

THE DISEASES OF WOMEN.



HAT there has been in the last quarter of a century a most remarkable increase in the number and frequency of diseases of the class known as "female diseases," is a fact well attested by the observation of hundreds of physicians and other persons who have had wide opportunities for observation on this point. No one disputes the fact, but various interpretations have been given to it.

One author attributes the difficulty to faulty methods of education, particularly the attempt of young women to compete with their brothers in the study of the classics and the higher mathematics. Another, adducing the fact that American women seem to suffer more than those of any other nation, finds an explanation in the asserted fact that "all animals tend to deteriorate in this country." No reason is offered why America should not be as healthy a country as any other upon the globe, but attention is called to the fact that numerous classes of people have occupied the territory in succession, from which it is argued that no race can long continue an existence here without degeneration; thus placing the re-

sponsibility wholly upon nature and removing it from the shoulders of those who, according to our view, are only suffering the consequences of their own transgression of nature's laws, combined with inherited weaknesses and morbid tendencies.

During the last ten years our opportunities for studying this class of disorders has been very extensive, and we have carefully sought for the cause in each individual case of the thousands which have come under our care for treatment. Careful and prolonged consideration of the subject has convinced us that the increased frequency of diseases peculiar to the female sex are more directly attributable to bad habits of dress, diet, and unnatural and injurious personal and social habits of various sorts, than to any other causes. We cannot conceive it to be possible for a woman to dress in accordance with the requirements of fashion for any length of time, without becoming seriously diseased in the functions peculiar to her sex. This subject has already been considered at length in earlier portions of this work, and hence need not be dwelt upon here.

The fact above stated is recognized by the most eminent authorities among those who have made a specialty of the treatment of this class of maladies, as is evidenced by the following significant words from Prof. Emmett:—

“At the very dawn of womanhood the young girl begins to live an artificial life, utterly inconsistent with the normal development. The girl of the period is made a woman before her time by associating too much with her elders, and in diet, dress, habits, and

tastes, she becomes at an early age but a reflection of her elder sisters. She may have acquired every accomplishment, and yet will have been kept in ignorance of the simplest feature of her organization, and of the requirements for the preservation of her health. Her bloom is often as transient as that of the hot-house plant, where the flower has been forced by cultivation to an excess of development, by stunting the growth of its branches and limiting the spread of its roots. A girl is scarcely in her teens before custom requires a change in her dress. Her shoulder-straps and buttons are given up for a number of strings about her waist, and the additional weight of an increased length of skirt is added. She is unable to take the proper kind or necessary amount of exercise, even if she were not taught that it would be unladylike to make the attempt. Her waist is drawn into a shape little adapted to accommodate the organs placed there, and as the abdominal and spinal muscles are seldom brought into play, they become atrophied. The viscera are thus compressed and displaced, and as the full play of the abdominal wall and the descent of the diaphragm are interfered with, the venous blood is hindered in its return to the heart."

Although mothers have been repeatedly warned of the danger of thus allowing their daughters to sap the very foundation of their life in early womanhood, it is rare indeed that a mother can be found who has the moral courage to stand up against the tide of public opinion and bravely refuse to bow to the mandates of fashion. Health, happiness, usefulness, comfort, are all sacrificed upon the throne of the fickle goddess

to whom so many thousands pay an onerous but willing homage. So long as this strangely inconsistent course is persisted in, woman will continue to be the chief supporter of the medical fraternity, whose skill and ingenuity are taxed to the utmost in devising means for the relief of her multitudinous and painful ills, at least three-fourths of which might be easily avoided by better attention to the laws which govern her sexual nature.

Although we cannot here enumerate all, or even a small part, of the causes which give rise to the various maladies to which women are especially liable, this portion of our subject having been quite fully considered elsewhere, we must again call attention to what is probably one of the most common of all the causes of uterine disease, viz., neglect to attend promptly to the call of nature for evacuation of the bowels and bladder. With many, perhaps we may say most, women, this neglect is habitual. The great majority of women, young, old, and middle-aged, suffer with constipation of the bowels. In a majority of cases this is largely the result of neglect. By degrees, the bowels lose their natural sensibility, and become torpid and inactive; the immediate result of this is congestion of all the organs of the pelvis, the uterus and ovaries with the rest, and sooner or later the symptoms of disease of these organs make their appearance. When the bladder is allowed to become distended, the body of the womb is crowded backward, while the neck of the organ is drawn forward, and thus retroversion and ultimately retroflexion is produced. The overdistended bladder becomes irritable,

and takes
forts requ
stipation,
placemen
fers from
should be
retained,
ing the n

One o
women is
trated di
flour brea
and fruits
of the s
most pote
often rep
delicate
closet ac
average f
voted to
dedicated
made con
stable in
of many
edifice de
usually s
and loath
ogy for p
incident
some dis
the gaze
path surr

and takes on serious inflammation. The severe efforts required to relieve the bowels in obstinate constipation, are productive of prolapsus and other displacements. Aside from this, the general health suffers from the retention of offensive material which should be carried out of the body promptly, but being retained, is absorbed, contaminating the blood, poisoning the nerve centers, and working general mischief.

One of the causes of this prevalent condition among women is deficient muscular exercise and a concentrated diet, the too free use of meat, pastry, and fine-flour bread. Oatmeal, cracked wheat, graham flour, and fruits, if more freely used, would obviate much of the suffering from this cause; but probably the most potent cause may be found in the inconvenient, often repulsive, we may even say indecent, and to a delicate or menstruating woman, actually dangerous closet accommodations provided for the use of the average family. In ancient times the apartments devoted to the relief of the bowels and bladder were dedicated to the beautiful goddess Cloacina, and were made convenient, comfortable, even attractive, and so stable in structure that they have withstood the blasts of many centuries. How different from the modern edifice devoted to the same purpose! Its structure is usually such as to make it in warm weather a noisome and loathsome place, and in winter scarcely an apology for protection from the snow and chilling blasts incident to the season. Its location is generally at some distance from the house, rarely sheltered from the gaze of the street, and approached by a neglected path surrounded with tall grass or weeds, insuring the

wetting of feet and ankles from rain or dew, and making it almost inaccessible when the ground is covered deep with snow. For a woman who is passing through her menstrual period to visit such a place is, in cold or rainy weather, certainly a dangerous proceeding. A visit at any time is to be dreaded, and hence is avoided as long as possible. In most parts of the country, particularly in the South and West, a neighboring shed, a clump of bushes, or the shelter of a rock, afford the only convenience for meeting the demands of nature for the performance of one of the most imperative and essential of the vital functions.

The remedy for this defect which we suggest, where the most improved form of water-closet cannot be employed, is the earth-closet. This need not be an expensive affair, although there are various patented devices which are as ornamental as useful, and fulfill all the requirements to be met. All the practical advantages to be gained from the earth-closet can be secured by an exceedingly small outlay. All that is really necessary is a properly constructed seat, under which should be placed a large galvanized pail or pan one-third filled with well-sifted coal ashes, or fine, dry clay or dust from the street. A supply of the same material should be at hand, with a small shovel ready for use, and after use of the closet, a shovelful should be added to the contents of the pail. The latter should be emptied and rinsed with a saturated solution of copperas, daily. With these precautions, such a closet may be placed anywhere in a house with perfect safety. A warm corner of the woodshed may be partitioned off to receive it, or a small room adjoin-

ing the ho
modation.
all times,
which sh
means of
ing to the
members

Perpe
the causes
conspicuo
ject has a
will bear
and so ser
that hom
to the w
demonstra
ble, recov
stant dosi
ders, naus
The treat
to-day by
tioners, m
rationality
the daily
in any oth

We sh
to endeavor
the param
promptly
which this
of diseases
thoroughly

ing the house may be built on purpose for its accommodation. Warmth in cold weather, convenience at all times, and privacy of approach, are advantages which should be embodied in every case as essential means of maintaining the health, as well as ministering to the mental and physical comfort of the female members of the household.

Perpetual "dosing" must be set down as one of the causes which have been instrumental in making so conspicuous "the little health of women." This subject has also been considered elsewhere, but we think will bear mentioning again, so common is the custom and so serious its consequences. It must be conceded that homeopathy has been of most invaluable service to the world, at least to one-half of humanity, by demonstrating that this class of ailments, when curable, recover more rapidly without than with the constant dosing with pills and pellets and regulating powders, nauseating compounds and sickening decoctions. The treatment of the diseases of women as practiced to-day by the most experienced and scientific practitioners, more nearly approaches the ideal standard of rationality than any other branch of medicine, and the daily advances in this direction are greater than in any other department.

We should fail to do our duty should we neglect to endeavor to impress upon the minds of our readers the paramount importance of attending seriously and promptly to the first evidences of the maladies to which this section is devoted. Nearly all this class of diseases, although very chronic and obstinate when thoroughly developed, are readily controlled by proper

and efficient treatment at the outset. False modesty often restrains the sufferer from making known her condition to a competent medical adviser until it has existed so long that a cure can only be accomplished by long-continued and persevering efforts. When apprized of this fact, the unfortunate individual often gives up in discouragement. In far too many instances, when this is not the case, the patient has the misfortune to fall into the hands of some physician who blindly follows obsolete or routine methods of treatment, perhaps doing the best he knows how, but notwithstanding, in no way benefiting the patient even after years of treatment.

The treatment of this class of diseases, or "female weaknesses," as they are termed by the advertising charlatan, is one of the most lucrative sources of revenue to quacks of every description. Not hesitating to promise the most marvelous results within a short space of time, they excite the hopes of their victims only to leave them deeper than ever in the slough of despond. A person who has been thus imposed upon a few times, is generally in about as wretched a condition, both physically and mentally, as an individual can well be. It is partly for the purpose of rendering sufferers from this class of diseases sufficiently intelligent upon the subject of their ailments to enable them to discriminate between the competent and reliable physician and the ignorant pretender, that this section is written. Another object in its preparation which we may mention in conclusion, is to inspire those of this large class of sufferers into whose hands this work may fall, with hope and courage, by the as-

surance that there are rational and successful methods of treatment which will reach almost every case, no matter how chronic nor how apparently hopeless it may be, provided they are skillfully adapted to each particular case and faithfully administered. Fortunately, also, most of the common ailments of women are curable by a very few and comparatively simple means in their earlier stages, before many complications have arisen, and these means are such as can be utilized at home, if a fair degree of interest and intelligence is enlisted in the effort. We have endeavored to point out in the appendix the measures of treatment best adapted to home treatment, and such as we have known to be successful in hundreds, we may even say thousands, of cases in which we have recommended their use.

We shall consider first and most fully those maladies which are most easily manageable by methods which can be employed at home, giving only brief space to the treatment of diseases which are not readily recognized by any but the skilled physician, and which demand his personal services in carrying out a course of treatment. Even in these cases, however, as every physician knows, that which the patient can do for herself at home, or can have done by a competent nurse, contributes more largely to the successful result than all other measures combined.

LEUCORRHOEA, OR WHITES.

This exceedingly common condition is usually a symptom of disease rather than an independent disorder; but it is so exceedingly common that it is proper

to describe its treatment independently. As a symptom, leucorrhœa is indicative of quite a variety of conditions. The discharge to which the term "whites" or "female weakness" is familiarly applied, varies considerably in character. A natural discharge of whitish mucus, the proper secretion of the vaginal mucous membrane, takes place for a short time just before and just after menstruation, and need occasion no concern; but when the discharge becomes continuous, not disappearing in the interval between the menstrual periods, it becomes a symptom of disease. A very profuse discharge naturally takes place also in the latter part of pregnancy.

In addition to the special causes mentioned, leucorrhœa may result from simple congestion of the blood-vessels of the vaginal mucous membrane due to improper dress. It may also be occasioned by taking cold, by sexual excess, and by indigestion or a debilitated state of the system.

The indication of leucorrhœa as a symptom depends largely upon the character of the discharge. Viscid mucous discharges are generally from the womb. Curdy mucous discharges are occasioned by catarrh of the vagina. Clear or turbid watery discharges, especially when very offensive in character, are indicative of tumors or malignant disease of the womb. Discharges containing pus are indicative of inflammation or ulceration; they may proceed from the vaginal mucous membrane or from the uterus. Reddish or bloody discharges accompany tumors of various kinds, cancer, and ulceration of the womb. Discharges of a very offensive character, especially when

occasion
presence
are not
however

Trea
of treat
dix). I
soothing
pery-elm
ounce to
teaspoon
exceedin
and that
an acrid

When
and the
with ben
slightly
powdere
the atri
hot water
tion of a
water.

dram to a
fensive, a
proportion

erally be
The h
day, for
astringen
best to al
are used

occasionally mixed with blood, are indicative of the presence of malignant disease. Offensive discharges are not positive evidence of the presence of cancer, however, as they may arise from other causes.

Treatment: The first and most important measure of treatment is the hot vaginal douche (see appendix). In cases in which there is much irritation, soothing lotions may be applied, as linseed or slippery-elm tea, starch water, infusion of hops, one ounce to the pint of water, a solution of borax, one teaspoonful, powdered, to the pint of water, is also exceedingly useful in allaying the vaginal irritation and that of the labia, which frequently results from an acrid discharge.

When the disease is chronic, the discharge profuse, and the parts relaxed, astringents may be employed with benefit. The hot water douche should be made slightly astringent in character by the addition of powdered alum, tannin, and other mild astringents, or the astringent solution may be used after the usual hot water douche. Alum may be used in the proportion of a teaspoonful of powdered alum to a pint of water. Tannin may be used in proportion of one dram to a pint of water. When the discharge is offensive, a solution of permanganate of potash, in the proportion of ten grains to a pint of water, will generally be effective in correcting the fetor.

The hot douche should be taken at least twice a day, for fifteen to twenty minutes at a time, the astringent application being made once a day. It is best to alternate in the use of astringents when they are used for a long time. Glycerine is also a most

useful measure, used alone or combined with astringents. The same may be said of a more recently discovered remedy, the extract of the *Eucalyptus globulus* or Australian gum-tree. For formula for these remedies, see the appendix.

The sitz or hip bath may be usefully employed in this as well as most other forms of local disease in women. The temperature of the bath should be 92° F., at the beginning, and after ten to twenty minutes should be cooled down from two to five degrees for about one minute, so that there will be no liability of the patient's taking cold. The bath may be taken daily if the patient is strong, or in other cases two to four times a week.

Still another measure of very great value in these cases is the medicated tampon, which is also described in the appendix. Alum, tannin, glycerine, and a variety of useful remedies may be applied in this manner, either with or without the aid of an instrument for placing the tampon, as described in the appendix.

VAGINITIS, OR INFLAMMATION OF THE VAGINA.

This disease is much less common than the preceding, one form of which is sometimes termed chronic vaginitis. In the acute form of the disease there is swelling, heat, tenderness, smarting, and a burning sensation, with a more or less profuse discharge. This form of the disease very closely resembles the specific form of the affection known as *gonorrhœa*, which usually results from impure connection.

In a somewhat rare variety of the disease the whole vaginal mucous membrane is covered with granulations, which render it exceedingly sensitive.

The causes of vaginitis are cold, irritating discharges from the womb, caustics, badly fitting supporters, self-abuse, and excessive coitus.

Treatment: An acute attack of vaginitis can generally be cured in ten days or two weeks by the employment of sitz baths, warm douches, three or four times a day, injections of starch water, and resting in bed. Other measures are seldom necessary. When the disease is chronic, longer time is required for a cure. Glycerine and tannin, in the proportion of one-half dram of the latter to one ounce of the former, is an excellent remedy in chronic vaginitis, to be applied to the affected part daily or every other day by means of cotton saturated with the solution. A solution of chlorate of potash, a dram to a half pint of water, is also a very useful remedy. Dr. Smith, of London, especially recommends a solution of half an ounce of alum and a dram of tannin to a quart of water, one half to be used at night and the other half in the morning, to be applied after the warm douche.

Gonorrhœa in females is to be treated upon essentially the same plan as vaginitis from any other cause.

VAGINISMUS.

The chief symptoms of this disease are pain in walking, and severe spasmodic pain due to contraction of the sphincter muscle of the vagina whenever the parts are touched or otherwise excited. This is often a very severe affection, being the occasion not

only of great inconvenience, but of intense mental as well as physical suffering. It consists in an unnaturally sensitive condition of the vagina, which causes violent spasmodic contraction of its walls from the slightest irritation. The chief causes are hysteria, inflammation of the vagina, excoriations of the mucous membrane, vascular tumors of the urethra, and fissure of the anus.

Treatment: The sitz bath, daily hot douche, and soothing lotions, such as infusion of hops, starch water, linseed tea, etc., should be first employed, and if unsuccessful, a most rigorous search should be made for the cause. Whatever this is, it must be removed. Often it consists in an irritable condition of the vagina, which must of course be cured first of all. In very obstinate cases, a surgical operation is necessary, and hence a physician should be consulted.

ITCHING OF GENITALS.

This is usually a very distressing complaint. It is characterized by an intense burning, itching, and tingling of the organs of generation. The seat of the itching varies, being sometimes confined to the external organs of generation, and sometimes involving the vaginal canal to a greater or less extent. The affection is sometimes purely nervous, but most commonly depends upon an acrid discharge, especially in the senile leucorrhœa of old age, which is characterized by a very acrid discharge from the womb. A serious form of the disease accompanies diabetes in women. The itching is so intense, the desire to scratch the person becomes uncontrollable and isolates

the suffer
sleep and
even resul

Treatm
nate, and
the hot v
with hot
gently str
from the
gar is als
cases. In
safras pit
gum water
irritation.
be drawn
to a uteri
ton should
and arrest
parts. If
of the lotio

INF

This is
most comm
vagina or w
hot douches
of borax, b
appendix.
ton tampon
vent the d
fected part
powdered

the sufferer from society, also occasioning loss of sleep and the greatest mental depression, sometimes even resulting in insanity.

Treatment: The disease is sometimes very obstinate, and requires persevering treatment. Try first, the hot vaginal douche. Bathe the external parts with hot water, hot as can be borne without pain, gently striking the parts with a sponge squeezed from the water. Bathing the parts with cider vinegar is also very useful as a means of relief in some cases. Injections of decoctions of slippery elm, sassafras pith, flax seed, quince seed, and starch or gum water are also useful means of soothing the irritation. When due to diabetes, the urine should be drawn with a catheter for a time. When due to a uterine discharge, pledgets or tampons of cotton should be introduced into the vagina to absorb and arrest the secretion, and thus protect the diseased parts. If these remedies do not give relief, some one of the lotions given in the appendix may be tried.

INFLAMMATION OF THE LABIA.

This is a disagreeable and often painful ailment, most commonly caused by acrid discharges from the vagina or womb. Relief may usually be obtained by hot douches, sitz baths, and the application of lotions of borax, boracic acid, and carbolic acid, for which see appendix. When caused by acrid discharges, a cotton tampon should be placed in the vagina to prevent the discharge from constantly bathing the affected parts. The tampon should be dusted with powdered borax or boracic acid, tannin, iodoform,

camphor gum, or chloral. Sometimes diabetes acts as a cause, the urine keeping the parts in a state of irritation. In these cases the urine should be drawn with a catheter several times a day.

UTERINE CATARRH—ENDOMETRITIS.

General debility; pulse weak; countenance pale and sallow; digestion slow; bowels very inactive; eyes dull, surrounded by a dark circle; nervousness; headache; hysteria; weakness in the back and lower part of the bowels; watery or glary discharge, sometimes very copious, often appears in adhesive, stringy masses; scanty or suppressed menstruation; painful menstruation; menorrhagia; are the leading symptoms.

The mucous membrane lining the cavity of the uterus is subject to catarrh as well as all other mucous membranes of the body. This condition is generally termed, inflammation of the interior of the womb, and it has long been treated as such. It has recently been thoroughly demonstrated, however, that this is not the case, and that the condition of the mucous membrane lining the organ is that of congestion and not inflammation.

The most common causes are improper dress; taking cold at the menstrual period; sexual excess; self-abuse; and whatever may cause congestion of the womb. It occurs very frequently in women who for any reason do not nurse their children.

Treatment: All exciting causes, so far as possible, should be removed. If the patient has been in the habit of wearing the clothing tight about the waist

and suspended
clothes the
should be
be thoroughly
year. The
stockings
so loose as
and should
ing button
penders.

The di
unstimulat
not advisa
allowance
Although
ing, lifting
siderable a
air is very
have entire
many case
catarrh ar
likely to b
tions, some

Careful
tion of the
secured da
In most ca
may be ov
kneading o
dominal ba
the disease
baths and l

and suspended from the hips, and has neglected to clothe the lower extremities properly, these matters should receive immediate attention. The limbs should be thoroughly clad in flannel the greater portion of the year. The feet should be protected by thick woolen stockings and warm shoes. The clothing should be so loose as to remove all compression about the waist, and should be suspended from the shoulders by being buttoned to a waist, or by properly adjusted suspenders.

The diet of the patient should be nourishing but unstimulating. A large proportion of animal food is not advisable. Fruits and grains, with a moderate allowance of eggs and milk, constitute the best diet. Although excessive exercise, such as running, jumping, lifting, and horseback riding, is injurious, a considerable amount of daily gentle exercise in the open air is very important. The sexual system should have entire rest during the course of treatment. In many cases, married women suffering from uterine catarrh are barren. When pregnancy occurs, it is likely to be attended by a great number of complications, some of which are highly dangerous.

Careful attention should be given to the regulation of the bowels. A thorough movement should be secured daily, the enema being employed if necessary. In most cases, however, the inactivity of the bowels may be overcome by careful attention to diet, daily kneading of the bowels, and wearing the moist abdominal bandage at night. The local treatment of the disease consists chiefly in the employment of sitz baths and hot water douches. The sitz bath should

be taken daily, or at least every other day, as follows: Begin the bath at 95°; after five minutes, lower the temperature to 90°; after ten or fifteen minutes longer, the temperature should be lowered two or three degrees more, and the bath immediately concluded. A warm foot bath should be taken at the same time, at a temperature four or five degrees higher than that of the sitz bath.

The use of astringent injections, as of tannin, golden seal, etc., one or two drams to the quart of water, is also to be recommended; but the medicated tampon pledget is much to be preferred, especially the tannin and glycerine application. See appendix.

All of these measures must be steadily persisted in, not only until the slightest symptoms of the local disease have passed away, but for several weeks after, and for a few days after each menstrual period for several months. It is unnecessary to remark that the sitz bath or douche should be suspended during the menstrual period unless the disease has assumed such a form as to occasion painful menstruation, when the hot sitz bath may be necessary to give relief.

The injection of irritating lotions of various sorts into the cavity of the uterus,—a measure of treatment employed by some physicians,—is in our opinion a hazardous procedure and one that is rarely required. We have had occasion to see the ill effects of this mode of treatment in a number of cases. In a case which came under our care a few years ago the patient had recently been treated by an injection into the cavity of the womb of a strong solution of nitrate of silver. The immediate results were so serious

that the lady barely escaped with her life. We scarcely need add that the chronic congestion of the organ from which she had suffered many years was greatly aggravated in the inflammation which followed, in which not only the womb itself, but its surrounding tissues were involved. In this way an amount of damage is often done which can hardly be repaired by many months of treatment, and may occasion life-long injury.

INFLAMMATION OF THE WOMB.

The symptoms of this disease are almost identical with those of catarrh of the womb, but are much more intense. The local symptoms are chiefly, pain in the lower part of the back, extending around the body; weight, or dragging-down feeling in the bowels; pain just above the pubic bones, with tenderness on pressure; frequently, various symptoms relating to the bladder. In most cases there is more or less disturbance of digestion, leucorrhœa, constipation of the bowels, headache, nervousness, and general debility.

This disease, like the preceding one, has long been mistaken for an inflammation, which its name really implies, but which does not in reality exist. The condition commonly known as chronic inflammation of the uterus is really congestion of the organ. In consequence of disturbance of the circulation in the womb, it becomes engorged with blood and speedily becomes enlarged, sometimes reaching a size three or four times as large as in health. As the result of the enlargement and increased weight, the organ settles down in the pelvis and thus prolapsus or

falling of the womb is produced. Sometimes its increased weight tips it over forward, producing another form of displacement, known as anteversion. In other cases it tips backward against the rectum, producing retroversion; by degrees the anteversion or retroversion may become converted into an anteflexion or retroflexion, conditions in which the organ is bent upon itself. In some cases it is tipped to one side, conditions known as lateroversion or lateroflexion. The symptoms arising from these several displacements are given in connection with their consideration elsewhere.

The causes of inflammation of the womb are the same as those which have been mentioned as causes of uterine catarrh. In cases of uterine catarrh, the whole organ finally becomes affected, as well as its mucous lining, by the long continuance of the causes referred too. Among the most active causes are sexual excess in married women, secret vice in the unmarried, the employment of various means to prevent conception, and improper dress. Very frequently, enlargement or congestion of the womb is the result of getting up too soon after confinement, in consequence of which the organ fails to return to its natural size, remaining more or less enlarged. Miscarriages and abortions are particularly liable to be followed by this condition, which is known as *subinvolution*, as are also tears of the neck of the womb and of the perinæum at childbirth. The wearing of badly fitting supporters should be mentioned as a not infrequent cause of chronic congestion of the womb.

Treatment: The treatment for chronic congestion

and enlargement of the uterus is essentially the same as that recommended for chronic uterine catarrh, the details of which need not be repeated here. The sitz bath, the hot douche, rest from violent exercise and from sexual excitement, and the avoidance of all the exciting causes of the affection, are the essentials of treatment. The method of treating this affection which was popular a dozen years ago, is now pronounced by the most eminent medical authorities to be in the highest degree irrational and detrimental to the patient. The cauterizations to which thousands of women have been subjected year after year, the only effect of which was to produce an aggravation of other ailments, are now condemned in no stinted terms by the very men who once employed these remedies.

In our experience at the Medical and Surgical Sanitarium, we have met with hundreds of these cases, in which caustics had been employed at intervals for periods ranging from six months to twenty years; and we have to say that we have never met a case in which there was evidence of substantial benefit from the course of treatment employed. The effect of long-continued cauterization is to increase the very difficulty which it is supposed to be efficient in curing. What the congested organ needs is not the application of irritating caustics, but the use of soothing remedies. The warm sitz bath attracts the blood to the surface, and thus relieves the local congestion. The hot douche acts efficiently as a remedy, by causing contraction of the dilated blood-vessels.

Cold injections were formerly recommended for this purpose, but the benefit received by their employment was very slight, if any good at all was accomplished. Cold applications to the uterus cause immediate contraction of its blood-vessels, but the contraction produced is almost immediately followed by dilatation, so that the congestion may be aggravated rather than relieved. Hot applications cause first a slight increase of congestion, but this condition is subsequently followed by a contraction of the blood-vessels, which continues for a long time. This is well shown by a simple experiment. The hands dipped in cold water, or rubbed with ice, are at first blanched, but in a few seconds become red from congestion of the blood-vessels of the skin; while upon the other hand, if the hands are dipped in hot water, they become at first reddened, but after they have been immersed for a long time the skin becomes white through contraction of its small arteries. This is well shown in the white and wrinkled skin of the hands of the washerwoman, which have been immersed in warm water for several hours. In performing surgical operations upon the womb, when annoyed by troublesome bleeding, we have resorted to the use of sponges dipped in hot water and applied directly to the organ, and have thus been able to witness an ocular demonstration of the utility of hot applications to this organ in the speedy checking of the bleeding, and the marked paleness of the organ after the application.

It should be remarked, however, that there are occasional cases in which the hot douche is not well tolerated, and benefit seems to be derived from the cool douche.

Wh
some b
astring
alum, c
and var
employ
to add
salt to
The
ever, is
A num
the app
Wh
eases o
congesti
pressure
tant me
is descri

The
sentially
eases, w
gestion.
on her f
across th
the bow
headache
feels nerv
just after
is genera
there ma

When there is considerable catarrhal discharge, some benefit may be derived from the employment of astringents. In addition to the hot water douche, alum, common salt, solutions of tannin, of golden seal, and various other astringent substances, are usefully employed for this purpose. It is a very good plan to add a teaspoonful of powdered alum or common salt to the last pint of water employed in the douche.

The best method for applying astringents, however, is by the use of tampons properly medicated. A number of suitable preparations are described in the appendix, which see.

When the uterus is enlarged, and indeed, in all cases of chronic inflammation, chronic catarrh, and congestion, in which there is little tenderness on pressure, uterine massage constitutes a most important measure of treatment. The mode of application is described in the appendix.

CONGESTION OF THE WOMB.

The symptoms of congestion of the womb are essentially the same as those of the two preceding diseases, which, as remarked, are really the result of congestion. The patient feels uncomfortable whenever on her feet long at a time, has a dull, aching pain across the lower part of the back, and often across the bowels low down in front, has a good deal of headache, particularly at the top of the head, and feels nervous and miserable, especially just before and just after the menstrual period, when the congestion is generally greater than at other times. At first there may be no leucorrhœa; but as the congestion

continues, uterine and vaginal catarrh are induced, the womb becomes enlarged and subject to the changes which are found in chronic inflammation of the womb and chronic uterine catarrh. It is impossible to draw an exact line between these various conditions, as one can hardly exist for any length of time without the other.

Treatment: Sitz baths, hot vaginal douches, astrigent injections and tampons, avoidance of all the causes of the disease, and practically the same course prescribed for catarrh and inflammation of the womb, are the measures to be followed in this disorder.

EROSION OR SO-CALLED ULCERATION OF THE NECK OF THE WOMB.

The symptoms of this disorder are profuse leucorrhoeal discharge, aching around the body, low down, especially when on the feet, and the usual symptoms of catarrh or congestion of the womb, which see. As seen through the speculum, the os, or lower portion of the neck of the womb, is red, raw, and generally enlarged. The rawness is usually termed ulceration; but the term is an improper one, since the condition is not that of true ulceration, but simply of rawness. Ulceration of this portion of the body is a quite rare disease.

The causes of erosion of the os are the same as those of congestion, of which it is the result, the mucous membrane being softened and corroded by an acrid discharge from the womb, or a profuse vaginal secretion. When such conditions exist, the movements of the body in walking, etc., by producing friction of

the neck
off the s
raw and

A lar
ulceratio
cervix p
of such c
had been
means of

Treat
to a rupt
eration b
and, certa
gestion, c
ditions m
ford relie
cases is t
a week.
pendix.)
preferably
All the e
should be
the bowel
essential i

AM

This is
the usual
cases: tho
pearance a
flow is sup

the neck of the womb against the vaginal walls, rub off the softened membrane and leave the tissues in a raw and irritable condition.

A large share of the cases which are mistaken for ulceration of the womb are cases of laceration of the cervix produced at childbirth. We have cured scores of such cases by a proper surgical operation after they had been treated unsuccessfully for many years by means of caustics and the other usual applications.

Treatment: When the abrasion or erosion is due to a rupture at childbirth, and is at all severe, an operation by a skillful surgeon affords the most speedy and certain means of cure. When due to simple congestion, catarrh of the womb, or prolapsus, these conditions must be cured. The treatment which will afford relief and effect a cure in the great majority of cases is the following: A sitz bath three or four times a week. Two hot vaginal douches daily. (See appendix.) The use of astringent injections or tampons, preferably the latter, at least three times a week. All the causes must be avoided. Sexual continence should be observed. Proper diet, dress, regulation of the bowels, and attention to all the laws of health are essential in securing a rapid and permanent recovery.

AMENORRHŒA, OR SUPPRESSED MENSTRUATION.

This is a condition in which there is absence of the usual menstrual flow. There are two classes of cases: those in which the flow fails to make its appearance at the proper time, and those in which the flow is suppressed after having once been established.

Amenorrhœa is not a disease of itself, being simply a symptom of some disorder of the uterine organs. The conditions from which it may arise are various. In pregnancy, menstruation is usually suspended, although in exceptional cases the regular monthly flow continues. There is some discussion, however, whether in these cases the loss of blood is the true monthly menstrual flow. Menstruation is also usually suspended during nursing, although the function is not infrequently resumed two or three months after childbirth. Imperfect development of the reproductive organs, and obstruction of the uterus or the vagina, are conditions which occasionally give rise to amenorrhœa. When a mechanical obstruction exists, there is generally enlargement of the abdomen from accumulation of the menstrual fluid. Sudden suppression of menstruation is generally due to taking cold during the menstrual period, or a sudden mental shock. When it occurs suddenly in this way, the patient generally complains of pain in the back, headache, fever, and other unpleasant symptoms.

We have noticed also, in some cases, temporary suspension of the menstrual flow in consequence of a change in diet, in which persons who had been accustomed to a stimulating diet, consisting largely of animal fat, including a free use of stimulating condiments, suddenly discontinued the use of these articles. In these cases, however, we have never observed any impairment of the general health; in fact, in the majority of cases there has been improvement in the general health notwithstanding the suppression of this function. In the course of a few months the

function
flow is s

We l
sion of n
the time
cular ne
epileptic

In m
rence of
its appe
the vagin
true men

Patie
quently
should n
parts of
bowels,
which bl
hemorrha
ation.

Treat
never app
bid deve
the first
as will in
cure prop
are gene
the patie
ance. W
time, its
portance
The best

function appears again, though as a general rule the flow is somewhat less profuse than before.

We have observed a few peculiar cases of suppression of menstruation in which the patient suffered at the times when menstruation should appear, with peculiar nervous symptoms closely resembling a slight epileptic attack.

In many cases there are symptoms of the occurrence of menstruation at the usual time for it to make its appearance, with an increase in the quantity of the vaginal secretions, known as the *molimen*, but no true menstruation.

Patients suffering with amenorrhœa are frequently subject at the time when the menstrual flow should make its appearance to hemorrhage in various parts of the body, as from the nose, lungs, stomach, bowels, etc. Some cases have been observed in which bloody sweat appeared at these times. These hemorrhages are sometimes termed vicarious menstruation.

Treatment: In cases in which the function has never appeared, the difficulty is generally due to morbid development, or some form of obstruction. For the first condition, such measures should be adopted as will improve the patient's general health, and secure proper development. In these cases, the hips are generally narrow and the breasts small, and the patient has something of a masculine appearance. When the difficulty has existed for a long time, its removal may be impossible; hence the importance of giving attention to the matter in time. The best means of treatment in these cases are warm

hip baths three or four times a week, warm vaginal douches daily at a temperature of about 100° F., general massage, and special massage of the breasts and womb. The massage should be administered daily in the manner directed in the appendix, which see. Friction and manipulations of the thighs and lower extremities are especially serviceable, as is also percussion of the lower portion of the back.

When complete obstruction exists, as indicated by the periodical occurrence of the usual symptoms of menstruation, but without the menstrual flow, and with enlargement of the lower part of the abdomen, surgical measures should be resorted to, to allow the accumulated fluid to escape. This should be done gradually, however, and in such a way as to prevent the entrance of air, as otherwise decomposition would occur, which might result in poisoning of the blood. This class of persons often suffer much mental annoyance through suspicion of pregnancy. Such cases of course require the services of a skillful physician.

In cases in which suppression occurs suddenly during the menstrual period, the patient should take a hot foot or sitz bath, or better still, a hot blanket pack, and should be made to sweat profusely by this means combined with hot drinks. Hot fomentations should be applied across the lower part of the bowels, hot bricks, hot bags, and other similar applications to the limbs and inside of the thighs. Ice bags or compresses should be applied over the lower portion of the spine, and the patient should be kept quiet in bed. If the flow is not re-established, the suppression will become chronic. When the symptoms of menstruation

with inc
the tim
discharg
when th
son to e
its app
douches
a week
riod, an
the uter

Whe
bility or
trating
proveme
daily ex
inunction
these ca
as the c
case, as
ply the
which w
In these
the bowe
to the lo
are usefu
tricity by
advantage
it will b
while th
ply a mea
resources
which she

with increased vaginal discharge, or *molimen*, occurs at the time for menstruation, but without the natural discharge, the same measures should be adopted; and when the condition becomes chronic, or there is reason to expect that the menstrual flow will not make its appearance at the proper time, warm vaginal douches and hot sitz baths should be administered for a week before the time for the recurrence of the period, and thorough massage of the bowels and also of the uterus should be given daily.

When amenorrhœa exists in consequence of debility or anæmia, as in consumption and other prostrating diseases, attention should be given to the improvement of the general health by nutritious food, daily exercise in the open air, daily massage, with inunctions, electricity, and other tonic measures. In these cases, the amenorrhœa is not to be considered as the cause of the existing debility or general disease, as is usually thought to be the case. It is simply the result of general depression of the system which will disappear after the removal of the cause. In these cases, warm sitz baths, hot fomentations over the bowels, and daily application of the ice compress to the lower portion of the spine for an hour or two, are useful measures. The local application of electricity by a competent person is also of very great advantage. It should be recollected, however, that it will be of no advantage to restore the function while the cause remains, since its suspension is simply a means adopted by nature for economizing her resources; and to force her to perform a function for which she is unprepared, will be the means of injury,

rather than good. When the general health has been sufficiently improved, nature will herself correct the disordered function in most cases, and the simple measures above suggested are all that will be required in any but very exceptional cases.

Emmenagogues.—We wish to say a word just at this point about a class of drugs known to the physician as emmenagogues, because of their supposed power to restore the menstrual function. There is quite a long list of these remedies, none of which, however, are reliable. Those which are the most efficient as stimulants of the uterus are so poisonous and potent for evil that much more harm than good is likely to come from their use, and hence none of them are to be recommended. If used at all, they can do good only when discreetly used by an experienced physician.

SCANTY MENSTRUATION.

The length and quantity of the menstrual flow varies very greatly in different individuals within the limits of health. A person suffers with scanty menstruation when the function is meagre compared with what is usual for the same individual. The principal causes are debility, consumption, disease of the ovaries, ovarian tumors, anteflexion of the uterus, melancholy, and chlorosis. This disease is very common among English girls.

Treatment: The general treatment should be the same as recommended for similar cases in which menstruation is entirely suspended. For a few days before the period should make its appearance, the

patient s
or twent
enemas,
the spine
same tin
The diff
shows m
the local
Massage
womb it
treatment
When
is too pr
those me
and the t

The i
strual pe
four week
able limi
ment of h
same indi
pregnancy
pause, or
indication
tention.

The ca
the same
tion, and
care being
condition.

patient should take daily a warm sitz bath for fifteen or twenty minutes. At the time of the period, warm enemas, cold compresses applied to the lower part of the spine, with fomentations over the bowels at the same time, constitute the best measures of treatment. The difficulty will generally exist until the patient shows marked evidences of improved health, or until the local disease upon which it depends is removed. Massage to the limbs and bowels, as well as to the womb itself, are among the indispensable means of treatment in bad cases.

When the interval between the menstrual periods is too prolonged, the causes are usually the same as those mentioned as causes of scanty menstruation, and the treatment should be essentially the same.

INFREQUENT MENSTRUATION.

The interval between the beginning of one menstrual period and that of another is normally about four weeks. The period may vary within considerable limits in different individuals without impairment of health; but should remain the same with the same individual through life, except, of course, during pregnancy and nursing, till the approach of the menopause, or change of life. Any great deviation is an indication of disease, which should receive prompt attention.

The causes of delayed menstruation are essentially the same as those of scanty or suppressed menstruation, and the same treatment is demanded, especial care being taken to remove or avoid the cause of the condition.

VICARIOUS MENSTRUATION.

In cases of amenorrhœa, it occasionally happens that a bloody discharge occurs at the menstrual period from some other part of the body than the uterus. This is known as vicarious menstruation. Such discharges have been observed to occur from the scalp, ear, nose, eyelids, cheeks, gums, salivary glands, lungs, stomach, breasts, abdomen, back, arm-pits, chest, navel, kidneys, bowels, legs, hands, and from wounds, sores, or ulcers. Hemorrhages from the stomach, breasts, and lungs are most frequent, and occur in the order named.

Treatment: The habit, when once established, is often difficult to cure, and frequently continues for many years in spite of treatment, sometimes resulting fatally. The measures to be employed are the same as recommended for amenorrhœa, with the usual means for checking the hemorrhage of the affected part.

MENORRHAGIA—PROFUSE MENSTRUATION.

There is no definite standard as to the length or quantity of the menstrual flow. When the flow is much more than usual, or so excessive as to produce weakness and prostration either at the time or after, it may be termed menorrhagia.

Menorrhagia may be produced by either plethora or debility. When resulting from plethora, the patient suffers with severe throbbing headache, pain in the back, and general symptoms of fever. When it

results from the opposite condition, the patient is very weak, pale, and thin in flesh, and the flow is almost continuous, one period beginning almost at the conclusion of the other. In addition to plethora and debility, menorrhagia may be the result of chronic congestion of the uterus, prolapsus and other displacements, tumors, laceration of the neck of the uterus, disease of the heart, liver, lungs, and other important organs.

Treatment: In cases of menorrhagia arising from plethora, the diet should be simple and plain. The patient should take but two meals a day, and little or no meat. Abundant out-of-door exercise is also essential; great advantage may be derived from the use of packs, vapor baths, hot-air baths, and other eliminative treatment, until the symptoms of plethora disappear. Daily cold sitz baths between the periods are also advantageous. At the time of the period, and about twenty-four hours before it is expected, the patient should have complete mental and physical rest in bed. Cold cloths should be applied over the lower part of the abdomen and between the thighs. A cold or cool enema should be given two or three times a day. Cold should not be applied for more than an hour or two at a time without allowing the patient an interval of half an hour. Bags of hot water or heated bricks or bottles should be applied to the lower part of the spine three to five hours a day, at the same time that cold applications are made over the womb.

In patients who are pale, debilitated, and have but little blood, energetic measures are often needed.

The patient should observe the directions just given respecting quiet. Cold applications should be made to the lower part of the bowels, being replaced once in twenty or thirty minutes by a hot fomentation for three or four minutes, cold being then applied again. The cold enema and often the cold vaginal douche are indicated when the flow is profuse. Heat should be applied to the spine as above directed.

The hot vaginal douche should be used in all cases in which the flow is excessive. When hot water alone is not sufficient, a strong solution of alum should be used. The douche should be given very thoroughly, and may be repeated every hour or two if necessary. A still more efficient measure is the alum tampon, for mode of using which see appendix.

In cases in which the hemorrhage is almost continuous from one period to another, the patient should remain in bed or lie upon the sofa several days after the flow has been checked by the treatment before described. This disease can only be permanently cured by improvement of the general health. The same directions for treatment should be followed in cases in which the menorrhagia arises from congestion, tumors, displacements, or any other of the causes mentioned. When the hemorrhage cannot be controlled in any other way, it sometimes becomes necessary to plug the vagina with cotton in the manner described for checking uterine hemorrhage.

We should not fail to mention another point in the treatment of these cases, which has been regarded by observing physicians of all nations since the time of Hippocrates, the father of medical literature, viz.,

the importance of elevating the lower extremities and hips of the patient above the level of the rest of the body. This may be done by raising the foot of the bed twelve or fifteen inches higher than the head, or by raising the foot of the mattress or the springs on which the mattress rests.

METRORRHAGIA—UTERINE HEMORRHAGE.

This is a hemorrhage occurring from the uterus at other times than at the menstrual period. The causes are essentially the same as those described as occasioning menorrhagia.

Treatment: Keep the patient quiet in bed; apply cold over the bowels and between the thighs; administer cold enemas and hot vaginal injections. In case the hemorrhage is severe, much may be gained by tying a band tightly around one or both lower limbs, thus retaining in the legs a large amount of the venous blood. The ligature should not be retained long enough to do harm, and should be gradually removed if the limbs become considerably swollen and purple. Compression may also be practiced by means of a pad composed of a folded towel placed over the womb.

In addition, the measures recommended for menorrhagia should be employed with conscientious care to follow the directions given. The alum douche or tampon will be found to succeed in nearly every case. We have rarely found it to fail.

In case the patient becomes faint from loss of blood, fomentations should be applied to the head.

This is one of the best means of stimulating the flagging action of the heart, and may be applied in all cases of uterine hemorrhage from whatever cause, as well as in cases of severe hemorrhage from other parts in which there is danger of syncope.

In severe cases it often becomes necessary to plug the vagina. This is best done by means of moist cotton. The cotton should be saturated with water and squeezed as dry as possible. It should then be soaked for a few seconds in a strong solution of alum, and again squeezed dry. It should then be made into a number of small rolls of a size convenient for introduction; and after tying a string ten or twelve inches in length around the center of each, they should be passed into the vagina and crowded up around the neck of the uterus as tightly as possible. The whole neck of the womb should be surrounded, and the vagina should be packed as full as possible. Care should be taken that no spaces are left between the different portions of cotton, and that the whole mass is made as compact as possible. This is generally known as tamponing the vagina. The operation cannot be thoroughly done without the aid of a speculum, and hence a physician should be called in every case of uterine hemorrhage sufficiently severe to require this mode of treatment. Persistent hemorrhage also demands a thorough examination by a competent physician to ascertain the real cause of the difficulty in order to adopt the proper measures for permanent relief.

TOO FREQUENT MENSTRUATION.

The causes and treatment of this condition are essentially the same as have been stated in the section on "Profuse Menstruation."

FETID MENSTRUATION.

Peculiar odors are often attached to the menstrual discharge without being of any special significance. A violet odor has been described as often present in certain forms of nervous disease. When the discharge has an exceedingly fetid odor, however, indicative of putrescence, it is important that the matter should receive serious attention, as there is probably some serious uterine malady which requires treatment. A physician should be consulted if relief is not speedily found from the employment of the measures of treatment recommended for inflammation of the womb.

DYSMENORRHŒA—PAINFUL MENSTRUATION.

There are numerous varieties of this affection, the following being the most common forms: Neuralgic, congestive, obstructive, membranous, and ovarian. Neuralgic dysmenorrhœa is caused by general neuralgia, chlorosis, gouty and rheumatic conditions of the system, high living, especially the use of stimulating condiments and excessive quantities of meat, sexual excess, and secret vice. Congestive dysmenorrhœa is caused by plethora, sudden chill, taking cold at the beginning of menstruation, chronic conges-

tion of the uterus, retroflexion, cellulitis, torpidity of the liver, and constipation of the bowels. Obstructive dysmenorrhœa arises from obstruction of the canal of the uterus by ante flexion or other causes, as a fibrous tumor, a polypus, or swelling of the mucous membrane from uterine catarrh. The variety known as membranous dysmenorrhœa, in which a cast or mold of the cavity of the uterus is sometimes expelled, is due to chronic congestion of the uterus, which is increased at the menstrual periods almost to a condition of inflammation resulting in the formation of a false membrane in the womb. Ovarian dysmenorrhœa results from congestion and inflammation of the ovaries.

In neuralgic dysmenorrhœa, the patient has throbbing pain in the loins and lower part of the bowels, together with neuralgic pains in other parts of the body. In congestive dysmenorrhœa, when produced by taking cold, as by getting the feet wet just before the time of the menstrual period, the patient suffers with severe pain, often accompanied by a chill, which is followed by fever. When inflammation is present, the pain is dull and heavy. Severe bearing-down pains for a few hours or a day or two before the beginning of the flow, with relief either entirely or to a great extent as soon as the flow is established, indicates obstruction. In membranous dysmenorrhœa, the patient suffers with severe bearing-down pains, which cease as soon as the membrane is expelled. Ovarian dysmenorrhœa is characterized by pain continuing for several days before the period, in one or both groins, and extending down the thighs;

there is also, usually, tenderness in one or both breasts. When one ovary only is affected, the sympathetic pain is manifested in the breast of the same side. The tenderness in the groin is more or less marked between the menstrual periods.

We have met with a few cases of another rare form of dysmenorrhœa, which has been denominated, "intermenstrual dysmenorrhœa" on account of its occurring midway between the menstrual periods, the pain being similar to that in ovarian dysmenorrhœa.

Treatment: Dysmenorrhœa can generally be cured by the adoption of proper means, provided the real cause is ascertained; though when due to fibrous tumors of the uterus, the treatment often fails. The most that can be done, however, in the domestic treatment of the difficulty, is to palliate the symptoms at the time of the menstrual period. Curative treatment can be best managed by a competent physician. The patient suffering with any form of dysmenorrhœa should take care to keep the bowels quite free by a carefully regulated diet, and the use of the warm water enema when necessary. Laxatives and purgatives should be carefully avoided.

The patient should rest quietly in bed or upon the sofa for a day or two before the time for menstruation to begin. On the day it is expected, or as soon as the pain commences, the patient should take a hot full bath or a hot blanket pack, and should afterward be covered with warm woolen blankets, with hot water bags or heated bricks to the feet and back and over the lower part of the abdomen, and should be kept as quiet as possible. Severe pain, when not

relieved by these measures, will often yield to hot fomentations over the lower part of the bowels, when thoroughly applied; or the application of the hot blanket pack. Especial pains should be taken to keep the feet and limbs thoroughly warm. The use of both faradic and galvanic electricity is in some of these cases very advantageous. We have often secured almost immediate relief from pain by their use. A large, hot enema will sometimes give relief. The water should be injected slowly, and should be retained for several minutes if possible to do so. In many cases, hot sitz baths give speedy relief. The hot bath was known to the ancients and employed by them in these cases. It was highly recommended by Rhazes, an eminent ancient physician. Fomentations across the lower part of the back are also very advantageous.

We have found good results from the use of hot water bags applied to the spine for three to five hours daily, and bags filled with ice or cold water applied over the lower portions of the bowels at the same time, the treatment being employed for some days before the menstrual period. The hot vaginal douche should be used daily, and may be employed at the time of the period in the variety due to congestion.

When the disease is due to antelexion, which is according to our observation the most common cause of severe pain at the menstrual period, nothing will give permanent relief but a surgical operation. The operation will not always effect a cure; but out of more than fifty operations of the kind performed within the last three years, we have had not more than two or three failures, and those were cases in which the

pain was
associat

Opin
cases, b
as the
We hav
was acq
any sort
conium
should n
physicia
their us
measures

CONGE

The
the groin
continuo
which is
fever res

This
mation of
largement
sudden ja
prolapsed.
effect upo
obstinate
accompani
aches, and
finally am

pain was probably due to other diseased conditions associated with the anteflexion.

Opium is very frequently resorted to in these cases, but it should be avoided as much as possible, as the opium-habit is very likely to be contracted. We have met a number of cases in which the habit was acquired in this way. If anodyne remedies of any sort must be used, gelsemium, hyoscyamus, and conium are much to be preferred. These remedies should not of course be used unless prescribed by a physician. We seldom find it necessary to resort to their use, almost invariably securing relief by the measures described.

CONGESTION OF THE OVARIES—OVARIAN IRRITATION.

The symptoms of this disease are tenderness in the groin, pain in standing or walking, more or less continuous pain, aggravated at the menstrual period, which is generally ushered in by a chill, followed by a fever resembling that of ovarian inflammation.

This condition is frequently called chronic inflammation of the ovaries, and is often accompanied by enlargement of the organ which, in consequence of some sudden jar or unusual strain, becomes dislocated or prolapsed. Ovarian irritation often produces a reflex effect upon the system. It is a frequent cause of obstinate dyspepsia, especially of the nervous form, accompanied by spinal irritation, and painful headaches, and in some cases of serious mental disease, finally amounting to insanity. Hysteria and a pecul-

iar form of epilepsy are frequent results of this form of ovarian disease.

Among the chief causes may be mentioned improper dress, taking cold at the menstrual period, disappointment, induced abortion, the use of "preventives," constipation, the opium-habit, nervous debility, inflammation of the uterus, displacement of the uterus, and self-abuse.

Treatment: The patient should be given the advantage of as good hygienic surroundings as possible. Sun baths, massage, complete rest at the menstrual period, daily fomentations over the affected parts, the daily use of the hot vaginal douche, the hot enema, fomentations over the lower part of the spine, and the local application of electricity, are among the best means of treatment. We have secured relief in some cases of this kind by the use of bags filled with hot water and applied to the spine four to six hours a day, with an ice bag applied over the affected organ at the same time.

We have recently found a valuable addition to our means for relieving this class of cases in the extract of the *eucalyptus globulus*, or Australian blue gum-tree, the method of using which, with the cotton tampon, is described in the appendix.

Some eminent surgeons have recently resorted to the plan of removing one or both of the ovaries in cases similar to this. The effect thus far has been very satisfactory, although the remedy is by no means free from danger. We have treated quite a large number of cases of ovarian irritability, and have

thus far succeeded in effecting a cure in nearly every case without resorting to a surgical procedure.

INFLAMMATION OF THE OVARIES.

The leading symptoms are sudden pain in one or both groins, sometimes extending down the legs to the feet; often pain in the breast of the affected side; increase of pain during menstruation; tenderness on pressure; pain in moving the bowels; general distress; nausea; more or less fever.

This disease most frequently results from taking cold during menstruation, from injury, and from the infection of gonorrhœa. In many instances innocent wives have suffered from inflammations which have rendered them barren and invalids for life by the last-named disease contracted from incontinent husbands.

Treatment: Rest, fomentations to the affected part, hot vaginal douches two or three times a day, and especially the hot enema taken once or twice a day and retained for half an hour or as long as possible. The patient should remain perfectly quiet in bed, and should not attempt to get upon her feet or walk about for some time, or until the local irritation is wholly subdued. Ice bags over the seat of pain and hot water bags to the spine opposite, is a useful measure. The bowels must be kept loose by enemata.

CELLULITIS—PELVIC PERITONITIS—INFLAMMATION ABOUT THE WOMB.

This is one of the most serious inflammatory affections to which women are especially subject. There are several forms of the disease, but they are so

nearly alike as to causes, treatment, and results, that they may be considered together. This is especially true for a work of this kind, as the different conditions are often so difficult to distinguish that even the most skillful physician may be unable to arrive at a correct diagnosis.

The disease is usually ushered in by a chill, which is accompanied and followed by the following symptoms:—

Fever; pelvic pain; small, wiry pulse; nausea and vomiting; tenderness on pressure just above the pubic bone; painful urination and defecation; profuse menstruation.

Inflammations of this sort are much more common than is generally supposed, and are usually very serious in their results. There is a strong tendency to the formation of abscesses. Another serious complication is the inflammation of the broad ligament, which subsequently contracts, thus becoming shortened. This kind of shortening is a common cause of lateral displacements of the uterus.

Inflammation following childbirth, abortion, taking cold during the menstrual period, inflammation of the ovary, gonorrhœa, the use of caustics upon or in the uterus, wearing of ill-fitting pessaries, and sexual excesses, are the most common causes. An eminent New York physician has recently called attention to the fact that latent gonorrhœa, or cases of the disease supposed to be cured in men, will communicate this form of disease. In these cases, the disease begins with less violence.

Treatment: An acute attack can generally be

checked
course
perfectly
cap sho
filled wi
most eff
the hot
should
douche
should l
may be
is one of
short an
enema sh
if possib
feet to
pack, as
lent meas
tion of th
Chron
mentation
douches
in bed an
organs. A
ment of th
massage, t
We have t
mass felt a
cases stim
vanism. (C
the employ
which had

checked by a sufficiently thorough and energetic course of treatment. The patient should be kept perfectly still in bed. If the fever is high, the ice cap should be applied, with ice compresses or bags filled with ice-cold water over the affected part. The most effective measures of treatment, however, are the hot vaginal douche and the hot enema. These should be given with great thoroughness. The douche should be taken for an hour at a time, and should be repeated three or four times a day, or it may be given continuously for several hours. This is one of the most reliable means known for cutting short an inflammation after it has begun. The hot enema should be retained for fifteen to thirty minutes if possible. Hot applications should be made to the feet to balance the circulation. The hot blanket pack, as a means of inducing perspiration, is an excellent measure in this disease, as it relieves the congestion of the internal organs.

Chronic cases require the persistent use of fomentations over the lower part of the abdomen, hot douches two or three times a day, together with rest in bed and complete functional rest of the affected organs. Attention should be given to the improvement of the general health by means of a good diet, massage, the use of electricity in various forms, etc. We have thought that the absorption of the hardened mass felt after an attack of this sort has been in many cases stimulated very greatly by the local use of galvanism. Care should be taken, however, to avoid the employment of too strong currents. In one case which had been under treatment for some months

with very great benefit, though the patient was not entirely cured, the lady became somewhat impatient because we refused to employ as strong a current of electricity as she wanted, and resorted to a Chicago physician who made a specialty of the use of electricity. She received from this source the strong current she desired, but the result was most disastrous, as an inflammation was set up which obliged her to return to us, and which we had much difficulty in subduing.

It is certain that the employment of the hot vaginal douche, once, twice, or even three times daily, will accomplish more than any other one means in these cases. Good results also follow the careful employment of massage of the womb after the tenderness becomes sufficiently subsided to allow the necessary manipulation. Great care to avoid a relapse is necessary, as it is very likely to occur at the menstrual period. Getting up too soon after an attack, exposure to cold at the menstrual period, and over-exertion at such times, are all likely to bring on a relapse.

PROLAPSUS, OR FALLING OF THE WOMB.

This is one of the most common of all the displacements to which the organ is subject. The following are among the leading local symptoms: Dragging pain in the lower part of the back, extending around the body; general tenderness over the pubes; sensation of fullness in the vagina; irritation of the bladder and rectum; discomfort increased by walking or exertion; leucorrhœa; painful or profuse menstrua-

tion; in
symptom

In ac
erally m
constip
ache, esp
debility.

reference

Fallin
especially

It also o

nant, as

skirts sus

pation.

jar or fal

chronic c

is very g

be held i

down in c

violent m

in labor, a

Every car

sexual or

The imme

presents t

is relaxati

Treatm

consists al

porters of

which has

vices of va

prolapsed

tion; in very bad cases, protrusion of the organ; symptoms sometimes absent.

In addition to the above symptoms, there is generally more or less impairment of the general health, constipation of the bowels, deranged digestion, headache, especially at the top of the head, and general debility. The condition of the organ may be seen by reference to Plate XIII.

Falling of the womb is a very common affection, especially among women who have borne children. It also occurs in women who have never been pregnant, as the result of tight lacing, wearing heavy skirts suspended from the hips, and fashionable dissipation. Prolapsus is sometimes induced by a sudden jar or fall; but it is most commonly preceded by chronic congestion of the organ, by which its weight is very greatly increased, and becoming too heavy to be held in place by its natural supports, it settles down in consequence. Prolapsus is also the result of violent muscular exertion, rupture of the perinæum in labor, and of getting up too soon after childbirth. Every cause which tends to produce disease of the sexual organs in females may occasion prolapsus. The immediate cause in chronic cases, and that which presents the greatest obstacle to successful treatment, is relaxation of the natural supports of the organ.

Treatment: The usual treatment for prolapsus consists almost exclusively in the application of supporters of various kinds. The amount of ingenuity which has been displayed in the construction of devices of various sorts for the purpose of restoring a prolapsed uterus to its natural condition, is not sur-

passed by the display of inventive genius in any other direction. While pessaries or supporters of some kind are often very useful in the treatment of prolapsus as temporary palliatives, and as a means of relieving cases which are incurable, they should ever be regarded as incapable of producing a radical cure. In many cases they actually increase the morbid conditions upon which the prolapsus depends, although giving temporary relief to the most unpleasant symptoms attending this form of displacement. There are many eminent physicians who condemn their use entirely. We regard this as somewhat ultra ground, but in our practice use the pessary or uterine supporter, just as we use a splint to support a broken limb while the ends are knitting together, or as we would employ a crutch to give rest to a diseased knee joint. The pessary is often useful as an auxiliary of other treatment, but of itself seldom does anything more than to palliate the patient's sufferings, and this effect is only temporary unless other means is put in operation by which a cure may be effected.

The rational plan of treatment for prolapsus requires, first, the removal of the causes by which the difficulty has been produced, when they are still in operation; second, relief of the congestion and enlargement of the organ by proper treatment; third, palliation of the painful symptoms attending this condition; fourth, restoration of the natural supports of the organ to a healthy condition.

The first indication must be met by thorough and careful attention to the laws of sexual hygiene. The second indication is best met by a persistent use of

sitz bat
as reco
gestion
ton sup
in the a
taken t
and aga
efit is d
can ren
afterwa
from wa
few wee
better fo
can be
importan
kept up.
The
ment al
baths wi
two rem
fort. In
derived f
supporter
tion is in
gorged v
restoratio
give free
of suppor
pressed u
has been
be introd
back or is

sitz baths and vaginal douches, which should be taken as recommended for the treatment of catarrh and congestion of the womb, together with the use of the cotton supporter and astringent applications, as directed in the appendix. In many cases, the douche can be taken twice a day with advantage, in the morning and again just before retiring at night. Greater benefit is derived from this treatment when the patient can remain in a recumbent position for some hours afterward. In some cases the patient requires rest from walking and other exercises upon the feet for a few weeks. In the majority of cases, however, it is better for the patient to continue as much exercise as can be endured without excessive fatigue, as it is important that the muscular strength should be kept up.

The third indication is in part met by the treatment already described. The hot douche and sitz baths will generally accomplish more than any other two remedies in relieving the local pain and discomfort. In many cases, much additional benefit may be derived from wearing a properly adapted pessary, or supporter. When the womb is prolapsed, its circulation is interfered with so that the organ becomes engorged with blood. This can be overcome by a restoration of the organ to its proper position so as to give freedom to the circulation. The simplest form of supporter is a small roll of cotton. It should be pressed up against the mouth of the womb after it has been restored to its proper position. It should be introduced while the patient is lying upon the back or is in the knee-chest position. See Plate XII.

The ball of cotton should be large enough to be retained in position, and should be saturated with glycerine or a weak solution of tannin in glycerine before being applied. A string should be tied around the center of the roll to facilitate its removal. This application the patient can make for herself, though not nearly so well as it can be made by a physician. Care should be taken in removing the cotton that the organ is not dragged down with it, to avoid which, it should be first loosened by the finger to facilitate its removal. Cases which need the application of a pessary require the care and attention of an intelligent physician.

The fourth indication is the most important of all, as it relates more directly to the radical cure of this affection. Unfortunately, this part of the treatment of prolapsus is rarely attended to. Either the physician fails to appreciate the importance of this part of the work, or the patient is satisfied with a mere amelioration of her symptoms, and fails to persevere in carrying out the proper methods of treatment until a complete cure is effected. In meeting this indication, one of the best of all measures of treatment is the daily employment of special exercises. General exercise is essential for the purpose of strengthening the general muscles of the body; but there are certain special exercises which may be taken, the advantage of which can hardly be overestimated. These are fully described in the appendix under the head of postural treatment.

Movements of this sort not only strengthen the abdominal muscles by calling them into active exer-

cise, which
lapsed c
tion act
normal
advanta
much as
these m
certain
trunk a
backwar
ing the
stretche

Thes
least tw
but once
This is
douche.
ments fi
injection
an ounce
a strong
movemen
tion; and
tions, the
so as to a

Elect
these cas
internally
administe
applicatio
radic curr
efficient.

Conge

cise, which of itself has a tendency to lift the prolapsed organs into position, but the force of gravitation acts directly to restore the displaced organ to its normal position. The patient will also derive great advantage from sleeping with the hips elevated as much as is consistent with comfort. In addition to these measures, the patient may take with advantage certain exercises for developing the muscles of the trunk and abdomen, such as bending forward and backward, bending sideways, kneading and percussing the abdominal walls, lifting weights with hands stretched above the head while lying down, etc.

These movements may generally be taken at least twice every day with advantage. If taken but once, the best time is at night just before retiring. This is also the best time for taking an astringent douche. A very excellent plan is to take the movements first, then the hot douche, concluding by the injection of a pint of water containing one quarter of an ounce of alum or tannin, or two tablespoonfuls of a strong decoction of oak bark. By means of the movements, the uterus is restored to its natural position; and by the aid of the hot and astringent injections, the lower supports of the uterus are toned up so as to aid in holding the organ in position.

Electricity is a very valuable remedy for use in these cases. It may be applied both externally and internally. When applied internally, it should be administered by a competent physician. External applications may be made by the patient. The faradic current is of service, but the sinusoidal is most efficient.

Congestion is also relieved by the same treatment;

and thus nature is given the opportunity during the night to do much toward restoring the organ to its normal condition. When the patient suffers much with constipation, which is nearly always present in these cases, and very obstinate, the bowels should, if possible, be relieved at night just before retiring. In case there is loss of desire to move the bowels, which sometimes exists, benefit will be derived from the injection into the rectum of four tablespoonfuls of cold water, containing five to fifteen drops of spirits of camphor. The solution should be retained ten minutes, by the end of which time there is generally a very strong desire to move the bowels. In some cases a tablespoonful of glycerine is more efficient than the camphor, to be used in the same way.

In cases in which the prolapsus is due to rupture of the perinæum in childbirth, a surgical operation may be required to effect a cure. We have met scores of cases of this kind, and by performing the necessary operation to restore the parts to a natural condition, have obtained the most gratifying results. In cases in which the organ is prolapsed to such an extent as to appear outside of the body, which is a very rare condition, however, a complete cure can rarely be effected, although the organ may be supported by means of properly adapted pessaries. As a rule, however, the cotton supporters, saturated with some astringent, are much superior to any other form of support.

ANTEVERSION.

In anteversion, or forward displacement, the womb is tilted forward against the bladder at the same time that it retains its usual form. The organ is naturally tilted forward to a considerable degree, so that anteversion is simply an exaggeration of its natural state. (See Plate XIV.)

The particular symptoms which arise from this form of displacement are painful and frequent urination; aching pain just above the pubic bones; in some cases pain in moving the bowels, and inability to walk or to be upon the feet on account of the aggravation of the local pain.

The principal causes of anteversion are enlargement of the womb, violent efforts, as in lifting, jumping, straining, and especially tight lacing; the last-named cause is undoubtedly one of the most common of all. Anteversion may also be the result of weakening of the supports which sustain the uterus in position, which may arise from general weakness of the whole system or from laceration of the perinæum.

Treatment: The first matter to be attended to is removal of the cause. This will require attention to the suggestions made for the same purpose with reference to chronic congestion of the uterus. Sitz baths and hot douches should be thoroughly employed. The patient should remain as much as possible in a horizontal position upon the back. A surgical operation is sometimes necessary, in order to effect a radical cure. Much harm has often resulted from depending upon the use of pessaries in these

cases. The supporter is of service; but we can accomplish much more in the treatment of displacements without pessaries of any sort, than with them alone. The special exercises and postural treatment described in the appendix are of special service in these cases, and are alone capable of effecting a cure in many cases. The cotton supporter with astringents may also be usefully employed in these cases.

ANTEFLEXION.

This is commonly the result of an exaggeration of an anteversion. The weight of the displaced organ causes it to bend upon itself, sometimes so closely that the canal is almost entirely closed. (See Plate XIV.) In many cases, the symptoms are the same as those of anteversion, only exaggerated; but when the flexion is so sharp as to create a mechanical obstruction to the menstrual flow, great pain at the menstrual period is added to the other symptoms. When the finger is introduced into the vagina, the body of the womb will be easily felt in front, lying farther forward than the neck of the organ.

Treatment: The treatment of antelexion is essentially the same as that for anteversion, only it must be still more thorough and persevering, as this form of displacement is one of the most difficult to cure. When there is great pain at menstruation, a surgical operation will probably be necessary, and if properly performed, will be pretty certain to give relief. At least, this has been our experience in a very large number of cases. We have never felt greater satisfaction in the performance of any operation nor the

employment of any remedy than this, so uniformly excellent have been the results. The success has been equally marked in cases of one or two years' and of twenty-five or thirty years' standing.

RETROVERSION.

In this form of displacement the uterus is tipped backward against the rectum. The organ may be tipped directly back, or inclined more or less to either side. (See Plate XV.)

The principal symptoms are constant pain in the lower part of the back; great discomfort in walking, increased pain on moving the bowels, with a sense of obstruction; sometimes spasmodic contraction of the rectum or bladder; painful menstruation; in some cases, chronic inflammation of the bladder.

Treatment: The same remark made with reference to cause and treatment in connection with the subject of anteversion, applies also to retroversion. Frequent sitz baths and daily hot douches are among the essentials of treatment. To these should be added daily replacing the organ by a competent person. When the body is not bound by adhesions, replacement may generally be effected by the patient herself by the following procedure: The patient should place herself upon the bed in a kneeling position. She should now bend forward until the chest is in contact with the bed. The limbs should now be moved downward until the thighs are perpendicular, so that the pelvis is elevated in the air as high as possible. The inlet of the vagina should now be opened so as to admit air. This may be done by raising the

perinæum with the finger. As soon as the air enters, the womb falls forward into position. When necessary, air may be admitted by means of a glass tube inserted before the exercise is begun, or by means of the Davidson syringe. This is known as the knee-chest position, and is more fully described in the appendix, and illustrated on Plate XII. While in this position, a cotton supporter, prepared according to the directions given in the appendix and saturated with tannin and glycerine or some other astringent preparation, should be inserted and pushed into position behind the neck of the womb so as to support the fundus. It is a better plan to insert the cotton support behind the cervix before the knee-chest position is assumed, pressing it up farther after the organ goes forward into position.

This is one of the most important of all the means of treating this disease, when taken in conjunction with other postural treatment, etc. The patient should avoid lying on the back, and should be very quiet at the menstrual periods, remaining in bed most of the time. Care should also be exercised by the patient to avoid straining at stool.

RETROFLEXION.

(SEE PLATE XV.)

This is a condition which naturally grows out of the preceding. Its symptoms, causes, and proper treatment are essentially the same. It is very difficult of cure in many cases, and must generally receive the attention of a skillful physician.

LATERAL DISPLACEMENTS.

The womb may be displaced either to the right or left, as well as backward or forward. Lateral displacements are generally the result of inflammation on the side to which the organ is drawn, producing contraction of the lateral ligament. Displacements of this kind seldom cause any very great amount of suffering, which is to be regarded as fortunate, as their complete relief is not always possible. There is often much suffering in these cases, however, which is attributable to the old inflammation. For relief of this, such measures should be used as have already been recommended for the treatment of inflammation about the uterus, page 530. The hot douche, hot fomentations, and hot enema are invaluable in such cases.

PROLAPSUS OF THE OVARIES.

This is a very serious condition, fortunately not so common as prolapsus of the uterus. The leading symptoms are pain in walking, of a sickening character, starting in the groin and often extending down the front portion of the leg of the affected side; throbbing pain when the bowels are loaded; great pain during movement of the bowels; pain during sexual connection; sudden, severe pains radiating from the groin of the affected side; great mental depression. The ovary is usually enlarged and exquisitely sensitive, and can be felt by the finger. It may occupy any one of a number of positions besides the normal one, but most often lies behind the uterus.

The most common causes of prolapsus of the ovaries are subinvolution of the uterus, chronic congestion of the womb, prolapsus, retroversion or retroflexion, and other displacements of the uterus, inflammation of the ovaries, sexual excesses and abuses, abortion, prevention of conception. One of the worst cases of this disease which we ever met was in a young woman who had been addicted to the habit of self-abuse.

Treatment: The treatment of this disease is essentially the same as that recommended for retroversion.

The knee-chest position should be taken several times a day. Hot douches must be used twice a day, two to five gallons of water at a time. When accompanied by retroflexion or version, cotton supports medicated by astringent preparations should be employed.

Relief will be obtained in these cases by wearing an abdominal bandage, by which the pelvic organs are relieved of the weight of the intestines.

In very bad cases which cannot be relieved otherwise, the ovaries may be removed.

THE RADICAL CURE OF DISPLACEMENTS OF THE WOMB AND OVARIES.

At the time the first edition of this work was published, the greater majority of extreme cases of retroversion, anteversion, and prolapsus, were practically incurable. In many cases, it was possible to hold the organ in position by the employment of pessaries of various sorts, but the use of these artificial supports is attended by no little inconvenience. In many cases, it is necessary to change the instru-

ment emp
weeks or
can be k
pessary w
jority of
any descri
condition
continued
against th
these orga
downward
panied by
tender fro
ate the pre
unable to
by this ins

We are
present da
surgery of
few years
large pro
and compa
which will
tion of the
held in pos

The wo
the pelvis
rectum beh
adjacent o
slightly tilt
tion has co
dominal ca

ment employed for one of larger size every few weeks or months, until finally the displaced organ can be kept in place by no other means than a pessary with an external support; so that in the majority of cases the result of wearing supporters of any description is ultimately to render the patient's condition worse than before. In many instances, the continued pressure of a hard instrument impinging against the ovaries, causes chronic inflammation of these organs, and in not a small proportion of cases downward and backward displacements are accompanied by prolapsus of the ovaries, which, becoming tender from congestion or inflammation, will not tolerate the presence of a pessary, so that the patient is unable to obtain even the temporary relief afforded by this instrument.

We are glad, however, to be able to state at the present date, 1896, that the advances made in the surgery of this region of the body, within the last few years, now render it possible to cure a very large proportion of these cases by a perfectly safe and comparatively simple operation, the nature of which will be better understood by a brief explanation of the method by which the uterus is normally held in position.

The womb is a wedge-shaped body, balanced in the pelvis between the bladder in front and the rectum behind. As one or the other of these hollow, adjacent organs is filled or emptied, the uterus is slightly tilted backward or forward, as its upper portion has considerable latitude of movement in the abdominal cavity. To the lower part of the body of

the womb are attached four ligaments, two in front and two behind, connected respectively with the bladder and the rectum. Two broad membranous bands, the broad ligaments, connect its sides to the sides of the pelvis; while from either side at the upper part arises a "round ligament," which passes forward and through the abdominal wall and the abdominal ring, then passes along the canal between the layers of muscle which chiefly compose the abdominal wall, known as the inguinal canal, and emerges at the external abdominal ring, which lies just at the outer end of the pubic bone. The uterus is sustained in position by the adjacent organs which buoy it up, and by the ligaments attached to its lower part. These ligaments contain more or less muscular structure, which gives them considerable elasticity.

The round ligaments are usually found in a relaxed condition, so that they are not constantly employed in sustaining the uterus in position. Their function is, nevertheless, quite as important as any other of the sustaining structures of the uterus. When examined minutely, they are found to be chiefly composed of muscular fibers, the outer portion of the ligaments consisting of voluntary fibers, while the inner part is made up of involuntary muscular tissue, similar to that which composes the uterus. The small intestines, as well as the large intestines, usually lie behind the uterus, thus holding it forward. Such efforts as occasion straining and contraction of the abdominal muscles and downward action of the diaphragm, have a tendency to force the uterus backward, bringing the small intestines between it and the blad-

der.
the ut
the ut
dition
uterus
Natur
strong
the ut
cavity,
tract a
out of
aments
years
observ
cases o
cases o
and the
ranged
normal
forced
ments a
cles, an
harmles
ligamen
ward.
It
most ra
ments o
ening th
so far
operatio
Liverpo

der. The normal relation of the round ligaments to the uterus and the position of the intestines as regards the uterus, is seen in Fig. 1 of Plate N, and the condition resulting from backward displacement of the uterus is well shown in Fig. 2 of the same plate. Nature has wisely arranged matters so that when the strong abdominal muscles contract, thus endangering the uterus by throwing it backward in the abdominal cavity, at the same instant the round ligaments contract also, so as to tilt the body of the uterus forward out of harm's way. This function of the round ligaments was made clear by the author a number of years ago (1887), by numerous experiments and observations. In cases of retroversion, and in some cases of extreme anteversion, as well as in extreme cases of prolapsus, the round ligaments are stretched, and the position of the organs of the pelvis so deranged that these structures cannot perform their normal function, so that the uterus is continually forced lower in the pelvis by such muscular movements as involve contraction of the abdominal muscles, and which, in a state of health, are entirely harmless, in consequence of the action of the round ligaments in preventing the uterus from tilting backward.

It readily appears, then, that the natural and most rational means possible of correcting displacements of this sort is found in the operation for shortening the round ligaments, and thus restoring them so far as possible to a normal condition. This operation was first suggested by Dr. Alexander, of Liverpool, England. The method of operating pro-

posed, however, involved such difficulties that in quite a large proportion of cases the operation was not successful. The author has, however, so far improved the operation that it is now performed with almost unvarying success by surgeons who have had experience with it. Indeed, in the last fifty cases operated upon by the author, in less than two per cent has the operation failed of being entirely successful. It is now several years since some of the first cases were operated upon, and the patients are still enjoying perfect health. Some have borne children without mishap or unusual inconvenience. This operation, when properly performed, not only restores the uterus to perfect position, but in the great majority of cases the displaced ovaries are also restored to their right places in the pelvis; and enlargement and tenderness, the result of chronic congestion and inflammation, speedily disappear under the more favorable conditions established by the operation. The operation is an eminently safe one, and is attended by so little pain that nothing more than cocaine, a local anæsthetic, is ordinarily required, and with the proper after-treatment, a permanent cure may be expected in every case to which the operation is suited. Of course it ought not to be performed in cases in which the uterus is bound fast in its abnormal position by firm adhesions; but the operation has already proved a boon to hundreds of "pessary-pestered" women, who have by its aid been able to escape from the distress and inconvenience incident to the constant wearing of a pessary, and the burden of constant treatment at the hands of successive gynecologists.

CYSTOCELE, OR PROLAPSUS OF THE BLADDER.

In consequence of great relaxation of the vaginal walls, the anterior portion frequently gives way so as to form a sort of pouch just below the pubic bone, which protrudes whenever the patient relieves the bowels or bladder. The posterior wall of the bladder being dragged down with the vagina, the bladder is not completely emptied, and many unpleasant symptoms arise in consequence, frequently chronic inflammation of the bladder. Sometimes this condition is the result of prolapsus of the womb, which crowds the vaginal wall down before it.

Treatment: Hot douches, and the use of cotton supports saturated with tannin and glycerine, the knee-chest position, and care to avoid straining at stool, constitute the chief measures to be employed in the home management of these cases; but in many cases a surgical operation is needed, and an experienced surgeon should be consulted.

The use of the cotton tampon saturated with a solution of tannin in glycerine, a dram to the ounce, is a useful measure in cases of cystocele in which there is an irritable condition of the bladder, as by this means the prolapsed wall of the bladder is supported, securing complete emptying of the bladder, which is one of the conditions essential to a cure.

RECTOCELE.

In this class of cases the posterior wall of the vagina bulges forward, dragging with it the anterior wall of the rectum, thus forming a pouch in which the fæces accumulate, making it difficult to evacuate the bowels. The causes are the same as those of cystocele, being, in the majority of cases, a tear of the perinæum at childbirth.

Treatment: The treatment is the same as for cystocele. Most cases are incurable without an operation. The operation is a very satisfactory one indeed. Out of scores of cases operated upon, we have never failed to get a good result.

NYMPHOMANIA.

This term is applied to a condition in which there is such an intense degree of sexual excitement that the passions become uncontrollable. A female suffering with this affection will sometimes commit the grossest breaches of chastity. Its principal causes are self-abuse and a complete abandonment of the mind to lascivious thoughts. It is sometimes produced by ovarian irritation and by various diseases of the brain. The genitals are often found in a state of great excitement and abnormal enlargement in this affection.

Treatment: Cool sitz baths; the cool enema; a spare diet; the application of blisters and other irritants to the sensitive parts of the sexual organs; the removal of the clitoris and nymphæ, constitute the most proper treatment.

The same measures of treatment are indicated in the cases in which the disposition to practice self-abuse is uncontrollable by other means. In an extreme case of this kind brought to us for treatment a few years ago, we were compelled to adopt the last-mentioned method of treatment before the patient could be cured.

STERILITY.

The most common causes of sterility in women are displacements of the uterus, contraction of the uterine canal, leucorrhœa, catarrh of the uterus, menorrhagia, sexual excess, secret vice, absence of the uterus or ovaries. Women who suffer from great losses of blood at the menstrual period, and those who are excessively fat, are very apt to be childless, or if they become pregnant are likely to suffer miscarriage. In a much larger proportion of cases of sterility than is generally supposed, the difficulty exists in the husband instead of the wife. It may be mentioned here that Dr. Næggerath, an eminent physician of New York City, after a very extensive investigation of the subject, asserts that what he terms "latent gonorrhœa" is a very common cause of sterility. Dr. N. holds that if a man has once suffered with gonorrhœa, even when months or years have elapsed after a cure has apparently taken place, he is still likely, in case he marries, to communicate to his wife a disease which will render her incapable of childbearing, if he is not himself rendered incapable of procreation as a just punishment for his sin and folly.

Treatment: The various diseases upon which sterility may depend should receive first attention, and all the known causes should be avoided, particularly sexual excesses. It may be properly mentioned in this connection that sexual contact just prior to or within a few days after menstruation is much more likely to be successful than at other times. A physician of experience should be consulted. Sometimes relief can be given by a surgical operation. Sometimes time effects a cure, as shown by numerous recorded cases.

One of the causes of sterility is sexual frigidity, or absence of sexual feeling. This may be the result of self-abuse practiced early in life, but is most frequently due to some form of local disease which requires attention.

Failure of the vagina to retain the seminal fluid may be obviated in extreme cases by the adoption of the knee-chest position, a very old recommendation which has been successfully employed when all other means failed. Infrequent connection is much more likely to be fruitful than the act when often repeated.

COCCYGODYNIA—PAINFUL SITTING.

This is an occasional accompaniment of pregnancy, though it often occurs in other conditions as well, and is not confined exclusively to the female sex. The disease consists of a painful affection of the coccyx, or terminal portion of the spinal column. The proper treatment consists in applications of cold, alternate heat and cold, galvanism, and in bad cases, the performance of a surgical operation.

IRRITABLE OR HYSTERICAL BREAST.

The breast is sometimes the seat of severe neuralgic pain. In other cases, the pain is located in the intercostal nerves, just beneath the breast, particularly upon the left side. We have occasionally met cases in which the whole breast was very sensitive, the patient shrinking from the lightest touch. These difficulties arise from a great variety of causes, chief among which may be mentioned indigestion and disease of the womb or ovaries. The most severe case of irritable breast we ever met, was in the person of a young woman who was grossly addicted to the habit of self-abuse. The left breast in this case was considerably swollen, pulsated violently, and was apparently so sensitive as to cause the patient to scream with pain, even at the slightest touch. The discontinuance of the habit caused an entire disappearance of the morbid irritability within a week, so that the patient was able to strike the breast a full blow without suffering any inconvenience whatever. The form of the disease in which the pain and swelling make their appearance suddenly, is associated with hysteria.

Treatment: The cause must be sought and relieved. Improvement of the general health, and especially of the digestion, if impaired, must receive first attention. If disease of the womb or ovaries exists, it must be cured. Fomentations to the spine and the application of electricity to the breast are very valuable means of treatment, affording relief in most cases.

DYSPAREUNIA, OR PAINFUL CONNECTION.

This is a condition in which there is great pain in connection with the sexual act. No doubt the condition exists much more frequently than is known, owing to the reluctance felt by the sufferers about speaking of the condition to their physician. We have known of instances in which women have suffered for many years so greatly that their lives were rendered wretched, without even mentioning the matter to their most intimate friends, and in some cases not even to their husbands. The causes of pain are various, the most common being local disease, as acute or chronic inflammation of the vagina, fissure of the vagina or rectum, irritation of the bladder or urethra, and sensitive points about the mouth of the vagina. In some cases it appears to be purely a nervous affection.

Treatment: The cause must be removed by proper treatment. If the spasm and pain still continue, finger-shaped plugs of ice may be tried, being introduced into the vagina and retained an hour or two daily if possible, being renewed as often as melted. Soothing ointments may also be employed. Preparations of belladonna and iodoform are specially serviceable. (See appendix.) Hot vaginal douches and tannin and alum injections should be employed daily, as directed for chronic inflammation of the uterus.

When this means has been thoroughly tried, dilatation must be employed. A piece of sponge should be compressed and dried, its size being such

that it can be easily introduced. The secretions of of the vagina will soon expand the sponge, and thus the vaginal orifice will be distended. In cases which resist all of these measures, gradual dilatation must be performed with proper instruments by a competent surgeon. The difficulty is often removed by a cure of disease of the womb. Some time ago we succeeded in entirely curing a patient who had suffered much for many years, by an operation for an ante flexion which existed in connection with the vaginismus.

TUMOR OF THE URETHRA.

The female urethra is subject to a most painful morbid growth which appears in the form of a small vascular excrescence at the mouth of the urethra. These apparently insignificant tumors are exceedingly sensitive and irritable, and not infrequently render the life of the patient wretched with the constant, harassing, burning pain, aggravated whenever the bladder is relieved. The growths are usually single, but sometimes several appear in a group. They are sometimes located so far from the mouth of the urethra as to be invisible, and in these cases are usually not discovered until an examination is made by an experienced physician. We have in a number of cases traced to this source an obstinate, tantalizing pain which had resisted all measures of treatment and was in no way improved, the real cause having been overlooked.

Treatment: The only remedy is a surgical operation. The morbid growths must be removed by the

scissors, the caustic, or the actual cautery. We have found the galvano cautery the most reliable of all means of treating these cases.

DISEASE OF THE URETHRAL GLANDS.

Within a few years the discovery has been made that urethral irritation causing smarting in passing urine and afterward, is in many cases due to disease of two little glands located just within the mouth of the urethra. The remedy is slitting up of the ducts of the glands, and this should be attended to at once, a surgeon being employed for the purpose.

BLADDER DISORDERS IN WOMEN.

Disease of the bladder in one form or another is one of the most common ailments to which women are subject. Various displacements, laceration of the neck of the womb and of the perinæum, holding the urine an improper length of time, and inflammation of the bladder or urinary passages, are among the causes of conditions which frequently seriously affect the health and happiness of women and sometimes make life a burden through the imposed suffering. Irritable bladder, pain in passing urine, and inability to retain the urine or to empty the bladder, constitute the most serious morbid conditions to be met by treatment.

Treatment: Irritable bladder is best relieved by hot vaginal douches, hot fomentations over the bladder, the use of a vaginal tampon to support the base of the bladder, and copious water drinking. The

tampon should be introduced daily, should be a pretty large one, and should be saturated with glycerine or a solution of glycerine and tannin, about one dram of the latter to an ounce of the former. In some obstinate cases a surgical operation, consisting of the dilatation of the urethra, is necessary, and the relief afforded by the operation is often most remarkable.

Inability to retain the urine is often due to an abnormally sensitive state of the bladder, which causes the immediate expulsion of the urine as soon as received from the kidneys. These cases are greatly benefited by the use of hot bladder douches, a little salt being added to the water, about a dram to the quart of water. This treatment must of course be given under the supervision of a physician until the patient becomes skilled in the use of the catheter. The syphon or fountain syringe is the best means of washing out the bladder, and should be used daily. Various remedies may be used to diminish the irritable condition of the mucous surface. When chronic inflammation or catarrh is present, the douche is indispensable to a cure. We also find the use of a decoction of tamarack bark an advantage in these cases. One pound of the bark should be used for each pint of the decoction, and of this the patient should use a tablespoonful three times a day. Drink several glasses of water daily, at least eight to ten glasses being taken in the course of the twenty-four hours.

When there is paralysis of the bladder, a condition by no means uncommon in cases of uterine disease of long standing, associated with catarrh of the

bladder, the bladder douche and electricity are indispensable remedies. The douche should be as hot as can be borne, slightly astringent and disinfectant, containing perhaps a dram of pulverized boracic acid and half a dram of carbolic acid, thoroughly dissolved with a tablespoonful of glycerine to the pint of water. The faradic current is the best form of electrical application, one pole being placed in the vagina or bladder, and the other just over the bladder in front. We have by this means cured some very obstinate cases of the disease.

Warm sitz baths and hot vaginal douches, with astringent vaginal tampons, are useful in all these cases and should be regularly employed. When the bladder trouble is due to anteflexion, prolapsus, cystocele, or any other form of local disease, this must of course receive appropriate treatment.

HEMORRHOIDS, OR PILES, AND FISSURE.

These aggravating conditions are often the result of the varicose condition of the veins established by the pregnant condition; but they are more often the legitimate consequence of the long-continued and habitual constipation from which many women suffer most of their lives. Much can be done to alleviate the pain of hemorrhoids and even the intolerable, burning pain of fissure, by proper treatment; but a radical cure cannot be expected without a surgical operation. The best palliative measures are those given on page 431, which should be perseveringly applied.

In cases of fissure, the bowels should be kept very

loose by means of a careful diet and linseed tea enemas, and the patient should remain in a horizontal position for an hour or more after the bowels are moved. On this account it is well to adopt the plan of moving the bowels at night. Gradual or forcible dilatation is usually required to effect a cure in cases of fissure.

CONSTIPATION.

This is a condition much more common in women than in men, which is attributable to their more sedentary habits, and to the habitual neglect of the bowels so common with women. The relation of deficient privy accommodations to this disease has been elsewhere pointed out (page 491). The use of a concentrated diet, including tea, coffee, and condiments, is the leading cause of this condition. Other disorders of the digestive organs, such as catarrh of the stomach and bowels, slow digestion, stricture of the intestines, and atony or partial paralysis of the intestines, are among the causes of the affection. Probably the most common of all causes, however, is the lack of prompt attention to the call of nature to relieve the bowels. The feces are by the peristaltic movement of the intestines gradually carried down to the rectum; and when they reach this point, there is generally a desire to relieve the bowels. If the duty is at once attended to, the habit of evacuating at a regular hour soon becomes fixed. If the call of nature is unheeded, however, the feces are carried upward by peristaltic action into the colon again, so that the desire passes away. As a result of constipation,

absorption of the decomposing fecal matter also takes place to some extent, giving rise to foulness of breath; and the poisoning of the nerve centers occasions great mental depression, headache, confusion of thought, neuralgia, and a great variety of symptoms. One of the most common and painful results of chronic constipation is *hemorrhoids*, or *piles*, the treatment of which has already been considered.

Treatment: Even the most obstinate constipation, not dependent upon stricture of the intestines, can generally be relieved by thorough rational treatment. In the first place, all the causes of the disease must be carefully avoided. If the patient's habits have been sedentary, she must take abundant exercise by walking, riding, etc. Horseback-riding is particularly useful in this disease. Another excellent measure in such cases is vigorous kneading and percussing of the abdomen several times a day for five or ten minutes at a time. Many obstinate cases of constipation have been cured by this means alone.

Eating an orange or drinking a glass or two of cold water before breakfast are simple measures which have often proved effective. The diet should be carefully attended to. Unless there is some disease of the stomach, such as ulcer or painful dyspepsia, coarse food should be used. Very little animal food should be taken. The diet should consist chiefly of fruits and unbolted meal, or grains. A regular time should be appointed to relieve the bowels, whether there is any indication or not. The time at which movement is most likely to be secured is after breakfast. With some persons, however, the movement occurs imme-

diately upon rising. Hot applications to the abdomen, the use of alternate hot and cold applications to the lower part of the spine, the employment of the abdominal girdle, and cool sitz baths daily or every other day, are measures of great value in the treatment of this condition. In the treatment of obstinate cases, we have often secured great benefit by the employment of electricity and Swedish movements. Electricity should be applied directly to the bowels sufficiently strong to occasion slight contraction of the abdominal muscles, the positive pole being placed upon the spine and the negative on the bowels. When the patient has been for a long time dependent on laxatives of some sort, enemata of tepid water should be substituted, while the effect of remedial measures of a more radical character is being obtained.

It is unwise, however, to allow the bowels to become wholly dependent upon the enema. To obviate this tendency and to provoke a desire for movement, small enemata containing a small proportion of castile soap, a little glycerine, as a tablespoonful of glycerine to three or four of water, or ten to twenty drops of spirits of camphor to the same quantity of water, may be used with good results. In many cases, it is better to take the glycerine or camphor enema at night, or both night and morning. It should usually be retained a short time before attempting to move the bowels. This measure is especially useful in cases in which the contents of the bowels are not hard and dry, but there is absence of natural desire for a movement. In cases in which

the stools are hard and dry, benefit will be derived from the use of a small water enema, or an enema of three or four tablespoonfuls of sweet-oil on retiring at night. The bowels should not be allowed to move when the contents have become hardened by long retention without taking a large enema.

Wearing the moist abdominal bandage at night, or even night and day for a week or two at a time, is another very serviceable measure. Free water drinking to the extent of six to ten glasses a day is also to be recommended. Of all measures, however, aside from diet, the most reliance may be placed upon massage of the bowels, thoroughly and systematically administered. In obstinate cases the bowels should be kneaded half an hour three times a day, as directed in the appendix. By means of the simple measures mentioned above, we have relieved cases in which there had been no natural movement of the bowels for from ten to twenty years, the patient having been wholly dependent upon cathartics.

BACKACHE.

This is one of the most constant symptoms of disease of the womb and pelvic organs. Though not a disease of itself, it is so prominent and so troublesome as a symptom that we give it separate notice. The pain is usually described as a dull, constant ache, located in the small of the back or across the hips, often extending around to the front of the body. It is most severe when the patient has been long upon the feet in standing or walking.

Pain in the small of the back is commonly supposed to indicate disease of the kidneys, which is very rarely true.

Treatment: Heat applied to the back, across the hips, by means of fomentations or the application of a rubber bag filled with hot water, is one of the most valuable remedies for relief of this symptom. Alternate hot and cold applications to the seat of pain and vigorous massage to the loins and hips are also most efficient means of relieving this aggravating pain; but it should be borne in mind that permanent relief can be obtained only by the successful treatment of the malady of which it is a symptom, which in most cases will be found to be congestion or displacement of the womb, the proper remedies for which have been described elsewhere.

CHLOROSIS.

The symptoms of this disease are chiefly the following: Pale or yellowish countenance; dark circles about the eyes; palpitation of the heart; lassitude; variable and perverted appetite; depression of the mind; usually suppressed or scanty menstruation.

Among the causes of chlorosis, the first that should be mentioned are unhygienic habits of life, particularly sedentary habits, unwholesome diet, and the unwholesome mental condition produced by the reading of novels and other sentimental literature. The practice of secret vice very often entails upon its victims this serious disease. There can be no doubt that the neglect of physical exercise among girls is a most potent cause of this malady.

Treatment: The first measures to be adopted are those which will secure, as far as possible, the removal of the causes of the affection. The diet should be properly regulated, the patient being required to take such food as will encourage elimination from the system of the products of excretion, which are diminished in this affection in a marked degree, the urine being pale and containing less than the usual proportion of urea. Ripe fruits, milk, cream, oatmeal, and whole-wheat meal are among the most excellent articles of food for persons suffering with chlorosis. Sugar and fats should be avoided. Exercise should be taken in the open air, and the patient should be exposed to the sunshine as much as possible and surrounded with cheerful conditions. No special treatment should be employed for the purpose of bringing on menstruation until the patient's condition has been improved otherwise. Indeed, it is seldom necessary to give this symptom especial attention, as the function will be speedily restored when the cause of its suppression has been removed, together with the other morbid conditions from which the patient has suffered.

No harsh or reducing remedies should be employed; but it is of very great advantage to encourage elimination to a moderate extent. For this purpose the proper employment of water in connection with electricity is of very great service; the wet-hand rub with salt water every day, or three or four times a week, together with sitz baths three or four times a week, and, when possible, the application of electricity two or three times a week. Electricity

may be profitably applied to the body in general in a manner and of sufficient strength to secure contraction of the muscles over the whole body, especially those of the arms and legs. Massage should also be administered in a thorough manner daily. This last measure is one of the most important.

RUPTURE OF THE NECK OF THE WOMB.

This accident is the result of childbirth, in consequence of unnatural rigidity of the womb, excessive size of the head of the infant, malposition, the use of instruments, precipitate labor, and perhaps from other causes. A tear may occur in the neck of the womb without the patient's being aware of the accident at the time. If the difficulty is not discovered and remedied, the usual result is, that, instead of making a rapid recovery after childbirth, the patient remains weak for a long time, and is perhaps confined to the bed on account of the pain and inconvenience occasioned when she attempts to get upon her feet and walk about. She suffers with all the symptoms of congestion of the womb, and after a time suffers with prolapsus, or some form of displacement. Menstruation is likely to be very profuse. This condition often goes undiscovered, even when the patient resorts to a physician for examination and advice. The majority of cases of laceration of the cervix, or neck, of the womb, are treated for ulceration. When the physician makes an examination, he finds the lips of the womb enlarged, gaping, rolling outward, congested, and often covered with granulations. Too often these symptoms are mistaken for inflammation

or ulceration of the womb, and the case is accordingly treated with caustics and various other routine remedies. In consequence of the laceration, dense cicatricial tissue forms upon the raw surfaces, which increases with the lapse of time, especially if the patient is subjected to a course of cauterization. We have met many of these cases in which laceration had existed for periods varying from five to fifteen years, the patients having been invalids during all of this time; and in scarcely a single instance had the real nature of the difficulty been previously discovered. They had been treated for "prolapsus," "inflammation," "ulceration," "elongation of the neck," various displacements, and, in fact, almost everything but the real difficulty.

Treatment: The proper remedy for this accident is the restoration of the torn parts to their natural condition as nearly as possible by a surgical operation. In order to accomplish this, it is necessary to carefully remove all of the products of inflammation and long-continued irritation. The dense, cartilage-like substance which is nearly always present, and which produces a great amount of reflex irritability, such as severe headache, pain in the spine, obstinate dyspepsia, etc., must first be carefully removed; then the parts are brought together and secured by means of fine silver wires. In the course of nine or ten days, nature cements the torn parts together again, and the organ is restored to its normal condition. The satisfaction we have felt in being able to relieve by this simple operation patients who have come to us after having "suffered many things from many

physicians," as well as from their diseases, has been only exceeded by the gratification and relief afforded the patients themselves. We recently received a visit from a patient upon whom we performed this operation a few weeks ago. She had been out of health for several years, ever since the laceration occurred, and had sought relief in vain by traveling, by medication, by local treatment, by every means that could be secured for her by a fond husband, and yet was not improved. After a few weeks of proper treatment, she submitted to the necessary operation, soon after which she went home, and recently returned for a very brief visit for the purpose of showing us what a wonderful change had taken place. Her thin, pale cheeks and bloodless lips were now plump and ruddy with the glow of health. She had gained twenty pounds of flesh within a little more than six weeks. Instead of being compelled to spend most of her time in bed, upon the sofa, or in an easy chair, her step was elastic and buoyant, and she had within a few days walked four miles in a single day without feeling at all fatigued, and none the worse the next day for the exertion. We might mention scores of similar cases in which the change has been equally great.

LACERATION OF THE PERINÆUM.

Judging from the large number of cases of this sort which have come to our notice, laceration of the perinæum is an accident which probably occurs fully as frequent as the form of laceration just described. A slight degree of laceration almost always occurs at

the birth of the first child. When this is very slight, no harm results; but when it extends into the muscular tissue, serious injury is done. The laceration may be so extensive as to bring the two passages together in one. A complete laceration of this sort is usually discovered at the time of its occurrence; but when it is smaller in extent, the rupture is most frequently overlooked. The symptoms of rupture of the perinæum are an unusual amount of soreness and long delay in healing. When the patient attempts to get upon her feet, she soon begins to suffer from the various symptoms of prolapsus, or retroversion. She is unable to walk but a short distance, suffers with pain in the back, weakness, and various other local disturbances. If the rupture is complete, there will be a loss of power to retain the contents of the bowels, especially when they are loose.

Treatment: The proper treatment for this accident, as well as the preceding, is a surgical operation, whenever the laceration is more than very slight. When the laceration is discovered, the operation should be performed within five or six hours of its occurrence. If not attended to then, it should be at a subsequent period, when the patient has so far as possible recovered her usual strength. The operation consists in making raw the surfaces which have been torn apart, and then bringing them together with silver wire. This operation requires not a little mechanical ingenuity; but when properly performed in a case requiring it, affords a degree of relief which in some cases seems almost marvelous. In the case of a lady upon whom we performed the operation a few

months ago, the improvement was so rapid that within a very short time she was able to perform a large amount of physical labor, and could walk long distances without the slightest fatigue, although she had been a wretched invalid since the birth of her child, some eight or nine years previous. This case was somewhat exceptionally rapid in recovery, but in scores of similar cases we have ultimately seen equally good results.

Judging from the large number of these cases which have come under our observation in the treatment of several thousand cases of diseases peculiar to women at the Medical and Surgical Sanitarium, we have no doubt that there are at the present time thousands of women who have been suffering for many years from the effects of laceration of this sort, which might readily be cured by a proper surgical operation. We have dwelt at some length upon this class of cases for the purpose of calling special attention to them. On account of the general neglect with which they are treated, we urge upon every lady who has borne children, and who has any reason to suspect that any difficulty of this sort may exist, the importance of consulting a surgeon at the earliest possible moment, selecting the most competent and reliable surgeon who has had experience in such cases, who may be accessible. The idea which many women entertain that all the ills which they suffer are the natural heritage of woman, and that they are a necessary consequence of motherhood and to be borne with patience and resignation, is an error far too common. Most of the ailments of this class from which

women suffer may be quite readily and effectually relieved.

VESICO-VAGINAL AND RECTO-VAGINAL FISTULA.

One of the most unfortunate accidents of childbirth is a rupture of the anterior or the posterior wall of the vagina, resulting in the formation of a permanent opening into the bladder or rectum. The inconveniences arising from such a condition will be readily understood. While nothing can be done by home treatment to cure or even alleviate these conditions, every woman ought to know that modern surgery affords complete relief in such cases, even when so severe as to seem utterly hopeless, and relief by an operation should be sought at the earliest opportunity, at the hands of a competent surgeon. For want of this knowledge thousands of women have for years suffered more than death from these accidents, when a complete cure might have been effected with very little suffering and no risk.

Various other forms of fistula occasionally occur, but with less frequency than those mentioned. Nearly all are curable by a proper surgical operation.

STRICTURE OF THE WOMB.

A stricture or contraction of the canal of the neck of the womb is by no means an uncommon condition. The stricture is sometimes located at the inner extremity of the canal or the internal os, and sometimes at the external os. In occasional instances, some portion of the canal between these two points is the part affected.

The stricture may be due to flexion, anterior or posterior, to inflammation of the mucous membrane of the canal, or it may be congenital. The leading symptoms are obstructive dysmenorrhœa and sterility. As the result of the obstruction, preventing complete discharge of the menstrual and other secretions of the womb, chronic uterine catarrh finally results, and following this a long train of local ills, prominent among which are congestion of the womb, enlargement, prolapsus and other forms of displacement, disease of the ovaries, and various disorders of the bladder.

Treatment: There is but one proper remedy, viz., dilatation of the cervix, either rapid or gradual, for which the services of a surgeon of experience will be required. All the means recommended for congestion and chronic inflammation of the womb should be employed assiduously.

TUMORS OF THE WOMB.

The most common forms of tumors of the womb are *fibroid tumor* and *polypus*. The first and most prominent symptom is in most cases frequent and severe uterine hemorrhage. These hemorrhages at first occur at the menstrual period, but after a time become more frequent. Hemorrhage is also the first symptom in cases which occur after the change of life. Bearing-down pains, a dull, continuous pain in the pelvis, fullness, weight, tenderness of the sacrum, dragging sensation in the groins and loins, pain in the hips and thighs during menstruation, leucorrhœa—the discharge being either clear, opaque, glairy, pur-

ulent, or bloody—painful urination, retention of urine difficult or painful defecation,—these are the leading symptoms of tumors of the womb, although all these symptoms may be present without the existence of a tumor. When the tumor has reached a considerable degree of development, it may be felt through the abdominal wall; but its presence cannot be determined with certainty except by careful examination by an experienced physician.

Little is known of the cause of uterine tumors, except that they are most likely to occur in persons who have been exposed to the causes of other uterine diseases. They are also more likely to occur in women of middle age or past that period than in young women. A polypus of the womb is shown on Plate C.

Treatment: When either fibroid tumors or polypi are developed on the interior of the womb, nature often effects a cure by causing the tumor to slough off, either *en masse*, or by piece-meal, the dead tissue being expelled. It is often observed that absorption of fibroid tumors takes place after the change of life. The greatest care should be taken to avoid all causes of uterine excitement or congestion. On this account, single persons should not marry, and the married should observe the strictest continence. At the menstrual period, or when suffering with hemorrhage, the patient should receive the same treatment advised for "Profuse Menstruation" and uterine hemorrhage. Rest in bed with hips elevated and knees drawn up, and the hot water or alum douche, are especially valuable. The hot vaginal douche should be

employed twice daily, twenty minutes at a time, and when necessary to relieve pain, fomentations over the pelvis and loins may be applied two or three times a day. The application of hot water bags to the spine and cold bags over the womb for two to five hours a day, is a very excellent means of checking the growth of the tumor and alleviating the accompanying pain. The application of galvanism, the positive pole to the cervix and the negative over the bowels, is a useful measure of treatment, as is also the electric douche (see appendix). The knee-chest position is a source of great relief in many cases by lifting the tumor out of the pelvis and thus relieving the bladder and rectum from pressure. It also retards the growth of the tumor by lessening the blood supply.

Massage, daily salt sponging, the general application of electricity, gentle out-of-door exercise, and other means for improving the general health should be assiduously employed. Care should be taken to keep the bowels regular and the digestion sound by careful diet. When there is constipation, warm water enemata or small enemata of glycerine, soap, or camphor water, should be employed.

A skillful surgeon should always be consulted in these cases, as in occasional instances immediate relief can be given by a surgical operation. As a rule, however, this class of tumors should be let alone, at least until nature indicates that she has prepared the way for their safe removal.

OVARIAN DROPSY.

This disease begins with dull pain low down on one side of the body. Other symptoms speedily follow, chief of which are scanty menstruation, and finally suppression; dragging pain in the bowels; painful and frequent urination; difficulty in moving the bowels; great debility; loss of flesh; enlargement beginning on one side of the body.

Ovarian dropsy consists in the formation of a cyst in the ovary, which gradually enlarges until it attains in some instances a very great size, and is filled with fluid which differs in character in different cases. In some cases there are a number of cysts instead of one. The ovary is also subject to the growth of various other tumors, as fibrous and cancerous tumors. Ovarian dropsy generally runs its course in about four years. The causes are obscure. The difficulty is probably occasioned in many instances by inflammation of the ovary.

Treatment: The medical treatment of ovarian dropsy consists in withdrawing the fluid by means of tapping, or preferably by the use of the aspirator, the employment of galvanism, and electricity in other forms, and improvement of the patient's health in every possible way. In a case which we had under treatment a few years ago, the tumor had attained such enormous size as to give to the patient, naturally a very slight woman, a waist circumference of over forty-four inches. The plan of treatment in this case was removal of the fluid by means of the aspira-

tor, followed by the application of a strong galvanic current over the affected part. The result was that the patient was able to leave for her home after six or eight weeks' treatment without the slightest trace of any disease; and when we met her a year later, she continued well.

The only radical cure for the disease, however, is ovariectomy,—a surgical operation by means of which the diseased ovary, with the cyst attached to it, is removed. This is a comparatively recent procedure, and is one of the most brilliant operations of modern surgery. When the operation was first employed, a very large proportion of those operated upon died; but so many improvements have been made since that time that skillful operators have now reduced the risk of death to five per cent, or five in one hundred. A celebrated English operator recently performed the last of one hundred successive cases without a single death.

Other tumors of the ovary are of much less frequent occurrence, and require the attention of a careful physician.

FLOATING TUMOR OF THE ABDOMEN.

This peculiar form of tumor is usually found in the right side, and most frequently in women who have borne a number of children and in quite rapid succession. The tumor is oval in shape, about the size of a large goose egg, and exceedingly movable. It can usually be crowded up under the ribs where it cannot be felt, but quickly falls again when the patient takes a long breath or stands upright.

A floating tumor is simply a kidney which has become dislodged from its proper position. The organ seems to be able to perform its functions nearly as well when moving about as when quietly at rest in its proper position.

Treatment: A radical cure cannot be effected; but much may be done to relieve the unpleasant dragging sensation which is usually experienced in connection with this condition by toning up the abdominal walls, for which nothing is better than the daily application of electricity or the alternate hot and cold spray to the abdomen. A silk elastic bandage is also a most effective means for use in cases in which the relaxation is too great to be overcome by the measures of treatment suggested. In a case which we have recently had under treatment, the difficulty apparently disappeared altogether after three or four months.

CANCER OF THE WOMB.

The usual symptoms of this horrible and often incurable malady are as follows: Very profuse watery discharge, of a dirty, pale-green color, always offensive, usually putrescent; sudden, and, in the later stages, frequent attacks of hemorrhage; severe local pain at night at first, in later stages constant; disturbances of digestion, nausea and vomiting; irregular action of the bowels; great mental depression; rapidly increasing debility; sallow countenance; when examined, the womb is found to be enlarged, nodular, fixed by adhesions in the pelvis so as to be immovable.

Little is known of the cause of this disease. It has been observed, however, that a laceration of the neck of the womb is usually the starting-point of the malady. Death usually occurs within two years. The appearance of the disease is shown in Fig. C, Plate C.

Treatment: Almost every imaginable form of treatment has been adopted, but modern medical science is still completely baffled so far as a radical cure is concerned. The most that can be done is to palliate the patient's sufferings by such means as will relieve pain and check the hemorrhage. For this purpose the most efficient measures are those already recommended for use in fibroid tumors of the womb and hemorrhage.

The use of "clover tea," and "Chian turpentine,"—remedies which have become popular within the last few years, offer at least the advantage that they will do no harm if they do no good, which cannot be said of many other popular remedies. We usually allow patients to take "clover tea" freely, but cannot say that we ever saw a case in the least benefited by the remedy.

Something can be done by surgical operations to check the development of the disease, and occasional instances are met in which after thorough removal of the diseased tissue the malady does not reappear, hence a surgeon of experience and skill should be consulted in all cases of this sort. No reliance should be placed upon the pretensions of quacks or "cancer doctors." Their reputation is wholly gained by false pretences.

TUMORS OF THE BREAST.

The female breast is subject to various morbid growths, such as fibrous and cystic tumors, fatty growths, and to simple overgrowth of the breast. The latter condition may be due to an overaccumulation of fat or to an actual overgrowth of the gland itself. The causes of fat accumulation are obesity and masturbation and other sexual excesses. Overgrowth of the gland itself is due to the organ's not diminishing in size after lactation. In the first variety of enlargement, the breast is large and soft. In the second, it contains nodular masses which are portions of the enlarged gland.

Fibrous and cystic growths begin as small nodules in the gland, which are easily movable, and do not become intimately connected with the gland or the skin covering it. These growths are not at all dangerous, never terminating fatally, although it is possible that their character may in time become changed; they are, however, usually the cause of much mental uneasiness on the part of the patient, who imagines that she has a cancer. It is sometimes not easy to distinguish a cystic or fibrous growth from a cancer, but usually there is a marked difference in the character of the pain, and the mode of growth. The former grows slowly, while the cancer grows rapidly, and usually occasions death within two or three years. The pain of a cystic tumor is of a neuralgic character if present, and is worse at the menstrual period. The pain of cancer is very severe, and of a sharp, lancinating character, shooting down the arm. When

considerably developed, cancer shows its real character by the enlargement of the lymphatic glands of the neck and armpit of the affected side, and by retraction of the nipple, which does not occur in non-malignant tumors. Cancers seldom occur under thirty, while other tumors may appear at any age after puberty, and are most frequent under thirty and in single persons.

Treatment: For overgrowth of the gland, the causes should be removed and pressure applied to the breast by means of adhesive straps or a well-placed bandage. Pressure is one of the best means of checking the growth of all forms of tumors of the breast, not excepting cancer. The best mode of applying pressure is by means of an air-bag held firmly in position by a bandage. Compressed sponge, that is, sponge dried under pressure, is also a useful means. In the absence of either, a simple pad of cotton or wool may be applied over the tumor. The application of ice-bags when there is much heat, is a commendable measure of treatment.

When the tumor becomes troublesome by reason of causing pain, or inconvenience on account of its size, it should be removed. This may often be done by a skillful surgeon in such a manner as to leave scarcely any trace of the operation.

CANCER OF THE BREAST.

This is one of the most frequent and most formidable of all the forms of cancer. The following are the leading symptoms: a sharp, throbbing, lancinating pain often shooting down the arm; a sense of weight

in the breast; sometimes little or no pain; a hard swelling in the substance of the breast which is first movable, afterward becoming fixed; nipple drawn in; tenderness to the touch; skin over tumor reddish, afterward becoming purple; in some cases the whole breast is moderately hard, there being no distinct tumor; after a time the glands of the neck and armpit become enlarged.

The leading points of difference between cancer and other morbid growths of the breast have been given in the description of "Tumors of the Breast." It is important to note these differences, as a failure to distinguish between a malignant and a non-malignant tumor of the breast has often been the cause of years of unhappiness, and has perhaps quite as often led patients to allow a disease possibly curable at an early stage to reach a degree of development at which all remedies are alike useless.

Treatment: The intractable nature of malignant disease in any part of the body, when well developed, makes it important that prompt measures should be taken upon the first discovery of any symptom affording ground for suspicion of cancer of the breast. The patient should not hesitate and temporize until the chances for a permanent cure are lost. The opinion of the best pathologists at the present day is that the disease is wholly a local affection in its early stages, so that if the diseased part is removed before other parts become infected, the patient has a chance to recover. There is only one method of treatment for use and recommendation in these cases, and that is, thorough removal of the diseased part as soon as sus-

picious symptoms occur. The earlier the removal can be effected, the better. Of the various methods which have been employed, the removal by the knife is in the majority of cases the best, as it is a thorough operation, and can be made painless by means of anæsthesia; it also possesses the advantages of giving the parts an opportunity for healing immediately, thus affording less opportunity for the disease to return. It has been clearly shown that the slow healing by granulation which follows the use of caustics favors the return of the disease. We have seen caustics employed in many cases, and in every instance in which the disease had shown distinct evidences of cancer, the malady returned in full vigor in a short time. No remedy is a positive cure, however, since the same depraved condition of the system which gave rise to the disease in the first place may cause a new outbreak, even though the first be entirely cured.

The public cannot be too frequently and earnestly warned against patronizing the numerous horde of cancer doctors who thrive upon the ignorance of the masses, lauding the virtues and advantages of so-called specifics which are warranted to cure every case. These wonderful (?) specifics, when of any value whatever, are standard remedies which are well known to the regular profession and have been for years. The apparent success which many of these quacks achieve is due to the fact that they do not hesitate to pronounce all forms of tumors to be cancers, notwithstanding the fact that the great majority of tumors are wholly benign.

A person finding a small, painful lump in the breast should consult a skillful surgeon at once, especially if there is any history of malignant disease in the family. In cases of cancer of the breast which are already very far advanced, ulceration having begun and infection of the system having taken place, as shown by the debilitated condition of the patient and enlargement of the glands under the arm, etc., removal of the breast may still be of advantage in prolonging the life of the patient, and adding to her comfort, although there may be no hope of effecting a cure.

The application of ice to the affected part in the form of iced compresses, or better, by means of rubber bags filled with iced water or small pieces of ice, is an excellent means for relieving the severe pain which characterizes the disease, and also for delaying its progress. Frequent freezing of the diseased parts by means of a mixture of salt and pounded ice, in proportion of one part of the former to two of the latter, applied by means of a muslin bag, has been very highly recommended for holding in check the progress of this terrible malady. These modes of applying cold are also useful in checking the hemorrhage which is often severe after the cancer becomes an open sore. Pressure made by means of air bags and a properly applied bandage, is useful as a means of retarding growth, but cannot be employed where there is much tenderness. When the breast is hot and swollen, support of the breast and the application of cold bags or compresses are indicated.

In the appendix will be found prescriptions for a

number of useful applications for use in these cases to remove fetor and subdue pain. When the hemorrhage is not controlled by cold or pressure, soft sponges or absorbent cotton wrung out of hot water may be applied. In severe cases, a physician should be called.

RELAXED AND PENDENT BREAST.

This condition is not usually present except in women who have borne several children. The best remedies are proper support, firm bandaging, and daily hot and cold applications.

ATROPHY OF THE BREAST.

This is a very frequent condition among American women. The causes are chiefly deficient physical development, compression of the breast by corsets, stays, or "forms," and deficient development of the ovaries. When the latter condition is the cause, there is usually an unnatural growth of hair on the upper lip.

Treatment: Removal of causes so far as possible is the first measure, which of course includes improvement of the general health. The only other measures of treatment of any value are daily massage of the breast (see page 467), and sponging with hot water. If there is associated atrophy or deficient development of the womb, uterine massage may also be employed.

IMPERFORATE HYMEN.

As elsewhere explained, the hymen is a membranous structure found at the entrance of the vagina, usually consisting merely of a crescentic fold. Sometimes the membrane is developed to such an extent as to close the vaginal orifice entirely. This may not be noticed until attention is called to the fact by the retention of the menses. In most cases, however, in which there is abnormal development, there is not complete closure, but sufficient to prevent the consummation of marriage. A physician should be consulted.

DEFICIENT DEVELOPMENT OF THE OVARIES.

This condition may be indicated by the absence of the usual changes which occur at puberty, or a masculine appearance of the patient. The growth of hair upon the upper lip is considered a diagnostic sign of special value. Absence of menstruation is also sometimes traceable to this cause, as well as sterility.

Treatment: General and local massage, the daily hot douche, the general application of electricity, the use of the electric douche, massage of the breasts, daily exercise in the open air, and all measures calculated to build up the general health are indicated in these cases. When begun at an early age, the prospect of success is good.

ENLARGED OR RELAXED ABDOMEN.

This condition is usually the result of pregnancy, and is by far the most common in women who have weakened their abdominal muscles by wearing corsets, or stays, and heavy skirts suspended from the hips. It is not likely to occur when the abdominal walls are allowed to become strong and firm by proper exercise, and are made still more so by special manipulations or massage during the period of pregnancy.

Treatment: Daily massage, the alternate hot and cold spray or hose or pouring douche, and exercise of the abdominal muscles by the postural methods described in the appendix, constitute the best of curative measures. As a palliative, the elastic abdominal bandage should be worn.

HYSTERIA.

The symptoms of this disease are very numerous and varied. The following are a few of the most common: The patient laughs or cries immoderately without cause or with very slight cause; has hallucinations; all the senses perverted; morbidly sensitive to light and sound; breasts sensitive; pain in ovary; headache; wandering pains in the chest, abdomen, joints, and spine, especially between the shoulders; loss of sensation in the skin; paralysis of certain muscles; sometimes loss of voice; sensation as of a ball rising in the throat; contraction of the muscles; violent spasms; disorder of digestion with

symptoms of nervous dyspepsia ; changeable temper ; sometimes large quantity of pale urine ; in some cases delirium or stupor.

The above is a very inadequate description of this peculiar disease ; in fact, a complete description would include a list of the symptoms of all known diseases, since there is no known malady which may not be imitated by hysteria. The affection is not, as many people suppose, wholly an imaginary disease, but is really a malady of considerable gravity.

Hysteria occurs most frequently between the ages of fifteen and twenty-five. The most common causes are sexual excesses, novel-reading, perverted habits of thought, idleness, and some form of ovarian or uterine disease. It occurs most frequently among young ladies who have been reared in luxury and who have never learned self-control, but who have had every whim and fancy indulged until self-gratification has come to be their greatest aim in life. It is a notable fact that hysteria rarely or never occurs among the women of uncivilized nations. It is stated that before the war, the disease was unknown among the negro women of the South, though it has occasionally been met with since the emancipation.

Treatment: This disease may be considered as curable in nearly all cases. Indeed it is not, of itself, a fatal malady ; but mental and moral, as well as medical, treatment are essential. The patient must be taught self-control ; her mind must be, by some means, drawn away from herself. The most effective means of interrupting the paroxysm is the applica-

tion of cold in some form to the head and spine. Either the cold pour or the ice pack may be employed with almost certain success. To prevent the recurrence of the paroxysms, the patient's health should be improved as much as possible by abundant exercise in the open air, wholesome diet, plentiful sleep, and general tonic treatment. Sitz baths may be used, in most cases, to advantage, one or two a week, the temperature ranging from 92° to 93° at the beginning of the bath, to 88° or 85° at the conclusion. The bath may last fifteen or twenty minutes with advantage.

With patients whose blood is poor, massage and inunction two or three times a week should be employed. A daily spinal ice pack, continuing from ten to twenty minutes, may be used with advantage. Galvanism to the spine is another useful measure. When there is paralysis of sensation and motion, faradic electricity should be applied to the paralyzed parts.

When the patient complains of tenderness and soreness of the spine, hot fomentations should be applied to the spine daily, or hot-water bags or heated bottles or bricks should be employed in the same way one to three hours daily.

When there are symptoms of ovarian or uterine disease, the proper remedies should be addressed to these maladies. Strong pressure made over the ovaries will sometimes terminate a paroxysm more promptly than any other means.

NERVE-TIRE AND VARIOUS NERVE AILMENTS.

While it is undoubtedly true that many of the nervous symptoms so common among women, the neuralgias, headaches, backaches, nervousness, fidgets, hysterias, etc., etc., are due to local ailments of the womb and ovaries, it is quite an error to suppose that these organs are responsible for all the manifold symptoms which are not infrequently found associated with a greater or less degree of local disease. We have no sympathy with the fashion which is becoming quite too prevalent among physicians, in accordance with which the slightest degree of local disease is considered sufficient to give rise to an infinite number and variety of remote symptoms, and is accordingly made the chief point of attack with a formidable array of tampons, pessaries, lotions, suppositories, etc., with the expectation that all the harassing symptoms in head, spine, stomach, and other organs will take their departure as promptly as if dispelled by a magician's wand. That disappointment usually follows this plan of treatment is evidenced by the hundreds of invalid women who spend their lives in drifting about from one specialist to another until they become disgusted with life, and are in not a few instances absolutely worn to death. Having met scores of such cases, we feel justified in taking this view of the case. Nerve-tire, or exhaustion of the nervous system, is one of the most common causes of uterine and ovarian disease. Constant overwork or worry, too much excitement, too little physical ex-

ercise or recreation, and overstimulation in various ways, result in imperfect nutrition of the nerve centers, and then follow any number and variety of secondary disturbances. Spine, stomach, head, womb, ovaries, and numerous other organs, all participate in the cry for more rest and better blood. The neurologist calls the disease, in technical phrase, *neurasthenia*; the gynecologist is too likely to look no farther than the womb and ovaries; and the general practitioner is apt to imagine spinal disease, dyspepsia, "liver complaint," or "malaria" to be at the bottom of all the trouble. Each treats the patient from his partial stand-point, and is disappointed that recovery does not result. Although either one of the supposed causes may be the chief factor at the beginning, long-continued sympathetic disturbance finally results in the establishment of independent disorders, so that the patient must be treated not with relation to one single malady, but with an intelligent comprehension of the whole case. The patient, not her disease or diseases, should be made the object of treatment.

The best course to be pursued with this class of patients is to take them away from their cares and all old associations, and surround them with an entirely new set of influences. They can seldom be treated successfully at home, and can be best managed in a well-regulated sanitarium, where they can have the advantage of a careful regimen, systematic management, and the benefit of treatment administered by trained attendants and experienced physicians, together with as complete mental and nervous repose as possible. Massage, electricity, and proper diet

constitute the most essential means of treatment in these cases, and when skillfully applied, often work most marvelous results.

RETENTION OF URINE.

The bladder should be emptied at least twice in twenty-four hours, the quantity of urine passed during the day being on an average about two pints. When the quantity is very much less than this, or there is no passage of urine for twenty-four hours, the matter should receive immediate attention; and if relief is not speedily obtained, a physician should be called, as retention in women is almost always connected with some disease or displacement of the womb.

Retention may almost always be relieved by a warm sitz bath or a hot vaginal douche, the bladder should be evacuated, if necessary, during the administration of the douche, or while the patient is in the bath.

If relief is not otherwise obtained, the *catheter* should be used to withdraw the urine. A soft catheter is the best. This can be passed by any one, as there is no danger of doing harm with it. The mouth of the urethra is located just above the upper border of the vaginal orifice. The instrument should be introduced about two and one-half or three inches, care being taken to direct it so as to reach the most dependent portion of the bladder, and the outer extremity being held lower than the internal so as to secure complete drainage of the bladder.

A FEW PRACTICAL SUGGESTIONS.

Perhaps a few concise suggestions of a general character should be added to the general and special advice given in the preceding portions of the book respecting the treatment of the various ailments peculiar to the sex, which have been described. First let us emphasize the importance of early attention to local derangements, even though they may be quite slight in character. Nearly all serious maladies of a chronic nature have small beginnings, the first indications of disease being but slight departures from the normal condition. The first symptom of beginning local disease may be a slight leucorrhœal discharge, at first continuing a week or two after the menstrual period, and then becoming continuous from one period to the other, or the patient may observe some slight irregularity of the menses, as a too profuse or too prolonged flow, lengthening or shortening of the interval between the menstrual periods, or an unusual degree of nervous prostration or pain at the menstrual period. In other cases, a pain in the back, especially when the patient is upon her feet, will be the first indication of a departure from health. Sometimes there is no local symptom whatever, but instead, some nervous disturbance, as despondency, or excessive nervousness without adequate cause, perhaps hysteria, fretfulness, confusion of mind, and constant headache, particularly at the top of the head. Sometimes the pain in the back may extend to the whole spine, but it is usually felt most

severely at the small of the back or across the hips, or, as frequently expressed, "at the bottom of the waist." A pain across the lower part of the bowels or the groins is also significant.

All of these symptoms indicate some derangement of the pelvic organs, and should at once receive the most careful attention. A leucorrhœal discharge, for example, is the result of congestion. A simple whitish discharge indicates nothing more; but a yellowish or offensive discharge indicates a much more grave condition. It should be borne in mind that leucorrhœa itself is not a disease, but simply a symptom of disease; and hence, if a thorough application of the measures of treatment suggested for the relief of this condition does not effect a cure within a few weeks, an experienced physician should be consulted respecting the matter.

In health, the perfect regularity of the menstrual function is such as to entitle it to be regarded as one of the most marvelous of all the mysteries of nature, and no departure from this regularity will occur without some disturbing cause, which may become a source of serious mischief. When the disturbing element is of a temporary character, the vital energies of the system will in many cases bring back the function to its normal condition, and hence a slight deviation is not sufficient cause to give rise to alarm; but a continual repetition of the irregularity should not be allowed to go unnoticed for any length of time, as the disturbing cause may by neglect become so firmly established as to be removed with difficulty, or if this were not the case, a habit of irregularity may

be formed out of which may grow evils of a very serious character.

The occurrence of pain at the menstrual period, unless very severe in character, is not considered by most women as worthy of attention. When questioning women upon this point in the examining room, we have often received the reply, "Why, certainly I suffer pain when unwell; all women do." It cannot be reasonably supposed that the Creator intended that woman should suffer pain at each performance of the menstrual function. The curse pronounced upon woman for her share in the first transgression imposed suffering and pain at child-birth; but there is no reason to suppose that the curse extended to the function of menstruation, and the fact that the women of barbarous tribes, as our native Indian women, and the strong healthy women whom we find among the emigrants from foreign countries, do not suffer at this time, is sufficient proof that pain is not a necessary accompaniment of the function. The fact that so much pain is experienced by so large a proportion of women when unwell is evidence rather of the great prevalence of local disease in one form or another.

Pain is also the result in many cases of congestion, and is due in the majority of cases to the aggravation of the normal or physiological congestion which occurs in the pelvic organs during menstruation. No woman should be satisfied with the condition of her health so long as she suffers any considerable degree of discomfort during the menstrual week, at least when taking a reasonable amount of care to avoid over-exertion and exposure at this time.

Pain in the lower part of the back is usually regarded as an indication of disease of the kidneys, and we have met hundreds of women suffering with local disease who had dosed themselves for years with various popular nostrums, supposed to be effective remedies for all forms of kidney disease, or had been treated by an indefinite number of quacks who are always ready to seize upon any pretext which will, in the estimation of the patient, warrant them in pronouncing the case one of some grave internal malady which can only be cured by some potent remedy of which they are the fortunate and sole possessors. It is a lamentable fact, also, that many practitioners whose opportunities have been such that the patient has a right to expect more intelligent treatment, frequently accept the patient's diagnosis of disorder of the kidneys based upon the existence of a pain in the lower part of the back accompanied by a sediment in the urine, and treat the disease by internal remedies addressed to the kidneys instead of making such an investigation of the case as would reveal its true character. We may, perhaps, remark just here that pain in the region referred to is almost never indicative of any trouble with the kidneys. The kidneys are located in the abdominal cavity several inches above the point where the pain is usually seated, and local pain is by no means a prominent feature in disease of the kidneys. The "pain in the back," from which so many thousands of women suffer during a great part of their lives, is due to an unhealthy state of the nerve centers of that part of the spine, which results from morbid reflex influences growing out of pelvic diseases,

and investigation of these causes almost uniformly develops the fact that the patient is suffering from prolapsus or retroversion or flexion, or from two or more of these combined, and accompanying active or passive congestion, which may be the result, but is more probably the cause, of the mechanical difficulty. Every woman who suffers with "pain in the back" or weak back, ought to know that her case demands attention; and if the study of this little work and attention to the recommendations made does not readily secure relief, an experienced specialist should be consulted with reference to the case.

The last remark also applies with equal force to the great share of so-called cases of "spinal disease," "spinal irritation," and to many of the cases of obstinate headache, hysteria, and other nervous disorders which are so frequent among the women of the present day. It is true that these disorders sometimes arise from disturbances of the stomach and other vital organs, but when there are no marked evidences of other functional disturbances to which the symptoms named may be fairly attributed, pelvic disease may be reasonably suspected.

Exercise and Rest. — On both of these points we wish to offer a few remarks, the importance of which is well understood by every specialist who has treated professionally any large number of severe chronic cases of pelvic disease. While it is true that a great number of cases of local disease in women arise from improper exercise, as heavy lifting, taking long walks at the menstrual period, etc., it is equally true that not a few cases may be fairly attributed to deficient

exercise of the muscles, giving rise to a feeble condition of the abdominal walls and the natural supports of the uterus, thereby entailing upon the individual the liability to serious and perhaps life-long disease. Careful regulation of the habits in relation to exercise is a matter of paramount importance in all cases of this class. In general, we may say that patients whose pelvic troubles are the result of indolence or a too sedentary life, must accustom themselves to a more active life as the first step toward recovery; while persons whose disorders are the result of too much or too violent exercise, will at first require a period of rest more or less prolonged, according to the nature of the case. When there is much pelvic pain which is greatly aggravated by the upright position, the patient must be kept in bed, unless she has already been there too long, until the pain subsides so that she is comfortable in a horizontal position. This recommendation is particularly important in cases in which there is active local inflammation, as in cases of chronic cellulitis or ovaritis, and many cases of so-called inflammation of the womb. We need not mention that while a patient is being kept in bed it is important that various means should be employed to obviate the evil effects of inactivity, such as thorough massage of the whole body daily, and massage of the bowels two or three times a day, frequent sponge baths, a carefully regulated diet, etc., together with the employment of all other means which are indicated in the particular case. It is not necessary that the patient should be kept all the time in bed, as she can be assisted to the sofa for an hour or two

each day, or she can be drawn into another room or out of doors in a rocking-chair, where she can lie upon a lounge or cot, and thus receive the benefit of change, fresh air, and sunshine, while still maintaining the horizontal position.

The great advantage of rest in these cases is that the pelvic vessels, which have long been overcharged with blood, are allowed to empty themselves, and by remaining empty their relaxed walls are allowed to contract so that the congestion may be overcome. The difference in regard to the amount of blood present in the blood-vessels in a horizontal position as compared with the upright may readily be seen by a comparison of the two hands while one is allowed to hang by the side and the other is held with the arm stretched out in a horizontal position. The veins of the pendent hand will be observed to be full and distended with blood so that they stand out quite prominently, while they can hardly be distinguished in the hand held in a horizontal position, which latter will be observed to be pale and almost bloodless, while the other becomes red from the distension of its blood-vessels. Sometimes we have even found it an advantage for a time to increase the effect of the horizontal position by raising the foot of the patient's bed. In all cases care should be taken to keep the head rather low. We have known patients to completely neutralize the good results which should have been obtained from the horizontal position by keeping themselves bolstered up in bed in such a way as to drain the upper part of the body into the pelvis, thus increasing rather than diminishing the local blood supply.

After the patient has been kept in bed a sufficient length of time, which may vary from a week to six or eight weeks, or even longer in cases attended by active inflammation, she should be gradually brought upon her feet. The rapidity with which the upright position is reassumed should be carefully graduated according to the length of time that the patient has been in bed. If the patient has been confined to her bed only a week or two, she may on the first day after getting up take a few steps, perhaps walking across the room once or twice during the day. The next time the distance may be doubled, and thus the amount of exercise may be increased from day to day until a considerable distance is walked. If the patient has been long confined in bed, say from three to six months or more, she should be satisfied with simply assuming the upright position the first time.

The feet should be covered with thick woolen stockings, and with nothing additional unless it be a pair of light slippers without heels, as the body is much more easily and firmly supported when the whole sole of the foot receives its weight. The length of time the upright position is maintained at the first attempt must depend somewhat upon the patient's feelings, but should not be longer than two or three minutes, and in some cases even less. During the time, the patient's mind should be occupied in some pleasant way, so that the attention may not be too much directed to the effort, as otherwise the excessive tension of the nerves and muscles might result in greater harm than good. The next day the length of time may be considerably increased, and the patient may

take one or two steps perhaps, with the aid of an assistant, or even two assistants if necessary. The patient should not be alarmed if the limbs sting and tingle, and perhaps become numb in feeling and mottled in appearance, or even should the heart palpitate, and the old backache and headache return, together with numerous other symptoms which may have been subdued by the confinement in bed. These symptoms will almost invariably return at the first attempt to exercise, but will quickly subside when the recumbent position is assumed. When this is not the case, an interval of a day or two should be allowed to elapse before the attempt is repeated.

From time to time, the amount of exercise should be gradually increased until the patient is able to take long walks without suffering any unpleasant consequences; but the recumbent position should be resorted to for some time after exercise has been taken. When the amount of pain induced by exercise is considerable, the patient will find great relief by lying with the head low and the hips elevated by means of two or even three pillows, so that the pelvis may be thoroughly drained. Nearly all women who suffer with backache and pain across the lower portion of the abdomen, or other forms of pelvic pain, may find relief in the same way. Many ladies to whom we have suggested this procedure, have assured us that they were able to perform a very considerable amount of work by taking rest and relieving the pelvis from its superabundant blood in this manner, from ten to fifteen minutes, once or twice during the day. When the patient is suffering from retroversion or a consid-

erable degree of prolapsus, the knee-chest position, which is illustrated and explained under the head of "Postural Treatment," furnishes the most thorough and prompt relief from pelvic pains brought on by exercise.

Ladies suffering with weak backs, often think they cannot walk, and so settle down to a very indolent and sedentary life, which only results in an aggravation of their difficulties in the end, as already explained. Those who find themselves getting into this sad condition should at once begin a regular course of walking exercise, walking each day a given distance, which should be gradually extended from day to day, as the ability to walk is recovered. Little difficulty will be found in adopting this suggestion when the above hints respecting rest after exercise are carefully heeded.

We regard walking as one of the most healthy of exercises, and consider its practice indispensable to the perfect cure of uterine diseases. Walking is altogether too little practiced by American ladies, and this perhaps accounts, in part, for the great frequency of pelvic disorders in this country. It is well known that pelvic disease is much less common among the well-to-do classes in England than in this country; and this may be fairly attributed to the almost universal practice among English ladies of taking a large amount of walking exercise nearly every day of their lives. We also observe the same fact among the middle classes of France and Germany. The active muscular life led by the women of the lower classes of nearly all European countries, has been made a matter of

comment by all observing travelers interested in matters pertaining to health.

We were particularly struck with the robust and healthy appearance of the peasant women of Germany and Austria, who engage in all kinds of physical labor in company with their husbands and brothers, plowing, harvesting, digging ditches, working on the streets in the large cities, driving wheelbarrows heavily laden with brick and mortar, or carrying the same in pails or baskets upon their heads, and, in fact, doing nearly all the drudgery and hard work of the country. These women were always remarkably straight and square-shouldered, and firm in their poise. We never saw one of them with her hand upon her back, and do not suppose one could be found who would confess to a back-ache or a side-ache; and yet we would not wish to be understood that the women of Germany, and other continental countries where similar customs prevail, are wholly free from the troubles from which their American sisters suffer so much.

Aside from the simple dietary, out-of-door life, and active physical habits to which European women of the lower classes are accustomed, their mode of life is by no means such as can be considered conducive to health. The feet are usually well clad in stout boots, while the head is totally uncovered; but the hips are burdened with a load of heavy skirts tied tightly about the waist, outside of which is worn a stiff bodice, or outside corset, which is tightly laced. As a natural consequence of this wretched mode of dress, prolapsus, even to the most extreme degree, is not uncommon, and various other mechanical displace-

ments occur. Nevertheless, so robust is the general health, and so firm and vigorous the muscular development, that the majority of these women are enabled to endure the double burden of a very laborious life and the dragging weight of their heavy skirts without suffering from any form of local disease whatever; and those who do suffer in this way know nothing of the torturing pain endured by American women under similar circumstances. In the hospitals we frequently met women who had for years been engaged in vigorous physical labor, notwithstanding the fact that the womb was prolapsed to such a degree as to be protruding into the external world; and when questioned upon the point, it appeared that they only sought relief from the inconvenience of their condition, rather than from any serious pain which they had ever suffered. Much more might be said upon this subject, but we have already dwelt quite fully on the importance of exercise in the body of this work.

Before leaving this point, however, one caution should be made. Ladies suffering with pelvic affections, should, as a rule, take their exercise on a level surface. Going up or down stairs, especially long flights of stairs, should be avoided as too violent exercise to be taken without injury until the muscles have been strengthened by milder forms of exercise. It should be recollected that experiments upon exercise have shown that the effort required to lift the body perpendicularly, as in ascending a ladder or steep stairway, is twenty times as great as that required to move the body over the same distance on a level surface. That is, as much effort is required to ascend one foot as is

required to walk twenty feet on a level. Walking on a level surface is also, as a rule, a much better form of exercise than carriage riding, the jolting of a carriage frequently causing much more serious pain than the effort required in walking even quite a long distance. Horseback-riding must be wholly forbidden to ladies suffering with any form of pelvic disease, though a partial exception may be made in the case of those who are accustomed to riding, and are willing to ride at a pace no faster than a very slow walk. Dancing must be wholly interdicted, as a form of exercise too violent for this class of patients, and in many ways liable to result in injury. We have met many cases of the most serious local disease which could be traced directly to the practice of dancing, especially when engaged in at the menstrual period. The use of the feet in pumping an organ or running a sewing-machine, is also a form of exercise which must be scrupulously avoided in most cases of this sort.

When the patient finds that she has taken too much exercise at any time, as indicated by a considerable increase of pelvic pain, resort should be at once had to the recumbent position, elevation of the hips, hot douche, and hot and cold sponging of the limbs and middle portion of the body. The latter is a very effective method of relieving pelvic pain, and is so simple a means of treatment that it can be taken by the patient herself, and with very little preparation. All the materials necessary are two large, soft sponges and two vessels, one containing hot and the other cold water. The temperature of the hot water should be as high as can be borne without positive

discomfort. The body should be first rubbed with a sponge wrung quite dry from the hot water, for one-half minute, and then with the sponge from the cold water for about the same length of time. The application should be continued five to fifteen minutes. The results are better when the treatment can be given by an attendant, although the absence of an assistant should not prevent its being employed when necessary. After the last application of cold water, the body should be quickly dried, and the patient should be wrapped in warm blankets, and remain quiet for a few hours. A large folded towel, wrung out of tepid water and covered with oiled silk or several folds of flannel, should be placed over the abdomen at night when so much exercise has been taken during the day as to cause considerable pain. The body should be quickly rubbed with the hand dipped in cold water after removing the compress in the morning. This treatment may be taken with advantage after the alternate hot and cold sponging. A prolonged warm sitz bath, taken just before retiring, is also a very effective means for relieving the consequences of over-exercise, though it cannot be taken so conveniently as the measures of treatment just described.

Position during Sleep.—The position of the body during sleep is a matter of importance, as it often involves, with very sound sleepers, an unchanged position for at least one-third of the twenty-four hours. This time is amply sufficient for the production of results of a character favorable or adverse to the production of diseased conditions; and when disease is present, the mere matter of position is sufficient to

present an obstacle to recovery, or to be an important auxiliary to proper treatment. As a rule, patients suffering with pelvic troubles should sleep with the head low, or at any rate not higher than the pelvis, and in some instances it will be found an advantage to lift the hips by a pillow, or even to elevate the foot of the bed so that the whole body will form an incline toward the head. A patient suffering with retroversion or flexion should lie upon the face; a person suffering with anteflexion or anteversion should habitually lie upon the back. A patient suffering with simple prolapsus may lie on either face or back, as either position may be found the more comfortable. We may also mention here that lying upon the face is preferable to the dorsal position during the first two or three weeks after confinement, as the uterus is then heavy, and through its abnormal weight is liable to become tipped backward before the process of involution is completed. It would be injurious, however, for the position upon the face to be maintained continuously for two or three weeks, as anteversion would be likely to result.

Diet.—The regulation of the dietary is a matter of no small consequence in the management of the majority of cases of pelvic disease. We have no space here to enter into the full subject of dietetics as related to pelvic disorders, but would offer a few hints which our experience warrants us in saying will be found serviceable; and first we wish to call attention to the mistaken notion that women suffering from nervousness and general debility arising from long-continued pelvic disease, require a large propor-

tion of animal food, particularly flesh. Our observation and experience in the treatment of several thousand cases of this class have led us to the conclusion that the free use of a flesh diet is in these cases decidedly objectionable. The stimulating character of the diet increases the nervous irritability, and in a variety of ways aggravates the pelvic trouble. The dietary for the majority of patients suffering with disease of the pelvic organs should be chiefly composed of fruits and grains, with a liberal addition of milk. The whole-grain preparations are particularly serviceable, and the use of oatmeal, cracked wheat, graham flour, or wheat-meal, and other similar preparations, especially when combined with the free use of fruits, either raw or cooked according to the taste of the patient or the requirements of the digestive organs, is in the highest degree conducive to the proper activity of the bowels,—a matter of the utmost importance in the treatment of disorders of this class. Inactivity of the bowels almost uniformly accompanies pelvic disease, frequently preceding the uterine disorder, and operating as a cause in its production; and whatever will contribute to the removal of this abnormal condition, must be considered of more than trifling importance in the treatment of these affections.

It should also be remarked that the relation between the blood supply of the uterus and its appendages and the portal system, is such that whatever disturbs the latter necessarily affects the former; and hence such errors in diet as occasion torpidity of the liver, or other disturbances of this organ, and thus af-

fect the portal circulation, also affect the pelvic organs injuriously. Hence a person suffering from pelvic disease should carefully avoid the use of condiments of every description, the excessive use of fats and sweets, confectionery, alcoholic drinks, tea and coffee, rich food, and, in fact, whatever articles of diet may be considered unwholesome, clogging, or indigestible.

An article of diet which we have taken great satisfaction in recommending to many as an accompaniment for other food, and in some cases, for a short time, as an almost exclusive dietary, is hot milk. We frequently recommend patients to take from one to three glasses at each meal in connection with other food. The milk should be taken as hot as can be swallowed without discomfort, and when taken in this manner, is an important aid to the digestion of other food, besides itself contributing in no trifling degree to the supply of nourishment required by the patient. Milk is an article of diet which is perhaps too little appreciated. It contains all the elements of nutrition, is easily digested and readily assimilated, and when obtained from healthy cows, is wholly unobjectionable. Its digestion is considerably increased by heating it to nearly the boiling point, although it is not necessary that it should be scalded in order that its good effects may be obtained.

As before remarked, a woman who finds herself suffering with any marked symptoms of pelvic disease which are not readily relieved by some of the measures suggested, should promptly consult a competent physician. Unfortunately, the number of pretentious and unprincipled persons who are engaged in the

practice of medicine is so great that it is not always easy for a person not medically educated to determine whether any particular physician is competent and reliable or not; but no woman who appreciates the value of health and the grave nature of the majority of the maladies which affect the pelvic organs, will place herself in the hands of any physician without first thoroughly informing herself respecting his ability in the treatment of the particular class of ailments from which she is suffering. As a rule, the family physician is the best man to consult, at least at first. If he is a true physician, he will, if not prepared to manage the case in a thoroughly satisfactory manner, recommend the patient to some specialist whose skill can be relied upon.

Many of these cases, perhaps we might say the majority of those which have become very chronic or are otherwise of a serious nature, can be treated with thorough success only where the patient can receive the advantage of the most improved appliances and the experience and skill which naturally result from an extensive practice in this class of cases, together with the complete regulation of the whole course of life, which is often of primary consequence in cases of this class, as well as the rest from home cares and duties, and the changed habits and surroundings which are essential in quite a large proportion of cases.

