATE OS TINCÆ, THE RESULT OF INFLAMMATION.—OPERATION.—Mrs. D., aged 26 years, the mother of two children, the youngest three years old, presents herself at the Clinique for advice. "What 's the matter with you, my good woman?" "Oh! sir, I am not well." "Where do you feel sick?" "I feel sick all over, sir." "Then you are considerably out of repair, madam." "Indeed I am, sir." "How long have you been married?" "Six years, sir." "What was the state of your health previous to your marriage?" "Good, sir." "You say you have two children?" "Yes, sir." "What is the age of the oldest?" "It is five years old, sir." "How was your health after the birth of your first child?" "It was perfectly good, sir." "How old is your youngest child?" "It is three years old, sir." "Did you nurse both of your children?" "Indeed I did, sir." "That was right, madam." "How long after the birth of your first child was it when your courses returned?" "Five months, sir." "Did they continue regular until you became pregnant the second time?" "They did, sir." "When had you your turns after the second child?" "They came upon me, sir, three months after my second child was born." "How long did they continue regular?" "Until I was taken sick, sir, about two years and four months ago." "Do I understand you to say that you have not had your courses for two years and four months?" "Yes, sir; I have not had them since I was sick, and that was about two years and four months ago." "What do you mean by being sick two years and four months since; what kind of sickness do you speak of?" "Oh! sir, I had a miscarriage, and I am sure that was the beginning of all my troubles." "Did you suffer much at the time of your miscarriage?" "Indeed I did, sir." "Had you a physician to attend you?" "Yes, sir, and a very kind one, too; he did a great deal for me." "I am glad to hear you pay this tribute to your physician—you should always think well of your doctor. Did you suffer much pain after your miscarriage?" "Oh! sir, that is what made me so miserable. I had inflammation of my womb; and the doctor leeched me three times, and gave me medicine, and then put a blister on me." "Well, madam, that was the right kind of treatment for inflammation." "Indeed it was, sir." "Have you had your courses since you were attacked with inflammation of your womb?" "No, sir."

You will not regret this conversation, gentlemen; I have purposely instituted it for your especial benefit. The case before you is of extremely rare occurrence; and you will in a few moments appreciate the object of my questions. "Have you, madam, taken any medicine to bring on your courses?" "Oh! sir, I have taken so much medicine that my stomach is quite turned over." "What do you mean by that, Mrs. D.?" "Why, sir, it is all out of order." "Are you much troubled with nausea?" "I am sick at my stomach nearly all the time, sir." "Do you have any forcing pains about your womb?" "Yes, sir; I have them every month—and that 's the time the doctor told me to take the medicine, for it would bring on my turns." This case strikingly exemplifies the truth of the principle I have often inculcated in this Clinique, viz.: that the duty of the physician is not only to ascertain that disease exists, but he must also appreciate the true nature of the malady. What does this woman tell us, and what is the real point elicited by the conversation to which you have just listened? It is simply this—that she is 26 years of age, the mother of two children, in the enjoyment of good health until two years and four months ago, when she had a miscarriage, followed by inflammation of the womb, *since which time her courses have been suppressed.* The feature, then, of this case is the suppression of the courses—but I shall prove to you that, in regarding the suppression in an abstract point of view, and attempting upon this partial basis to restore the function, you would not only fail in the accomplishment of the object for which your remedies are administered, but you would aggravate the sufferings of your patient, and lapse into positive empiricism.

In reply to a question addressed to her a few moments since, she says: "I have taken so much medicine that my stomach is quite turned over;" —and again, she observes: "I have forcing-pains every month, and that 's the time the doctor told me to take the medicine, for it would bring on my turns." If the declarations of the patient are of any value —if they establish any fact, it is this—that the sole object of the doctor was, through the medicines he ordered, to restore the menstrual function; but he has, as you perceive, from the testimony of the patient, failed in the attainment of his purpose. Does it occur to any one of you why he has failed in affording relief to this woman? The entire interest of the case before us is embraced in this simple interrogatory; and its solution will shed a flood of light on the extraordinary circumstances which have caused the interruption of the menses for a period of two years and four months. You have seen in the Clinique numerous cases of suppressed menses, produced by various causes—and you have likewise witnessed how readily they have yielded to judicious treatment. But the suppression in the case of this patient differs materially from that of all others which have been before you; and with a field for observation of no limited circuit, and with a practice of fifty years, you

would probably not meet with one similar in its leading features. Those of you who have attentively analyzed the conversation which has just passed between this patient and myself, will, perhaps, be struck with the important fact disclosed in the dialogue, viz.: that two years and four months ago she had a miscarriage, *followed by inflammation of the womb, and since that time her courses have been suppressed.* Before introducing this woman to you, I interrogated her very fully, and as soon as she made the above announcement, I begun at once to suspect the cause of the suppression—and I immediately asked her whether she had not an enlargement in the lower portion of the abdomen. On her replying in the affirmative, I told her it would be necessary to institute an examination in order that I might ascertain the true nature of her disease. To this she consented, and the examination has revealed a most interesting and unusual state of things.

Before proceeding further, however, it is proper that I should tell you the motive and object of my suspicion. 1st. It occurred to me that this might be a case of menstrual suppression from an occlusion of the os tincæ; 2d. This opinion was formed from the circumstance that the suppression commenced immediately after the inflammation of the womb, and has continued to the present time. Supposing my suspicion to be confirmed by an examination, what connection, you may ask, is there between an occluded os tincæ and an enlargement of the lower portion of the abdomen? When the menstrual blood is secreted, and has no outlet, it necessarily accumulates, under ordinary circumstances, from month to month in the uterine cavity, and thus the enlargement is produced. In my lectures on pregnancy, you will not have forgotten how emphatically your attention was directed to this subject, and how earnestly you were cautioned against mistaking, especially in the unmarried, this state of things for gestation.

But what gives peculiar interest to this case, and constitutes it an exception to a very general rule, is the fact that there is an *imperforate os tincæ in a female, who has borne two children.* The fact of her having given birth to two children necessarily presupposes that the mouth of the uterus was not always imperforate, or, in other words, that the occlusion was not congenital. What, then, has produced the occlusion? The whole history of the case seems to demonstrate that it is the result of the inflammation with which the patient was affected after her miscarriage. This is the third example of *imperforate os tincæ* I have met with during the last few years in married women, who had previously given birth to children. In the two former cases, I was called when the patients were in labor, and performed the operation of *vaginal hysterotomy*, and in both instances the mother and children were saved. [The first case was reported in the New York Journal of Medicine for 1843, the second in the American Journal of the Medical Sciences for 1848.] As soon as I had satisfied myself as to the true condition of the patient

before us, I requested two of my staff, Drs. Martin and Savage, to institute an examination, and thus afforded them an opportunity of testing the truth of my diagnosis. Now, gentlemen, permit me to ask you what is the moral of this case? It is clearly this—that symptoms are not only faithless guides, but lead often to negative, if not to destructive results. Fortunately, in the present instance, the treatment has been limited to a negative issue. The indication here is obviously to remove, by an operation, the occlusion. It is the first step, without it all other medication would be abortive, and purely empirical.

I propose, therefore, to introduce a trochar within the *cervix uteri* for the purpose of removing the obstruction. If I am right in my diagnosis of the case, the operation will demonstrate the fact, for when the cavity of the uterus is penetrated there should necessarily be a discharge of the accumulated menstrual fluid. When a medical man has, from a judicious survey of all the surrounding circumstances, arrived at a decision, he owes it to himself, I think, to show his confidence in that decision by promptly carrying out the treatment indicated. If this patient, therefore, will consent, I shall proceed at once to do for her what my judgment tells me is most in accordance with the demands of her case. "Now, my good woman, you have heard what I have said." "Yes, sir." "Well, then, will you permit me to relieve you?" "Any thing you say, doctor." "Then, madam, I will do what is right for you." [Here the patient was placed on the bed, and the tumefaction of the abdomen in the hypogastric region was clearly visible. The professor observed that he would use the curved trochar for the purpose of penetrating the *imperforate os;* and, accordingly, taking his index finger as a guide, he introduced the instrument to the central and lower portion of the cervix, and carrying the trochar upward parallel to the long axis of the uterus, penetrated the lower portion of the organ without the slightest difficulty. The instrument was then withdrawn, and immediately Simpson's sound introduced, showing conclusively that the neck of the uterus had been penetrated. As soon as the sound entered the organ, there was a discharge of nearly a quart of grumous blood, which the professor regarded as the menstrual fluid which had been accumulating within the cavity of the womb.] You perceive this operation is a simple one, and yet it is not without danger if incautiously performed. In order that the *os tincæ* may be kept open, it will be proper for a few days to introduce a gum-elastic bougie. This is all that will be required. The good sense of this patient in submitting to the operation has enabled us to relieve her, and she will have, I am confident, no cause to regret what has been done. The result has been very gratifying, and has established the truth of our opinion. "You need give yourself no anxiety, madam, but have faith in what I tell you—that you will, in a short time, be restored to health." "Thank you, sir."

PHYSOMETRA IN A MARRIED WOMAN, AGED THIRTY-TWO YEARS.—IN-

TRODUCTION OF A SILVER TUBE INTO THE UTERUS, FOLLOWED BY AN ESCAPE OF OFFENSIVE FLATUS.—Mrs. C., aged thirty-two years, married, the mother of seven children, seeks advice for an enlargement of the abdomen, which commenced about eighteen months since, and which has caused her much anxiety of mind. "How long have you been married, madam?" "Ten years, sir." "You say you are the mother of seven children?" "Yes, sir." "Are they all living?" "All but the last, sir." "When did it die, madam?" "It was dead, sir, when it was born." "Was it taken from you with instruments? "No, sir." "Did you go to your full time with it?" "Yes, sir." "Do you know what destroyed it?" "I do not, sir. The doctor told me it was dead two months before I was delivered." "Did you see it after it was born?" "No, sir." "What is the reason?" "The women thought I should not see it." "Why so, madam?" "I do not know, sir, except that they said it had been dead too long." Now, if you will connect this conversation with other circumstances which will soon be revealed in the history of this case, you will, I think, understand my motive, and appreciate the ground on which I predicate my diagnosis of the disease before us. There could, I apprehend, have been but one motive actuating the friends who would not permit this patient to see her child after its birth—the motive of humanity. The child, in all probability, was decomposed, and unfit for the sight of the parent.

I desire for a few moments to direct your attention to some of the peculiarities of this abdominal enlargement. In the first place, as you perceive, the enlargement is peculiar in shape, representing very accurately the form of an impregnated uterus; 2d. If you will now listen to the sound as I percuss, you will notice that it is resonant, and not dull. No matter on what portion of the enlargement I percuss, the sound emitted is still the same, uniformly resonant. It is the sound which accompanies a tympanitic condition of the abdomen. You notice, on the contrary, when I percuss above, or on the sides of the tumor, no such resonance—the sound is dull. Before we proceed any further in this investigation, I shall ask one or two questions. "Madam, does this tumor sometimes become smaller?" "No, sir." "Are you certain of that?" "Indeed, I am, sir. From the first time I noticed it, which was about two weeks after the birth of my last child, it has rather increased." Why do I ask whether the enlargement becomes sometimes diminished? How repeatedly have you seen, in this Clinique, cases of abdominal distention from flatus in the intestines, constituting what is known as tympanites intestinalis, and how repeatedly, too, has your attention been called to the fact that one of the principal grounds of diagnosis is the alternation of increase and diminution in the size of the abdomen, the diminution depending on the escape of flatus, either by the esophagus or rectum? No such circumstance exists in the case before us; you have heard the statement of the patient that there is no diminution in the

size of the abdomen, but its tendency has been to increase. It is quite evident that there is a collection of flatus somewhere; it is also evident that the collection is circumscribed. Two questions then present themselves: 1st. Is the flatus the cause of the enlargement? 2d. In what is the flatus contained? From a careful examination which I made of this case before introducing it to you, I am of opinion that the enlarged abdomen is caused by tympanites of the womb, a disease known under the name of physometra.

This affection is of rare occurrence, and indeed some authors have doubted the possibility of its existence. I have myself never met with an instance of unequivocal physometra, and therefore the case before us presents to me more than ordinary interest. When I commenced my examination of this patient, the idea of physometra did not occur to my mind, and I have now arrived at this diagnosis for the simple reason that in no other way can I account for the enlarged abdomen. It is not philosophical to become blindly wedded to opinion; such prejudice too often controls judgment and limits thought, it breaks the chain of logical induction, and substitutes error for truth. This is a great principle in the investigation of morbid action—a principle in entire harmony with that substantial maxim in law, that you are to decide by the evidence, so help you God! The physician, like the juror, has nothing to do with pre-conceived opinion; his mind must be free from all bias, and his convictions derived from an honest exercise of judgment. The feature in the case before us is the enlarged abdomen, and while in our investigation it is right that we should revolve in memory the various causes capable of producing this condition of things, yet it is due to truth and science, that no opinion should be formed which is not at least founded on a rational basis. Tumors of various characters, hydatids, pregnancy, tympanites intestinalis, tympanites abdominalis, a fatty omentum, molar gestation, ascites, encysted dropsy, various diseases of the uterus, etc., etc., are all so many circumstances, which may, in given cases, occasion a distended abdomen. In my examination of this case, I have had before me these different circumstances, but there is no evidence that either of them exists, and therefore I am driven from necessity to some other explanation of the enlargement, which, as I have already stated, I believe to be due to physometra.

Causes.—It has been urged by some writers that air enters the uterus through its cervix, and thus the collection is formed. This, to say the least, is improbable. When tympanites uteri—physometra exists, it is, I believe, in consequence of certain chemical changes, the immediate result of morbid action in the womb itself. A blighted ovum, a retained and decomposed placenta or fœtus, or the decomposition of any intra-uterine growth, may result in the extrication of a gaseous fluid, which constitutes the affection before us; and my own opinion is, that this patient is an example of this very cause. You remember the important fact to which she alluded, in reply to my questions, viz.: that the women

would not permit her to see her infant after its birth, for the reason, as we suppose, that it was in a state of decomposition. This is a very interesting circumstance in connection with the case, and, I believe, fully explains the presence of the uterine flatus. Physometra may also result from retention of the menses, or of the lochial discharge. Baudelocque, Lisfranc, and others, have recorded cases of physometra in hysteric women, without having been able to detect any cause for it. May not, in these cases, a secretion of gas have taken place in the womb, such, for example, as occasionally occurs in the stomach of dyspeptic patients?

Symptoms.—The principal symptom of *physometra* is the enlargement of the uterus, together with the local and general uneasiness necessarily more or less dependent on this circumstance. It is alleged, and I can readily imagine it to be so, that, in this affection, there is usually suppression of the menstrual function. This patient has informed me that she has not had her courses since the birth of her infant.

Diagnosis.—It is possible that physometra might be mistaken for pregnancy; but it would be an unpardonable error on the part of the physician. In physometra, there is an absence of all the symptoms of gestation, except the enlarged uterus and suppressed catamenia. The resonant sound on percussion, the lightness of the womb, the absence of the changes in the cervix, etc., are all so many circumstances to guard the medical man against embarrassment.

Prognosis.—I see no reason why a favorable opinion should not be given, under ordinary circumstances, as to the issue of the case.

Treatment.—If there should exist within the uterus any decayed substance, the first thing to be done is its removal; but if there should be nothing of this sort in the uterine cavity, and the distention be considerable, I should have no hesitation in introducing a small tube into the organ for the purpose of evacuating the flatus. It may be necessary to repeat this operation several times. Having done this, I know of no plan of treatment, which presents a more rational hope of permanent relief than at once to change the morbid secretions of the lining membrane of the uterus, which will, I think, in this affection, be generally found more or less involved in diseased action—and restore to the uterus its healthy and tonic condition. For this purpose, I shall recommend the following course to be pursued: After evacuating the gas, which I shall attempt immediately, the patient will be directed to take one of the following pills twice a day until ptyalism is produced. When this object—which I consider a *sine quâ non* to the restoration of healthy action in the present case—is attained, the patient should drink in divided doses during the day half a pint of the following decoction, and continue the use of it for six or eight weeks:

℞ Pil. Massæ Hydrarg. . . . . ℈ij
Pulv. Opii . . . . . gr. iv
Ft. Massa in pil. xxiv *dividenda.*

℞ Decoct. Sarsaparilla *c.* . . . . . Oviij
Acid Nitric dilut. . . . . ʒvj *M.*

"Now, my good woman, you have heard my opinion of your case; will you allow me to do what I think best for you?" "Yes, sir." [The patient was placed on the bed, and the Professor introduced into the uterus a silver tube, through which there immediately escaped a quantity of offensive flatus, giving rise to a crackling sound.] You see, gentlemen, that this escape of gas from the uterine cavity is pretty conclusive evidence of the truth of the opinion at which we have arrived as to the cause of the distention. This evidence is gratifying to me, and I trust will not be without profit to you.

Occlusion of the Anus in an Infant aged one Week—Operation.*—Joseph B., aged one week, is brought to the Clinique by his mother, who appears to be very happy because her infant has been relieved. You will scarcely recognise, gentlemen, in this infant the little sufferer brought here some time since apparently in a moribund condition. To be frank with you, I am surprised to see it alive. This is the infant, you will remember, with imperforate anus, on which I operated when it was but a week old. The poor little thing had nothing to pass its bowels from the time of its birth. A variety of medicines had been administered, the doctor supposing this was all that was necessary to overcome the difficulty. On examining it, we found that the anus was occluded. Of course there was but one thing to be done, viz., to remove the occlusion. This we did by a simple incision of the integument with a bistoury. As soon as this was accomplished, a large quantity of meconium was discharged; the tumefaction of the abdomen became much diminished, and the countenance of the child gave evidence of relief. At the time I performed the operation, I very distinctly mentioned that, such was the low condition of the infant, I could make no assurance of a successful issue. I am now agreeably disappointed, and this recovery affords another evidence of the extraordinary tenacity of life. "Well, my good woman, I am very much pleased to see you here with that smiling little fellow in your arms. You must take good care of him." "Indeed, I will, sir, and I am very thankful to you, sir, for what you have done." "No thanks, madam. Good morning."

Encysted Tumor seated in the Posterior Wall of the Vagina in a married Woman, twenty-three Years of age.† Mrs. L., aged twenty-three years, the mother of two children, the youngest eight months old, reports herself cured. You certainly, gentlemen, remember this patient. She had suffered for the last eight months from a tumor in the vagina, which gave her much distress. The tumor had been mistaken for prolapsus uteri, and a pessary had been introduced for the purpose of supporting the womb. On examination, we discovered that so far from the uterus being displaced, it was perfectly *in situ*, and the supposed prolapsion was an encysted tumor imbedded in the posterior wall of the vagina.

* Page 295. † Page 283.

The causes, symptoms, diagnosis, and treatment of this character of tumor were fully discussed, and you will recollect I penetrated the tumor with a bistoury, and there escaped a wine-glass of tenacious fluid. The patient was directed to inject the vagina with castile soap and water for three or four successive days. No other treatment was ordered. The result you now have before you. The patient is relieved of much suffering and mental anxiety.

Partial Paraplegia in a married Woman, aged thirty-two Years, from Instrumental Delivery—Remedial effects of Strychnine.—Mrs. W., married, aged thirty-two years, the mother of one child, ten months old, seeks advice for a sensation of numbness and loss of power in her lower extremities. "How long, madam, have you complained of numbness in your limbs?" "Ever since the birth of my child, sir." "Were you quite well previous to your delivery?" "Yes, sir, my health was always good before that time." "Had you a severe labor?" "Yes, sir; I was in labor over two days, and I was delivered with instruments." "Is your child alive?" "Yes, sir." "I am glad to hear it, madam."

This case, gentlemen, is one of unusual interest. You have in the person of this patient an example of partial paraplegia resulting from a difficult labor, together with the use of instruments, and it is proper that you should understand the connection between this character of labor, the partial numbness, and loss of power in the lower limbs. It is the relation of cause and effect. The numbness may have resulted in one of two ways—either from direct pressure on the nervous plexuses, or through reflex action on the spinal cord. How are you to distinguish between these two influences, and ascertain correctly whether the source of the trouble be in the spinal cord, or exclusively in the nervous plexuses? This certainly is an important question, and you determine the fact as follows:—When the numbness, etc., is occasioned by pressure on the plexus of nerves, but *one* limb will be affected; when, on the contrary, it arises from reflex influence, *both* limbs will be involved. This is the distinction made by the physiologist, and confirmed by observation.

In the case before us the spinal cord has become involved, as is shown by the fact that both extremities are partially numb. It is an interesting circumstance for you to remember, that in enlargement of the uterus from various diseases, such as chronic inflammation, carcinoma, polypus, suppressed menstruation, etc., partial and sometimes complete paralysis of the lower extremities is occasionally the result.

It is, however, usually evanescent, being completely under the control of remedies. It is not at all an uncommon circumstance to observe paraplegia following an attack of severe acute inflammation of the uterus. When, therefore, these cases present themselves to your observation in practice, you will, by a just discrimination of their nature, be enabled to

confer happiness on your patients, and reputation on yourselves, by the well-grounded assurance that the case is within the limits of treatment, and will speedily yield to remedies. Incipient paraplegia, as I have frequently reminded you, is often the first symptom of cerebral disturbance; and in these cases, unfortunately, our prognosis will be more or less unfavorable. You see, therefore, how important it is in a case of paraplegia to be correct in your judgment as to the true source of the derangement. Correct treatment, and also correct opinion as to the issue, will necessarily depend upon this knowledge.

"Are your bowels confined, my good woman?" "They are not very regular, sir."

Treatment.—It is important that the bowels should be freely moved, and for this purpose I shall order the following prescription:

℞ Sub. Mur. Hydrarg. . . . . gr. x
Pulv. Jalapæ . . . . . gr. xv
Pulv. Antimonial. . . . . gr. ij
M. Ft. Pulv.

Let this powder be taken this evening, followed in the morning by ℥j of castor oil.

After the bowels have been properly moved, I shall place this patient under the influence of *strychnia*, which is the active principle of *nux vomica*. You are aware that strychnia exercises a specific influence on the spinal cord, but this influence is much more positive on the motor nerves than on those of sensation; muscular contraction is produced by this remedy through its action on the excito-motory center of the economy—the spinal cord. From the stimulus directed to this latter, a new impulse is imparted to the motor nerves, on whose action you know muscular contraction depends. Strychnia, then, being capable in this way of exciting muscular contraction, and, consequently motion, is a remedy admirably suited to those forms of paralysis in which especially there is no marked lesion, but simply functional derangement of the excito-motory center. It is a remedy, however, to be employed with caution, for the reason that an over-dose is often followed by serious, if not fatal consequences. Nothing is easier than to produce tetanus by the injudicious use of this agent—and this is a complete demonstration of its influence on the spinal cord; for tetanus, when not complicated, is the result purely of irritation of this nervous center. In the use of strychnia, too much caution can not be exercised. It is proper to commence with minute doses, and watch the effects with guarded vigilance. One of the following pills may be taken twice a day:

℞ Strychniæ . . . . . gr. ij.
Confect. Rosæ . . . . . q. s.
Ut ft. pil. xxiv.

Epilepsy occurring at each Menstrual Period.—Jane A., aged sixteen years, whose case has been reported, was brought to-day by her

mother to the Clinique. The case is one of great interest from the fact that this young girl had enjoyed good health until within a year past, at which time the menstrual function appeared. The very day on which the function manifested itself, she was attacked with epileptic convulsions—and they have continued to occur with marked regularity at each menstrual crisis. You will not have forgotten, gentlemen, the opinion I expressed when this case was first brought before us. The epilepsy I regarded as the effect of irritation upon the cerebro-spinal axis induced sympathetically by the extreme nervous sensibility of the uterine organs, which sensibility being so much increased at the period of the catamenia resulted in the production of epileptic convulsions. The treatment ordered for the girl was intended to diminish the sensibility of the uterine organs, just before and during the menstrual crisis, with the hope that the irritation reflected on the cerebro-spinal axis being broken up, or at least measurably removed, the convulsions would either yield, or become modified in intensity. *Epilepsy* has often proved rebellious to remedies simply because it has been regarded as a disease *per se*. It requires only an accurate observation to show that it is in ninety-nine cases out of a hundred a result or, if you please, a symptom. If, then, this be true, it is the duty of the scientific practitioner seduously to pursue the inquiry—of what is it the effect, or, in other words, what has produced it? The causes of epilepsy are quite numerous.

Marshall Hall called the attention of the profession some years since to an important distinction in the origin of convulsive diseases—a distinction founded upon physiological truth, and which should never be lost sight of in the treatment of these affections, which are usually regarded as the *opprobrium* of our science. He started with the broad proposition that the causes of these nervous diseases were traceable to impressions made either on the nervous centers, or upon the peripheral extremities of the nerves themselves. Hence the distinction into centric and eccentric convulsions. Who will not at once recognize in this simple, yet truthful, classification of these nervous maladies, the good sense and logical mind of Marshall Hall, who has strewed the field of medicine with many a physiological flower? If you reject his proposition, you can not in any way satisfactorily account for many morbid phenomena, which are constantly developing themselves in the human system.

But the proposition is not broad enough, for instead of speaking merely of convulsive affections, he might have included paralysis, various neuralgic pains, etc. You are aware, for example, that irritation of the nerves of the stomach, either through disease, or the sudden application of cold, will oftentimes result in pain of the head, and more particularly of the forehead; and you are familiar with the fact that pain in the right shoulder is one of the ordinary consequences of an im-

pression made on the nerves of the liver. Numerous facts recorded by Graves and others, have shown that paralysis of the limbs, and more especially of the lower, is frequently traceable to various diseases of the lungs, pleura, liver, stomach, intestines, ovaries, uterus, kidneys and prostate gland.

In admitting, therefore, that paralysis, as well as convulsions, may result secondarily from irritation of some of the centripetal nerves, it is easy to understand how a child, whose intestines are filled with undigested matter, may be attacked, as a consequence, sometimes with paralysis, and sometimes with convulsions; and upon the same principle, paraplegia will occasionally be observed to follow a severe attack of dysentery, or enteritis. But why is it, you may very naturally ask, that there are sometimes convulsions, and at other times paralysis? If the irritation be sudden, and the nervous centers characterized by much excitability, then convulsions will occur—and, under other circumstances, paralysis will be developed—but it is not, I believe, yet determined positively why or how paralysis is produced or not produced. It is not improbable that an alteration in the nutrition of the spinal cord results from irritation of the centripetal nerves, but the *modus in quo* of this altered nutrition is a question of some obscurity. Dr. Brown-Sequard suggests that it may be from the action of the nerves on the blood-vessels; he has also pointed out another cause of alteration in the spinal cord, and supposes it may result in paralysis. His argument is this: that the modification of a diseased viscus may be transmitted from the viscus to the spinal cord in one of two ways. 1st. If inflammation supervene in the neurilema of the nerves of the organs, it may pass on to the spinal cord itself; 2d. The nerve-tubes being endowed with capillarity may propagate, through their extremities in the altered viscera, the fluids in contact with them, and a portion of these fluids may then be conveyed by the fibres of the anterior roots (as they do not pass through a ganglion) to the spinal cord, in which they may light up inflammatory action, or in some other mode involve its nutrition.

When the patient now before you first presented herself at the Clinique, I remarked that I felt a deep interest in the result, and regarded the epilepsy in her case as one of eccentric origin, explained as follows: At each menstrual crisis the peripheral extremities of the spinal nerves, which you know are distributed on the neck of the womb, as well as the same extremities of the sympathetic, which pass to the upper portion of the organ, being subjected to unusual irritation, this irritation is transmitted directly by the spinal nerves, and indirectly by the sympathetic filaments to the two great nervous centers, the brain and spinal marrow; and in this way the epilepsy was produced. At least, this was my theory and reasoning to explain the condition of the girl. The treatment was predicated upon the theory, and we shall presently learn what the result has been.

In epilepsy there is a loss of consciousness, and consequently the cerebrum, as well as the spinal cord, is more or less involved; but in chorea, where consciousness is undisturbed, and where there is merely involuntary muscular motion, certain parts of the so-called *true spinal cord* are alone the seat of irritation.

"Now, madam, will you be kind enough to inform us whether your daughter has improved, or otherwise, under the treatment?" "She has improved, sir, in one particular." "What is that, madam?" "She does not have her fits as she formerly did, at the time of her courses, but she has them about ten days afterward." "Are they as frequent and severe as they were before she came to the Clinique?" "They occur once or twice between her turns, but they do not last as long." "Well, madam, from what you state, I am encouraged to believe that we shall restore your daughter to health, and I am sure such an event will make you both very happy." "Indeed, it will, sir, and many blessings on you!"

You perceive, gentlemen, that the treatment which I ordered for this girl, has accomplished the object I proposed, and the result fully justifies the view I took of the cause of the epilectic convulsions. The nervous irritability of the uterus was quieted by the pills of camphor, hyoscyamus, and Dover's powder, together with injections of laudanum and tepid water into the rectum, which you remember were the remedies suggested, commencing two days before the expected menstrual period, and continuing until its termination. The result, so far, has been most satisfactory, and you are bound to accept it, not as the result of chance, but as a legitimate deduction from fair reasoning. What, now, is to be done, in order that the convulsions may be entirely removed, and this girl, who is just, as it were, on the threshold of womanhood, restored to health, and be enabled to play her part in the great drama of life? For this purpose, and as a link in the original chain of argument, I would suggest that the same treatment be continued at the next menstrual turn, and in addition, after five days shall have elapsed from the termination of the menses, let fifteen drops of laudanum in a wine-glass of tepid water, be thrown up the rectum for three successive nights. This will probably so diminish the sensibility of the uterine organs, as to prevent a recurrence of the convulsions. If the injections tend to constipate the bowels, the patient should take a seidlitz powder as circumstances may require.

LECTURE XIX.

Engorgement of the Uterus from Suppression of the Menses, resulting in Catalepsy, in a married Woman, nineteen Years of age.—Matrimony, its effects on the Uterine Organs.—Suppression of the Menses occasioned by Periodical Hemorrhoidal Bleedings.—Vicarious Menstruation.—Emmenagogue Medicines not always indicated in Suppression.—Vomiting in an Infant one Month old.—Periostitis, together with Venereal Condylomata in the Vagina, in a married Woman, aged twenty-seven Years.—Abscess of the right Labium Externum in a married Woman, twenty-two Years of age, from difficult Parturition.—Retro-version of the Fundus Uteri in a married Woman, aged twenty-four Years.—Connection between Retro-version and Paraplegia.—Importance of correct Diagnosis between Diseases of the Uterus and those of the Rectum.—Intense pain during Sexual Intercourse from Internal Hemorrhoidal Tumors.

Engorgement of the Uterus from Suppression of the Menses, resulting in Catalepsy, in a married Woman, nineteen Years of age—Matrimony, its effect on the Uterine Organs.—Mrs. T., aged nineteen years, says she has been subject for the last four months to the falling fits. "How long have you been married, madam?" "Five months, sir." "What was the state of your health previous to your marriage?" "It was not good, sir." "What did you complain of, my good woman?" "The difficulty, sir, was with my courses." "Do you mean to say that they were not regular?" "Yes, sir; I never had them but once, and that was when I was just seventeen years old, and they only continued one day." "When your courses were on you, did any thing particular occur that you remember?" "Yes, sir; I lay it all to a fright I took." "What frightened you, my good woman?" "I went in a boat sailing, and we were very near being upset, sir." "Well, madam, that was enough to frighten you. You say you have not had your turns since that time?" "No, sir, I have not." "Do you suffer any pain?" "Oh, sir, you do not know how much I suffer every month." "What kind of pain is it?" "Such a heaviness, sir, and bearing-down, and my back feels as if it would break." "Do you only feel the pain every month?" "I have the bearing-down distress all the time, but it is so much worse at each month, when my turns ought to come on." "Are you troubled with sick stomach?" "Almost all the time, sir." "Have you headache?" "Yes, sir, my head troubles

me nearly all the time." "When did you have the first falling fit of which you speak?" "Just three weeks after my marriage, sir." "Did you ever have one before your marriage?" "No, sir." "Did you ever take any medicine to bring on your courses before your marriage?" "Yes, sir, I took a great many pills, and my aunt gave me some tanzy-tea." "You are positive you never had a fit until after you were married?" "I know I never had a fit, sir, but I used to feel very bad—so nervous that I did not know what to do." "How often have you been attacked with these fits since your marriage?" "They don't come on, sir, regularly. Sometimes I have them once in ten days, and I have gone three weeks without an attack." "Do you lose your senses when you have a fit?" "I don't know any thing about them, sir." "Here is my aunt, who will explain it all." "Are you the good aunt who administered tanzy-tea to this patient?" "Yes, sir, indeed I am." "Why did you give the tanzy?" "Because, sir, I thought it would help the poor thing." "I have no doubt, madam, that your motive was good, but your practice was bad." "Have you ever seen your niece in these fits?" "Yes, sir, often." "When the fits come on her, does she know you?" "No, sir, she is like a dead woman." "Does she move about?" "No, sir, she is perfectly still; and I have seen her fall on her face, and one arm would be raised up in the air, and it would remain in that position, just as if she held it so on purpose." "You are quite positive she does not move or twitch when she falls down?" "Indeed, I am, sir. I never saw such fits, sir. I have seen other people in fits, but they have always struggled." "Have you ever had any idea of what first caused these fits, madam?" "Yes, sir, I always laid them to that fright in the sail-boat." "Well, madam, you are not far from right, and I shall show that the fright of which you speak was indeed the starting-point of the trouble. What was the state of your niece's health before her courses came on?" "It was very good, sir." "She never had any fits previous to that time?" "No, sir."

I have a very special object, gentlemen, in asking these questions. The answers develop a state of things extremely interesting to the practitioner, and will tend, I think, to impress upon you the necessity of thorough investigation before forming your opinion as to the real nature of morbid action. This young woman presents a singular condition of system; and, to the popular eye, the principal feature of her case is the nervous disturbance, resulting in "fits." The practitioner, however, whose duty it is to look beyond the surface, will give to the "fits" nothing more than their true value—and his first object will be to ascertain what it is that has produced them. Before proceeding further, allow me, for a moment, to call your attention to the peculiar character of nervous disturbance with which this patient is affected. The description given by the aunt is so perfectly characteristic, that there can be no doubt as to the nature of this disturbed action. It is not epilepsy, nor

is it hysteria, neither is it tetanus—it is evidently catalepsy. There is one peculiar feature, which marks and distinguishes this form of abnormal nervous action from all others, viz., the fact that the muscles of animal life remain during the attack unchanged, and in the same condition in which they were previous to the approach of the convulsions. This is an important diagnostic symptom of catalepsy. There is no movement in this affection—no struggling—but the patient remains perfectly quiet, with loss of consciousness, and the muscles contracted precisely as they may have been before the paroxysms came on. You heard, for example, what the aunt told as to the position of this girl on one occasion when she was laboring under a cataleptic attack. Her language is, "I have seen her fall on her face, and one arm would be raised up in the air, and it would remain in that position, just as if she held it so on purpose."

This is a graphic description of catalepsy, and exhibits the characteristic which distinguishes it from all other nervous derangements. In order that this case may lose nothing of its interest, and that you may appreciate it in all its bearings, I will suppose that, when you shall have entered the field of practice, one precisely similar in every detail shall present itself to your observation—or, in other words, that your opinion will be requested, and on the accuracy of your judgment is to depend the serious question of whether or not the patient is to experience relief. This is the fair putting of the argument; and, under these circumstances, I call upon you to say what would be the course which both common sense and science would point out as the one to be pursued? Suppose, for example, that this woman had applied to one of you for advice, and by questions addressed to her you had drawn forth the statement which you have just heard. What would the statement have suggested as to the probable cause of the "fits" with which she has been affected? This, after all, is the great point in the case before us, for if testimony is worth any thing, it is because of the amount of truth it establishes. A brief analysis of this case presents the following important facts: 1st. This woman menstruated for the first time when she was seventeen years of age; 2d. The menstrual function continued only one day, it having become suppressed in consequence of a fright in a sail-boat; 3d. From that time to the present she has never had a return of her courses; 4th. Soon after the suppression, though she had no "fits," she became extremely nervous; 5th. She suffered more or less constant bearing-down pain, *but it is very much increased every month, showing evidently the increase of pain to be due to the menstrual molinem;* 6th. This patient is 19 years of age, and has suffered from fits for the last four months, *the first fit having occurred three weeks after her marriage;* 7th. Previous to the first menstruation, her health was good.

This is briefly a resumé of the material points in this case, and it is proper I should tell you that, before introducing the patient here, I had

questioned her very closely. I did not entertain a doubt that the suppression of the menstrual function was the origin of her nervous derangement; but without a vaginal examination I could not positively affirm to what extent the organic structure of the uterus was involved, if at all, and consequently whether the disturbance in the nervous system was owing simply to functional or organic derangement of this viscus. With the consent of the patient, I instituted an examination, and have ascertained that the uterus is about four times its natural size, slightly tender on pressure, but without any solution of structure; in a word, the patient before us is affected with *chronic engorgement* of the organ. Without this examination *per vaginam*, I could in no way have arrived at a correct conclusion as to the true condition of the uterus; I might, to be sure, have indulged in conjecture; but, as a basis for the judicious treatment of disease, we require something more substantial and positive than hypothesis. Having ascertained that the uterus is in a state of engorgement, the next question to be decided is, what has produced the engorgement, and what connection has it with the nervous disturbance developing catalepsy? The history of the case, if it prove any thing, establishes very clearly that the engorgement is a direct consequence of the suppressed menstruation. Suppression, however, is not always followed by engorgement of the uterus; but in the present case it is proved, by a chain of irresistible facts, that the engorgement is the direct consequence of the suppression.

Here, then, we have an interesting state of things; a patient menstruates at seventeen years of age, the courses become suddenly suppressed, and do not again appear. She marries when she is about eighteen years and six months of age; and three weeks after marriage she is attacked with cataleptic convulsions, which have continued at intervals to the present time. Although the suppression of the catamenia was the starting-point of the difficulty, yet it can not be considered the exclusive cause of the convulsions. The engorgement has performed its part, also, in the production of this nervous derangement. This is not the place for me to speak of the different kinds of uterine engorgement, but I might mention, *en passant*, that a woman, whose menstrual function is normal is subject every month to a congestion of the uterus; as soon as each menstruation ceases, the congestion ceases. Again, a female may have what is termed the menstrual molimen, or monthly congestion, but no show of menstruation. In such case, it usually happens that the congestion subsides spontaneously, and does not re-appear until the following period. There are, however, exceptions to this rule, and you will occasionally observe, that, owing to some morbid condition of the mucous membrane of the uterus, perhaps a constricted state of the capillary vessels, the blood is not discharged under these circumstances, and it may occur that the congestion does not subside; the next period ap-

proaches, the congestion is increased, and still no discharge of uterine blood.

These phenomena may continue sometimes for several successive months, and the effect will be, as I think is fully exemplified in the case before us, a chronic engorgement of the uterus, resulting in serious disturbance of the constitution. This form of engorgement, produced as I have just explained, oftentimes makes insidious progress, and in some instances lays the foundation of malignant, and other degenerations of the uterus. You have been attentive witnesses, gentlemen, to the questions which I have addressed to this patient, and you will not have forgotten among her statements one to which I attach much practical value, for it elucidates very clearly an important principle never to be lost sight of in the treatment of the diseases peculiar to women. You will remember she remarked that she had never been attacked with a "fit" previous to her marriage, although from the time that her menses became suppressed until her marriage she had felt extremely nervous and agitated; in other words, suffered from disturbance of the nervous system, but not to a degree to experience a convulsion. And she goes on to say that *the first "fit" occurred just three weeks after marriage.* To me this last disclosure is extremely significant, and I have no difficulty in establishing a connection between the cataleptic convulsions and the peculiar circumstances under which they first occurred. You perceive that even before marriage the nervous system became unbalanced by the uterine engorgement; but it was not until after marriage that the engorgement, suddenly increased by the fresh afflux of fluids brought to these parts by sexual intercourse produced, through eccentric influence on the nervous system, the true cataleptic convulsion.

That marriage does induce this afflux of fluids to the parts, is universally conceded; and so generally is this fact understood, that nothing is more common, in cases of amenorrhœa in young girls, after medication has been unavailingly tried, to recommend matrimony as the only means left of bringing about the function. Fatal error in many instances—an error which has laid in an early grave many an interesting young creature! I have, gentlemen, cautioned you, until I am sure the caution yet wrings in your ears, never to form your opinion of disease from partial or abstract views—abstract reasoning is too often false reasoning, and is, therefore, not suited to the investigation of our science, the object of which is the development of truth. If you desire an illustration of the fallacy of abstract reasoning, suppose the case of a young girl, seventeen or eighteen years of age, in whom the menstrual function has never appeared. Looking merely at the fact that the menstrual function has not been instituted, and utterly regardless of the various circumstances which are capable of producing this condition of things, the physician will commence with emmenagogues, in the form of pills, powders, fluids; and when, after repeated efforts, he not only fails in the accomplishment of his ob-

ject, but greatly aggravates all the symptoms, he will recommend matrimony. The marriage is solemnized, and the poor girl and her friends doomed to disappointed hope. Her health continues to fail, and she dies, not from necessity, but simply because the true nature of the amenorrhœa has not been understood. You will find, in the course of your professional observation, that there are many cases of amenorrhœa caused by a congested condition of the uterus; and if, under such circumstances, you administer emmenagogues and forcing medicines, the immediate result of which is to throw an increased quantity of blood upon the uterine organs—precisely the same effect that results from matrimony—you will fail in affording relief to your patient, and at the same time almost certainly provoke an early death. Our profession is not one of uncertainty, if its well-settled principles be taken as a guide; but it is one of cruel results, if its practice be left to surmises and vague conjecture.

The question may occur to some of you—Why has this woman been affected with the cataleptic form of convulsion? To this question it is only necessary to reply that the derangement of the nervous system arising from diseases of the uterus, either functional or organic, are numerous, viz., epilepsy, catalepsy, hysteria, chorea, and sometimes mania; and whether it be one or other of these forms which is developed, will depend upon various circumstances, such as constitutional idiosyncracy, the gravity of the uterine affection, etc., etc.

Treatment.—The nature of this patient's difficulty now being perfectly understood, and the true distinction having been made between cause and effect, the next point for consideration—the one in which this woman is deeply interested—is, What can be done to afford her relief, and restore her to her original health? You will recollect she told us that she had taken a great many pills, and you are not to forget, also, the tanzy-tea administered by her good aunt. Without knowing the particular composition of the pills, I will venture the opinion that they were emmenagogue in their nature, and given for the same specific object for which the tanzy-tea was suggested, and, therefore, only tended to aggravate the morbid condition of the uterus. In a word, the broad indication here is to diminish the engorgement of the organ, which, as I have already remarked, is the cause of the cataleptic convulsions; and which, if it be not controlled, will very probably lead to more serious, if not malignant degeneration of the uterus itself. When the engorgement is remedied, the menstrual function will become restored. I shall order the following treatment:

One dozen leeches to be applied to the vulva, and the bleeding to be promoted by warm fomentations and poultices; the three following pills to be taken to-night, followed in the morning by ℥j of castor oil:

℞ Sub. Mur. Hydrarg. . . . . gr. xij
Pulv. Ipecac. . . . . gr. j
Ft. Massa in pil. iij. *div.*

The bowels should afterward be kept in a soluble state by a wine-glass of the following saline mixture, as circumstances may require:

℞ Sulphat. Magnesiæ } . . . . . āā ℥j
Sup. Tart. Potassæ }
Aquæ puræ . . . . . Oj
Ft. Sol.

At the time of the expected menses, when the bearing-down pain is increased because of the menstrual molimen, one dozen leeches should again be applied to the vulva. The diet to be strictly vegetable, and the patient to exercise as little as possible. "You will be kind enough, my good woman, to follow the directions, and return here one month from to-day." "Indeed, I shall, sir." "Good morning, madam."

Suppression of the Menses, occasioned by Periodical Hemorrhoidal Bleedings—Vicarious Menstruation—Emmenagogue Medicines not always indicated in Suppression.—Mrs. L., aged thirty-two years, widow, the mother of two children, the youngest eight years old, has enjoyed good health until the last two years. "Are you certain, madam, your health was good until two years ago?" "Yes, sir; I was perfectly healthy." "Do you know what caused your health to decline at that time?" "My courses, sir, stopped on me, and I have not had them since." "Do you mean to say that you have not had your 'turns' for the past two years?" "Yes, sir." "Do you know what caused their suppression?" "No, sir, unless it was hard work." "Have you taken any medicine to bring them on again?" "Yes, sir, indeed I have; and the physic has made me feel very miserable; it has made my piles so bad that I am all the time in pain." "How long have you had the piles, my good woman?" "I have had them for two years, sir." "Do they bleed?" "Yes, sir, and then I always feel better." "Did they bleed when you were first attacked with them?" "Yes, sir; and I have not had my courses since that time." "What was the state of your bowels before you suffered from the piles?" "For about a month before they came on me, sir, my bowels were very much confined—and that has been my great trouble for the last two years; I don't sometimes have any thing pass me for three and four days." "Were your courses always regular until you had the piles?" "Always, sir; I never missed a 'turn' except when I was carrying and nursing my children."

This conversation, gentlemen, reveals an interesting state of things; and you will not, I think, have failed to appreciate the peculiar point of the case. The patient before us has labored for the past two years under suppression of the catamenia. If, in prescribing for this woman, you permitted your minds to be exclusively engrossed by the mere fact of the suppression, you would very likely order emmenagogue medicines with a view of restoring the function. Look at the circumstances as detailed by this patient, and then tell me if, in your judgment, such treatment would either be rational, or likely to accomplish the object. I

have no doubt that the suppression in this case is due to the bleeding hemorrhoidal tumors, constituting a species of vicarious menstruation. One of the most frequent causes of hemorrhoids is constipation. Here, then, are several circumstances to be fully considered by the physician before attempting to restore the menstrual function. They are, however, to be considered in reference to their respective influence, and in the order of their action. 1st. The constipation; 2d. The hemorrhoids; 3d. The suppression. With this brief analysis of the case, it appears to me that the indications to be fulfilled are too obvious to need comment. If, instead of investigating the true cause of the suppression, you were to attempt to restore the function by the administration of emmenagogue medicines, you see plainly the inevitable result of such practice—your emmenagogues would increase the afflux of fluids toward the uterine and adjacent organs, and in this way would aggravate greatly the cause of the suppression—the hemorrhoidal tumors. Thus, while you would be defeated in relieving your patient of the suppression, you would, by this irrational treatment, render her case still more distressing.

Treatment.—The point to be attended to in the management of this case is to arrest the vicarious discharge; this can only be done by relieving the hemorrhoids, but as these are the effects of constipation, it follows that the first step in the treatment is to overcome this, and by producing a soluble condition of the bowels, the presumption is that the hemorrhoids will disappear, and this waste-gate being closed, the menstrual function will become restored. If, however, when the constipation is overcome, the hemorrhoidal tumors should still continue, then it will be necessary to remove them by ligature, which you have seen me do twice in the Clinique. All that I shall direct for this patient at present will be the following mild aperient, to be taken each night at bed-time in a glass of water or milk; it will be found often very useful in hemorrhoidal affections:

℞ Sulphuris precipitat. . . . . gr. xv
Magnesia . . . . . ʒj *M.*

All stimulants should be avoided, with the use of simple diet.

Vomiting in an Infant one Month old.* The little infant, aged four weeks, who, it will be remembered, had been troubled with vomiting more or less for two weeks, was brought by its mother to the Clinique, and reported perfectly well. This little infant, gentlemen, vomited, as many young infants will do, from a mechanical cause—gastric repletion. We ordered it no medicine, being satisfied that none was needed. All that we did was to direct the mother to nurse it less frequently. "Well, madam, did you follow the directions?" "Yes, sir, indeed I did." "Your infant is now quite well, is it not?" "Yes, sir; there is nothing in the world the matter with it, thanks to you, sir." "Good morning, madam."

* Page 290.

VENEREAL PERIOSTITIS TOGETHER WITH CONDYLOMATA OF THE VAGINA, IN A MARRIED WOMAN, AGED TWENTY-SEVEN YEARS.—Mrs. L., married, aged twenty-seven years, no children, complains of distressing irritation in her genitals, and says that she has some lumps there which occasion her much annoyance. [Here the patient was placed on the bed, and on examination the professor discovered several venereal condylomata within the labia externa.] "My good woman, do you know what caused these little tumors, or lumps as you call them?" "Yes, sir, I contracted the bad disorder from my husband about six months ago, and I have never had my health since." "Well, madam, you are very honest, and I shall ask you no more questions, but will order a treatment which will remove these tumors, and restore you to health." "Oh! sir, you will do me a very great service." These tumors, gentlemen, which you perceive here, constitute one of the forms of secondary syphilis, which you will occasionally meet with in practice—a good name for them is venereal condylomata. It is important that you should be correct in your diagnosis, and not confound them with other growths about the vulva, with the production of which syphilis has no concern.

Besides the declaration of the patient, I have other evidences that these are of venereal origin—she is also affected with *periostitis*, another of the secondary results of the syphilitic taint. "Have you ever taken any mercury, my good woman?" "Yes, sir, the doctor gave me some pills, and made my mouth sore." "You should be very thankful to the doctor, madam, for what he has done. If he had not given you the pills, your situation would be far more lamentable than it is." You are aware that much discussion has of late years taken place as to the mercurial and non-mercurial modes of treatment in venereal disease. By some, mercury has been altogether rejected, while it has been employed by others as the only remedy of safety. Whatever controversialists, who, unfortunately, are too apt to aim more for victory than for fact, may say on this subject—or whatever may be the practice of physicians, I tell you with all the emphasis of truth that in the primary forms of syphilis, mercury is the heroic remedy—it is the *sine quâ non;* it is, in a word, the agent which alone can neutralize the poison that constitutes the essence of the malady. There are, however, two important circumstances which contra-indicate the use of mercury in the primary disorder, viz.: a sloughing chancre, and a scrofulous condition of system. But while we eulogize mercury, and regard it as the sheet-anchor of hope in this loathsome affection, we must not forget that it forfeits all claim to that distinction when incautiously administered. Its abuse results in the development of a *mercurial cachexy*, no less destructive to the health—nay, far more so under some circumstances—than the syphilitic disorder itself. Indeed, it is sometimes exceedingly difficult to distinguish between this form of cachexy, and secondary venereal.

Treatment.—The following powder should be sprinkled on the tumors

once or twice a day—you have seen the good results from it in similar cases, which have been before you in the Clinique:

℞ Pulv. Sabinæ }
Sulphat. Cupri. } . . . . . āā ʒ ss

Besides this local application, there is something more to be done for this patient—her system must be guarded against the effects of the secondary disease under which she is laboring; and, perhaps, there is no medicine which will so completely accomplish this object as the iodide of potassium. To Dr. Williams, I believe, is due the credit of directing the attention of the profession to the almost magic effects of this remedy; and its general use in these cases bears ample testimony to its value. In secondary syphilis, in which mercury has been previously employed in the primary state with judgment, the iodide of potassium rarely fails to effect a cure. It appears, among other things, to possess a peculiar control over irritation, and hence its remarkable and prompt efficacy in periostitis. It may be given either in substance or solution. I prefer the latter. A table-spoonful of the following may be taken twice a day:

℞ Iodid. Potass. . . . . ʒ ij
Infus. Quassiæ. . . . . ℥ ij
Ft. sol.

Abscess of the right Labium Externum in a married Woman, twenty-two Years of age, from difficult Parturition.—Mrs. S., aged twenty-two years, married, the mother of one child three weeks old, seeks advice for a swelling, which she says has troubled her more or less since the birth of her child, and for the last four days has increased so much in size, and become so excessively painful, that she has not a moment's comfort. "When did you first discover, my good woman, that you had this swelling?" "A few days after the birth of my child, sir." "Were you delivered with instruments?" "No, sir." "Was your labor severe?" "Yes, sir, I thought I would have died." "How long were you in labor?" "Three days, sir." "Is your child alive?" "Yes, sir, and very healthy." "I am glad to hear it, madam." "Thank you, sir." [Here the patient was placed on the bed, and the swelling was examined by the professor, who pronounced it an abscess of the right labium externum.] This case is one of much practical interest, and it is extremely important that you should not err in your opinion as to the true nature of the swelling. Women, married and unmarried, are occasionally subject to tumefactions or enlargements of the labia externa, and, as you can readily appreciate, it is a matter of no little moment that you should form a just opinion as to the nature of the swelling. The first thing for you to do, in being consulted in a case like the one before us, is to revolve in mind the various causes of tumefaction in these parts. You will recollect that they may be as fol low: 1st. Hernial protrusion; 2d. Serous engorgement; 3d. Sanguin-

eous engorgement; 4th. Purulent engorgement from abscess; 5th. Simple hypertrophy of the labia.

The distinction between these different conditions of the parts is not difficult, if proper judgment be exercised; but a hasty opinion might result seriously to your patient, and reflect but little credit on you as practitioners. Suppose, for example, through rash judgment, you should mistake a hernial protrusion for purulent engorgement. Your treatment in such case—plunging a bistoury into the swelling for the purpose of evacuating the pus—would not only be grossly improper, but would almost certainly destroy your patient. In all such cases, therefore, let me caution you to be prudent. I would not have you timid practitioners. On the contrary, I wish to cultivate in you a courageous spirit. But before the exercise of your courage, you must be satisfied in your minds that you are right. You now perceive, as I present this tumefaction to your view, that its nature is well defined—it is an abscess of the labium; the fluctuation is quite easily recognized. The causes of this form of labial engorgement are injury to the part from instrumental delivery, or from undue pressure of the fœtal head in a natural parturition, falls, blows, undue sexual intercourse, etc. The treatment may be divided into three stages. 1st. To attempt the discussion of the tumefaction; 2d. To facilitate the suppurative process; 3d. When matter is formed, to open the abscess freely. With the first view, evaporating lotions may be employed, nothing perhaps better than the liq. ammoniæ acetat.; to accomplish the second object, emollient poultices; third, the bistoury or lancet. In the event of its becoming necessary to open the abscess, when the matter is evacuated, all that is required will be simple dressings. In these various stages it will be proper to enjoin upon the patient rest in the recumbent position. "Now, my good woman, if you desire to be relieved, I will open this swelling, and you will very soon be restored to health." "Oh! sir, it will hurt me very much." "On the contrary, it will give you immediate relief." "Well, sir, you may do what you think proper." [Here the Professor opened the abscess, and half a tumbler of pus was evacuated.]

Retro-version of the Fundus of the Womb, in a married Woman, aged twenty-four Years.—Connection between Retro-version and Paraplegia.—Mrs. L., aged twenty-four years, married, the mother of two children, presents herself at the Clinique for advice, because of a painful pressure on her rectum, and a sensation of numbness in her lower limbs. "How long, madam, have you suffered from this pain in your back passage?" "Ever since the birth of my child, sir." "Do you experience any difficulty in walking?" "Yes, sir, when I stand up or walk, the bearing-down is much worse, and my limbs are quite unsteady." "Do you feel as if you had not perfect control over them?" "Yes, sir, and I am afraid I will lose the use of them." "Were

you quite well before the birth of your child?" "Yes, sir." "Had you any difficulty with your water after your delivery?" "I could not pass it very well, sir." "Did you speak to a physician about it at the time?" "No, sir, I thought it would pass over." "How long did you experience difficulty in passing your water?" "Oh! sir, I was sick in that way more than a month." "Did you take nothing for it?" "Yes, sir, I took some parsley-tea, and had warm cloths applied to me." "Do you mean to say that you did not pass your water for a month?" "No, sir, I don't mean to say that; I could pass it, but very little at a time." "Did the lower part of your stomach become hard at that time?" "Yes, sir, and it gave me great distress." "What has been the state of your bowels since this pressure on your back passage." "They have been very much confined, sir, and it almost killed me, when I had a passage. That makes me think, doctor, that the disease is all in my bowels." "Well, we will see about that, my good woman."

This case, gentlemen, which, before introducing it here, I have examined very thoroughly, is one of *retro-version* of the fundus uteri. On instituting a vaginal examination, I recognised the fundus of the uterus thrown backward, and resting upon the rectum—the uterus is also somewhat enlarged. This is one of the displacements of the organ, which you will occasionally meet with in practice. Its diagnosis is not difficult, but you will often experience much embarrassment in restoring the uterus to its normal position. I have repeatedly called your attention to this form of displacement, and there is a peculiar feature attending the present case, not unworthy of attention—it is the sensation of numbness experienced by the patient in her lower limbs. Do any of you see the connection between this condition of the lower limbs, and the retro-version with which she is affected? I am sure, if you reflect for a moment, you will explain the connection, and you will do it in this way —the fundus of the uterus being turned backward, and also somewhat larger than usual, presses not only against the rectum, but also against the sacral plexus of nerves, from which originate the nerves which supply the lower extremities. It is this pressure, therefore, on the plexus, that explains the peculiar sensation of which the patient complains. Indeed, another circumstance is not to be lost sight of—the irritation on the sacral plexus might have been sufficient to produce complete paraplegia.

Suppose, then, when you return to your homes, the very first case in which you are consulted should be one of paraplegia in a married woman. You would not, I am sure, be very likely to suspect that the paraplegia was due to retro-version of the uterus; for it is scarcely even spoken of as a cause of this form of paralysis. You would be more likely to refer it to some other influence. You would then, in a case like the present, fail in affording relief for the reason that the true cause of the paraplegia had not been recognized. What service do you imag-

ine this patient would derive from leeches, cups, blisters, etc., and the various remedies, among which you may place strychnia, which have been recommended for this species of paralysis? The routinist would, perhaps, rely upon them; but you, who seek for explanations of morbid action, and who demand a rationale of its effects, would probably not be content with a superficial view of the case—you would push your inquiries beyond the surface—the paraplegia you would regard as the effect, and in the absence of any other cause satisfactorily to account for its presence, you would refer it to its true source, the retro-version. The first object, then, would be to restore the uterus to its natural position, and thus relieve the sacral plexus from pressure. You will recollect that this patient suffered for a month, more or less, from retention of urine; the bladder consequently became distended, and this is one of the most common causes of retro-version of the womb. Just in proportion as the bladder becomes enlarged by an accumulation of urine, it presses backward on the uterus. This pressure for a time is antagonized by the round ligaments, but ultimately they yield to the continued force of the distended bladder, and hence the retro-version.

Treatment.—You will find few things in practice more difficult to treat than this character of uterine displacement. It is the bane of the surgeon, and, I might say, the plague of the accoucheur. Various plans have been suggested—pessaries of different kinds, instruments, etc., and I might here speak of the intra-uterine pessary, so much lauded by Valleix; but all these contrivances frequently fail even under the most favorable conditions for their use. I am much disposed to adopt the views of Amussat on this subject; and if this patient will consent, I shall have recourse to the remedy which has succeeded in his hands, and which certainly has the merit of explaining very satisfactorily and simply its mode of cure. Amussat, in such cases, cauterizes the posterior lip of the os tincæ with the solid *potassa cum calce*, and he also touches with the same substance the upper and posterior portion of the vagina; an eschar is thus formed, and adhesion is the consequence between the posterior lip and upper and posterior portion of the vagina; of course when the adhesion takes place the cervix uteri is drawn backward, and the fundus is placed in its natural position. This is common sense—the operation has succeeded several times, as I have mentioned, with Amussat. "Madam, do you wish to be relieved?" "Oh! indeed I do, sir." "Then if you will come here next Monday, I will do what is necessary to restore you to health." "I will do whatever you say, sir." "That is right, madam. Good morning."

The patient, gentlemen, who has just been before you, suggests, by a remark she made, the propriety of directing your attention for a few moments to a very important subject, viz., the necessity of a just diagnosis between *the diseases of the uterus and those of the rectum*. You will

recollect, in reply to the question as to the state of her bowels, she remarked "that it almost killed her when she had a passage, and that made her think the disease was all in her bowels." I am quite confident that a false diagnosis is not unfrequently arrived at on this subject, and that original disease of the uterus is often mistaken for a supposed affection of the rectum. Lisfranc, I think, was one of the first to call attention to this practical point, and it is one in every way worthy of your special consideration. How often, for example, does it happen, in certain displacements of the uterus, that the patient complains of no pain in the organ itself, but refers it all to the rectum, in consequence of the serious pressure made on the latter by the displaced uterus. Suppose a case of retro-version of the cervix, with more or less engorgement or induration, what would be more likely in such case than severe pain in the rectum, and yet the entire disease is limited to the uterus, the pain in the intestine being simply the result of mechanical pressure. Again, do you not at once comprehend the reason why the patient who has just left us suffered so severely every time she attempted to evacuate the bowel? It was manifestly because, in the first place, the capacity of the rectum was diminished by the falling backward of the fundus of the womb, and, secondly, because of the sensibility of the uterus itself as the hard fæcal matter pressed upon it.

Oftentimes, I am sure, this very state of things has been referred to stricture of the intestine, and instruments have been introduced, of course without benefiting the stricture, for it never existed, but with positive injury to the patient from two causes, viz.: 1st. For the reason that the error in diagnosis substituted an imaginary for a real disease; and, secondly, the introduction of the instrument into the rectum could scarcely be otherwise than followed by more or less injury to the retro-verted uterus. The practical inference to be deduced from these remarks is—*be cautious in your diagnosis, and be sure not to confound symptomatic trouble with primary or idiopathic disease.* I recollect having some time since been consulted by a lady from Bermuda, whose mind was full of apprehension that she labored under some serious affection of the womb. She had been married about three months, and for the last month sexual intercourse had become so painful, that it almost threw her into convulsions. It was under these circumstances that my opinion was requested. On visiting the patient, and listening to her story, nothing was more natural than for me to suspect that the cause of her sufferings was due either to disease of the vagina or uterus, more especially as the intercourse of the previous two months had not been attended by any unusual difficulty. In instituting an examination, I discovered both the vagina and uterus to be entirely free from disease, but on the posterior wall of the vagina, just within the vulva, I felt a slight tumefaction, which, on pressure by the finger, was followed by the most intense pain, and caused the patient

to exclaim, "Oh, sir, that is what hurts me so much; that is what gives me so much pain." What do you suppose, gentlemen, occasioned the tumefaction of which I speak, and which constituted the entire cause of the lady's sufferings? The tumefaction consisted of internal piles, or hemorrhoidal tumors, which had become extremely sensitive, and which, on the slightest touch, occasioned severe pain. This patient was soon relieved by the following treatment:—The bowels, which previously had been much confined, and to which circumstance, no doubt, the hemorrhoids were due, were rendered soluble by mild aperients The patient was then recommended to have injected into the rectum every night half a pint of cold water, and for three or four hours each day a metallic rectum-bougie was introduced into the intestine, the object of which was, by its mechanical pressure, to diminish the volume, and ultimately remove the tumors. This treatment, perseveringly continued for four weeks, completely restored the patient to health. This case is not without instruction, and elucidates very fully the necessity of judicious discrimination before the application of remedies. Dr. Brown, of London, has, in a recent work on the "Surgical Diseases of Women," made some valuable remarks on the connection between diseases of the uterus, and more especially displacement of this organ, and certain secondary affections of the rectum. This subject is one of much practical import, and demands the attentive consideration of the practitioner. Women are, it is well known, more liable to diseases of the rectum than the male sex, and this, although in part it may be attributed to the more sedentary habits of the former, and the consequent constipation, "yet," as Dr. Brown observes, "another reason of the greater frequency is no doubt to be referred to mechanical pressure of the uterus in pregnancy and to the influence of displacement and morbid action."

LECTURE XX.

Complete Occlusion of the Meatus Urinarius, with Adhesion of the Walls of the Upper Fourth of the Vagina, together with a Vesico-Vaginal Fistula, in a married Woman, aged twenty-two Years, produced by Instrumental Delivery—Premature Artificial Delivery twice in the same Patient, in consequence of Injury to the Vagina, with safety to both Mother and Child.—Profuse Menstruation in a married Woman, aged thirty-nine Years, caused by Chronic Sanguineous Engorgement of the Uterus.—Strychnia and Ergot, action of.—Trismus Nascentium in an Infant, seven Days old—Ignorance of Midwives.—Utero-Lumbar Neuralgia in a married Woman, aged twenty-six years.—Epileptic Convulsions in a married Woman, aged twenty-nine Years.

COMPLETE OCCLUSION OF THE MEATUS URINARIUS, WITH ADHESION OF THE WALLS OF THE UPPER FOURTH OF THE VAGINA, TOGETHER WITH VESICO-VAGINAL FISTULA, IN A MARRIED WOMAN, AGED TWENTY-TWO YEARS, PRODUCED BY INSTRUMENTAL DELIVERY—PREMATURE ARTIFICIAL DELIVERY TWICE IN THE SAME PATIENT, IN CONSEQUENCE OF INJURY TO THE VAGINA, WITH SAFETY TO BOTH MOTHER AND CHILD.—Mrs. R., aged twenty-two years, married, complains of an inability to pass her water in the natural way, and says it runs from her nearly all the time through her front passage. "How long, madam, have you been married?" "Just twenty-six months, sir." "Were you a healthy woman before your marriage?" "Yes, sir; I never had a day's sickness, thank God!" "You have had a child, have you not?" "Yes, sir." "When was it born?" "Fifteen months ago, sir." "How long were you in labor?" "Three days, sir." "Was your labor severe?" "No, sir, but it was lingering." "Had you any one to attend you?" "Yes, sir; there were two doctors with me." "Was your child born alive?" "O! no, sir; the poor little thing was all bruised, and its head was a good deal injured." "Why so, madam?" "The doctors did it, sir, with the instruments." "Then you were delivered with instruments, were you?" "Yes, sir; indeed I was, and a poor sufferer have I been ever since!" "No matter, my good woman, do not deplore the past—you have been cruelly wronged, but we will endeavor to do something for you—at all events, we will make you more comfortable." "Thank you, sir." "Before your delivery, had you any trouble with your water?" "None in the world, sir." "How long after the birth of your child did you

experience trouble in this way?" "Since the birth of my child, sir, my water has always troubled me—it runs from me, and I can not help it." "Did you call the attention of the doctors to this circumstance?" "No, sir—for they never came near me after I was delivered!" "Then, madam, they did not do their duty." "Indeed, they did not!" "How long was it after the birth of your child that you were able to leave your bed?" "I could not go about, sir, for nearly six months." "Have you had your courses since your confinement?" "Only once, sir, about two months ago, and I thought I would have died from the forcing-pain I had." "Did the usual quantity pass from you?" "No, sir; very little, indeed."

The case before you, gentlemen, exhibits another of the many instances of professional brutality constantly occurring in this populous city; and it is time that something should be done to arrest the reckless temerity of men calling themselves physicians, who, if we are to judge them by their acts, place a very insignificant estimate on human life. But the melancholy feature of this whole business is, that these assaults on health and life are made under the protection of a diploma, and therefore are perfectly within the record! No; a diploma, though it may serve the purposes of the holder, is insufficient to justify the moral wrong of the sufferings entailed on this unhappy woman! They are sufferings, as I shall show you, of gross ignorance, or a wanton disregard of life. A diploma without knowledge is a curse to its possessor, and a fearful instrument of destruction to the community. With knowledge, too, must be conjoined a refined morality based upon that Christian principle, "*Do unto others as you would wish others to do unto you.*"

You have before you a poor woman, whose health is her only capital, whose daily bread is the product of her daily labor, and who has had entailed upon her, either through ignorance or unpardonable carelessness, a complication of maladies which, even if they be measurably relieved, will cause her more or less distress during her entire existence! The first question which naturally presents itself to the mind in viewing the serious afflictions of this patient is this: What has produced this state of things, and could it, by a proper exercise of judgment, have been avoided? She was delivered with instruments, and to their unskillful and unnecessary employment is to be referred all her present difficulties. There is no evidence before us that the use of instruments was at all indicated. The patient tells us that "her labor was not severe," it was "only lingering!" She, then, has fallen a victim to that "hot haste," which too often prevails in the lying-in chamber; or to that undying fondness which some men cherish for operative midwifery. Let this case be a lesson to you—think of it in your hours of meditation, and let it act as a shield for those who confide their lives to your custody! In the eye of heaven murder loses nothing of its atrocity because concealed from the ken of human observation; so is it with the dark deeds of our

profession. The diploma may afford a mantle, so far as earthly jurisprudence is concerned—but the time of reckoning will come with appalling retribution.

In my lectures on instrumental delivery, I have endeavored to impress upon your recollection the necessity of constantly keeping in view these two principles: 1st. A moral justification for the use of instruments; 2d. Such an employment of them as shall secure, as far as may be, the maximum of good, viz.: safety to both mother and child. In the case before us, no such result has been accomplished; on the contrary, to use the language of the mother, "the little child when delivered was all bruised, and its head was a good deal injured!" And now I shall proceed to show you the lamentable situation of this poor woman—she is, indeed, an object of sympathy, and calls for our kind consideration. I have already examined her with great minuteness in my private room, and several of my staff—Drs. Styles, Bostwick, Beauchamp, and Gregory—have each recognized the singular complication of injuries with which this patient is afflicted. [The patient was placed on the bed, and the Professor proceeded to direct attention to the different points of interest.] Here you perceive the *meatus urinarius*, or outer opening of the female urethra; I now endeavor to introduce into it a female catheter. You see I can not introduce it. I now take a small probe, and repeat the attempt—and again I fail. [And the Professor requested Drs. Brown-Sequard and Tunison, who were sitting by him, to make the attempt to introduce the probe into the urethra—they both tried and both failed.] There must be some reason for this failure; and the impossibility of introducing the probe is one of the results of the instrumental delivery, viz.: entire occlusion of the anterior portion of the urethra. I have never before met with an occluded female urethra the result of injury; and I do not remember of having seen an instance of the kind recorded in the books. It must of necessity be extremely rare.

You are aware that inflammation of the mucous surfaces usually terminates in suppuration, and not in adhesion; and it is only in cases of aggravated inflammatory action that the latter result is possible. On one occasion, I attended a lady with *stricture of the urethra*, the only example I have ever met with, and which, also, is of extreme rarity. This case was seen by my friend, Dr. Satchwell, a graduate of the University, and now practicing in North Carolina. The next point of interest in this case is the *vesico-vaginal fistula*, and it is through this fistula that the urine passes more or less constantly into the vagina. I now call your attention to another circumstance, also of extremely rare occurrence. As I introduce my finger into the vagina I find at the upper fourth an adhesion of its walls, there being near the central portion of the adhesion a small opening, through which I now introduce this probe. You have heard the statement of the patient that she has menstruated but once since her confinement, and you will recollect her remark that

"she thought she would have died in consequence of the forcing-pains she had." I can not tell what the real condition is of the *os uteri*, but the small opening in the vagina will very satisfactorily explain the character of the pain experienced during the menstrual flow. Here, then, is a sad state of things resulting from gross carelessness or ignorance on the part of those to whom this woman had confided her health and life. There is, however, another feature not to be passed over without allusion—such is the condition of this poor sufferer that intercourse with her husband is utterly impossible; and this impossibility will continue to exist until an operation shall be performed by which the cohesion of the walls of the vagina shall be removed. I told you that this was a case of complicated injury, and you now see for yourselves in what the complication consists: 1st. An occluded urethra; 2d. A vesico-vaginal fistula; 3d. A cohesion of the upper fourth of the vaginal walls.

Treatment.—What can be done with a reasonable prospect of affording relief to this poor woman? It is very evident that no operation for the present can be resorted to for the purpose of remedying the fistulous opening—for, suppose we succeed in doing this, how would she be enabled to evacuate the contents of the bladder, there being an occlusion of the anterior portion of the urethra? The indications, according to my judgment, are as follow: To remove the cohesion of the vaginal walls; this being done, then to operate on the urethra, and render it pervious, and lastly to attempt the restoration of the fistulous opening. These three operations will require to be performed singly, as nothing could justify an attempt to perform them at the same sitting. "Now, my good woman, you have heard my opinion; are you willing to submit to an operation?" "I will submit to any thing, sir, that you say—for I can not be worse off than I am now!" "Well, if you will be guided by my advice, I will do all in my power to relieve you." "But you will not perform any operation to-day, will you, sir?" "No, if you prefer it, I will delay it for one or two weeks, or any time that will be most convenient to you." "I will consult my husband, sir." "That is right, madam; if he gives his consent, come here two weeks from this day, and you shall be attended to." "Thank you, sir." "Good morning, madam!"

There is one feature about the case of the patient before us which deserves more than a passing remark. I allude to the *vesico-vaginal* fistula with which she is afflicted, for in all truth it is an affliction. There is an opening between the bladder and vagina, through which the urine is constantly escaping, thus entailing upon this unhappy sufferer distress and annoyance, the full measure of which can be known only to herself. This form of fistula is oftentimes the result of the unskillful use of instruments, and it will sometimes be the consequence of long-continued pressure of the child's head against the vesico-vaginal septum, inducing inflammation, and subsequently ulceration. In my lectures on midwifery,

you will remember how emphatically, when upon the subject of forceps delivery, I directed your attention to the danger of blind obedience to some of the rules laid down by certain distinguished writers. I told you that, occasionally, the use of the forceps will be indicated when there is not the slightest disproportion between the fœtus and maternal pelvis. The labor, for example, may have been perfectly natural, and all things have gone on well until the head reaches the inferior strait. At this stage of the labor, either convulsions, exhaustion, hæmoptysis, rupture of the womb, etc., etc., may occur, and render immediate delivery absolutely necessary. It is important that the rule for artificial delivery, under these circumstances, should be clearly understood, and that the lessons inculcated by some of the latest English writers on the subject should be suffered to pass unheeded. I can not but view the directions given by these authors, with regard to the *time* of applying the forceps, as fraught with evil not only to the safety of both mother and child, but also to the reputation of the accoucheur. Let us, for example, take Dr. Ramsbotham, one of the most recent authorities on the subject, and whose work is, no doubt, in the hands of many of our American students. In speaking of the rules for the application of the forceps (page 216), he says, "Before the forceps can be applied, the os uteri must be entirely dilated, and the head must have come down into the pelvis sufficiently low *to enable us to feel one or both ears distinctly. It is necessary to touch one or both ears, because they become the guide to the proper adaptation of the blades.*" Again, at page 228, the same author observes, "If *no progress* have been *made for a number of hours*, and, especially, if impaction should have existed for *four* hours, then, *provided an ear can be felt*, and the parts are not so rigid as to endanger laceration, we are justified in employing the forceps." The underlining here is my own, and I wish particularly to call the attention of the pupil to the words as italicised. According to Dr. Ramsbotham—and almost all English authors agree with him—the ear of the child's head must be felt before it would be justifiable to apply the forceps. In the first place, I would observe that my own experience teaches me that it is not an easy thing to reach the ear, even when the head is at the inferior strait; and, secondly, if the rule as laid down by Dr. Ramsbotham be adopted, fatal consequences must inevitably often ensue to both mother and child.

To illustrate this point, let us suppose that the head is in the pelvic cavity; the mother suddenly becomes exhausted, either from hemorrhage or the fatigue of antecedent effort. No matter what the cause may be, she is exhausted, and immediate delivery is indicated. The accoucheur introduces the finger, and endeavors to reach the ear; he does not succeed; the patient's situation becomes more and more alarming; he again makes the attempt to find the ear; he fails; he feels in his heart, indeed every thing clearly indicates that the forceps should be applied, *but he can not reach the ear;* he delays, in the hope that "*the head may*

come down into the pelvis sufficiently low to enable him to feel one or both ears distinctly." Alas! this proves fallacious. The assistants supplicate him to do something to relieve the patient, for they see she is dying; and what will it avail, under these melancholy circumstances, for him to exclaim, "I can do nothing, for *the ear of the child can not be felt?*" His patient, of course, sinks, and here are two lives sacrificed because of a precept in which I can see neither propriety nor meaning. Let it not be supposed that this is an overdrawn picture. Such results must inevitably ensue from an adherence to the rule to which I have just alluded. When Dr. Ramsbotham says that "*it is necessary to touch one or both ears, because they become the guides to the proper adaptation of the blades,*" he makes use of language that, I must confess, surprises me not a little. If there be any meaning in what he says, it is simply this, that unless the ears are felt, it will be impossible to know how to arrange the blades of the forceps, because of the ignorance of the accoucheur as to the position of the head. Admitting the truth of this author's reasoning, when the head is at the inferior strait, which I most unequivocally deny, how is the position to be ascertained when the head is still at the superior strait? Certainly not by feeling the ears, for these can not be felt once in a thousand times, before the head has descended into the pelvic cavity. The position of the head can be told both at the inferior and superior strait by the direction of the fontanelles, sagittal suture, etc., etc.; and these will indicate the manner of applying the forceps, and of seizing the head in its bi-parietal measurement.

The rule, therefore, for you to adopt, is to pay no regard either to the ear or the length of time the head may have been in the excavation, but to proceed to artificial delivery the moment the life of either mother or child becomes seriously endangered. The very essence of forceps-delivery, that which commends it so strongly to the consideration of the profession, is the ability with which it enables us to save both mother and child. Therefore, if artificial delivery be indicated, *have recourse to it before the life of the child has been sacrificed, or the vital force of the mother so far expended as to render her recovery extremely doubtful.* I do not advocate a meddlesome midwifery, but I do most strenuously recommend such an opportune application of the means put into our hands of affording relief as will achieve the maximum of good to both mother and child.

Treatment of Vesico-Vaginal Fistula.—Few lesions have proved more difficult of cure than the one of which we are now speaking. Various methods have been proposed, and with varying success. Such, for instance, as cauterization with the nitrate of silver, actual cautery, etc. The *suture* has proved successful in the hands of many surgeons; and, among our own countrymen, may be more particularly mentioned Dr. Heyward, of Boston, and Dr. Marion Sims, formerly of Alabama, and now of New York. The suture employed by the latter he calls the

"clamp" suture, and it is now recognized as one of the most efficient means of remedying the lesion in question. An interesting account of the operation as recommended by Dr. Sims, will be found in the American Journal of Medical Sciences for January, 1852.

Jobert of Paris, in his *Traité des Fistules Vésico-utérines et Vésico-vaginal, etc.*, gives a full account of his mode of operating in these cases, in many of which he has succeeded.

In connection with this case it may not be unprofitable to mention the following instance of injury to the vagina, in which I operated, and induced premature artificial delivery with safety to both mother and child, twice successively. It was published in 1844, in my edition of Chailly's Midwifery:

"The lady was a native of Canada. Her husband, some months after marriage, took her to South America, where she was delivered of a child. He stated to me that she was suffered to remain in labor five days; and after experiencing the most agonizing pains, she was spontaneously delivered of a putrid fœtus of immense size. In two months after her delivery she began to walk about the room, and although weak, she was otherwise in tolerable health. The first intimation she had of any thing wrong was the excessive pain in any attempt at sexual intercourse; this proved to be impossible. In the course of a few weeks they sailed for New York, and as soon as they arrived, my late lamented friend, Dr. Bushe, was sent for, and was requested to take charge of the case. At this time his health was so infirm as to disqualify him from attending to general practice. He sent a note to me by her husband, requesting that I would take this lady under my professional charge. On visiting her, and making an examination, I found that the entire vulva was in a state of adhesion, allowing only a small opening for the meatus urinarius. After hearing an account of her labor, this condition of things was easily explained. From the long and severe pressure of the head of the fœtus against the walls of the vagina, violent inflammation ensued, resulting in sloughing and a consequent adhesion of the vaginal parietes. The indication in this case was obvious—the vagina needed restoration. Accordingly, I commenced an incision just below the meatus urinarius, and extended it about an inch downward; the scalpel soon came in contact with cicatrices, so resisting that it appeared almost as if I was cutting on iron. As soon as I completed the incision, I introduced a small sponge covered with oil-silk, and retained it *in situ* with the T bandage. By occasionally withdrawing the sponge and renewing it, I found that the vagina yielded slowly to this sort of pressure. With the aid of a small-sized rectum-bougie, carefully introduced twice a week, and after being withdrawn, replaced by the sponge, the vagina, in the course of a month, permitted the introduction of the finger; then I had an opportunity of ascertaining its condition. It was filled with hard and unyielding cicatrices, in the form of rings. Having succeeded in dilat-

ing the vagina to this extent, I recommended this lady to continue the sponge, and occasionally to introduce the bougie.

In the course of three months I was visited by her husband, who seemed somewhat chagrined, and he stated that it pained him to say that his wife thought she was again pregnant. This I found really to be the case, though it is manifest from what has been said, that sexual intercourse must have been attended with great difficulty. With this, however, I had nothing to do; the mischief had been done, and it was my duty to provide in the best possible manner for my patient's safety. The sponge and bougie (gradually increasing the size of both) were constantly used, and the vagina seemed to yield slightly to this continued pressure. This lady having passed six months and a half of her gestation, I deemed it prudent to hold a consultation as to the propriety of resorting to *premature delivery*, feeling in my own mind that (although contractions of the soft parts do sometimes yield to the combined influences of pregnancy and labor) in her situation it would, to say the least, be hazardous to the child to allow her to proceed to her full term. On proposing the consultation to her husband, he was anxious that a particular friend of his, Dr. Richardson, of Havana, then on a visit to this city, should be called in. This was accordingly done, and after a full examination of all the circumstances, it was deemed prudent to bring on *artificial delivery*. This I did, and delivered the lady of a fine, healthy girl. This lady again became pregnant, and went to the city of Baltimore, where she was delivered at full term, with the forceps, of a dead child, after a labor of six days. In consequence of the contraction of the soft parts, the vagina was lacerated; vesico-vaginal fistula followed, and again the vagina became considerably contracted. About three years from her last delivery, I was again consulted. She was pregnant, and I resorted to premature artificial delivery, the soft parts not being in a condition to justify delay until the completion of gestation. In this instance, too, the child was born alive, and lived for three months.

While I heartily concur in the views entertained by Professor Paul Dubois, as to the value and importance of this operation, when *absolutely indicated*, yet there are some points of practice suggested by him from which I can not but dissent, and I do so with great deference, for example: 1st. I do not think the introduction of the speculum at all necessary: the operation can be performed not only with facility, but entire safety, without the instrument. Again, I hold it to be a rule, which the pupil should ever keep in memory, that the feelings of his patient are always to be sacredly guarded, and on no account should there be an unnecessary exposure of her person.

2d. The promiscuous administration of ergot, as an auxiliary in this operation, must occasionally be attended with serious consequences to both mother and child. For in the first place, the justification of prema

ture artificial delivery is founded on the fact that there is such a contraction in the bony or soft structures of the mother as seriously to endanger her life, as also that of her child, if she be permitted to pass on to her full term. Now, if one of the obstetric extremities of the fœtus should not present at the superior strait, (and this can not be positively ascertained before the dilatation of the uterine orifice,) to administer ergot would be to ensure the death of the fœtus, and not unlikely serious lacerations might ensue to the mother. For instance, if the child should present crosswise, or in any other manner so as to cause a disproportion between it and the parts through which it has to pass, ergot would certainly be contra-indicated.

3d. Instead of introducing a piece of prepared sponge into the orifice of the uterus, and afterward plugging up the vagina, I greatly prefer to use a simple gum-elastic bougie. Let the index-finger of one hand be introduced as far as the neck of the womb, having reached this organ, the end of the finger should rest on the posterior lip; the bougie, being well lubricated with oil, is then to be carried along the finger, and when it reaches the os tincæ, the finger previously introduced should give the instrument a direction, *not from before backward, but from below upward*, in the line of the axis of the superior strait, the instrument thus directed, should be made merely to enter the orifice, and not be introduced higher, and by the finger, already in the vagina, the end of the instrument should be pushed gently backward and forward, and with this careful titillation, the uterus will often be thrown into contraction. Should this, however, not prove sufficient to cause the action of the womb, after the lapse of twelve hours the instrument should be again introduced, and carried sufficiently high to rupture the membranes. This being done, the contractions usually proceed, and delivery is effected. If, however, the womb become inert, I much prefer awakening its energies by the gentle and cautious introduction of the finger into the uterine orifice than by the use of ergot, at least *until the absolute position* of the fœtus had been ascertained.

Within the last few years, various new modes of inducing premature labor have been suggested. Dr. Kiwisch has succeeded in bringing on the contractions of the uterus, by directing continuously upon the mouth of the organ a stream of warm water from a heighth, by means of a syphon. Several successful cases have been reported, showing the efficacy of this plan. An Italian, whose name I do not at present recollect, has recently advised suction of the nipple, as an efficient means of promoting uterine contraction. This idea is founded upon the well-known sympathy existing between the uterus and breasts. But it seems to me this is an unwise procedure, and would be very apt to be followed by more or less mammary disturbance. The operation of the *douche*, as recommended by Kiwisch, is explained upon the principle of mechanical dilatation. I am disposed, however, to regard the dilatation as a mere effect of another

act, viz.: irritation of the spinal cord, and consequent reflex movement. It is now well-established that the long-continued application either of cold or heat, to an excitor surface, will lose its influence—and therefore, great advantage is derived from the alternation of heat and cold—so that, it seems to me on this principle, the contraction of the uterus would be more likely to result from allowing a stream of warm and cold water, alternately, to fall upon the neck of the organ, instead of limiting the remedy simply to warm water, as suggested by Kiwisch. The recollection of this fact will serve you in certain forms of uterine hemorrhage, and more especially in what is called passive or atonic menorrhagia, of which you have seen many cases in the Clinique.*

Premature artificial delivery can not but be regarded as a most valu able resource in all cases in which there is a moral certainty, that either the pelvis or soft parts are so contracted, as to place beyond all doubt the fact that delivery at full term can not be accomplished without either having recourse to embryotomy or subjecting the mother to an operation, such, for example, as the Cæsarean section, which necessarily must place her life in serious peril. Numerous precedents have established the value of this practice, and the successful results, both as regards parent and offspring, have given it the seal of justification. It is well-known that the child at the seventh month is *viable*, that is, it possesses the power of independent existence when thrown from the uterus, and this, therefore, is the period which should be selected for the operation, *provided the deformity be not so great as to preclude its passage through the maternal organs.* In the latter case, the delivery of course must be promoted at an earlier period.

PROFUSE MENSTRUATION IN A MARRIED WOMAN, AGED THIRTY-NINE YEARS, CAUSED BY CHRONIC SANGUINEOUS ENGORGEMENT OF THE UTERUS; STRYCHNIA AND ERGOT, ACTION OF.—Mrs. M., married, aged thirty-nine years, the mother of four children, the youngest five years old, has suffered for the last year more or less constantly from a discharge of blood per vaginam. She is pale and weak. "Do you suffer much pain, madam?" "Yes, sir; I have a forcing-pain on my back passage." "Do you have a frequent desire to pass water." "Yes, sir; I am very much troubled that way." "Have you sick stomach?" "Very often, sir." "How are your bowels?" "They are confined, sir." "Is your appetite good?" "Oh! yes, sir; I have nothing to complain of in that way." It would, gentlemen, be almost impossible for you to arrive at any positive conclusion as to the cause of the discharge in this case without knowing something more of it than has yet been developed through the

* In the London Lancet for 1853, Dr. Robert Barnes makes some interesting observations on the subject of galvanism, as an agent in promoting contractions of the uterus. He states that this agent was first resorted to in premature artificial delivery in 1803, by Herder; but the first successful case reported was not until 1844, by Horinger and Jacobi. Dr. Barnes himself reports a case, successful in its issue, in 1851.

questions which I have addressed to this patient. The particular feature of the case is the discharge of blood from the vagina with which she has been affected more or less constantly for the last year. But you are to remember that, in order to afford her relief, the physician requires something more definite than the simple fact that there is a loss of blood, and that there are forcing sensations on the back passage, a frequent desire to pass water, nausea, etc. To each and all of these circumstances he must give a due value; and it will devolve on him, by a just analysis, to solve the question: What has produced these phenomena? In order that no doubt may exist in your mind as to the truth of this reasoning, allow me to tell you that various conditions of the uterus may give rise, not only to this profuse sanguineous discharge, but also to the other symptoms which you have just been informed are its accompaniments in the case before us.

For example, polypus, sub-mucous fibrous tumor, carcinoma uteri, an atonic state of the exhalents on the internal surface of the womb, and an opposite condition, inflammatory congestive engorgement, may each produce the series of symptoms of which this patient complains. If this be correct, and no shade of doubt can exist on the subject, what does common sense indicate as to the course to be pursued preliminary to any plan of treatment which may be suggested? Why, undoubtedly, to ascertain the existing cause of the discharge, and other phenomena. There is but one mode of arriving at this knowledge—a vaginal examination. This I have made, and have discovered no polypus, or sub-mucous fibrous tumor, no carcinoma, but a congested condition of the cervix uteri, in which the body of the organ also participates. This congestion or engorgement is not recent, it is not acute, but it constitutes an example of what is known as chronic engorgement of the uterus. To the touch, the organ presents a sensation of softness, forming a peculiar and interesting species of engorgement; and it is a very important matter not to confound it with other engorgements of the uterus, the essential and almost constant accompaniment of which is hardness, not, however, the hardness of true schirrus. The "soft engorgement" is always accompanied by a sanguineous discharge more or less profuse; and if the true nature of the uterine engorgement be not undertsood, its progress is not only certain, but in that progress there will be developments of morbid action, which will ultimately result in the production of destructive organic disease.

This form of engorgement is by no means uncommon, and you will often meet with it at the period of the final cessation of the catamenial function. You would, perhaps, imagine, *a priori*, that the menorrhagia would necessarily relieve the congested vessels; but such is not the result in the particular form of engorgement now before us, for here the tissues of the uterus are soft—the vessels have lost their power of contractility—they are constantly more or less full of blood, and, under

these circumstances, the sanguineous discharge per vaginam does not relieve—in other words, disgorge them. While, then, the discharge does not relieve the uterine engorgement, you are not to lose sight, at the same time, of the certain effects of this drain on the general constitution. You can not fail to appreciate in a case of this kind the absolute necessity of a vaginal examination before instituting a plan of treatment. Without the examination, it would be utterly impossible to comprehend the peculiar condition of the uterus, and consequently the true cause of the more or less constant loss of blood. Now that we know that "soft engorgement" exists, we can readily explain why it is that the sanguineous discharge is a necessary consequence, and, still further, the treatment proper to adopt in order first to remove the engorgement of the uterus, and secondly its effects.

It can scarcely be necessary for me to repeat to you what I have so frequently stated, that there are several causes of menorrhagia. For example, in one case it will be owing to plethora, the remedy for which will be well-directed depletion. In another it will be due to a peculiar spasmodic or irregular contraction of the uterus, the cure for which will be anti-spasmodics, at the head of which, for this specific purpose, may be placed ipecacuanha, in tolerant doses. But if we were to apply either of these modes of treatment in the instance before us, we should not only fail in restoring this woman to health, but we should very probably aggravate her suffering—for here, there is neither spasm of the muscular fibres of the uterus, nor fullness of habit, but simply a passive congestion of the uterine parenchyma, with loss of tonicity in the blood-vessels. The remedy, therefore, which I shall recommend, under these circumstances, as the one peculiarly adapted to overcome this state of things, and impart to the uterus its normal and healthy action is *ergot.* The *secale cornutum* is a most efficient remedy in many cases, and, under judicious administration, it will prove its excellence; but, like many other good medicines, it is liable to abuse, and oftentimes, from this cause alone, it is destructive in its results. There is some difference of opinion as to the true *modus operandi* of ergot. Some contend that its influence is not limited to the uterus, and, therefore, that it is not exclusively emmenagogue in its action; and in order to sustain this view, they allege that it will arrest hemorrhage in other organs than the uterus, simply because it acts as astringent on the capillary and exhalent circulation generally. This, I think, may be doubted. At all events, further confirmation is required to establish the fact. It is, however, generally admitted that ergot exercises a specific action on the uterus, and this is shown by the severe contractions which usually follow its administration. It, therefore, has a claim to be classed among the special stimulants which we know do not act upon the entire nervous system, but only on particular portions of it. There is no better example of a special stimulant than strychnia, the action of which is directed specifi-

cally to the medulla spinalis and the nerves which originate from it. Ergot acts also, as does strychnia, on the spinal marrow and its tributaries, and it may, therefore, be considered *par excellence* the remedy in all cases of uterine inaction, except where the co-existence of certain circumstances contravene its use. There are two other remedies which possess this peculiar influence over the uterus, but not in so marked a manner, such, for instance, as rue and borax. For the purpose, then, of tightening, if I may so speak, the parenchymatous structure of the uterus, I shall order the following prescription:

℞ Tinct. Secal. Cornut. . . . . ℥ ij

A tea-spoonful in a wine-glass of cold water twice a day; and, as an auxiliary to the ergot, half a pint of water, taken cold from the pump, may be thrown every morning into the rectum. In order to keep the bowels regular, two of the following pills may be taken at bed time:

℞ Massæ Hydrarg.
Assafœtidæ } . . . . . āā ʒj
Saponis

Ft. massa in pil. xx *dividenda.*

Trismus Nascentium in a female Infant seven Days old.—Lucy W., aged seven days, has been affected with spasms for the last forty-eight hours. "Why do you bring that infant here, my good woman?" "Oh! Sir, it has the 'fits.'" "You are not its mother, are you?" "No, sir, its mother is sick in bed, and I have brought the babe here, sir, to see if you can do any thing for it." "That child, madam, is too young to be brought here; you should have known better than to expose it in this way. Was it a healthy infant when born?" "Yes, sir." "When did it first take the fits, as you term them." "The day before yesterday, sir; it would not take the breast, and it cried and worried a good deal." "Well, what then took place?" "Its little jaws got stiff, and it had all sorts of twitches." This case, gentlemen, is interesting in several aspects. The little infant before you is laboring under a disease, which unfortunately is almost always fatal; many of you, perhaps, have never had an opportunity before of witnessing an example of it. It is known as the *Trismus nascentium*, a species of tetanic convulsion observed in infants soon after birth. Its true nature has been a topic of much discussion, and conflicting opinions have been expressed on this subject. There are two points, however, in which there appears to be a concurrence of sentiment, viz.: its almost uniform fatality when fully developed, and its defiance of remedies under almost all circumstances. It is proper, therefore, that you should be able to recognize this affection, and to state plainly, while you are doing all that science can suggest, that in the great majority of cases it is a fatal malady. It will sometimes appear as early as twelve or twenty-four hours after birth—

though, as a general rule, it is more frequently observed to commence between the fifth and tenth days.

This disease is not uncommon among the negroes of the south, and it is the opinion of Dr. James Clarke that it is produced by the smoke of the green wood consumed in the cabins. It is, I think, much more probable that the disease is due to the ignorance of midwives in attending to the umbilical cord. A melancholy tribute has been paid to the ignorance of those old women to whom, through a mistaken judgment, are committed the wives and daughters of the southern country, at the most interesting, if not the most perilous period of their existence, I mean at the time of parturition. It is for you, by your appeals to common sense, to eradicate this prejudice—prove to those to whom you are endeared by ties of affection that human life is too sacred, its tenure too frail, to be entrusted to the uneducated midwife, whose ideas are scarcely adequate to, and rarely beyond the management of the poultry-yard! I feel that I have a right to speak on this subject—I am a southern man not only by birth, but in pride and in heart. The interests of the South are mine—and I am identified in truth and in feeling with all that touches her, whether it be her institutions, her general prosperity, or the moral and physical well-being of her sons and daughters!

Trismus nascentium occasionally prevails as an epidemic, a remarkable example of which occurred in the Lying-in Hospital at Stockholm in 1834; and it is said that at that time a singular coincidence was observed between its greatest prevalence, and the changes of temperature. This affection is common in the West Indies, and it is computed that in the colony of Demarara one half of the new-born infants die from it. Some have supposed that trismus is peculiar to warm climates; this, however, is not strictly true, for, according to Dr. Holland, nearly all the children born on the south coast of Iceland die of this affection, and the only means of preventing depopulation is through immigration.

Causes.—The production of this disease can not be exclusively traceable to climate, for it occurs both in the tropical and arctic regions. After death in this affection, post-mortem examinations have, in many instances, revealed an effusion of blood in the thecæ of the spinal cord, and also in the membranes and sinuses of the brain; and hence many have been disposed to attribute the disease to congestion of these nervous centers. Admitting, however, the truth of these autopsies, it must not be too hastily concluded that engorgement of either the brain or spinal cord is the cause of trismus—for, in the first place, it is an important fact for you to remember that the quantity of blood circulating in the nervous centers of the young infant, compared with the quantity in the nervous centers of the adult is relatively greater; and secondly, if the effusion noticed in trismus prove any thing, it proves, in my judgment, that it is simply an effect of the convulsive spasm, and not the cause. You know very well that one of the ordinary consequences of

fatal eclampsia, either in the adult or in the infant, is more or less effusion in the nervous centers. Another opinion, according to Romberg, has been recently advanced by Dr. Scholer, which appears much more plausible; he says, in eighteen children who died of trismus, he discovered inflammation of the umbilical arteries in fifteen, the arteries having been found swollen at the point at which they approach the urinary bladder. The same observer has failed in all examinations of infants who have died of other complaints, to detect inflammation of the umbilical vessels. I am quite disposed to believe there is much truth in the views of Dr. Scholer, and, moreover, that this inflammation of the umbilical arteries is owing to the rude manner in which frequently the cord is tied—sudden and undue pressure on these vessels by a round string being apt, I think, to excite inflammation, which is soon propagated to the vessels in their progress toward the bladder. To avoid this unnecessary constriction, I recommend you to employ a piece of flat tape, by which an equable pressure only, and all-sufficient at the same time, will be made on the cord. The influence of vitiated air in the production of certain forms of inflammation is incontestable, and this very influence has been fully demonstrated by the tables of Dr. Clarke in the affection which we are now discussing. He remarks that up to 1782, of seventeen thousand children born in the Dublin Hospital, two thousand nine hundred and forty-four died of trismus; when, through the introduction of a better discipline, by which the wards were more freely ventilated, the mortality was four hundred and nineteen out of eight thousand and thirty-three! This is an interesting fact, and proves at least the connection between this malady and an impure atmosphere. Mental emotions affecting the milk of the mother may also be enumerated among the causes of this affection; as also a retention of the meconium. Trismus nascentium, whatever may be its exciting cause, is unquestionably a nervous affection, resulting from reflex action.

Symptoms.—Before the disease is developed, the infant becomes restless; its sleep is broken; it seems anxious to take the breast, and then immediately refuses it. The muscles of the jaws become rigid, as also those of the tongue; other muscles soon become affected, and there is sometimes complete opisthotonos. The stomach and bowels are often deranged, and jaundice is not an unfrequent complication.

Prognosis.—Trismus nascentium is perhaps the most fatal disease of infancy.

Treatment.—On the hypothesis that inflammation of the umbilical arteries may sometimes be the cause of trismus, I repeat what I have already remarked to you, viz., secure the cord with a piece of flat tape, and you may at the same time spread over the cut portion of the cord collodion, which Latour has found so serviceable in the prevention of internal inflammation. Should the meconium be retained, prompt means must be taken to have it evacuated. Warm baths, frictions with cam-

phorated oil, etc., may also be resorted to. A case is recorded in which an infant was saved in this disease by the administration of one drop of laudanum every hour, ʒ ss having been given before recovery was complete. Some interesting facts have been published by Drs. O'Shaugnessy and O'Brien in connection with the tincture of Indian hemp in the treatment of tetanus in the adult, sixty and eighty drops having been given every hour. Another mode of treatment appears to have been employed with success; it is the inhalation of chloroform. The results recently published by Professor Simpson and others are quite favorable to the influence of anæsthesia produced by chloroform, in cases of tetanus and of trismus nascentium. It may be useful, in this affection, commencing with three or four drops.

Utero-Lumbar Neuralgia in a married Woman, aged twenty-six Years.—Mrs. S., married, aged twenty-six years, the mother of one child, aged two years, complains of pain in the region of the uterus, from which she has suffered for the last six months. She is also troubled with a mucous discharge from the vagina. "How are your 'courses,' my good woman?" "They are quite regular, sir." "Is the pain in your womb severe?" "Yes, sir; it troubles me very much, and I am afraid there is something serious the matter with me." "Have you any pain in the back?" "Yes, sir; when I rub my back, I always feel a spot that seems tender—when I touch it I feel pain." I have frequently, gentlemen, directed your attention to the various sympathies excited in different portions of the system in consequence of functional and organic derangements of the uterine organs; and you have been admonished, in your diagnosis of disease, to exercise a careful vigilance in order that you may institute a just distinction between these sympathies, which are nothing more than effects, and the true cause to which they owe their origin. The case of the patient before us affords me an opportunity of dwelling a few moments on what I consider, in its practical bearings, one of the most important points connected with that wide, if not unlimited field of inquiry, uterine pathology.

Until within comparatively a short time, there prevailed, if not positive ignorance, at least very confused notions respecting the numerous forms of pain, which occasionally display themselves in the uterus itself, in the vagina, in different portions of the pelvis, in the back, abdomen, chest, etc.; these pains being sometimes regarded as effects of disease of the uterus, sometimes as idiopathic, and, again, without any determinate view of their pathology, they have been treated on principles purely empirical. Now, however, through the researches of Valleix, Malgaine, Mitchell, and others, we have not only the true explanation of certain morbid phenomena, which previously had been entirely misunderstood, but we have also at hand the remedial agents, which will remove these phenomena, and lead to a restoration of health. This woman, whose

story you have heard, complains of pain in the back and pelvis, and also in the uterus. She has told us, that in rubbing her back, which she was recommended to do by some of her friends, on touching one particular spot she has felt considerable uneasiness. In addition to the pain of which she complains, she has a discharge of mucus from her vagina. These are the only manifestations of morbid action in the case of this patient. Will you permit me to ask what they indicate, and whether you can form a correct opinion as to their true signification? You would, I am sure, be embarrassed in your diagnosis without additional light on the subject. When this patient stated her case to me, I examined her per vaginam very minutely, and discovered the uterus and adjacent organs entirely free from any appreciable disease. Not only is there an absence of structural lesion, but also of any menstrual derangement. The patient, nevertheless, is troubled with a mucous discharge from the vagina, which it is important to bear in mind, and to which we shall allude more particularly as we proceed.

There are one or two features, however, which I have observed, and to which I wish to make allusion for a moment, in order that you may at once comprehend the characteristic peculiarities of the case before us. On making the vaginal examination, there was nothing recognized at all abnormal, until, on gently pressing the cervix uteri with the finger, the patient said it occasioned her much uneasiness. I then examined the spine, and on the side of the second lumbar vertebra there was a corresponding sensation of pain. You are aware that the existence of pain is not in accordance with a perfectly healthy condition of the economy. It denotes some infraction of that harmony without which, if I may so speak, unity of function can not continue, and, therefore, it is the duty of the physician, under these circumstances, to analyze the pain in direct connection with its accompanying circumstances. The term pain is altogether relative. It may in one instance be the result of inflammatory action. When the surgeon amputates, the pain is simply the effect of irritation. And, again, there is the pain of neuralgia, which is strictly of the irritative kind. You need not look beyond the present case to become convinced of the truth of what I tell you. The very symptoms of which this patient complains, if you confine your attention exclusively to them, you will recognise to be the symptoms of various morbid conditions of the uterus and vagina. They occur in chronic inflammation, in carcinoma, in dysmenorrhea, etc.

How, then, are you to discriminate between the pain of these affections, and pain from other causes? The reply is obvious. By a careful digital examination (the well educated sense of touch being preferable to the speculum) you ascertain the existence or non-existence of the two former conditions; and by addressing questions to your patient you will soon learn whether or not there is any thing wrong in the menstrual function. But, gentlemen, I have made this examination, and, as I have

already mentioned, there is neither chronic inflammation, carcinoma, dysmenorrhea, nor any other structural or functional disturbance of the uterine organs, excepting the discharge of mucus. What, then, is it that produces the pain? This is the simple question for us to decide, and on its proper solution will depend the failure or success of our remedies. The disease with which this patient is affected has been described by Valleix under the name of *utero-lumbar neuralgia*, which is a species of a more comprehensive affection to which, I believe, he also first directed the attention of the profession—the *lumbo-abdominal neuralgia*. The former malady, the *utero-lumbar neuralgia*, consists essentially in an irritation of the lumbar nerves, the irritation usually concentrating itself on the cervix uteri; and in connection with this subject Valleix mentions an important fact, viz., that when the neuralgia is limited to one side of the lumbar region, the pain in the neck of the uterus is also confined to one side; and when it exists on both sides of the vertebræ, the pain in the cervix is more decided on the side in which the neuralgia is the most intense; and he further observes that it may, perhaps, be urged that the pain in the uterus is not the result of lumbar neuralgia, but the effect of disease primarily seated in this organ, thus producing sensibility of the nerves—the principal argument in favor of this hypothesis being the circumstance that cauterization of the *cervix uteri* is frequently followed by a cessation of pain both in the uterus and back. But this, he properly continues, is no proof at all, for every day's experience demonstrates that a blister applied near the knee will very often remove the pain which previously had existed in the whole extent of the sciatic nerve. Here, then, gentlemen, is an example of morbid action not so uncommon as you might be disposed to imagine, in which the palpable feature is pain. Some authors would call this rheumatism of the womb, others hysteralgia, etc.; but these terms are too general, for they do not express the true nature of the affection; they do not indicate its pathology, and consequently lead to no sound therapeutic application. You may remark that there is another feature which accompanies this case—the discharge of mucus. You are not, however, to conclude that there must of necessity be organic disease of the uterus because there is a discharge of mucus from the vagina. In speaking of this form of secretion, I have already reminded you that it may be the result of various diseased conditions, and that, under some circumstances, it will be recognized where there is no appreciable disease either of the uterus or vagina.

The interesting tables of Marc D'Espine which I have cited elsewhere, when speaking of leucorrhea, show very conclusively what you will yourselves recognize in practice, that a discharge of mucus from the vagina, more or less profuse, will occasionally be observed, constituting a species of leucorrhea dependent exclusively, as has been proved, on a peculiar irritation of the uterine nerves. That the nervous system does exercise a

very decided influence over secretion—and this latter will be modified by the various phases to which the nervous structure is liable by incidental and other circumstance—is a truth which few will be disposed to controvert. Have you never experienced in your own persons the sudden effect of a savory dish on the increased secretion of saliva? If you wish to see this influence exhibited in a very positive manner, hold a piece of meat before a dog, without permitting him to touch it, and you will soon observe the saliva to run in quantity from his mouth. If you will apply this same principle to the uterine organs, you will have no difficulty, I apprehend, in comprehending the practical operation of a law which you should never lose sight of at the bed-side—a law which establishes the fact that uterine catarrh may exist irrespective of any inflammatory action, and merely as the result of a peculiar state of the nerves of the uterus. This important principle in uterine pathology has been fully discussed by Reclam, Mitchell, Malgaine, Beau, and others; and, assuming it as a basis for their therapeutics, they have abandoned the absurd practice of treating every case of vaginal mucous discharge as one simply of "whites," the routine remedy for which has consisted in the different astringent washes. On the contrary, in keeping with their views of its pathology, they have treated, and successfully too, this particular form of uterine catarrh consistently, viz.: through revulsive agents applied to the lower portion of the spine, such as blisters, cauterization with the red-hot iron, etc. I can not direct your attention to a more important practical fact, worthy to be stored in memory, than the strongly-marked reciprocal connection between the nerves of the lower portion of the spinal cord and the organs of generation. This connection is developing new and important remedial agents, and must lead to results of great value—another of those striking evidences of substantial progress in our science, through the march of mind.

Suppose you should be consulted in a case bearing the distinctive marks of the one before us; it is not unlikely that you would altogether misapprehend its true character—the mucous discharge you would probably regard as an evidence of some structural disease of the uterus, while the pain might possibly incline you to the opinion that it was due to any thing else than its true cause—irritation of the *utero-lumbar nerves.* Many women are annoyed for years by these two symptoms—pain and a discharge of mucus from the vagina—and they are subjected to every variety of medication; they fail in obtaining relief; they have hoped against hope; life becomes a burden, and finally, with exhausted patience, they seek in the embraces of empiricism what they in vain looked for in the legitimate walks of science! How true is it that the success of quackery depends not on its own merits, but on the carelessness of those to whom are entrusted the sacred rights of medicine.

Causes.—Utero-lumbar neuralgia is undoubtedly the result of a peculiar condition of the nerves of the lower portion of the spinal cord; what it is that gives rise to this peculiar state we do not probably understand;

but we know from observation that there exists between these nerves and the genital organs, both in the female and male, a reciprocal influence. An interesting example of this influence in the latter is furnished by a specific pain in the testicle, which has been called *ileo-scrotal*, from the fact that it is merely the spread of neuralgia, through the ileo-scrotal nerve, from the lumbar region to the scrotum; and in the same way is explained the existence of severe neuralgia in the labia externa of the female, the pain being propagated through the ileo-pudendal nerves.

Symptoms.—The patient complains of pain, sometimes quite distressing, in the uterus; there is also more or less pain in the back, rendered perceptible by pressure; the uneasiness in the uterus is always increased by a digital examination, or sexual intercourse, and also by the introduction of the speculum. There is often a discharge of mucus accompanying uterine neuralgia. This malady may be complicated with other affections of the uterus, but most frequently it exists alone. It occasionally is marked by periodicity.

Diagnosis.—Pain on pressing the cervix uteri; pain, also, from pressure on the side of the lower extremity of the spine.

Prognosis.—A favorable termination may certainly be promised, provided the nature of the malady be fully understood.

Treatment.—This consists essentially, and I may say exclusively, in powerful revulsives to the spine, or in cauterization of the cervix uteri. Mitchell, of Dublin, of whose practice we have already spoken, relies on the red-hot iron to the spine; Valleix resorts to repeated blisters. The latter, however, commends also the application of the actual cautery to the cervix; while Malgaine prefers scarifications of that portion of the uterus. I very much prefer, as preferable to the red-hot iron and blisters, the insertion of a nitric acid issue on the side of the lumbar vertebræ; it is less repugnant than the former to the feelings of the patient, and is more positive in its action than blisters; and besides, it is not followed by irritation of the bladder, so common an effect of the absorption of cantharides. When the *utero-lumbar neuralgia* is characterized, as will sometimes be the case, by distinct periodicity, it will usually yield to the sulphate of quinine.

EPILEPTIC CONVULSIONS IN A MARRIED WOMAN, AGED TWENTY-NINE YEARS.—Mrs. H., aged twenty-nine years, married, the mother of three children, has suffered for many years from periodical attacks of epilepsy. "Do you remember, madam, when you were first attacked with convulsions?" "Between thirteen and fourteen years of age, sir." "Had you menstruated at that time?" "No, sir; my courses did not come on until I was fourteen, and after that I did not see any thing until I was in my sixteenth year." "You say the first attack was between thirteen and fourteen years of age, before you had menstruated." "Yes, sir." "When had you the second attack?" "Just before I had my turns the second time, when I was sixteen." "After you passed your

sixteenth year, were your courses always regular?" "They were regular, sir, as to time—but I was not sick at any period more than one day." "You mean, then, to say that you were not like other females in this particular?" "I mean to say, sir, that at my periods the show was very slight, and I knew something must be wrong." "When had you the third attack of convulsions?" "They always came on me a day or two before my courses; and sometimes two or three days afterward. I can always tell, sir, when they are coming on by my feelings." "What are those feelings, madam?" "A great fullness and headache." "You have, I believe, three children?" "Yes, sir." "During your pregnancies, were you free from these convulsions?" "Yes, sir; I never had any attack while I was carrying my children."

This dialogue, gentlemen, which you have just heard is not without profit; it removes much of the obscurity of the case, and puts us in possession of very important facts. The testimony is of the most positive nature; it is not what the lawyers term circumstantial—but it is direct and thorough, proving broadly every point, and establishing with moral certainty the cause of the epileptic convulsions, viz.: abnormal menstruation. This testimony will bear a searching analysis; you can not shake it by any cross-examination, no matter how ingeniously instituted, or how adroitly it may be conducted. I have repeatedly spoken to you of the numerous and important sympathies of the uterine organs—they have been exemplified both in health and disease; and you have been told how these sympathies undergo shades of difference in organic lesion, as well as in functional derangement. Your attention has been directed on several occasions in the Clinique to epilepsy as connected with uterine disturbance. The case of Ann K., aged nineteen years, whose menses had been suppressed for a year, and who, as a consequence, had been attacked with epileptic convulsions, you must remember with interest; and you will not have forgotten the treatment, which restored her to health. Both in retention and suppression of the menses, as also when the loss is defective, various nervous disturbances display themselves. In one patient, depending upon peculiarity of temperament, you will have hysteria; in another, catalepsy; in another, chorea; in another, epilepsy; and sometimes even mania will present itself. These are examples of eccentric nervous disturbance to which I have very fully alluded in previous lectures.

Let me call attention to one interesting circumstance in the case before us. In reply to a direct question, this patient states that during her three pregnancies, she never had a convulsive attack. The intelligent student will not be willing to pass this fact by without giving to it due value. It is, indeed, one of the most significant features in the case. He will see that gestation produced for the time being an entire change in the economy—the attention of nature was especially directed to the uterus during pregnancy—there was an afflux of fluids setting toward it, and the utero-placental circulation was a sort of derivative influence, in-

terrupting temporarily those morbid phenomena which resulted in the convulsive spasm. Now, the question presents itself—What is the prospect of relief in this case? The length of time this patient has been subject to the epileptic convulsions, is much against the prospect of permanent relief. Yet it is our duty to spare no effort, and give her all the advantage of rational and judicious treatment. The object is to endeavor, if possible, to establish a healthy menstrual function. For this purpose, I would again recommend the favorite plan of artificial menstruation. Let her lose from the arm every two weeks ʒ ij of blood, and give her one of the following pills every second night:—

℞ Barbad. Aloes . . . . . ʒij
Sulphat. Ferri . . . . . ʒj

Ft. Massa in pil. xx *dividenda.*

An occasional styptic foot-bath at night will be useful. In addition to the above treatment, I would suggest a nitric acid issue on the side of the lumbar vertebræ with a view of diminishing the uterine irritation.*

* For the past few years, the treatment of epilepsy has called forth some important researches, and various therapeutic agents have been suggested. The modes of treatment found most successful may be, I think, embraced under the following heads: 1st. Tracheotomy; 2d. Cauterization of the larynx and pharynx; 3d. Application of the red-hot iron, and other escharotics to certain portions of the head or neck; 4th. The section of a nerve in cases in which there is a decided aura; 5th. Certain special remedies, such as the oxide of zinc, ammoniated copper, the cotyledon umbilicus, etc., etc. Tracheotomy was proposed by Marshall Hall as the most efficient treatment in those cases of epilepsy in which there is what he terms laryngismus, *i. e.*, spasm of the glottis, preventing the free passage of atmospheric air. Whatever may be thought of the theory, it would seem that the results are not very favorable to this operation. Dr. Radcliffe has shown that in seven cases in which tracheotomy was had recourse to, one only was positively cured, two died, and the others but slightly improved. The conclusion, then, is that this operation should not be performed unless the patient, during the epileptic paroxysm, be positively threatened with suffocation.

Cauterization of the larynx, first proposed by Dr. Brown-Sequard, is comparatively so slight an operation, that there can be no objection to its employment, together with other means, as he has already suggested; but the rationale of this mode of treatment is not altogether without obscurity. At first Dr. Sequard was inclined to the opinion that its efficacy was traceable to its power of preventing the laryngismus; since, however, he has found that a single cauterization of the larynx or pharynx will prevent the occurrence of an expected fit. Cauterization of the back of the neck with the actual cautery has sometimes been followed by good results, and it is alleged that its efficacy is due to a change thus produced in the nutrition of the nervous centers. In this way has been explained the restoration of the cases reported by Leberton, Mettais, and others. In some instances of epilepsy there is what is called a positive *aura epileptica*, and if the aura originate from pressure of a tumor on a nerve, the extirpation of the tumor has been followed by the relief of the patient; but should there be no tumor, it has been proposed by Dr. Sequard to divide the trunk of the nerve, which supplies branches to the part from which the *aura* arises. In the use of the oxide of zinc and ammoniated copper, Dr. Herpin, of Geneva, has recognized the happiest results; but others, in the employment of these remedies, have not been so successful. The cotyledon umbilicus, also, has been followed by good effects, according to the testimony of those who have employed it in epilepsy.