Lectures ON DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

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

CAUSES.

THE causes of endometritis are, cold, miscarriages or labours, vaginitis, congestion of the uterus, and onanism. The most common cause, however, is abortion or pregnancy recurring too frequently. Aran believes that, out of one hundred uterine affections, at least sixty-two per cent. were traceable to these causes. Hence women who do not suckle their children are more liable to these affections; and this because they are likely to become impregnated the sooner. Scanzoni, quoted by Aran, has reduced this statement to figures. Out of one hundred and ninety-six children born of women affected with uterine flexions, only fifty-six had been suckled by their mothers. Aran also states that, of one hundred women affected with uterine diseases, seventy had not suckled their own children.

The analogous example of coryza, with which I compared this disease at the outset, and the frequency with which it follows upon a chill or exposure, are equally applicable to intrauterine metritis. Frequently, if the courses be suddenly stopped by cold, endometritis follows. After miscarriages or labours, this disease is naturally developed. The very process of repair of the mucous membrane of the uterus necessitates a certain amount of inflammatory action; and any cause which may induce general irritation of the uterine organ will keep it up. Congestion of the organ is thus often a cause, although generally this leads to menorrhagia, and is, in by far the majority of cases, primarily due to hepatic congestion. So also, in general metritis, the inflammation may extend to the mucous membrane. A cause, however, more frequent than is generally supposed, is *vaginitis*. The inflammation travels upwards along the vaginal mucous membrane, and so attacks the lining membrane of the uterus. This vaginitis may be purely idiopathic or gonorrhœal, or it may be the result of onanism. I am sure I have traced this cause in several cases. One of the worst examples of endometritis I ever met with was kept up by irritation daily practised upon the vulva of his wife by an impotent husband; and it was only subdued when I represented to the wife the gross impropriety of the practice—one which, however, I am bound to add, was by no means encouraged by the wife, but to which she submitted, in an innocent belief that such practices were usual in married life. In France, I have heard of cases where, through this baneful habit, practised by means of an ordinary lead pencil introduced within the vagina, the disease was induced, and passed on to peritonitis and death. This I state upon

the authority of a French physician connected with one of the hospitals of Paris, and as having occurred in one of the fashionable schools of that metropolis. You will understand readily how this is effected, by recalling to your minds some of the physiological phenomena during copulation. At the moment when the orgasmic enervation is at its height, the uterus descends in the vagina, and the os opens. In normal action, this is just the process most likely to bring about impregnation; but it is one calculated to lead to serious injury of the lining uterine membrane, if irritation be practised by such an instrument as a pencil.

MARCH AND PROGNOSIS.

Precisely as in ordinary coryza, the disease may be induced; so it may, in like manner, give way after a few days and a copious leucorrhœa, and this without any treatment; and I make no doubt that, in a vast majority of instances, this is the case. I have seen several of this kind where, the genital organs being under observation for other reasons, such a state of things has been noted. But here the variety is simply the first, or the second—in fact, where we have, more properly speaking, a catarrh of the uterus. But, in the majority of cases, after the acute form has prevailed for some days, and attained to the third stage, it assumes the chronic type, and is then very lasting. Occasionally, indeed, in this stage, it is almost incurable. Aran says it is then one of the most incurable uterine diseases; so does Scanzoni. It may be also stated that, in proportion as the disease is confined to the cervix, in proportion is it more curable. The purely fundal variety is perhaps scarcely ever entirely cured. The ulcerative is usually fatal; but, I think, chiefly because it is seldom made out during life, and properly treated. The menorrhagic variety is, if taken in time, the most curable; although it can be readily understood that, if neglected, it will produce, in its chronic state, death from loss of blood. More generally, however, endometritis lays the foundation of, and produces other local diseases, of which I have to speak in my next lecture. According to Aran, by weakening the system, it often tends to tubercular disease of the lungs.

TREATMENT.

The treatment necessarily varies with the *variety* or *stage* of the disease—with its *acute* or *chronic* character. In the acute affection, purgatives, particularly those which relieve congestion of the liver and the hæmorrhoidal vessels, are to be preferred. I usually select, among these, mercury in small doses two or three times a day, and a drachm of the compound jalap powder every morning or every second morning. Even in cases of menorrhagia accompanied with severe flooding, it is astonishing sometimes how readily the disease will yield. Warm douches (not in menorrhagia) and opium, if there be much pain, especially in the first three stages, are very useful adjuvants. In plethoric subjects, or women of full habit, it is injudicious to check the menorrhagia suddenly by astringents or local injection. You always do harm. Directly the hepatic system is relieved, the hæmorrhage will cease. There are usually, indeed, very manifest indications of hepatic obstruction and congestion. The face is sallow; the conjunctivæ are often slightly turgid, yellow; piles

are present; and the veins of the legs and vulvæ are unusually marked, if not varicose. The uterus itself, in many of these cases, is increased in volume, and heavy to the feel. Under this treatment, the disease will usually disappear. In the first three varieties, we may apply leeches with signal advantage.

But, in by far the greater majority of cases, the acute stage passes into the chronic disease. Whether this has arisen from absence of or defect in treatment, is little to the purpose. It is probably due principally to the peculiar function of the uterus, and its periodic vascular engorgement. This point has been insisted upon by various authors, and it is most important to bear in mind. What with the duration of menstruation, and recurrence usually every four weeks, the womb may be said to be at least ten days in a state of congestion, preparative of, present during, and successive to, this function, even in a healthy state. Where the epoch occurs every three weeks, the case is even more difficult of management; and it is a common fact observed, that a shortening of the menstrual intermission is sometimes present in this disease. The case presents a very analogous resemblance to a menstrual or a varicose ulcer. We all know how difficult it is to relieve effectually these cases. The recumbent position, and the application of bandages, because these measures prevent the lodgment and flow of blood in the affected limb, are a common mode of treatment; and now that veins are so easily compressed or cut by Mr. Lee's process, we know how readily a varicose ulcer, although it has lasted for years perhaps, will yield after a few days, and be completely cured. Could we do so in many of these cases of endometritis, I make no doubt a cure would result as readily. Unfortunately, however, this cannot be done. I feel bound to say, at the outset, that there are some cases of endometritis which have baffled all my efforts. They have received temporary relief, but a relapse has been a very common result after several weeks. This is, I believe, the common experience.

The first variety, in its early progress, gives so little uneasiness, that it scarcely requires treatment. Yet women who hear of whites as a specific affection, and perceive that their linen is often soiled thereby, and particularly in those cases where they are desirous of having families, will consult us sometimes for the affection. Occasionally, also, in a neuralgic subject, the pain is very great, and they will seek your advice to be relieved of this symptom. Now, you may rest almost assured that so long as endometritis, even in the first variety, exists (and, *a fortiori*, in the other varieties), sterility is the natural result. But even here, I believe, you will do little good by local remedies, at least those of the ordinary kind. You must trust to general treatment, such as mercurials and tonics. Should the mercurials, however, be carried to salivation? Now, gentlemen, I believe that a course of mercury, so as to touch the gums slightly, is most effective for good. It requires, however, some care in its exhibition, particularly in this affection. It is best to begin it immediately after an epoch, and then to bring the system quickly under its influence; and all the while keep your patient in bed. This last measure is most important. Apart from avoiding in this way all undue exposure, the parts remain at rest. The blood does not gravitate so freely in the uterus. You may expect thus to get rid of the engorge-

ment, and to perpetuate a cure made sometimes before the next menstrual epoch occurs. Further, when this epoch does occur, insist that the recumbent position be still maintained. Once the mouth is touched, proceed to tonics. The preparations of iron are beneficial, but remember they often determine the menstrual secretion. Hence mineral acids, quinine, sulphate of zinc, are to be preferred. A brisk calomel purge occasionally, and especially the bitartrate of potash, given singly or in the compound jalap powder, are the most effective adjuncts to the treatment. Such cases will seldom require more energetic measures.

The second and third varieties can be spoken of together, because they need as near as possible the same treatment. I shall best give you an idea of the treatment I prefer by a reference to a case.

The treatment consists of copious local depletion, followed by astringents. And this is a point upon which I wish to lay great stress. Small bleedings by slight scarifications, leeches few in number and frequently repeated, will do little permanent good. I am strengthened in this view by several examples; and, indeed, if I look to the experience of others, I am still more strengthened in this opinion. For instance, let me relate a case of chronic endometritis, with parenchymatous congestion.

Mrs. S. C., aged 29, single, was admitted under my care March 27th, 1860. She was short, fair, thinish. She had been a needlewoman for the last three years; before that, was abroad. She had not for the last twelve months been living well, and was a bad sleeper. Her mother and several of her brothers had died of phthisis. She had never to say enjoyed good health, being very weak. About twelve months back, this weakness became more marked, with a constant feeling of weight over the pubis, which was relieved by lying down. She had a copious leucorrhœa, discharge yellow, which stained her linen. No pruritus or difficult micturition. Catamenia began at seventeen. At first she was not regular; but now she was so, the catamenia recurring every four weeks. They now lasted only a day, a few clots passing, with great pain, which made her feel very ill both before and after the periods. The discharge was not offensive.

EXAMINATION. There was a slight redness of the cervix, but no ulceration. It was very painful on touch; and the passage of a sound gave her also great pain; and, on its withdrawal, a copious sanguineous ichor followed. The uterus itself was intensely congested. She was ordered alum, and was freely purged. On two occasions the pain became so severe that blisters were applied, with some relief. On April 24th, there was no improvement. The os was congested, and beginning to ulcerate. It was now freely scarified by lancets, and about one wine-glass of blood escaped. This was repeated from time to time, but with little advantage. Potassa fusa was now applied to reduce the os, and, by causing a copious discharge, to relieve the congestion. The eschar came away in about three or four days, but left an ulcerated surface, which proved very difficult of healing. The ulcer was now again freely punctured with the lancet. Copious bleeding took place. About three wineglasses escaped in about three or four minutes, so as rather to annoy me, and to oblige me to apply the sesquichloride of iron, to stop the bleeding. Two days afterwards, the ulcer was completely healed, and the lancet-wounds completely cicatrised. The cure was so rapid that, had I not seen the case myself, I should have been disposed to doubt that on the second day I was examining the same person.

This case, gentlemen, is very instructive. Nobody, on reading it, can doubt that it was the copious local bleeding which caused the cure. General measures had been tried, and had failed. The *potassa fusa* had relieved the endometritis by the drain excited; but it had produced another ulcer, which seemed to be as difficult of cure as the first. This is the experience of many medical men with this agent. My excellent friend Dr. Murphy is so convinced of the exceedingly pernicious character of this caustic in producing an almost incurable ulcer in many cases, that he will use it no more. The reason is obvious. You produce a slough which must be thrown off by an inflammatory action on the uterine side. Hence the uterine vessels become enlarged, and the cervix generally congested; therefore it is that the hæmorrhage produced on using the lancet is large; and I should tell you that I have seen, in two examples, the same result follow merely from a leech-bite; in both of which cases some artery, abnormally superficial and enlarged, was opened by a leech, and in which the bleeding that followed was enormous. Still you see how great was the advantage of the rapid and copious local depletion practised. Let me give you another example.

J. S., aged 24, single, became a patient of mine, June 11th, 1860. She was labouring under endometritis, with ulceration of the cervix. She was short, fat—a needlewoman by occupation. She had had one child ten years ago. She had been a resident of London all her life, and generally well fed and clothed. There appeared to be no female in her family affected with uterine disease. She was generally weak, and suffered a good deal from headaches and rheumatic pains. About five years ago, she began to suffer from leucorrhœa, accompanied with severe backache, and which made her feel very weak. This discharge was white, never bloody nor offensive. She was for some time a patient of the Westminster Dispensary, and of St. Mary's Hospital; in the latter, for some vulvar tumour, which was removed. She complained of a good deal of pain at the back, above, down, and a little higher. This had lately been very agonising, particularly inferiorly. It was not increased by either the recumbent or the erect position, but when she lifted up any great weight. The catamenia began at twelve, and continued regular from that period, and were accompanied with a good deal of pain; indeed, she stated she had never been to say well since they began. They recurred every month, and lasted upon her five days.

EXAMINATION. There was a large ulcer at the cervix, with a muco-purulent discharge from the os, disposed to assume a chocolate colour, not offensive.

This patient was treated at first by lunar caustic, freely applied; besides purgatives and alteratives. No good seemed to result. On July 1st, the parts looking still very angry and congested, I used my lancets, and, in doing so, cut through some superficial artery. I could see it regularly pumping with every beat of the pulse, till the parts began to assume a pale colour. All this while my patient was bleeding profusely, but, to my surprise, did not herself feel faint. When she had lost about three wineglasses, I essayed to stop it with perchloride of iron, but failed. I therefore plugged the vagina through the speculum, and applied cold. This was completely successful. The bleeding did not recur, though the plug was removed next day. But its very copiousness did what my previous treatment could not accomplish. It removed all pain, and the ulcer soon healed. During the next catamenial period, there was some return of pain; but it ceased with the flow, and she left the hospital, as I trust, quite cured.

Now, gentlemen, this wounding of a superficial vessel was an annoying accident; but it was no fault of mine. A leech may, as I have before said, do the same; and in each of the two examples I have seen—in one, a case of congestion of the uterus, in the other, of retroverted womb—the cure was equally rapid and complete. Aran describes a case in which, for metritis, he ordered twelve leeches to be applied to the uterus. It was badly done, and one of the leeches bit upon the vagina. Hence a hæmorrhage followed, which lasted more than twenty-four hours, and which was with difficulty mastered. The debility and anæmia produced were very great; yet, apart from this inconvenience, all pain ceased, and the woman left the hospital quite cured. What is the practical point, therefore, to be deduced? If you wish to cure, bleed freely and rapidly. Frequent and scanty bleeding will not do. But do not be disheartened by mishaps. It is worth a fright to cure a case of five years standing, where others have failed; and I am bound to say I have never seen bad results follow. Nor is it due to the instrument selected. My friend and colleague Dr. Savage uses these lancets which I show you; and they could penetrate further and deeper than my own. A similar accident may occur with these. I believe the cure in these cases is analogous to that which Gräfe adopts in diseases of the eye, where he cuts open the little artery, and keeps it open till such time that he has reduced the congestion. Moreover, Dr. Waller says that, in certain cases of active menorrhagia, where the symptoms present indications of local irritation, as backache and lumbar pain, in the most simple, though not the more common cases, a quantity of florid red blood, apparently arterial, escapes, and we have relief to all the symptoms, local and general.

But we may pause here to inquire upon another practical question that arises out of this one. Should we plug in these cases, if the hæmorrhage be excessive? I think *it is not necessary*. Bear in mind that the wounded vessel, by very reason of the stretching of the speculum, is kept gaping. It at once collapses on its removal, when the bleeding will be restrained. But, if you prefer the safest plan, you may accomplish it in three ways: first, by a pin; secondly, by a *serre fine*; thirdly, by a wire ligature put up by the instrument which I now show you.

First, by a pin. Huguier, in speaking of the uterine arteries after resection of the neck, speaks of the difficulty always experienced in tying them, even after prehension by the hooked forceps. A ligature may, however, be safely applied, if a bent pin be passed from side to side; then, if this be bent upon itself, it will so far sufficiently curtail the hæmorrhage. The pin, by means of a needle-holder, can be readily passed up through a speculum, and then bent by a long forceps similar to the one I have in my hand; whereas the application of a ligature is more difficult.

Secondly, by this same long forceps, a *serre fine* can be applied, and left for twelve or thirteen hours, till all fear of hæmorrhage has ceased. Thirdly. For difficult cases, however, I have devised this instrument, by which a wire suture is passed with the greatest ease from side to side through a speculum; the looped end is now drawn down by this hook; and the two ends of the wire are twisted together by this long double-eyed needle. Assuming

a more difficult case still, by means of a wire and a wooden speculum, the actual cautery might be applied.

We conclude, therefore, that many of these cases will get well by potassa fusa, followed by copious, rapid bleeding. The latter alone, if effective and sudden, will often suffice.

There is another general indication to be kept in view in the general treatment. I have said that the uterus is itself congested, and this state maintains and aggravates the endometritis. Hence by using, at the same time as you bleed locally, some agent which contracts or constricts the uterus, you may keep the uterus small. Such agents are found in ergot, biborate of soda, cinnamon (these three I often give in combination), strychnia, and the *Achillea millefolium*, all of which are excellent adjuvants in the treatment, with which you can combine the other tonic remedies referred to. In the same way, astringent injections, cold douches, etc., keep up and maintain the contraction produced in the uterine volume.

There is yet another method of cure which I must mention for chronic cases—by sponge-tents and injections. The treatment is the same for the fourth variety, or menorrhagia, in the chronic state.

When one of these tents which I show you is pushed up the uterine cavity, after twenty-four hours it dilates the cavity. The next day, you put in another; and so on for two or four days, until the cavity is so dilated as to admit the finger. In this state, it is perfectly safe to inject the uterus; there is a free means of exit; and injurious effects do not result.

I do not deem it necessary to dwell upon this point now, having so lately brought this subject before the Obstetrical Society. Danger from injections is only present when the uterus is injected without having been previously dilated by a sponge-tent. Moreover, in these cases, you may freely inject compound tincture of iodine, tincture of sesquichloride of iron, and similar agents. This is done with the instrument I show you, through a speculum. The same injection in such cases may be used two or three times following. The uterus can be injected generally, since dilatation has been effected consecutively for two or three days; so long, in fact, as the os remains patent, and dilated to the size of a goose-quill. When it becomes smaller, the fear is, that it would come in the category of an undilated uterus. There is another advantage derived from the sponge-tent treatment. The effect of dilatation is, besides, to reduce the volume of an uterus. The hypertrophy or congestion is lessened, and thus a state which keeps up endometritis is removed. In cases of menorrhagia, we derive another advantage. So long as the sponge-tent is *in situ*, all hæmorrhage is checked, as by a plug; and, in chronic cases of long duration, this alone is of great temporary advantage. The patient is enabled to rally. I have seen the greatest good follow such a practice, from this effect alone. Sponge-tents produce, probably, another result which proves beneficial. By reason of the local irritation in the living membrane, a sort of adhesive inflammation is set up, which not only checks the hæmorrhage, but renders it obnoxious even to very irritating injections. I usually throw up about half an ounce of injection. The most effective, I believe, is the tincture of sesquichloride of iron.

Once applied, the hæmorrhage will often cease as by magic, and the cure be complete. After two or three days, a muco-sanguineous discharge occurs, which in a few days changes to the ordinary white-of-egg uterine secretion. When the muriated tincture is used, during the first three days afterwards a black charred-looking mass comes away in flakes. On one occasion, I noticed that the whole mucous membrane, thus charred, came away. Here is the specimen; but the charring has disappeared in the spirit.

Let me stop here to give you one caution. The use of the sponge-tent is quite safe in chronic cases. In acute or subacute cases, it is very dangerous. Not only may you produce symptoms like those of E. B., or epilepsy, but cellular abscess and peritonitis.

When the mucous membrane is softened, I carry the process one step further. It is diseased. It will do no good if allowed to remain; and it is scraped off by means of one of these polypus-gouges which I now show you, and then the injection is thrown up.

A third local mode of cure is by the potassa fusa alone, or the potassa cum calce. This plan of treatment is best spoken of when I speak of ulceration of the cervix specially as a consequence of endometritis.

The question of the permanency of cures effected in chronic cases should be here answered. Now, gentlemen, I should deceive you if I said they were always permanent. Numerous cases will get well, but a relapse will occur on exposure. As with persons liable to constant colds in the head, so will it be with endometritis; and some cases are simply incurable. I will be honest with you. In many of these, the utmost we can do is to remove the *painful* symptoms, and reduce it to the first variety. So far, life in all its functions may be enjoyed. If the system be now strengthened, a relapse may be put off for months, and, in rare cases, for years. Still, in all honesty, it must be stated that, although some cures are permanent, in many cases they are only temporary.

UNITY OF THE HUMAN SPECIES. Mr. Dunn is convinced of the original unity of the human species, and, after adducing the best ethnological evidence attainable, he earnestly appeals to the philologists to help him. Admiral Fitzroy, who speaks with remarkable modesty, reduces mankind to one, or, at least, to three types, and these three varieties he reverently ascribes to the three sons of Noah, with the help of the hypothesis that they may have been the sons of different mothers. On the other hand, Mr. Craufurd, the President of the Ethnological Society, admits of no compromise with orthodoxy, maintaining that the hypothesis of the unity of our race is without foundation. There are, he says, some forty races of men, which, to pack into the five pigeon-holes of Cuvier and Blumenbach, or the seven of Prichard, would produce confusion instead of order. The supposition of a single race peopling all countries by migration he holds to be "monstrous," and contradictory to the fact that some of them to this day do not know how to use or construct a canoe. Migration, he contends, is the achievement of races possessed of resources in food and means of transport. It is to little purpose that Admiral Fitzroy at the commencement of the book dwells on the capacities of rafts, double canoes, and ocean currents. Mr. Craufurd, at its close, is as incredulous as ever, and fights for his forty Adams with unchecked vivacity, kicking a tremendous hole in the "frail canoes," and leaving the ocean currents to deal with it *more oceanico*.