

prevent the uterus from rising. In case the urine cannot be expelled naturally, the catheter must be used without delay, as there is danger, if the bladder becomes too full, that it may burst from the constant pressure upon it. The passage of this instrument, however, is often difficult in these cases, owing to the neck of the bladder being so compressed, and the direction of the passage so changed. Very frequently, when all these indications are fulfilled, and the patient lies down, with the hips higher than the shoulders, the womb will replace itself, or will require but little assistance. I know a lady who is constantly liable to retroversion from very slight causes, particularly if riding long in a shaking vehicle, or having to retain the urine. She has learnt, however, to treat herself, and usually does so successfully. Her first care is to empty the bladder, to effect which she sometimes has to introduce a catheter, which useful manipulation she acquired on purpose. She then passes an enema of thin starch and water, cold, which has the double effect of emptying the rectum and soothing irritation. After these operations she lies down, with her pelvis elevated on two pillows, and in most cases the womb returns to its proper place at once. In some cases where it is not convenient to do all this, the patient need not be left entirely unaided, for frequently immediate relief is afforded by passing the finger into the vagina, and raising up the womb a little. Cold injections, enemas and bathings, are the most valuable preparatory aids, to be followed by the recumbent position. I knew one case where the patient conceived the idea of *standing on her head*, and she certainly found it to have the desired effect! Nor need we wonder at this, for in that position the womb would be most likely to return, being assisted by its own weight; and besides, the pressure of the intestines and other organs would be entirely removed, which of itself might often be sufficient, for there is no doubt but their weight lying on the womb has a great deal to do with the accident.

The usual mode of assisting, when absolutely necessary, is by endeavoring to draw down the neck of the womb, which of course causes the top to rise, or by pushing the top upward, either from the rectum or the vagina, according to the way it lies, the patient being on her knees and elbows. Sometimes a large bougie, or pessary, is employed to force the womb upward, and a kind of blunt hook to pull it down; but generally the hand only is used, and this is decidedly the best.

There is often, however, great difficulty in effecting this reduction, and it may even become impossible. In one case, where the woman died, the uterus was so firmly fixed that the bones had to be sawn asunder before it could be extricated.

Supposing, however, that the reposition has been effected, we must then follow up with baths and injections, to remove all trace of inflammation, and afterward endeavor to restore the firmness and strength of every part, particularly the ligaments. A douche bath on the groins is very good, or cold wet cloths, with the injections of oak bark, before mentioned, and galvanism. The female must keep still for a long time, avoid constipation, *live single*, and never allow the bladder to become too full.

The misfortune is, that when either of these accidents occurs it leaves such a permanent weakness afterward that there is always danger of it again. When this is the case a pessary may be worn, if possible, but it should be made with especial reference to the requirements of the case; one side of the upper part should have a prolongation, or lip, which may be so placed as to support the womb whichever way it falls. In those cases where the weight of the bowels is a chief cause, a truss may be of service, but it should be applied with great care, and its effects well watched.

as it may increase the evil, particularly in retroversion, which I have reason to suspect is often caused by these instruments.

The systematic application of galvanism, in conjunction with cold water, if rightly persisted in, will scarcely ever fail of effecting a cure, when that is possible.

ANTEFLEXION AND RETROFLEXION OF THE WOMB.

These two derangements are so like the two previously described, in their nature, symptoms, and mode of treatment, that any extended description of them is scarcely necessary.

Anteflexion is a falling of the upper part of the womb forward, behind the bone of the pubes, while the lower part keeps its place. It is in fact a *bending* of the womb, so that the upper part points downward.

Retroflexion is a bending of the womb backward, so that the upper part is parallel with the rectum, while the neck is still in its proper situation.

These derangements may properly be considered as slight cases, or first stages of anteversion and retroversion; they are caused by the same accidents, and may be cured by the same means. They are seldom met with, because they soon become righted, or assume a more serious form. Sometimes this curvature of the womb is natural, or it may arise from disease. It nearly always causes barrenness, because the bending closes up the passage in the neck of the womb. This is one cause of that state of deprivation generally overlooked, and which can frequently be removed by a simple *change in position* during coitus.

OBLIQUITY OF THE WOMB.

This is still the same malposition in a yet slighter degree. It consists in a mere *leaning* of the womb either to the front or to one side. In the non-pregnant state this is so slight a disorder that it seldom requires or receives any special attention. In the pregnant state, however, it is more serious, as it may not only cause great distress but make the labor both difficult and dangerous. In such cases, the mouth of the womb does not present toward the passage of the vagina, but to the back, or to one side, so that the child cannot be expelled. If the medical attendant, however, understand the difficulty, it is easily corrected.

Many women are troubled with obliquity of the womb during pregnancy. In some it always leans over on one side, and in others, to the front; it has been known to hang completely over the external parts so as to cover them, and even to reach nearly to the knees. A properly formed truss will usually correct the obliquity.

Lying constantly on one side may lead to this wrong position, or leaning forward too long at a time; changing the position when sleeping will sometimes effect a cure.

INVERSION OF THE WOMB.

This accident, which consists in the womb itself being turned completely inside out, like the finger of a glove, is fortunately so rare that very few practitioners have ever seen a case. It always results either from pregnancy, tumors, or some disease that much softens and relaxes the os tincae.

One of the most frequent causes is pulling away the after-birth too soon, and with

violence. The upper part of the womb is very likely to be pulled down in this way, and the whole organ inverted. Too violent bearing down is apt to lead to the same result; or a delivery while standing, particularly if the child hang by the cord while that is fast to the womb.

Inversion may occur either along with prolapsus or without it, though most usually they accompany each other. Some authors even consider inversion as merely the last and most serious stage of prolapsus.

Turning the womb, and replacing it, in such cases is a difficult operation, and medical writers are not agreed as to the best mode of performing it. Fortunately the relative superiority of their different modes can seldom be tested.

From the accounts we have of the few cases observed, this is evidently a very dangerous accident, and will most probably result seriously in a short time if relief be not obtained. In every case the treatment must be suggested, in a great measure, by the circumstances of the case, and the practitioner must depend more on his own judgment than on the recorded experience of others.

The usual mode of proceeding, after removing all inflammation by soothing washes and fomentations, is to indent the lower end of the inverted womb, or push it inward, like the bottom of a glass bottle, and keep gradually forcing it further and further till it all passes through the ring of the neck, and is turned right again.

The whole must then be replaced in the pelvis, if there be prolapsus, and the patient must lie still, use cold injections, and, if necessary, a pessary, to prevent a relapse. When the inversion occurs from the weight of a tumor, that must of course be removed before a cure can be expected. This operation of turning the womb back again must be proceeded with slowly and patiently, so as not to irritate it, the *inside* being now, it should be borne in mind, on the *outside*! A mixture of *one ounce of olive oil*, and *three grains of extract of belladonna*, will make it much more easy, and will relax the neck to a great degree, if gently rubbed upon it. Some authors have advised to cut small slits in the neck to make it expand more readily, but I cannot think such an operation necessary.

If all attempts fail, and the womb shows signs of gangrene or mortification, it is usually recommended to remove it, either by the ligature or the knife, as in cases of irreducible complete prolapsus.

In some cases the inversion is not complete, the upper part of the womb being merely bent in, or forced partly through the neck. If this be unaccompanied by prolapsus it may remain a long time undiscovered, the symptoms not being usually more severe than those of ordinary falling of the womb. There are, in fact, so many of these uterine derangements, which, in their prominent symptoms resemble each other, that nothing but an accurate examination can distinguish them from each other.

Perhaps the most frequent cause of this accident is violence at childbirth. More than one case is on record where an unskillful attendant, in removing the after-birth, has pulled down the womb and turned it inside out. Nay, it has even been literally *torn from the body* under these circumstances!

FIXTURE OF THE WOMB, OR IMMOBILITY.

It frequently happens after an inflammation of the womb, or adjacent parts, that the *inflamed surfaces* will grow together, so that the different organs will all be

united to each other, and fixed fast to the body. The womb and its appendages are very apt to be attached in this way, and so become immovable. Such an accident, when low down, may not cause any inconvenience unless pregnancy occur—it may then result seriously. The nature of the danger will be obvious, if we consider that the womb is naturally loose, and that it both expands and rises up in the body as gestation proceeds. If, however, it should become attached to any part, that attachment must either be violently ruptured, or it will prevent the requisite change of dimension or position.

Suppose the attachment to be to the bladder, or rectum, it is evident that, as the womb rises, those organs must be pulled up with it, causing great pain, and serious derangement of their functions. If the ligaments become attached they will confine the womb, and prevent it rising up as it enlarges. The result of such a state of things must either be a premature discharge of the contents of the womb, or the tearing asunder of the unnatural attachments, in which case there is danger of ruptured blood-vessels, great inflammation, or abscesses.

It is now known that these adhesions are a very frequent cause of abortion, owing to their preventing the requisite motions of the womb. The celebrated Madam Boivin published a work on this subject, in which numerous cases are given, and which first made medical men aware of its importance.

I know a lady now who has miscarried nine times in succession, apparently from this cause. The womb is evidently attached to the right side by a kind of hard band which may be distinctly felt, and which effectually prevents any rising up on that side. At about four months she feels this band stretch, and the strain upon it will be at times so great that it seems as if it must break. On the opposite side the womb rises, but not on this, so that it is tilted over as it were. The pain she suffers is very great, and constantly increases till about six months and a half, when the abortion occurs—that being the most usual period in such cases.

It frequently happens when the adhesions extend to the fallopian tubes, that conception is prevented, and it would be well if it always were so, the danger from gestation being so imminent, and the probability of miscarriage so great. Unfortunately in such cases, though we are certain of the nature of the mischief, but little assistance can be rendered. It has been said, it is true, that in some instances the adhesions have been destroyed by using mercurial ointment externally, but I am afraid the remedy will not be found generally successful. The greatest care must be used when there is prolapsus—after childbirth—and in case of accidents, to subdue all inflammation as early as possible, and so *prevent* these adhesions—for certainly little can be done toward *curing* them.

Sometimes the adhesion occurs at the upper part of the womb, while it is fully expanded, in the last months of pregnancy; and the danger is then equally great, if not greater, than in the former case. No particular inconvenience may be experienced till after delivery, but then the womb, as it retracts and begins to descend, necessarily hangs by the attachment, and in this way is often suspended from the stomach, liver, or colon. These organs then become deranged, painful, and inflamed, so that a fatal result may soon follow, unless the attachment break; in which case there is danger of hæmorrhage or abscess. While the adhesion remains, the proper contraction of the womb cannot take place either, so that there is constant flooding from its large blood-vessels remaining open.

I have known females with adhesions of this kind, most likely by cords or bands,

who almost constantly felt a dragging and pulling at the stomach, as if, to use their own words, everything was going to be torn out of their bodies. These symptoms would be relieved by lying down, or by pregnancy, because these elevated the womb and relieved the strain on the other organs.

Certain vicious and degrading habits, in young persons, are apt to produce these difficulties, by the continual irritation they keep up, and so are certain excesses in adults.

HYSTEROCELE, OR HERNIA OF THE WOMB.

This derangement is precisely the same as a common hernia, or rupture, excepting that it is the womb instead of the intestine.

Very few cases, indeed, have been known to occur, so that our description need not be very extended. Most usually the hernia occurs in the non-pregnant state, the womb forcing itself between some of the muscular fibers and appearing just under the skin, like a small pear-shaped tumor. A part of the organ only may protrude, or the whole of it, and sometimes the ovary and tube will follow. The treatment is precisely the same as that of a common rupture, the protruded part being pushed back and a truss worn to prevent its return.

The most frequent causes are blows upon the abdomen, violent lifting and straining, and a former cesarian operation.

Cases have been known where pregnancy has occurred along with a uterine rupture, so that the development of the womb and the fetus has taken place outside of the abdomen. In some of these the womb has hung down nearly to the knees, and has been cut open and the child taken out, without, however, saving the patient's life. In one case by lifting up, and gently pressing on the protruded organ, it returned into the abdomen, and the female was safely delivered.

The ovaries are also liable to hernia, from similar causes, and also from various diseases. The treatment is the same as in hernia of the womb, unless the ovary be diseased, in which case it is extirpated.

CYSTOCELE, OR HERNIA OF THE BLADDER.

The bladder, like the intestines and womb, is liable to protrude between the muscular fibers, or through natural openings, and so form a hernia. Both sexes are liable to this accident in certain modes alike, and the female in certain modes peculiar to herself, which are the only ones necessary here to describe.

The causes and symptoms of cystocele are mostly the same as those that produce prolapsus uteri, the action having taken place in the bladder instead of the womb. These two displacements have, in fact, often been mistaken for each other, and it sometimes requires careful examination to distinguish them.

The most usual form of this derangement in females is that called *vaginal cystocele*, where the bladder is forced backward into the vagina, either by pushing the walls of the vagina before it, or by passing between their fibers. In this case the bladder may be felt, like a tumor at different parts of the vagina, according to the distance it has descended, or it may even protrude through the external lips. In examining this tumor it will be found of a different shape to the prolapsed womb, and with no opening like the os tincæ, which will always distinguish the one from the other. The passage of

the urine is either stopped altogether, or is difficult and attended with pain, particularly if the bladder has passed through a small opening, and afterward filled. Inflammation usually sets in soon after the accident, and fatal consequences may speedily ensue.

Cystocele is both dangerous and difficult to treat at any time, but particularly when it occurs during delivery, for if the bladder be in the vagina at that time it will be very liable to injury, besides being a serious impediment to the passage of the child. In one case of this kind, which came within my own experience, the bladder was first emptied by the catheter, returned to its place, and retained there by the hand till the child was expelled. This rupture occurred, apparently, from violent bearing down labor pains while the bladder was full, and showed no signs of returning after the parts were restored to their natural state. Sometimes the protruded bladder, being quite full, will completely block up the vagina, so that the labor cannot proceed, and the passage will be so compressed and twisted that the catheter cannot be introduced. In this case the bladder is usually punctured in the vagina, and, when its contents are evacuated, is returned to its place, and the labor terminated. Great care must be taken, however, to ascertain, with certainty, what it is that presents under these circumstances, the fallen bladder having been mistaken for the bag of water, and ruptured accordingly. It is quite easy, however, to distinguish them, as in a case of cystocele, the tumor is unconnected with the mouth of the womb, while the protruded membranes proceed from it.

In the non-pregnant state the fallen bladder may prevent the flow of the menses, and other fluids, and lead to inflammation of the vagina or womb. The plan of treatment is to return the bladder, by gentle pressure, to its place, and then use astringent washes to close up the opening by which it escaped. A pessary may also be necessary, with a small projection to press on the rupture.

When the bladder is not protruded between the vaginal fibers, but merely pushes the walls before it, the operation is much more easy; the after treatment, however, is the same as already described.

Women who have been too frequently pregnant, or long subject to leucorrhœa, and those who keep the bladder too full, are most liable to cystocele. Lifting, straining, running, sneezing, and violent coughing are very frequently immediate causes, and may even produce it in very young persons. I once had a case of a young girl only ten years of age, in whom the bladder descended completely through the external lips, in consequence of violent straining from the whooping-cough. The distress was very great, and the necessity for immediate relief most urgent. The bladder was full, and very tender, and the catheter could not be introduced. I at once put the patient in a warm bath, and then had her laid upon the bed with the hips much elevated. By these means, with a little assistance, the bladder partly returned, so that the catheter could be introduced, the urine was then drawn off and it returned entirely. A small plug of soft lint was worn against the opening in the vagina till the cough subsided, and with occasional injections of oak bark effectually prevented a return. The vagina, however, was much inflamed, and considerable leucorrhœa followed; the parts were much relaxed, and the hymen completely destroyed.

Excessive crying has led to hernia of the bladder in infants, and so has the use of strong purgatives. In young girls it has often been produced by the busk, or bone, in the front of the corsets.

In some cases the bladder will not appear in the vulva, but will descend into one

of the external lips, which will sometimes attain an extraordinary size. The treatment is the same in this case as in the other.

Great care must be observed by those who have once suffered from cystocele, as it is easily brought on again, and every time makes it more difficult to cure.

VAGINAL ENTEROCELE, OR HERNIA OF THE INTESTINE INTO THE VAGINA.

This is a rupture where the bowels descend into the vagina, in the same manner that the bladder does in cystocele. It is brought about by the same general causes that produce other hernias, and can only be treated in the same way. It is more frequent just after confinement than at any other time, though it may be met with occasionally in non-pregnant persons.

The symptoms of this displacement are not, in general, so severe as those attending cystocele, unless the bowels descend to a great extent, and sometimes they will completely fill up the vagina, or even protrude externally, so that the flow of the menses, and the passage of the bowels will be both prevented. When this occurs during delivery, it may completely prevent the child from passing down the vagina, and then there is danger, both from the suspension of the labor and from the bruising of the bowels. In such a case the hernia must be immediately reduced, and, fortunately, this can nearly always be readily effected.

If the protrusion has taken place in the front part of the vagina, next the bladder, the patient must be placed on her knees and elbows, but if it has taken place in the back part, next to the rectum, she must be placed on her back. The tumor must then be pushed gradually but firmly toward the opening, and the lower part of it worked in with the fingers. In a short time it will begin to move in quickly, and at last will slip by the hand and pass entirely into its place. The cylindrical pessary and astringent washes must then be used to effect a cure.

The protruded bowel is so different from the bladder or womb, that with ordinary attention the one cannot well be taken for the other. Such mistakes, however, have been made, and they show how extremely careful we should be to ascertain with certainty what is wrong.

After enterocele has once happened it is very likely to occur again, particularly if left a long time without being reduced.

The descent may take place, as in the case of the bladder, into the *lip*, instead of down the passage, and is then called *vulvar enterocele* or *puddendal hernia*. The lip will be swelled, and a firm tumor may be felt in it, as large sometimes as an egg, but becoming smaller when the patient lies down. Its reduction and after treatment are the same as in the ordinary form. I have known females suffering from this puddendal hernia who could not imagine what the swelling of the external lip was owing to, and who vainly tried to reduce it by washes and lotions. They were amazed when told it was a descent of the intestines. Those who labor too hard during gestation are very liable to this accident, particularly if they have borne many children. I once had a poor woman under my care who was afflicted with both cystocele and enterocele at the same time, from lifting a pail of water. Both of them were reduced, however, and fortunately did not return.

INVERSION AND SWELLING OF THE LINING MEMBRANE OF THE VAGINA.

It is necessary to describe this disorder, though it is not a very common or dangerous one, because it is frequently mistaken for hernia, or prolapsus uteri, from which, however, it differs materially.

In this case the lining membrane of the vagina is distended, and partly separated from the other membranes, either from inflammation or from the infiltration of fluid between them. It falls down, sometimes even through the external lips, and has the appearance of a thick fleshy ring, or cushion, with an opening in the center. The descent, however, may not be complete, or the ring may be a considerable distance up the vagina, and sometimes there will be two or more rings, one above the other. The manner of this descent may, in fact, be well compared to the falling down of the lining of a coat sleeve, when partly unsewn.

The causes of *falling of the vagina* are such as those that produce the various hernias and prolapsions already described, and also all those that have a debilitating effect on the system. Miscarriage, the employment of instruments in childbirth, continued leucorrhœa, *excesses*, and the vicious habits previously referred to, may also be enumerated. It frequently accompanies falling of the womb, cystocele, and enterocele, all of which are, in fact, frequent causes of it.

The immediate symptoms are comparatively slight, consisting chiefly in an uneasy sensation of something hanging from the vagina, or lips, with dragging, dull pains in various parts; unless, indeed, the membrane has descended very far, or become much irritated. In this case, the pains become acute, darting to all parts of the abdomen, and the membrane itself being much inflamed, may speedily ulcerate or gangrene, particularly if chafed, or bathed by the urine. The bladder will also sympathize, so that a difficulty will occur in urinating, and a quantity of mucus will discharge from the vagina.

Sometimes the protruded part will extend four or five inches from the lips, and be as large as the wrist, particularly during pregnancy.

The treatment of prolapsus vagina is simple, but often tedious. The first thing is to reduce the swelling and inflammation, without which, of course the parts cannot return. To effect this, all causes of irritation must be removed, the patient must be still for some time, and use cooling lotions or injections, in conjunction with general tonic remedies. Instruments are seldom or never needed, either at the time or after; indeed, simple rest and cold water would cure most cases, if resorted to in time. Some practitioners use caustic, but I have never seen any good from it in these cases. Occasionally, the protruded part, when long exposed, will become so ulcerated that the removal of it is absolutely necessary. This operation has been performed several times with success, though it is not unattended with danger.

This affection may occur at almost every age and period, but not so frequently in the unmarried, though I have met with it in young persons from nine to twelve years of age. Many are subject to it at the turn of life, at which time it is very troublesome and difficult to cure. Sometimes it comes on suddenly, but most usually by slow degrees.

When it takes place at the time of delivery, it is a very troublesome and dangerous complication, as it interferes with the passage of the child very much. In such cases the protruded membrane is often lacerated severely, and once I saw it nearly torn completely from the vagina.

The ring or cushion produced by this prolapsus may be mistaken for the fallen womb or bladder, unless carefully examined. The difference, however, will soon be apparent, by pushing on the center of the tumor through which the finger will pass readily, and reach the os tinæ beyond.

CHAPTER LIV.

VITAL AND ORGANIC DISEASES.

THIS includes all inflammations, morbid growths, and corrosive diseases of the female organs.

INFLAMMATION OF THE VULVA AND EXTERNAL LIPS.

Inflammation is very apt to arise in these parts from a variety of causes, with some of which we are unacquainted, and it may become very troublesome, if not serious. Injuries at child-birth very often produce this kind of inflammation, but it frequently arises in young persons from a mere want of rigid and constant attention to cleanliness in these parts. The natural secretions are apt to become acrid, when long retained in the folds of the vagina and labia, and then they irritate every part with which they come in contact. This irritation is sometimes of the most annoying character, and often disposes to those vicious habits we have referred to. When allowed to continue too long unchecked, it produces an offensive purulent discharge, sometimes tinged with blood, and perhaps terminates in ulceration, abscesses, or mortification.

The treatment at first is very simple; constant bathing, either with cold water or cooling lotions, rest, and regular action of the bowels, will be sufficient in nine cases out of ten. A small piece of alum, or borax, about the size of a hickory nut, to a pint of water, makes a good wash; or a little sugar of lead water, or Goulard's lotion. Ointments of all kinds I think objectionable. When the parts are very sore, equal parts of port wine and water will be a good application.

It may be advisable, when the two lips are much inflamed, to soak a piece of soft lint in the lotion, and keep it between them till they heal, as they are apt to grow together.

If there be any derangement of the menses, or constipation of the bowels, it must be immediately corrected—such derangements frequently producing or keeping up this inflammation. Worms will also do the same, particularly the small flat ones in the rectum (*Ascarides*), which will sometimes even pass into the vagina. Great attention must be paid to the diet, which must be light, cooling, and laxative. No coffee nor alcoholic drinks must be used, nor spices, nor unripe fruits.

There is one form of this disease especially to be dreaded. It is usually called *Carbuncle of the Genitals, or Eruption*, and first commences with great heat, redness, and swelling, and terminates in livid colored spots, which soon become small ulcers. If not checked it will rapidly become fatal, from mortification or inflammation of the neighboring parts. The treatment consists in the application of cooling lotions or injections, as before, with washes of camphor, chlorine, and nitrate of silver. The bowels must be opened freely with salts, and other cooling purga-

tives—nothing irritating must be eaten or drunk—perfect rest must be observed—and leeches may be freely applied, if thought advisable, to the parts.

If neglected, this inflammation may produce deep angry ulcers, that will eat into the parts, and even produce fistulas into the bladder or rectum. The surgeon is then needed; and, in spite of all his skill, at this stage he fails often in giving relief. It is therefore especially important to *attend to it in time!* And still more important to observe, in young persons, that attention to cleanliness and regularity of function, which may *prevent* it altogether.

The number of cases of this kind that have come under my care painfully convince me of the great want of information on all these important matters that so universally prevails among females, and which directly leads to so many of their distressing afflictions.

PRURIGO OF THE VULVA, OR ITCHING OF THE EXTERNAL PARTS.

This disease, though not so immediately dangerous as some others, is perhaps the most distressing that can be met with.

It consists in an intolerable and incessant itching of the parts, which nothing seems to allay. Sometimes it is so bad that the female is almost tormented to death; she cannot see company, or walk out, and often shuts herself up alone in her agony. Many have fainted from it, and some have even become delirious. I have seen patients whose hands it was necessary to tie to prevent them tearing themselves to pieces.

The causes of pruritus appear to be most of those that produce simple inflammation, which it very frequently accompanies or precedes. Pregnant females are very liable to it, and in some it will continue, in spite of all that can be done, till after delivery, when it usually disappears. I have known it produce abortion. Some females always have it at the menstrual period, and others during nursing. Occasionally there is a little eruption attending it, but not always, though the parts are generally swollen and red. Parasites are sometimes the exciting cause, and should always be destroyed immediately.

The treatment consists in first attending strictly to the diet, which must be light and unirritating, and to the regular action of the bowels and womb, and in using the cooling washes and lotions before mentioned. If the itching still continues, use either of the following washes to the parts:—Sub-carbonate of potash, three drachms; water, four ounces. Put a teaspoonful of this into a quart of warm water, and use it three times a day.—A teaspoonful of eau de cologne to a pint of warm water.—Sulphate of zinc, half a teaspoonful to a quart of warm water. Both of these may be used many times in the day.—Borax, half an ounce; sulphate of morphia, six grains; pure water, half a pint. This last seldom fails of giving relief. It should be applied three or four times a day with a piece of soft linen, the parts being first washed with warm soap and water. A teaspoonful of laudanum will sometimes answer as well as the six grains of sulphate of morphia.

Caustic has been employed, and blisters to the inside of the thighs, but such violent remedies are seldom either necessary or serviceable. I have known the parts to be deeply scarified with the lancet, and even burnt with a *red-hot iron*, without at all alleviating the pruritus.

In young persons it seems to be often produced by constipation, worms, and gravel;

but it most probably depends, essentially, on some impurity, or irritating quality in the blood, or in the natural secretions of the parts, which should therefore never be allowed to remain long unwashed.

Sitting in cold water, and the application of ice to the parts, has given relief. I have also effected many cures almost instantaneously by means of a small *galvanic plate*, so constructed as to be worn just within the vulva.

All remedies must of course be applied with caution during pregnancy, and it must be recollected that sometimes the disease *will* continue, more or less, till after delivery, though the distress from it may be much alleviated.

VAGINITIS, OR INFLAMMATION OF THE VAGINA.

This is frequently a mere extension of some of the other inflammations already described, and may be produced by precisely the same causes. It often follows a tedious labor, particularly if instruments have been used, and is frequently produced by *marriage*, especially if that occur at an *improper time*, or if there be any malformations or displacements. Excesses of all kinds are apt to produce it, and the presence of any foreign body, as a pessary for instance; also stimulating food, sudden cold, or violence.

The most general symptoms are pain in the groins and over the pubis, a feeling of intense heat and tightness in the passage, as if it were filled up with something—difficulty in urinating, and pruritus. On endeavoring to touch the os tinæ, the passage will be found nearly closed, from swelling of its walls, and very tender. In a few days a discharge begins to flow from the vulva, at first like gum-water, but gradually becoming thicker, till it is like cream, and often of a green or yellowish color.

In most cases, the inflammation passes off in about ten days, and may leave no ill effects. Sometimes, however, it becomes chronic, and then it terminates in leucorrhœa; and occasionally it produces abscesses, or ulcers, when long neglected, and causes fistulas.

The treatment is precisely the same as that for inflammation of the lips and vulva, excepting that the lotions must be used internally, by means of a female syringe. In young persons just married, all that is required, in many cases, is to separate for a short time from their husbands.

If an inflammation of the vagina last too long, the walls will be apt to grow together, and so produce a stricture, or narrowing of the passage, which may be a serious difficulty in child-birth, as well as at other times! It is, therefore, advisable to subdue it early.

METRITIS, OR INFLAMMATION OF THE WOMB.

This disease more frequently results from delivery than from any other cause, and appears to accompany puerperal fever, or, as some suppose, is identical with it, at least in some of its forms.

It is found, however, in the unimpregnated state, and may result from a variety of causes. The inflammations already described may extend to the womb; it may be injured by blows, or other violence, and irritated by the retention of the menses. During prolapsus it is always being chafed and compressed, or exposed to the external air, and may thus become inflamed.

Marriage may produce inflammation of the womb in some temperaments, and a state of singleness in others. Difficult menstruation, irritating injections, forcing medicines, tight corsets, constipation, stimulating food, pessaries, and solitary vices, may also be enumerated. Powerful mental emotions, particularly in hysterical persons, are also frequent causes, and highly excited feelings, especially those connected with certain temperaments. When it occurs during pregnancy, it is very apt to lead to abortion.

The inflammation may be seated either in the substance of the womb, or merely in the mucous membrane, and it may extend through the whole organ, or be confined to particular parts of it.

The symptoms of inflammation in the mucous membrane of the womb are dull but constant pain in that part of the organ affected, and in the loins, which gradually extends to the neighboring organs, so that the passage of the urine, or fœces, causes great distress. A sensation of weight is also experienced, which disposes the female continually to bear down, and strain, the same as in labor. The abdomen swells, becomes painful, and very tender to the touch, so much so that sometimes the weight of the clothes can scarcely be borne. The patient has chills followed by fever, and suffers from languor and restless anxiety, which, in severe cases, may lead to delirium. These symptoms are soon followed by a discharge of mucus, more or less profuse, according to the extent of the inflammation, which may be either thin, like gum water, or of the consistence of cream, and sometimes resembles pus.

This, it must be understood, is a description of the symptoms usually accompanying the disease when it affects the whole or greater part of the womb.

When it is confined to some particular part, as to the neck, for instance, the pain and swelling are chiefly confined to that part, and the general symptoms are more local and less severe.

The treatment usually adopted, is that which appears most likely to quickly reduce the inflammation. The bowels must be opened freely, perspiration must be induced, and the hands and feet kept warm. Fomentations must be applied to the abdomen, and diluent drinks freely taken. Hops or poppy heads make an excellent fomentation, and barley, or tamarinds soaked in water, with a little sweet nitre, an excellent diluent drink. A vapor bath will often be very effective in promoting perspiration, and relieving the soreness, and a large meal poultice placed on the abdomen will frequently allay the pain. Bleeding is generally resorted to somewhat freely, and leeches, or cups, to the inside of the thighs, the vulva, and the abdomen; but I am inclined to think that the inflammation can usually be subdued by other means. The patient should lie on her back, with the knees raised, and the clothes should be kept from bearing upon her.

A decoction of poppy heads may also be used as an injection, in the vagina, and, if the pain be very acute, a teaspoonful of laudanum may be added to it. A mustard plaster will frequently alleviate the pain considerably, when applied on the abdomen, or back, or inside of the thighs. Blisters have been recommended, but they irritate the patient too much, and it is very important to keep her still. She should not be moved, on any account, more than is absolutely necessary. The vapor bath must be given under the bedclothes, so that no moving, or carrying to it will be required. If the purgative does not operate soon, an enema should be given, as it is particularly important for the bowels to act. The enema may be composed of thin starch and water, warm, with a large spoonful of castor oil.