Lectures ON DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

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LECTURE I.—ENDOMETRITIS. (*Continued.*)

LET me now turn to the subject of endometritis. And here, in the onset, I would make two general remarks.

First: the affection eminently resembles inflammation of other mucous membranes. These tissues—mucous membranes—more than any other membranes, appear to have the faculty, when diseased, of secreting morbid products of a very acrid character.

"Nothing is more common," says Dr. Tyler Smith, "than for discharges from the eyes, ears, nares, and mouth, to excite irritation of the skin at the margin of the several orifices from which these discharges proceed; and it cannot be too strongly insisted upon, that the covering of the os uteri is identical with the skin; and that, in this situation, there is the peculiar disadvantage of the constant tendency to the accumulation of the discharges coming down from the cervix uteri." (P. 80.1.)

Secondly: whether we speak of endometritis of the cavity of the uterus or of the cervix, there is much similarity in some of the changes of secretion and symptoms. We may therefore speak generically of the disease as consisting of four varieties, or, indeed, stages; because, although not invariably, yet frequently, they are observed to follow in the order of sequence here given, each stage being chiefly characterised by a change in the quality of the secretions.

The first may be called the *mucous* variety, or ordinary *uterine catarrh*. Here the discharge is purely *mucous*. In the cervix, it resembles exactly the white of egg, though it is rather more opaque in the uterine cavity.

The second is the *muco-purulent* variety, the discharge being intermixed with pus, and opaque. Indeed, I have occasionally seen it like milk. I am aware this discharge is most commonly found at the upper part of the vagina, as the result of simple vaginitis, and entirely distinct from uterine secretion. But a similar discharge is occasionally found to come from the uterine canal itself.

The *sanguineo-purulent* stage is one in which the discharge is tinged with blood, and highly tenacious, and which, after a time, usually passes into the fourth stage or *menorrhagia*, where the discharge consists almost entirely of blood. You will see I have put a note of interrogation after the latter in the agenda table. I have done it on purpose; as I believe that, in this variety, the mucous membrane of the uterine cavity is almost always synchronously affected, and assists in the production of the menorrhagia, except in cases of mucous polypi or ulceration of the mucous membrane of the cervical canal, in which

case the menorrhagia is often exclusively due to cervical disease.

Of these four stages I shall have to speak *seriatim*. The symptoms vary, or are modified somewhat by the situation of the endometritis, according as the disease affects the cavity of the cervix, or that of the fundus; and therefore would be better separated. Practically speaking, however, as there is also great resemblance in the symptoms, I had better begin with a general description most applicable to cervical disease, and then point out the special differences as I proceed.

CERVICAL ENDOMETRITIS.

The best idea I can give you of endometritis is by instancing a bad case of coryza. You have first a dry mucous lining, followed by an increased secretion; pain, and heat. The mucous membrane is very red, and painful on touch. Soon the nose begins to swell and become red. The discharge is so acrid that it excoriates the upper lip; and in delicate skins, as in strumous children, you may have actual ulceration. In the course of the disease, you have pain extending to the top of the head, across the forehead and eyes; fever, etc.

So it is with endometritis. The patient is exposed to a sudden chill or cold; gets her feet wet, it may be, during a menstrual epoch, or soon after a miscarriage from a labour. A temporary dryness of the lining membrane is succeeded by an increased secretion of mucus. There is a heavy dull pain or uneasy sensation and fullness about the lower part of the back and pelvic organs. There is more or less anorexia. The disease lasts two or three days, and then ceases. Sometimes, however, it goes on to the second stage. The discharge becomes excoriating. The pain is more acute at the lower, and extends to the upper part of the sacrum, radiates to the ovaries, and is sometimes reflected to the lower abdominal regions. The anorexia is more marked. This may go on for three or four days more, when the symptoms gradually subside. More frequently, however, it goes on to the third stage. This is characterised by a bloody purulent discharge, aptly described by authors as not unlike that of pneumonia, but less tenacious, and free from froth. In this stage, all the former symptoms are aggravated. The patients have no longer what they usually term the whites, but will tell you that their linen is stained by a red or yellow discharge, which is often unusually odiferent.

In the former two instances, if an examination be made, there is not much pain on the touch; and the sound, if well oiled and carefully introduced, is seldom much complained of. The lips of the os may be largish and tumefied; the os covered with enlarged follicles, and redder than usual; but this is all. In the third stage, however, except in cases long subject to a chronic metritis previously, upon which an acute attack has supervened, the os is patent.

This patent os is a remarkable symptom, yet only indicative of a similar dilatation of the uterine cavities. Be it cervical or fundal endometritis, in both the dilatation is sometimes so great as to admit of free movement of the sound from side to side. In the case of the uterine cavity being affected, it may be moved sometimes completely round. This patent os has been much dwelt upon, and is by many considered as

pathognomonic of inflammatory disease. No doubt it is, if accompanied with the sanguinolent discharge, and if there be no tumour or polypus within the uterus; but in cases in which there is hypertrophy of the cervix, or where a state of chronic metritis has long persisted, I am satisfied an opposite state—one of constriction of the os—is not uncommon.

The catamenial flow in this disease varies, both as to frequency and quality. Sometimes it is copious, even intermixed with clots. This is always the case in the fourth stage, at which period the menorrhagia is always much increased; but in the other stages it varies greatly, being as often scanty as plentiful, often very painful and difficult, amounting to severe dysmenorrhœa; although, as a rule, I believe it is usually increased in quantity from coexisting uterine congestion. Indeed, in the third stage of the disease, it is seldom that the uterus itself continues long unaffected. In the first and second, the endometritis may be simple and uncomplicated; but, in the sanguineo-purulent variety, the uterus is *almost always synchronously congested*. The symptoms of this last affection are then superadded; viz., pain in the erect position aggravated; also a bearing down sensation, relieved by lying down. Ulceration of the cervix often coexists, induced by the exceedingly excoriating nature of the discharge; and this ulceration, once induced, will persist so long as the discharge continues to flow.

Of these stages of endometritis particularly, the former two seldom come under the notice of the practitioner as local lesions. It is only when it reaches the third stage that, owing to the great sense of discomfort produced, our aid is sought for. But if in the acute stage the affection come not under our cognisance, it is far otherwise in the chronic state. Each of these varieties may, the acute stage once over, pass into a specific chronic disease. Thus we may have the first stage persistent for months: so also the second, and third, and fourth. They may, indeed, in this way persist for years. It is also a remarkable fact that, in the majority of these cases, the disease remains limited to the cavity of the cervix. This is probably due to the peculiar anatomical conformation of the muscular structure around the internal os, which seems, indeed, to amount occasionally to actual stricture; while the patent external os allows free egress externally of all discharges which can thus in no way force open the internal os. But the disease may sometimes be confined to the other and superior part of the uterine cavity; and then we have what I would call

FUNDAL ENDOMETRITIS.

By this term, I would speak of endometritis of the upper uterine cavity, including not only the fundus, but the body of the uterus too, because it is not always easy to distinguish the exact localisation or symptoms. It is true, that it may be equally difficult to state distinctly that the cervix itself, being diseased, does not also contribute to the general array or character of the symptoms; but I think it may be laid down as a rule, *in limine*, that in fundal endometritis the symptoms are more severe and persistent; and the constitution, as a rule, suffers more.

Beside the general symptoms of cervical endometritis, three types of symptoms prevail. First, there

is a strong tendency to *convulsive affections*, especially where the fundus, or that part above the Fallopian tubes, is implicated. Secondly, some of the *symptoms of pregnancy* may be present. Lastly, *menorrhagia* is a common symptom.

The mucous membrane in these cases presents a remarkable appearance. It is more changed than in cervical endometritis; it is intensely red, livid, or slate-coloured, rarely smooth, but often irregular, and covered with papillæ or villi easily shown under water. (Aran, p. 421.) This change is important, as explaining the formation of the polypoid bodies in some cases of menorrhagia, and to which, if time permit, I may again refer. The changes in the epithelium are also very remarkable. Frequently it is entirely absent, if not over the whole surface, at least over a large portion of it; or, if it does exist, it is no longer ciliated and cylindrical, but tessellated. The parietes are generally thinner than usual. (Aran, p. 422-3.)

I have said the general symptoms are similar to those of cervical endometritis. As in the latter, the uterine cavity is larger, so large as to admit of the free motion of the sound within it, either completely round, or from side to side. The reflected pains are higher in the abdomen, being reflected to the blade-bones and epigastrium.

Tympanitis is also generally present—a symptom which is described by Aran as pathognomonic of inflammatory diseases about the body of the organ. When the upper part of the fundus is affected, these convulsive symptoms may occur; hysteria predominates, and may often be at once induced by touching internally with the sound the fundus, which is exquisitely painful. In two cases, it seemed to be the cause of epileptoid symptoms.

As you will foresee, we cannot as clearly make out four stages with characteristic discharges, because, if the cervical canal be also diseased—a not unfrequent complication—the discharges of the cavity are mixed with those of the cervix; and so this means of diagnosis becomes faulty. You may, however, detect that the cavity is chiefly affected, when the sound gives great pain on introduction into the cavity, and not when in the cervical canal; by the tenderness produced on pressure through the abdominal parietes upon the fundus; by the greater amount of general discomfort present, and one or more of the three classes of symptoms before mentioned—very great tendency to convulsive affections, pseudo-pregnancy, or menorrhagia.

Convulsive Variety. To give you an idea of the convulsive variety, I think I cannot do so better than by giving you a case of inflammation of the fundal mucous membrane.

E. B., aged 15, the daughter of a tailor in very poor circumstances, a pleasant-looking girl, and apparently of a very affectionate disposition, became a patient of mine when I was attached to the St. Pancras Royal General Dispensary. She complained of backache, but chiefly of severe abdominal pain, extending to the epigastric and hypochondriac regions, and of more or less sickness. She was very weak, and obliged to keep her bed, and had been so afflicted for several weeks. The catamenia were somewhat scanty. She had been under the care of several practitioners for a supposed abdominal disease, but had received no benefit. As her functions were well performed, and there was no emaciation greater than could be explained by the circumstances in which

she was placed; as her breasts were large and full, and, if I mistake not, exuded occasionally a drop or two of serum, I felt sure the irritation was chiefly uterine. The uterus was accordingly found tender on percussion through the abdominal parietes over the hypogastrium. The examination by the touch revealed the existence of leucorrhœa to a large extent, and the vagina appeared unusually developed for a girl of her age. The uterus was large; the cervix painful on touch; the parts generally hot and painful. The discharge was glutinous, and evolved a strong smegmatous odour. She was freely purged, and given alteratives and refrigerants; in fact, treated generally for weeks, but with little advantage. At her own and her parents' request, I had her removed to the Samaritan Free Hospital; and here, at their desire also, she was again, but more carefully, locally examined. The same symptoms before described were present; but, in addition, the os was found small, the uterus congested. The introduction of the sound, especially as it reached the fundus, was accompanied with great local pain and an exacerbation of the abdominal symptoms before alluded to. The withdrawal of the sound was accompanied with a bloody ichorous discharge. Local depletion by leeches, etc., was now employed. The lining uterine membrane was scarified by the double hysterotome which I now show you. The case, however, progressed but slowly; she was one day better, and one day worse. With a view of diminishing the uterine volume, and of giving a free exit to all discharges (a measure often attended with great benefit in endometritis, as I shall have to tell you by-and-by), a sponge-tent of small size was introduced, and pushed fully up. The result, however, was very different from what we had expected. In the course of a few hours, she became almost maniacal; complained of great pain in the region of the uterus; and soon became apparently unaware of what was doing around her, wishing to get out of bed, and rush out of the wards undressed. There was no sleep for the nurses or neighbouring patients that night, although the sponge-tent was removed the moment these symptoms supervened, and opium was freely given to quiet her. In three or four hours the symptoms changed. She now sat up in bed, moving her head from side to side. The facies became eminently hysterical, with a *risus sardonius* continually upon it; and she appeared unconscious, noticing in no way the remarks made to her. The character of the case was, however, now manifest. Under these circumstances, I put into practice an expedient which I do not believe has been elsewhere described. I call it "counterirritation by concussion of the spine". It consists in forcibly and jerkily striking over the dorsal region of the spine with the open palm. After the third or fourth infliction, recovery to consciousness invariably occurs in a somewhat ridiculous manner, because so suddenly and completely. I do not know if others ever adopt this method, but it is very effective.

In another case in which the uterine cavity was inflamed, and in which, I understand, a sponge-tent was introduced by an eminent practitioner, epileptiform convulsions resulted, and continued for hours, until the tent was removed. The epilepsy in a case of mine appeared to be due to this cause.

The symptoms, then, of endometritis of the superior or fundal part of the uterine cavity are: pain on pressure from the parietes of the abdomen; more or less gastric disturbance; flying colicky pains about the upper part of the abdomen; leucorrhœa, white or coloured, of a peculiarly strong smegmatous odour; with pain at the uterus when this is forcibly pushed backwards by the finger in the vagina, not otherwise, and particularly when the sound is passed within the cavity and touches the fundus, when, in

addition to great local pain, flying abdominal pains as high as the epigastrium, and even sickness and fainting, may be produced. Sometimes there is a tendency to nymphomania; more generally, however, to a development of nervous symptoms; among these, those of hysteria are most developed, but they may pass on to mania, whether active or nymphal. In the case of E. B., I subsequently learnt it was accompanied with onanism.

In these cases also, but especially when the body of the uterus is also affected, tympanitis coming on suddenly, and persisting for hours, and as rapidly subsiding, is a common symptom.

You are doubtless aware that the ancients generally, and indeed many physiologists of the present day, have believed that hysteria is always dependent on uterine disease; and hence, indeed, the name *hysteria*. I might occupy you, doubtless, upon this theme for hours; but I refrain from more than passive mention. It is a question only to be elucidated by morbid anatomy and clinical study. The former is always difficult, as hysteria is fortunately not often fatal; the latter, from motives of delicacy, not always practicable. Suffice it to say that the careful Landouzy, after close investigation, adopted this conclusion. Thus he found that, out of sixty-seven cases in which the morbid appearances were observed, in fifty-five, or 82 per cent., the hysteria was found to coincide with material organic changes in the sexual organs; and in eighteen times, or 27 per cent., the hysteria disappeared the moment the genital affection was cured.

Clinical observation also leads in the same direction in many cases. In ten observations published by Dance (*Archives de Médecine*, vol. xviii), amid the symptoms of metritis present, we find general convulsive movements, trembling of lips, lockjaw, strabismus, cries, inordinate laughter, excessive moral irritability—in fact, a series of symptoms analogous to those of hysteria. Indeed, Pujol believes metritis to be essential to the production of hysteria. (Landouzy, p. 217.) Now I do not stop here to answer arguments against this belief, the strongest of which is, that hysteria sometimes occurs in men and children; nor to dwell on Landouzy's double reply to such cases—1, that out of thirty cases recorded, several of which are very imperfectly given, there are only four which present much analogy to hysteria; and 2, that there may occasionally be similar irritation of the genital analogues of man himself, giving rise to analogous symptoms. I shall be satisfied in stating my belief that in hysteria, and in many convulsive affections, there is often coexisting endometritis, or at least irritation of the lining membrane of the fundus.

To the concurrence of endometritis we can attribute the curious examples of hysteria or chorea which every now and then present themselves, and which ancient authors referred to *hysteritis*. In Dr. Watson's *Practice of Physic*, you will find many such cases described under the heading of chorea.

The perusal of that just recorded seems to show they belonged to this category. These abnormal symptoms are generally found to be accompanied with retention of the menses, and to disappear at once after a copious flow of them, a flow in many cases amounting to a menorrhagia—precisely the means which, by relieving uterine congestion, we should imagine would most readily cure the endometritis.

The above case, however, was one of endometritis of a subacute kind, suddenly becoming acute—it is right to add, perhaps owing to the treatment adopted; but the case is very instructive, and may be taken as a key to many analogous examples of hysteria; and I believe, in like manner, it will explain some cases of epileptoid convulsions, particularly those which are synchronous with menstrual periods.

Ulcerative Variety. The next form of fundal endometritis I have distinguished as the *ulcerative*; i.e., where the inflammation produces actual ulceration of the lining membrane. In this variety, the symptoms assume a totally different character, resembling those of pregnancy; and I should almost say the disease here appears to be more limited to the body and towards the cervix. As in the former variety, I will exemplify the disease by a case.

Under the heading of a specimen of rare form of uterine disease, Dr. F. Ramsbotham describes a case of ulceration of the whole or chief part of the lining membrane of the uterus. In illustrating the disease from the case, Dr. Ramsbotham remarks:

"The parietes of the organ become softened in structure, much as they do in pregnancy, and generally irregularly thinned in substance; while the cavity is considerably dilated, and contains coagula, unhealthy fœtid pus, and portions of shreddy fibrine, which adhere with greater or less tenacity to the internal surface. The disease," he adds, "is interesting in three points of view—1, on account of its rarity; 2, because, in three out of the four cases which have been narrated, it was mistaken for pregnancy; 3, from its fatal tendency. It is unlike the more ordinary cases (although they are also very rare) that have been reported under the term hydrometra; because in them the internal surface of the uterus has undergone no perceptible morbid change, and because the os uteri was obliterated by adhesion; while, in the present class of cases, the os uteri remains pervious, or is only plugged by mucus.

"This patient was also suffering from mollities osium, which went on increasing up to the day of her death, which was immediately caused by pneumonia. Two years prior to this event, she had been seen by Dr. J. Hall Davis. She had then had severe and dangerous flooding; but nothing like a fœtus was discovered. Without dwelling more fully on the particulars of this case, it may be said that, up to October 1845, she had menstruated regularly. This function ceased in April. Pregnancy was now suspected, especially as she had mammary enlargement, with a secretion of milk, morning sickness, abdominal enlargement, and a sensation as though she had quickened. The uterus, felt externally, did not appear enlarged. On making a vaginal examination, the pelvic diameter was found shortened; the mouth of the uterus was patent; and the cavity, measured by the sound, was five inches and a half long. The *post mortem* examination was made some days after death. In addition to the preceding symptoms, the internal membrane was found destroyed at different parts by ulceration; and the cavity contained fœtid pus and broken-down coagula. The ulceration was more evident towards the cervix than at any other part." (*Path. Trans.*, vol. i, p. 131 *et seq.*)

3. *Menorrhagia.* The commonest variety, however, of fundal endometritis is that of *menorrhagia*. The epithelium, as a result of the inflammatory process, appears to be diminished, in places wanting, on the surface. The organ itself, congested and full of blood, may thus be said to sweat blood through an altered or diseased mucous membrane. In the acute stage, this exudation relieves the symptoms, the

blood being then of a bright red, almost *arterial* colour. When the mucous membrane is examined under these circumstances, it is found, as before said, very red and villous. How far this appearance is similar to that figured in the diagram, where the villi of the os project and become apparent from loss of epithelium, or whether it be due to the loosened out capillaries, I cannot speak positively; but I think either or both explanations are probable. It is easy to convince one's self that it is the mucous membrane of the cavity which is affected, and not that of the cervix. You can pass in the sound readily within the cervix, with little result. The moment, however, you enter the cavity, the pain is increased; and as you withdraw the sound, it is followed by a copious flow of blood. More commonly the disease, however, is chronic. The acute symptoms subside; but, kept up by congestion, especially of the liver, a state of inflammatory congestion of the mucous membrane becomes habitual, and so the menorrhagia is maintained. At first, a menstrual period is perhaps prolonged to seven or nine days; sometimes it is more painful. The duration of the interval of cessation is shortened. The menses recur every three weeks, then every two, till a bloody discharge is always present, only much increased and more clotty during what would have been the proper menstrual period.

[To be continued.]

THE GREAT PYTHONESS AT THE ZOOLOGICAL GARDENS. Among advertisements to seekers of amusement, one from the Zoological Society has probably been observed by our readers. It announces that at the society's gardens "the large python may be now seen incubating her eggs." We confess that this advertisement somewhat surprised us; for, having recently read in the treatise on reptiles published in the last edition of the *Encyclopædia Britannica*, that "no reptile is known to hatch its eggs," we were not prepared for an announcement from the Zoological Society so directly in opposition to that of the author of this recent treatise, which is supposed to be a high authority on reptiles. True, herpetology has by no means kept pace with other sciences, many important features still remain obscure; yet, we thought that the question of reptiles hatching their eggs had been as firmly settled as that all ophidians are oviparous. But from the days of Pliny, who tells us that young boas feed on cow's milk, and that they are indebted to this mythical connection with the bovine family for their name, mighty serpents, worse "than fables yet have feigned, or fear conceived," have always been subjects of mystery, and it is not, therefore, any great wonder that opinions should differ respecting the hatching of their eggs. The great egg-laying event occurred four weeks ago. The plethoric condition of the serpent occasioned uneasiness. Some supposed that she had bolted a stray blanket; it was considered whether something might not be done to relieve the great reptile, when she excluded, as well as the keeper can estimate, about 100 eggs. These, enclosed in a white leather-like substance, are about the size of those of a goose, the majority of a dirty-white appearance, connected by a membrane. Among them are two small red eggs, and many are indented, probably by the great pressure of the serpent's body. It is remarkable that this prolific exclusion of eggs, which might be supposed to have exhausted the animal, and consequently excited hunger, has had apparently an opposite effect. At all events, the reptile has not broken fast for 23 hours, her husband having meanwhile indulged in occasional rabbits. (*Athenæum*.)