

But little food, of any kind, should be taken till the inflammation is subdued, and then it should be light, chiefly fluid, and very plain. All stimulants must be carefully avoided, whether solid or fluid. The room must be well ventilated, and the patient kept quiet.

If these means, with such others as the particular circumstances of the case require, be faithfully persisted in, they will, in most cases, subdue the inflammation in a short time; but great care must be taken, and perfect rest observed, till all signs of it are gone, as there is always danger of it increasing again, from slight causes.

When the inflammation is seated in the substance of the womb itself, the symptoms are always more acute, the danger greater, and the result more uncertain. The treatment must be more energetic, and our attention more unremitting.

If the inflammatory action be not subdued very soon, the most serious results are to be feared. The general distress increases, the skin becomes hot and dry, the countenance is anxious, the throat parched and sore, the breathing difficult, sickness sets in, or hiccough, the breasts swell and become tender, and the head throbs and burns till the patient raves in furious delirium. The urine is generally red and hot, and the passing of it, or of the contents of the bowels, makes the sufferer scream with agony. She rolls her eyes, picks at the bedclothes, grinds her teeth, and draws up the limbs till they press against the abdomen.

If the pain seems to concentrate at one point, and becomes more poignant, and the patient suffers from night sweats and headache, with inaction of the bowels, it may be suspected that an abscess is forming. This will sometimes break and discharge from the vagina, and at other times will form a fistulous opening through the abdomen, the groin, or at the inside of the thigh. The quantity of pus thus poured out is in some cases enormous; usually the patient sinks immediately after the abscess bursts, but if she can be sustained, the wound may heal after all is evacuated, and a perfect recovery may take place.

The last stages are generally marked by a cessation of heat and pain, by involuntary action of the bowels, coldness of the extremities, convulsions and faintings. If there be gangrene or mortification, a black foetid discharge takes place from the vagina, and sometimes from the bowels.

When this is seen there is scarcely a hope, and very frequently the disease is thus fatal in two or three days from its commencement, though some will linger two or three weeks.

On examining the womb in those who have died in this way, it is frequently found to be quite softened, or even converted into a kind of putrescent pulp which almost runs into fluid when pressed upon.

Both forms of inflammation of the womb are much more dangerous when they occur during childbed, as all those are aware who have seen the rapid and fatal termination of puerperal or child-bed fever. Most cases of ordinary inflammation, in the non-pregnant state, terminate favorably, with proper care, though they may be lingering, and leave much general debility.

The principal danger, after the acute stage is passed, is of the disease becoming chronic, which form, though less severe, and not so imminently dangerous, is still much to be dreaded.

Chronic Metritis, or inflammation of the womb, may be produced by the same causes as acute inflammation, or may follow from it. There are, however, certain

circumstances and conditions that dispose to it more than others; as, for instance, a lymphatic temperament, habitual depression of spirits, scrofula, bad air, low damp situations, ill-ventilated houses, a constant use of stimulating food or hot baths, and indulgence of certain feelings. The immediate causes are the same as those already enumerated, and also cold—particularly from sitting on cold damp seats—tight corsets, and habitual constipation.

The symptoms are much the same as those in the acute stage. The inflammation, however, does not extend so much to the neighboring parts, nor does the uterus swell up so suddenly, nor become so excessively tender; sometimes, in fact, it does not swell at all. There is always severe pain in it, however, which is much increased when the female stands long, or walks far, or when she is shaken too much by riding, when the bowels are moved, or the urine passed, and *particularly at certain other times!* There is also great heat and burning, with a sensation of fullness and weight in the loins or groin. The female becomes irritable, impatient, or sad, or is subject to nervous tremblings.

This disease is frequently mistaken by practitioners for something else. Many look upon it as a purely nervous affection, and go on treating the patient for the mere nervous symptoms, while the real *disease* remains untouched. And many others, who do discover the true disorder, consider it incurable, and either give it up entirely, or merely administer palliatives, to relieve urgent symptoms and satisfy the patient. It is necessary to say, however, that it is often impossible to ascertain the truth from any of the above-named symptoms alone, because they accompany many other complaints, and an accurate and careful examination is frequently indispensable.

I once had a lady call upon me who had been suffering for two years from what was called, by some physicians, *hysteria*, and by others *dyspepsia*, with liver complaint. She had almost constant pain in the lower part of the abdomen, which made her dread moving the bowels, for fear of increasing it. The urine was scanty and high colored, the menses irregular, and the bowels mostly constipated. To use her own words, "the whole inside seemed as if it were *burning up*." The limbs were weak, the appetite capricious, and the whole nervous system in a terrible state of derangement. Sometimes she would suddenly go very sallow, with the eyes much congested, and at other times she would be very pale, and faint, or sick. From an attentive consideration of the case, I became convinced that none of the previous conjectures about it were correct, but that it was a case of *chronic metritis*. A careful examination with the speculum proved this conviction to be well founded, and I at once began to treat her accordingly.

The first thing attended to was the *diet*, which was directed to be very plain. The quantity of food was rather limited; all spices, coffee, pickles, and warm drinks were forbidden; meat allowed but once in the day, sparingly, and never smoked or salted. Alcoholic drinks, of all kinds, were strictly prohibited, and in their place was substituted cold lemonade, with a little cream of tartar, barley water, and tamarind tea, or simple cold water.

A cold shower bath was directed to be taken every morning, immediately on rising, to be followed by a short, gentle walk when the weather was favorable. After breakfast she was advised to lie on the sofa for an hour, and after that to take another walk before dinner. The same in the afternoon as in the morning. Several times during the day, but particularly morning and evening, an injection was used of cold thin starch and poppy heads. The thin starch alone was also used daily as an enema,

at first, till the bowels began to act regularly from the improved diet, and then it was omitted. During the first week the abdomen was also fomented every night with a strong decoction of hops. *Every kind* of excitement was guarded against, either from reading, company, or *other causes*. The natural warmth of the feet, which she had not felt the whole time, was restored by means of friction and the application of *galvanism*, and the whole surface of the body, which was habitually chill, was well rubbed every morning till a healthy glow was produced. The only medicine given was a little cinchona, after the second week.

In three weeks she had sensibly improved, the burning sensation was no longer felt, the soreness and pain was gone, except when she walked a little too far. The appetite became good and steady, and her strength much greater. The nervous symptoms began to amend immediately the general health was improved, so that she soon became quite cheerful. A steady adherence to this plan of treatment completely cured her in about seven weeks, and she went home with such a knowledge of the disease, and the causes which produced it, that in future she will most likely be able to *prevent* it altogether.

In severe cases it is advised, and may sometimes be advantageous, to apply leeches to the perineum, or groins, or blisters to the inside of the thighs and abdomen. I am of opinion, however, that a strict perseverance with the milder course I have described will usually succeed without them.

A teaspoonful of laudanum may sometimes be added to the injection, or fomentation, when the pain is severe, and if it occur in a spasm, like cramp, galvanism will give immediate relief.

ENGORGEMENT, OR ENLARGEMENT OF THE WOMB.

Cases of chronic enlargement of the womb, commonly called *engorgement*, are quite common, or rather, they are very frequent. When treating on falling of the womb, we stated that engorgement was a frequent cause of it, and such is now known to be the fact. In many cases of supposed polypus, or tumor, there is merely a swelling or engorgement of the womb, which has also been mistaken for dropsy.

The causes that lead to this disease appear to be much the same as those that produce inflammation, with which the engorgement is sometimes accompanied, though not always. Whatever has a tendency to excite these organs, or to chill the surface of the body, so as to derange the circulation and produce internal congestion, will be most likely to cause engorgement. Among other causes may be specially enumerated, sentimental or impassioned reading and conversation, insufficient exercise in the open air, cold, constipation, derangement of the menses, particularly their stoppage, improper diet, and *excesses* of various kinds.

The symptoms of this disease are often quite obscure at first. Sometimes there is considerable pain, similar to what is experienced in metritis, but at other times there is scarcely any pain at all, though there is always more or less uneasiness and feeling of weight. The enlargement of the abdomen may be slight, or it may be very considerable, so as to simulate dropsy.

If the disease continue long, the patient is apt to become hysterical, or suffer from cramps and creeping of the skin. The stomach will become deranged, and sickness and vomiting may ensue, with very irregular action of the bowels. The breasts will also frequently enlarge and become painful, precisely as in pregnancy, and

the patient will be restless and unable to sleep. The menses sometimes stop altogether, for several months, and then a flooding ensues for weeks together; in some cases they never stop for more than a day or two at a time. Very often there is a purulent and foetid discharge from the vagina, almost constantly, as if the womb were ulcerated or gangrened.

There are two varieties of this disease, different in some of their symptoms, but similar in their effects, and requiring a similar mode of treatment. In the one case there is hardness of the womb, commonly termed *induration*, as well as swelling, while in the other case it is sometimes even softer than natural.

The general treatment at first should be similar to that for chronic inflammation. After which regular bathing, exercise on horseback, and chafing over the womb with liniments may be added. Dashes of cold water on the lower part of the abdomen are also useful, and cups to the inside of the thighs. If the disease still remain obstinate, a seton or blister may be used on the loins. Another plan of treatment called *firing* has also been found useful. It may be imitated by taking a small flat-faced hammer, and plunging it for some minutes in boiling water, then on taking it out press it suddenly and firmly on the skin, for a few seconds, heating the instrument afresh for each application. The number of applications may be ten or a dozen on each side of the backbone, at the small of the back, or in the groins. The pain is by no means so severe as might be expected, if the operation be performed quickly, and it may be done in five minutes. I have known many patients prefer it to either cups or blisters. The effect is often very beneficial.

It should be borne in mind, however, that the mild plan of treatment will usually succeed, though it may take longer time; and this is a disease that requires patience and perseverance, in both patient and physician, to no small extent. Sometimes it is necessary to advise a state of *singleness* for a time, but at other times marriage will be beneficial. This can be decided upon only after a careful consideration of the peculiar circumstances of the case.

One of the chief resorts of the general practice of the day is *copious blood-letting* in various ways, but particularly by leeches and cups, to the abdomen, perineum, vulva, thighs, and mouth of the womb. This is sometimes continued daily till the patient *faints*. As I have before remarked, however, I think the same effects may be produced by milder means.

If the swelling be not reduced there is danger of a purulent accumulation, and of abscess, or, in case of induration, it will be likely to end in cancer.

During the engorgement there is nearly always either prolapsus of the womb, anteversion or retroversion, the unusual weight causing its displacement.

Hemorrhage, or bleeding, sometimes accompanies engorgement, but not always. Tubercles, or small ulcers, are also frequently developed in the womb itself, particularly on the neck, and most frequently in those who are badly fed, who live in ill-ventilated houses, and who are scrofulous.

SCIRRHUS, OR CANCEROUS ENGORGEMENT OF THE WOMB.

It is not my intention to enter into a description of the nature and treatment of cancer of the womb, for several reasons. It is a disease fortunately but seldom met with, and is in no way different from cancer in other parts of the body. Besides, so little is known of its nature, and so little is agreed upon respecting its treatment,

that any extended account would be merely a record of contradictory opinions, while a meagre one would be utterly useless.

Scirrhus, or cancer, will, however, produce enlargement or engorgement of the womb, so similar in some respects to that already described, that it is necessary to distinguish them.

In scirrhus engorgement the womb is always very hard, and feels in lumps or knots; it increases in size very slowly, and when examined by the speculum, the neck appears of a yellowish white color, like ivory. The pain is often darting and very severe, though sometimes there is none at all.

It may be years before this state of things alters, and the cancer opens into an ulcer, or it may do so very soon. It is also possible, I think, beyond doubt, to resolve or remove the cancerous tumor, by pursuing much the same mode of treatment as we have prescribed for simple engorgement. There is no question but that many cases of undoubted cancerous tumor in the womb have been completely cured by such a course. There are cases, however, in which the treatment must be modified from numerous causes, and in which the result is always uncertain and much to be feared.

RHEUMATISM OF THE WOMB.

This is a disease about which very little is yet known. There are but few medical works, even the most recent, that contain any allusion to it, and but few medical men who ever treated a case. It is, nevertheless, more common than is suspected, but from its resemblance to other diseases is confounded with them.

Rheumatism may settle in the womb after having existed in other parts of the body, or it may attack the womb first. The same general causes that produce the disease elsewhere will also produce it here, or it may probably be a consequence of other diseases. The symptoms are, for the most part, so precisely similar to those of ordinary inflammation that one cannot be distinguished from the other, and they have, therefore, usually been confounded together. It is of the greatest consequence, however, to distinguish them if possible, because the treatment proper for one disease will be highly injurious for the other. There is no doubt whatever but that many cases of mere rheumatism have been treated as cases of metritis, and with fatal consequences. Often, on examining the bodies of those who have died from supposed inflammation of the womb, *no trace of inflammation could be found!* The inference is, that no inflammation existed, but merely rheumatism, which possibly ended fatally merely through this mistake.

In rheumatism of the womb, there is usually more or less cessation of pain at intervals, during which but little soreness is felt on touching. On lifting up the womb also, the pain will often cease entirely, while in inflammation it is always increased. The peculiar *gnawing, grinding* pain of rheumatism is also very distinct from that of ordinary inflammation, and is always recognized by those who have ever felt it before.

This disease is most likely to occur during pregnancy, and is then very apt to lead to abortion. An attack of it during child-birth will often stop the labor altogether, the woman using every effort to keep still, on account of the agony that any straining produces. The muscular fibers of the womb are also cramped and stiffened by it, in the same way as the muscles are in other parts of the body.

The treatment of this agonizing disease must be similar to that of rheumatism in

other parts of the body. Brisk purgatives, warm baths, hot fomentations, containing opium and camphor, to the abdomen; anodyne draughts, sweating medicines, and blisters to the loins. In the non-pregnant state, galvanism will be the best agent, and if there be any derangement of the menses, it must be immediately corrected. When rheumatism stops suddenly in any other part of the body, it is very apt to fly to the womb, if that organ be weak, or its functions deranged.

In every case, therefore, where there is a painful affection of the womb resembling inflammation, the physician should satisfy himself, as far as he can, that it is not rheumatism, and should always bear in mind, at least, that it *may be* so, particularly if the patient has had rheumatism in other parts.

I have no doubt whatever but that many of those cases so often met with, where females suffer excruciating pains in the womb, varying in intensity at different times, and with no apparent inflammation, are really cases of uterine rheumatism. I have a case now of this kind; the lady has been suffering for three or four years, at times almost to distraction, without obtaining the slightest relief from any treatment she has received. Some physicians treated her for uterine inflammation, others thought a polypus was forming, and one alarmed her by suggesting a cancer. On examination I found the womb very little larger than usual, and not hard except when drawn up with pain. No pain was experienced on raising it up, but, on the contrary, great relief. I became convinced, from these and other symptoms, that it was a case of uterine rheumatism, and I have now treated it for some time on that supposition with the happiest results. In fact she may be considered cured, excepting that there is still a little sensibility just before any sudden change in the weather.

I would particularly recommend both physicians and patients to bear this disease in mind, especially in many of those cases when they are puzzled to tell what is the matter.

LEUCORRŒA, OR FLUOR ALBUS.

This disease, ordinarily termed *the whites*, is, perhaps, even more common than prolapsus uteri. In large cities particularly, and in certain districts, it is almost universal, occurring in both married and unmarried, young and old, from mere infancy to extreme age. It appears in the form of a discharge from the vagina, like mucus, or pus, or sometimes even like green water, or milk, or curds and whey. Its color also varies, being white, yellow, greenish, or reddish brown, and sometimes it is quite colorless. The quantity may be either small, so as to merely make a show, or it may be larger, sometimes even to half a pint or more in the day.

The discharge itself is very annoying, and causes great distress, but it is also accompanied, in most cases, with more or less constitutional disturbance, which may even become serious.

Leucorrhœa often follows from *inflammation* of the mucous membrane of the vagina and uterus, but more frequently, perhaps, from tonic debility and weakness. It may therefore be produced by any causes that give rise to inflammatory action, or to general prostration. Among these may be enumerated, deranged menstruation—cold—want of exercise and fresh air—late hours—exciting reading, company, and conversation—depression of spirits—*vicious habits*—too early, or too late marriage, —exciting food and drink—the use of shell-fish—stimulating medicines—*excesses*—too much warm bathing—cold, damp, or ill-ventilated houses—thin shoes—the irritation of a pessary, or injury at child-birth, especially by instruments—frequent

labors—and insufficient clothing. To these may be added numerous others, and generally all those that debilitate the system. All large cities seem to be so many hot-beds to engender this and other female diseases. In them puberty is precociously developed, exciting circumstances abound, and the daily habits of females are calculated to make them weak, and susceptible of cold from the slightest exposure.

In some persons leucorrhœa appears to be constitutional, and probably results from a scrofulous taint. Particular temperaments are also apparently more disposed to it than others. Women of a nervous habit—those with light or reddish hair, and thin transparent skins, and those who swell and puff up in the limbs, from slight exertion, are instances.

The intimate connection between the uterine system and the great nervous centers is also another source of this disease; and hence it is often produced by sudden fright, continued anxiety, disappointment, grief, and passion. Every other organ in the body is also connected, in the same way, with the womb, so that their derangements may cause leucorrhœa. It will likewise frequently result from the sudden suppression of some other discharge, as diarrhœa, vomiting, profuse perspiration, hemorrhage, or the secretion of milk. The incautious healing of old ulcers, skin eruptions, setons, or issues, or even the stoppage of a common cold, may also produce the same effect. Sometimes it appears to prevail epidemically, and in some sections of the country almost every female has it. This is mostly in damp, low situations. I know some females who always have leucorrhœa in the spring and fall, and others who have it all the winter. I knew one in whom it took place suddenly, from fright, at seeing a child fall out of a window; and another in whom it occurred after three nights watching with a sick friend. Very often I have seen it follow the stoppage of the menses, though only for a single term, and also from a long-continued constipation of the bowels. In short, everything that deranges, weakens, and diseases other parts of the system, will thus disease the womb, whose mysterious and extensive sympathies connect it with every other organ in the body.

In cases of leucorrhœa it must be first ascertained if there be any exciting cause that produces it, and if so, that must be first removed. Very often the disease depends merely on some other derangement, or on the presence of some irritating foreign body, the removal of which is all that is required. Most usually, however, it is regularly established, so that the inflamed, or debilitated state of the mucous membrane exists independent of these external causes, and may be either acute or chronic.

Acute leucorrhœa is always attended with more or less of inflammation, and sometimes with slight fever. The discharge, though small and thin, at first, becomes in a short time quite profuse, and highly colored. I have known it in some soak through a dozen napkins in a day. Generally there is pruritus, and similar pains to those felt in metritis, with difficulty in urinating, and burning heat. Certain feelings are also apt to acquire undue strength, from the irritation, and hysterical symptoms supervene, with general restlessness and irritability.

This form of leucorrhœa sometimes disappears and returns again, at regular intervals; between the monthly periods for instance. It may, however, continue an indefinite time unchanged, or it may become chronic. It is usually this form that occurs at particular seasons, from violence, strong mental emotion, and sudden cold.

Chronic Leucorrhœa.—This does not always follow the acute form, but may

arise from independent causes, most frequently from mere debility. Women of a lymphatic temperament are most subject to it, or those most exposed, or those who have been weakened by frequent child-bearing, and *other causes!* It also frequently accompanies deranged menstruation.

As a general rule there is no great pain felt in chronic leucorrhœa, nor is there any irritation, but it is nearly always accompanied by distressing weakness and languor. When of long standing, however, the symptoms may become more serious, particularly if the discharge be copious and thick. The female will then complain of a weight, with pain in the back, and in the lower part of the abdomen. The appetite will often become capricious, with sickness at the stomach, palpitation at the heart, headache, giddiness, pain in the breast, and coldness in the feet. The skin feels chilly, and the head hot; the eyes ache and feel too heavy to keep open. The hysterical symptoms become more decided, and sometimes we see the patient cast down with melancholy, while at other times she will have fits of laughing, crying, intense passion, and other uncontrollable emotions.

The external indications of this state of disease are very marked. The face is pale, the eyes dark underneath, the eyelids swollen and heavy, every motion seems a labor, and the general air of sadness indicates the misery with which the poor sufferer contends.

Eventually, if the disease be not checked, the general health suffers still more. The continual discharge causes such weakness that the patient cannot stand, or walk. The skin becomes sallow, the breath foul, the flesh soft and loose, and the limbs swollen as if with dropsy. The stomach becomes acid and full of wind, the bowels tormented with colic pains, but obstinately costive, and the urine becomes small in quantity, high colored, and very thick. Finally, the debility both of body and mind is so great, and the distress so overwhelming that the patient sinks in despair, and often prays for death to relieve her misery.

In numerous cases, however, it will continue for years in a comparatively mild form, without ever attaining this extreme stage, though there is always danger of its doing so.

Treatment of Leucorrhœa.—It must be carefully borne in mind that the too sudden stoppage of a long established or very profuse leucorrhœa may cause great mischief, particularly if it be accomplished by a mere local application. The mere drying up of the discharge is not a cure, of itself, unless accompanied by an improvement in the general health.

In the acute form the first thing to attend to is the *diet*, the regulation of which alone will often effect a great improvement. Everything heating or stimulating in the food must be carefully avoided, and the drinks must be mucilaginous and diluent, like those prescribed for chronic metritis. Injections and enemata must be used also, of the same kind as those recommended in metritis, and the bowels must be kept free. A strong *decoction of poppy-heads with a half ounce of borax to the quart*, is an excellent injection for this complaint; so also is the oak bark, mentioned when treating on falling of the womb. They should be used tepid, and four or five times a day.

Internal medication may be of use, if it can in any way improve the health, or decrease the morbid action. Purgatives have this effect to a certain extent, by exciting the mucous membrane of the intestines, and so relieving that of the vagina or womb. Many cures have been thus effected by purgatives alone, particularly with rhubarb, which is also a good tonic. Even continued sickness and vomiting will

sometimes produce the same effect, and hence some physicians have cured their patients by repeated doses of ipecac.

External irritants, as blisters or liniments for instance, to the abdomen, loins and thighs, or mustard poultices, are of great service. Setons, or issues may also be used, and leeches, or cups, with repeated frictions all over the body, to produce proper action in the skin.

All these means, however, are intended for the first period, that is, while inflammation exists, but when that has subsided the course must be varied. The diet may then be more generous, and tonics may be given, such as the aromatic tincture of iron, bitter teas, or even a little good port wine and Peruvian bark. The injections may also be made a little stronger, so as to be more astringent, and some fresh ones may be used, as *alum*, or *sugar of lead*, water, or a solution of sulphate of zinc, or two parts of port wine to one of water. The patient must keep still; in fact, she must have *perfect rest*, and must be warmly clothed. If it be the proper season, sea bathing will be of great service at this stage, or, in the absence of that, a shower bath every morning, with good rubbing after. Thick shoes must be worn, and plenty of exercise taken in the open air.

The application of *galvanism*, by means of a large metallic bougie, will often complete a cure sooner than anything else. It seems to impart tone to the membrane, and effects a change, both in the character and the quantity of the discharge, in a very short time. I have used it in a great number of cases, and can safely recommend it, as a means likely to be successful when everything else fails. One of the most remarkable cures of this disease perhaps ever performed, I had the gratification of effecting by means of galvanism. The patient had suffered for thirteen years, and was in the worst possible condition; so weak she could scarcely walk, and so dejected that it was difficult to rouse her to the slightest effort. I began by prescribing a generous diet, there being no inflammation, and the frequent use of slightly astringent injections, like those referred to. The body was well rubbed after a shower bath, every morning, and a preparation of *rhubarb and iron* was given internally. This checked the discharge, and improved the general health considerably, in about three weeks. I then began the application of the galvanism, every day, and continued it for three weeks more, at the end of which time the discharge was *completely stopped*, and the general health so far restored that the patient declared herself *quite well*. She recovered her flesh, the sallowness left her skin, the limbs became strong, and cheerfulness took the place of the melancholy that had formerly overwhelmed her. The change was indeed miraculous, her friends scarcely knew her, nor could she help fearing, to use her own expression, that it was *too good to be true!* I have heard from her repeatedly since, however, and she still retains her health.

Great imposition is practiced in the advising of specific internal remedies for this disease. I have known many celebrated practitioners even completely drench their patients with drugs, under the delusive promise that they would stop the leucorrhœa. Excepting in the way already pointed out, there are but few of them that have even the slightest effect in that way. The only medicines that seem really to act on the mucous membrane of the vagina in this disease are turpentine, some of the balsams, copaiva, cubebs, and tolu, for instance. One scruple of sulphate of iron, and two scruples of aloes, with as much Venice turpentine as will mix them together, is an excellent preparation; it should be made into twenty pills, and one should be taken three

times a day. The common *copaiva capsules* are also often good; two of them may be taken three times a day.

In France and England they also employ copaiva in the form of injection, or enema, or in what is termed a bougie, or suppository, which is formed by mixing up the balsam with wax, or fat, and a little opium, till it is like dough. It is then moulded into the form of a bougie and introduced into the passage, where it may be worn for half an hour, morning and evening.

In the chronic form of leucorrhœa there are no inflammatory symptoms to combat, the disease is become constitutional, and cannot be treated successfully by local medication alone. The injections and baths may be used as already directed, and also medicines, but more attention must be paid to that course of treatment called *tonic and alterative*. The strong bitters, such as cinchona, gentian and absynthium, are excellent tonics, and may be taken alternately with the different preparations of iron, such as the muriate,—the aromatic tincture,—or the compound mixture,—and particularly the *syrup of iodine of iron*, ten drops of which may be taken three times a day. The turpentine and iron pills, previously advised, may also benefit, or the copaiva capsules and suppositories.

It will be a great error, however, and will lead to much disappointment, if too much dependence be placed on any kind of medication, external or internal. It is nothing more than an *assistant* agent at best. The chief good must result from that change in the air, diet, habits, and general regimen, which effects a modification, or alteration, in the action of the system. There are many medicines that are capable of driving back the disease, or rather preventing it from showing itself for a time, but this is not *curing it*. The tendency still remains, and on suspending the medicine the disease again appears. *Galvanism* may be used, with more prospect of good than from any medicine, if conjoined with the plan of treatment laid down.

Leucorrhœa is, however, in most cases, so complicated with other affections, either as cause or effect, that we can scarcely approach to any general plan of treatment. The kind of medicine, and the quantity of it; the particular diet and regimen; and the mode of applying the galvanism, must all be varied in almost every case. By pursuing a certain course with one patient, merely because it was successful with another, we may make matters *worse*, instead of effecting another cure. There are few diseases, in fact, so difficult to treat as this, or that so frequently defy all treatment. A very old practitioner once remarked to me, that he would *rather undertake to cure cancer, or consumption, than leucorrhœa*; and he certainly had good reason for making the remark. At the present time, however, a little more success may be reasonably expected, because the causes that produce it are better understood.

It should always be borne carefully in mind, that a mere discharge from the vagina does not constitute a leucorrhœa, nor always indicate one. The discharge may arise from other diseases, particularly from an ulcer, abscess, or cancer in the *womb*. This must, of course, be ascertained if possible. It is not always easy to do so, however, and hence arises a great deal of uncertainty. *The character of the discharge itself* is the only sure indication of the place it comes from; that poured out by the vagina having *different chemical properties* from that which escapes from the womb! the pus from an abscess, and the discharge from an ulcer, are also very different, in many respects, from the secretion of a diseased mucous surface.

It is, perhaps, advisable to remark here, that the leucorrhœal matter is sometimes

infectious, and, in married persons, may produce effects on the husband usually thought to arise from *other diseases* only! Ignorance of this fact I have often known to produce unpleasant domestic consequences, and great distress of mind.

POLYPUS OF THE WOMB.

This disease consists in the growth of a foreign body in the womb, called a *polypus* or *tumor*. It is a somewhat prevalent affection, and a very serious one too. Our notice of it, however, will be brief, on account of the obscurity that hangs over the whole subject.

Uterine polypi are found to vary in size from a small nut to a man's head, and in weight from half an ounce, or less, up to twenty or thirty pounds. Their color is sometimes whitish, at others red, and at others again it is brown, or even black. Sometimes they are quite soft, or spongy, and at others hard, like gristle. Generally they are solid, but sometimes we find them hollow.

The symptoms attending a polypus are almost all those of every other disease, so that there is scarcely a single affection of the womb but it has been mistaken for. It is particularly liable to be confounded with the different uterine displacements, as already stated, and with inflammation of the womb, dropsy, or pregnancy.

The dangers from polypi are numerous. In the non-pregnant state they give rise to profuse floodings and other discharges, which often reduce the system to a state of complete prostration, besides deranging the functions of nearly all the other organs. The probability is also that they will terminate in gangrene or cancer. In the pregnant state, in addition to all these evils, they are apt to produce abortion, or to seriously impede the progress of delivery. In short, there are few diseases of the womb more serious, and in every case where there is the slightest ground for suspicion, the most careful scrutiny should be instituted, in order to ascertain whether it exists or not.

This is also particularly desirable when it is borne in mind that the fallen, or inverted womb, is often mistaken for a tumor, to the great peril of the patient.

The causes that produce these tumors are but little known. Probably all those that lead to inflammation of the womb might be enumerated, including a peculiar lymphatic temperament, or scrofulous taint. There is good reason to believe, also, that those condemned to sedentary occupations, like our unfortunate dressmakers and others, are more liable to them. They also appear to be more prevalent at certain periods of life—between thirty and forty-five years of age for instance. In very old, or very young persons, they are seldom met with, though occasional cases have been observed at sixty years, and others at fifteen, or even younger.

It is supposed that, in every case, there is some immediate cause which first starts the unnatural growth, such as a bruise, or an injury at child-birth, either from the hand, or instrument, or from tearing away the placenta. Injuries occurring at marriage may also lead to the same result, and so may the wearing of a pessary, or certain excesses. The mode in which these causes act has been compared to that of the puncture of an oak tree, by the insect called the *Cynips Gallæ*. Immediately after this little fly has punctured the bark, and deposited its egg, a swelling begins, which gradually increases, like the tumor in the womb, and eventually forms what is called a *gall-nut*.

The situation of the tumor may be either at the neck of the womb, so as to protrude

into the vagina, or it may be completely inclosed in the uterine cavity, and is then very difficult to discover. Sometimes it will form in the vagina instead. The hollow polypi spoken of have been mistaken for the womb itself, and many practitioners, on cutting one out, have been needlessly alarmed from the supposition that they had removed that organ. The most serious mistake, however, is that of taking the womb for a tumor, and operating upon it as such, which has been done more than once.

The length of time a tumor may be in growing, or before it compromises the health of the subject, is very uncertain. It may remain quite small for many years, or may never increase, and sometimes, though very rarely, it will disappear. At other times its growth will be alarmingly rapid, and a fatal result may occur immediately after its discovery. There is never security while one remains, no matter how indolent it may appear, as a slight cause may make it immediately active. I recollect a case of a lady who suffered many years, and eventually died from a disease which none of her physicians could make out. She was wasted by a continual discharge, sometimes bloody, and sometimes like pus from an abscess. Severe pains darted through the abdomen, loins, and groins. The womb was excessively tender and swollen, and the limbs so weak that she could scarcely stand. The whole system seemed to sympathize, and became completely prostrated; the slightest motion of the intestines, or bladder, caused an increase of suffering, amounting sometimes to complete agony. At last all action seemed to cease as if from a blow—she fainted while attempting to urinate, and never recovered. On examination after death, an enormous tumor, or polypus, was found inside the womb, which had begun to gangrene, and which caused such pressure on the intestines and bladder that the wonder was how they had performed their functions so long. The weight of this tumor was about nine pounds, and its size that of a large cocoon. From her own account it had been nearly seven years in growing, and came first from the use of instruments in a difficult labor. Like most other polypi it was connected with the womb by a small pedicel, or neck, not larger than the little finger.

Females have married, conceived, and been safely delivered, with a polypus in the womb; but no one should ever expect to do so, the probability being very much against such a happy result.

Treatment of Polypus Uteri.—This is of two kinds, medical and surgical. The medical treatment consists in supporting the strength of the patient—in checking the discharge by means of rest and injections—and in trying to bring about the absorption of the tumor, which is sometimes effected by a proper attention to diet, conjoined with the administration of *iodine*. It is necessary to say, however, that there have been but *very few* cases where this plan has succeeded, and it can never be depended upon. Sometimes, but still more rarely, the tumor is expelled by the natural efforts of the womb, precisely as the child is in labor. Medical men have often been deceived in such cases, and have not found out their error till the woman, whom they thought pregnant, has brought forth a tumor, instead of a foetus. I knew one case where a lady was relieved of one that had troubled her many years, through slipping on the stairs. She felt something escape, and on looking found the tumor, about as large as an egg, on the floor. It had been connected with the womb only by a small stem, or pedicel, not thicker than a quill, which was broken. The smallness of this neck had probably prevented its growing so fast, and allowed it to escape by readily breaking with the shock.

Galvanism has been tried, and I can say, *from experience*, with *success*. In some cases it will cause an absorption of the tumor, and in others it will bring on uterine contractions and so lead to its expulsion. It is true we can seldom tell beforehand whether the tumor is one of that kind likely to be benefited by this agent, but still it should *always be used* before resorting to any operation, because it can do no harm, and has, undoubtedly, often succeeded.

The surgical treatment of polypus consists of five different operations, each of which is resorted to according to circumstances, or the predilections of the operator. First, *cauterization*, or burning it off, either by hot irons or by caustic substances, a plan that can seldom be adopted at all, and is not likely to be very successful when it can. It is scarcely ever resorted to now. Secondly, *avulsion*, or *torsion*, or the *twisting* and tearing it off by means of instruments. This plan is very generally adopted, particularly with certain kinds. The small neck which these tumors often have makes such a process comparatively easy, and the twisting of the vessels prevents any great loss of blood. The pain is seldom very great. Thirdly, the *crushing* process, which is also very often used. It consists in crushing, or breaking the tumor, either with the fingers or with proper instruments. This seldom produces much pain, as the tumor is not usually endowed with much vitality. Fourthly, the *ligature*. This consists in tying a ligature, or cord, round the neck of the polypus, and tightening it each day, till the neck is eaten through. This has sometimes succeeded, though it has often to be abandoned on account of the inflammation it gives rise to. In many cases, also, it is not possible to affix the cord round the neck, though there are many ingenious instruments contrived for the purpose. This mode, when available, has some advantages; there is no cutting to alarm the patient and no bleeding, the tumor being gradually severed from the womb by the destruction of its connecting link. Besides the danger of inflammation, however, already referred to, it is annoying to the patient to have it examined, and the cord tightened every day. Fifthly, *excision*, or cutting it away with the knife. This mode of operating, though apparently the most serious, is in reality, in most cases, the most simple and the least dangerous. The neck, it must be recollected, is generally small, so that no great hemorrhage occurs, which is the chief thing to be dreaded, and inflammation is not nearly so likely to arise as from any of the other modes. Excision is, therefore, generally practiced when circumstances will allow. I recollect one case where the tumor was so large that when the neck was cut through it could not be passed through the vagina till it was cut into four pieces.

After the operation, by either method, care must be taken to heal the wounded surface, and to keep down all inflammation.

When the tumor is located in the vagina, or on the external parts, as it sometimes is, the removal is, of course, more easily effected. Great care must be taken, however, that the supposed tumor is not the prolapsed bladder, intestine, or womb.

HYDROMETRA, OR DROPSY OF THE WOMB.

This disease is very rare, and I refer to it chiefly because it is likely to be confounded, when it does occur, with polypus or tumor.

Hydrometra consists in the accumulation of a fluid substance either in the walls of the womb or in its cavity, constituting a real dropsy. So few cases have been seen that the causes of it cannot well be traced. Most likely it is produced chiefly by deranged menstruation, or by any of the causes of ordinary inflammation.

Instances are on record where the womb has been distended, by water within it, till as large as at the full period of pregnancy. Indeed, one surgeon records a case where *eighty-five pounds* of fluid was evacuated from the womb, and another informs us that he found the organ, after death, large enough to contain a child *ten years of age!*

The symptoms are similar to those of polypus, with the addition of fluctuation, or motion, like that of ordinary dropsy.

This is more a disease of the married than of the single state, and is not nearly so dangerous as many others we have treated upon.

The treatment varies with the urgency of the case. Sometimes a little emmenagogue, or forcing medicine will expel the fluid, and a course of tonic medication afterward will prevent its return. It may be necessary, in some cases, to open the mouth of the womb and remove any obstructions, or puncture any membrane that may prevent the escape of the fluid. Cases have been known even where the womb was opened externally, the same as when we *tap* for ordinary dropsy of the abdomen. In one instance, *fifty-three pounds* of bloody fluid escaped, and though the patient was fifty years of age she perfectly recovered.

Care must be taken here that *pregnancy* be not mistaken for a uterine dropsy, an error not impossible to be fallen into.

One form of hydrometra occurs during pregnancy, and consists simply in a greater accumulation than usual of the amniotic liquor. It is seldom dangerous, but by concealing the motions of the child, it may make the pregnancy obscure.

In concluding our remarks on hydrometra, it is perhaps advisable to say a few words on another disease, supposed by some to exist, called *physometra*, or wind in the womb! Many curious accounts are given by old authors of this affection, but they are generally looked upon as fabulous. Thus, one tells us of a woman who had been long sick, with symptoms similar to those of hydrometra, from whose womb there escaped a kind of bag or bladder, full of wind or gas, *which bounded on the floor!* Many other accounts equally curious and equally incredible might be given, but it is sufficient to say that the structure and conditions of the parts make any such aeriform collections improbable. Immediately after childbirth, it is true, owing to the alternate expansion and contraction of the womb, air may be sucked up and expelled again, and gas may be generated from the decay of a portion of the placenta if it be too long retained; but these accidental accumulations are not the result of disease.

I have known some females much alarmed by the escape of air from the vagina from its being so unusual, but it is in reality a very simple affair, and of no consequence whatever. This subject, in fact, has only been alluded to from our desire to leave nothing unexplained, and to quiet unfounded apprehension.

HYDATIDS OF THE WOMB.

This is a name given to a peculiar kind of growth occasionally formed in the womb, the nature of which is not very well understood.

Some hydatids are merely cells or bladders growing together like a bunch of grapes, and filled with a white or yellowish colored fluid. Others are longer, somewhat like a bean, each one distinct by itself, and furnished with a kind of claw by which it is attached. Others, again, are egg-shaped, and occasionally they are of no particular form.