Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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SYMPTOMS REFERABLE TO THE RECTUM; DISTURBANCES IN FUNCTION OF DEFECATION, ETC.

GENTLEMEN,—It is not intended here to enter on a full discussion of the disorders to which the rectum is liable; for such a discussion would take us beyond our prescribed limits. It is necessary, however, to allude briefly to those affections of the rectum most frequently observed in women; some of which are associated with, and others of which are dependent upon, disorders or derangements of the neighbouring organs, and especially of the uterus.

Cases do very frequently present themselves, in which there is evident disorder of the functions of the rectum, found, on careful inquiry, to be due in reality to a primary, but not so evident, disorder of the uterus or its appendages. It will be useful, and it is indeed necessary, in order to avoid mistakes in diagnosis, to indicate, as particularly as the nature of the case admits, those symptoms referable to the rectum, which should lead us to suspect the existence of an affection of the generative organs. When affections of the generative organs are known to be present, and disorder of the functions of the rectum is superadded, the nature of the connection is obvious; and the diagnosis is not obscured, as it is in the class of cases before referred to.

Mr. Baker Brown has directed special attention to the subject now alluded to in his work *On Surgical Diseases of Women*, where will be found two chapters headed respectively *On Diseases of the Rectum Resulting from Certain Conditions of the Uterus*, and *On Certain Diseases of the Rectum Producing or Simulating Uterine Disorder*, containing cases in illustration.

It requires but little reflection to perceive that, between the uterus with its dependencies and the rectum there must exist very important relations, the thing being regarded from a mechanical point of view alone. Enlargements, tumour, etc., of the uterus, it is evident, may seriously impede the due performance of defæcation, the pelvis being a rigid bony canal, and incapable of dilatation. This is only one instance out of many which might be adduced to prove what indeed daily experience renders familiar to the practitioner; the mutual interest, so to speak, which the uterus and generative organs on the one hand, and the rectum on the other, have in the healthy action and condition of the other.

One of the most common of the disorders of the

rectum which come under our notice is that consisting in *difficult defæcation*, or constipation, as it is ordinarily termed. As a rule, the origin of this condition is not local, but is of a more general nature; in other words, the cause is a *functional* one, although that functional disturbance (as in the obstinate constipation often associated with amenorrhœa) may arise from disorder of the generative organs.

The *mechanical* causes of constipation have a more direct interest for us, as coming more within the scope of the present inquiry.

The pressure of the enlarged uterus due to pregnancy often causes constipation, especially during the first third of pregnancy, before the organ rises above the pelvic cavity. In many cases, the constipation is, indeed, a sign of pregnancy; as a rule, enlargement of the uterus is more likely to produce constipation when it is not so considerable as to induce the uterus to leave the pelvis. When pregnancy is added to displacement of the uterus, as in cases of retroversion of the gravid uterus, the disturbance of the functions of the rectum is usually extreme. Mechanical enlargement of the uterus of another but rare kind, that due to *retention of the catamenia*, also produces constipation. *Ovarian tumours, fibroid or cancerous tumours, or polypi of the uterus*, may all give rise to more or less difficulty in defæcation. In the cases hitherto mentioned, the defæcation is difficult, and the difficulty noticed may be, but commonly is not, extreme; and there is, moreover, only *difficulty* present in the majority of cases. The *degree* of difficulty observed is by no means in proportion to the size of the tumour; but depends rather on the extent to which the tumour encroaches on the cavity of the pelvis. Thus, the constipation produced by an ovarian tumour is often relieved by the increase in the size of the tumour, and its consequent rise into the abdominal cavity.

Painful Defæcation. Those tumours or enlargements of organs within the pelvis hitherto referred to, do not (cancer excepted) generally give rise to much pain; they increase slowly, and the organs accommodate themselves to their altered circumstances. But there are cases of constipation of a mechanical origin, in which the difficulty of defæcation is accompanied with pain during the act, and often with pain of a very acute character. *Dislocations of the uterus or ovaries*, attended with enlargement of these organs, frequently give rise to difficult and painful defæcation. *Retroversion or flexion of the gravid uterus* produces these symptoms in a marked degree; in flexion of the unimpregnated uterus, pain and difficulty are pretty constantly present; in short, any kind of dislocation of the organ may be attended by this combination of symptoms. Dr. Rigby believed the *ovary* to be liable to a peculiar displacement, falling into the fossa between the uterus and rectum, and occasioning both pain and difficulty in defæcation; and it is probable that this is occasionally, but not frequently, the case. In cases of *prolapsus* of the uterus, difficulty and pain are observed very frequently; also in prolapsus of the posterior wall of the vagina; and in cases of *inversion* of the uterus. The presence of *effusions of blood around the uterus* (periuterine hæmatocele) causes great pain and difficulty in defæcation. *Cancer* of the uterus is often associated with a degree of pain

during defæcation amounting to absolute torture. In *hypertrophy* or *tumour of the cervix uteri*, there is often great local tenderness, and consequent painful defæcation; less commonly when the body of the organ is enlarged; but very commonly when the uterus is the seat of that affection, to which Gooch gave the name of the "irritable uterus." It is worthy of remark that in most of these cases in which the act of defæcation is rendered difficult and painful by the presence of these affections, there is also pain attendant on locomotion.

Fissure of the rectum is a condition giving rise to extreme pain during defæcation; and constipation is also usually present in such cases, the patient's dread of pain inducing postponement of the evacuation as long as possible. Mr. Baker Brown states that small *polypi of the rectum* frequently coexist with fissure of the rectum, the small bodies in question dipping into the fissure.

Hæmorrhoids are a frequent cause of painful defæcation in both sexes. In women, these troublesome tumours are frequently present, together with disorder of the uterus—engorgement or congestion, or enlargement from any cause, giving rise, mechanically, to pressure upon, and fulness of, the hæmorrhoidal vessels.

In many of those cases in which defæcation is difficult, there is also an unusual frequency of defæcation. It chiefly arises in consequence of the pressure produced by enlargement of some of the pelvic contents. It is to be distinguished from an irritable condition of the rectum itself by the fact that pressure signs of other kinds are also present. There is a form of nervous dysmenorrhœa in which the chief suffering is dependent on continuous straining efforts at defæcation.

Diarrhœa, it is hardly necessary to observe, is due to a great variety of causes. It is frequently, however, dependent on uterine affections. Pregnancy may produce diarrhœa, during the early months, of a very intractable, and occasionally obscure form. (Dr. Tyler Smith.)

Occasionally, the condition of the fæces themselves furnish us with data of a suggestive character in reference to the existence of uterine disease. Thus, in retroflexion of the uterus, the fæces have a banded or flattened appearance, indicative of pressure on the rectum. This flattening is not noticed when pelvic tumours of greater size are present; because the pressure then affects a part of the rectum higher up. Again, when stricture of the rectum is suspected to be present, the shape and condition of the fæces give us important negative or positive information.

Discharges from the rectum of various kinds call for a few remarks. In most of those cases where the amount of pressure exercised by enlarged pelvic organs or tumours is considerable, a *mucous discharge* from the rectum is observed. This discharge is kept up and aggravated by the frequent straining efforts of the patient. Respecting *bloody discharges* from the rectum, they may proceed from pressure, vascularity, and straining on the part of the patient, combined; they may proceed from stricture of the rectum of non-malignant character (rare); or from cancerous disease of this viscus, which is very frequently associated with a like disease of the uterus, when in its advanced stage; or from opening the hæmatic cyst of a periuterine hæmatocoele into the

rectum. Cases are not rare in which, cancerous disease of the uterus being present, the whole intensity of the symptoms is transferred, so to speak, to the rectum, the patient paying little attention to the uterine symptoms; but laying great stress on the sufferings attending defæcation, etc. In these cases, there is, of course, a liability to overlook the primary disorder. The great pain and difficulty in defæcation, the occasional bloody and puriform offensive discharges, these are distinctive features of this condition.

Puriform discharge from the rectum, preceded, it may be, by slight sanguineous discharge, may occur from bursting of an abscess in the neighbourhood into the rectum. Now and then, ovarian cysts are evacuated by spontaneous bursting of the same into the rectum, and then a *serous* or *glairy* discharge from the rectum may continue for some days until the cyst is emptied.

ABNORMAL SENSATIONS REFERABLE TO THE GENERATIVE ORGANS.

Under this head it is proposed to consider, as systematically as the nature of the subject allows, the abnormal sensations of various kinds experienced by the patient, and referred to the generative organs, with the view of laying down some general rules as to the diagnostic value of the data in question. Pruritus of the genital organs, the different kinds and varieties of pain felt by the patient, during, or connected with, menstruation, or occurring at other times, the motions or pseudo-motions felt in the abdomen of the patient, will successively come under notice.

PRURITUS OF THE GENITAL ORGANS.

The terms "pruritus vulvæ", "pruritus of the vagina", etc., have been used to designate a class of symptoms referable to the generative organs as distinctive and characteristic in themselves as they are troublesome and inconvenient to the patient.

Varying exceedingly in form and degree, the essential characteristic of the class of symptoms now to be considered is an itching sensation, impelling the patient to relieve herself by rubbing or scratching the part affected. The sensation is now and then a kind of *formication* only, a creeping, uncomfortable feeling on the surface of the external generative organs. More commonly, however, the sensations complained of are more intense in degree and somewhat different in kind. The irritation is accurately described by the late Dr. Rigby as "like that of urticaria; viz., a sensation of intolerable pricking and tingling, combined with burning heat and intense itching" (p. 247). It is worse at some times than at others; it is not seldom quite intolerable to the patient. Scratching affords hardly a temporary relief, and shortly itself gives rise to further inconveniences. Combined with the itching there is more or less constantly a feeling of heat in the parts affected, quite as distressing as the other sensation.

Even in the worst cases, there are usually remissions, during which the patient is more free from discomfort; and, as a general rule, the patient states that at certain times of the day, or under certain peculiar circumstances, she experiences the sensation much more intensely: the affection is, indeed, more

or less paroxysmal. Warmth particularly is liable to bring on a paroxysm; the heat of the bed is especially unbearable. In a case under my own observation, the patient was obliged to leave her bed almost every quarter of an hour to obtain relief. After eating or drinking, too, the distress is usually greater. The congestion of the genital organs associated with approach of the menstrual period aggravates the affection.

The actual seat of the sensation is open to some variation. In most cases, the irritation is not confined to one spot, but is felt equally over the pudendum, over the labia, and, in fact, all round the vaginal aperture. In some cases, the nymphæ, the surface of the clitoris, and the adjacent surface of the vaginal canal, are the parts more particularly affected. Lastly, there are a certain number of cases in which the sensation has its seat not at the external generative organs, but more internally.

The affection may be observed in women of all ages. It is most frequently observed at the climacteric period, when the menses are about to cease, although it is by no means limited to this period. It is more often observed in women advanced in life than in young women. The unmarried and married are almost equally liable to it.

As regards the duration of the affection, it varies. Women sometimes remain subject to it for several months, or even longer. The pruritus is in many instances so persistent that the patient becomes worn out, exhausted, and prostrated in the extreme, owing to the want of rest, the annoyance, and the pain so long continued. The necessity for applying the fingers to obtain a slight temporary relief by scratching secludes her from society. Altogether, a bad attack of pruritus is about as troublesome and inconvenient an affection as any to which a woman can be subject.

What is the nature, and what are the causes of the affection? The affection varies very much as regards its nature and causes in different cases. It is possible that at the beginning the affection may be in the majority of cases identical; but in practice we find that most cases, when they come under observation, are of a mixed character. By Scanzoni it is considered to be a hyperæsthesia of the sensitive nerves of the vagina, in some cases idiopathic, in others secondary, and in the latter depending on various affections of the ovaries, vagina, uterus, etc.; and the various alterations of the external generative organs witnessed in conjunction with it are considered by this author secondary in their nature. These latter alterations have by many other authorities been considered as something more than secondary. The point at issue it is not easy absolutely to determine; for we do not, as a rule, see the patient until some little time has elapsed, and the external organs of generation have been subjected to much rubbing and irritation, which in themselves are sufficient to produce many of the local changes then and there witnessed.

Leaving, then, this theoretical point, we may state in the next place the chief conditions under which, or associated with which, this pruritus of the genital organs may be observed.

Any circumstances favouring congestion of the generative organs may give rise to it. Thus, in the earlier months of pregnancy it is not rarely observed. Where a sluggish, inactive condition of the abdo-

mental viscera is present, associated with digestive derangements, as in individuals taking but little active exercise and living too well, there exists a liability to the affection: in cases of the latter description, hæmorrhoids are frequently present, and constipation is very generally observed. It is in cases coming under this category that the pruritus is found most often associated with a good deal of hyperæmia of the external generative organs; and in this class of cases, also, the scratching and rubbing most frequently have the effect of producing inflammatory changes of the vulva and parts adjacent. The conditions which have been mentioned are probably for the most part only predisposing causes of the affection.

Radical disorder of the general health, quite independent of disease of the generative organs, has been found to be the cause of pruritus in some cases. Thus Dr. West alludes to an instance, in which a young lady suffered severely from pruritus, which turned out to be due to diabetes.

Chronic diseases of the uterus are considered by high authorities to be frequently connected with pruritus of the genital organs; carcinomatous disease of the uterus is more particularly pointed out as one in which the affection in question is frequently witnessed. Possibly the frequent association of uterine cancer and pruritus is connected with the acrid character of the fluid discharges passing over the vulva. Cases in which it was due to superficial granular erosion of the os uteri are mentioned by Drs. West and Churchill. Alterations in the position of the uterus, as flexions, displacements, etc., are considered by Scanzoni causes of pruritus; so also tumours of the uterus.

An acrid condition of the secretions of the sebaceous glands of the vulva appears to be sometimes the cause of the pruritus. *Ascarides* in the rectum have been known to produce it.

In individuals of uncleanly habits, pruritus of the vulva is sometimes produced by the presence of pediculi.

An aphthous form of inflammation of the vulva was first alluded to by Dr. Dewees as now and then giving rise to pruritus of the vulva; the inner surface of the vulvar commissure being covered with little aphthous patches, and more or less congestion of the parts generally being conjoined. How far this condition is primary or secondary cannot be considered as determined. Then there is a disease of the vulva described by Dr. Oldham as inflammation of the mucous follicles of the vulva—*vulvar folliculitis*—in which troublesome pruritus may be present.

In a case which came under my own notice, very intense and obstinate pruritus was found to be dependent on the presence of warty growths from the under or vaginal surface of the urethra, the whole forming a tumour of the size of a walnut. The removal of these growths was necessary for the cure. The vascular tumour of the urethra, which, as is well known, grows within or at the urethral orifice, gives rise to great disturbance to the function of micturition; less frequently, it is a cause of pruritus.

Lastly, it may be stated generally, that there are few alterations in the mucous surface at or near to the vaginal aperture which may not be associated with pruritus.

Diagnosis of the Affection. In endeavouring to make out the cause of the pruritus in a particular case, it is necessary to take into consideration the bearing of the facts which have now been mentioned on the case before us. If the symptoms be at all urgent, or if they have been noticed for any considerable time, it is pretty nearly certain that some local changes, requiring actual inspection of the vulva and external genitals for their due recognition, will be found to be present; and, whether we consider the latter as the cause or the effect of the pruritus, they will equally require particular treatment. Hence, in chronic cases especially, the necessity for actual examination in order to make a satisfactory diagnosis. If, on external examination, no alteration be detected, recourse must be had to digital or other examination of the uterus and vagina. And care must be taken that the *general* condition of the patient, as well as the *local* changes actually detected, be allowed their due place in the estimation taken of the case, or the treatment which is adopted will either prove palliative only, or will fail entirely in giving the desired relief.

Treatment. The *general* treatment consists in correcting whatever may be found wrong or prejudicial to health in the habits, mode of life, diet, and regimen of the patient. The digestive organs should be duly watched, constipation prevented. The food given must be light and simple. In that form of the affection observed in women past the climacteric age, where there is debility, defective digestion, and appetite without any, or, at all events, any considerable alteration of the skin covering the pudendum, mineral acids combined with bitter infusions are of the greatest service.

The *local* treatment consists in the removal of any condition which may be found to be associated with the pruritus, whether it be the cause or the effect of the same. And this local treatment will be, according to the nature of the case, *palliative* or *curative*. The local treatment will necessarily vary according to the actual condition of the parts discovered on examination. It is generally the case, indeed, that some abnormal condition of the surface of the labia and adjacent parts is present, which, as before remarked, may be primary or secondary as regards the pruritus. In some cases, the local treatment is all that is necessary for the cure. Cleanliness is the first essential. The external genitals must be frequently and thoroughly washed with tepid or quite cold water. The hip-bath may be frequently used, for the application of water is almost always grateful to the patient. If there be much fullness of the blood-vessels of the vulva, *leeches* are sometimes necessary.

Special topical Remedies. Scanzoni speaks most highly of a mixture consisting of chloroform two parts, and almond oil thirty parts, to be applied to the surfaces of the labia and of the ostium vaginæ. This he states often cures on a first application. Dr. West finds goulard water and hydrocyanic acid a very valuable application. When aphthæ are present, borax in solution with a little morphia (borax ζ iv, hydrochlorate of morphia gr. viij, rose-water Oss—West) has been found very efficacious. In treating cases which resist the more ordinary curative means, the following therapeutic measures are selected as most highly recommended. The

late Dr. Rigby found an ointment composed of equal parts of ointment of nitric oxide of mercury and cod-liver oil, very successful when other measures had failed. Alum and powdered sugar, sprinkled over a tampon of cotton, and inserted in the vagina twice a day for a week, is a remedy used by Scanzoni. The latter author states that Scholz's remedy, the *calladium sequinum*, has given satisfactory results in his hands. Cauterisation by means of nitrate of silver has been employed by several, with advantage in some cases. When pediculi are present, Dr. Churchill advises the use of turpentine, or tobacco or calomel in powder.

When, owing to constant scratching and rubbing, the labia, nymphæ, etc., are swollen, inflamed, and painful, it is essential that the patient be made to rest in the horizontal position for a few days; the parts may then be kept wet with the goulard and hydrocyanic acid lotion; and a piece of lint or soft rag, wetted with it, laid between the labia.

The treatment of certain special affections of the external generative organs, with which pruritus may be associated, but of which this is not a constant or the most important symptom, will be considered in another place.

HOMŒOPATHS AND THEIR RIGHTS. The Homœopaths of Massachusetts publish in the *Boston Medical Journal* (which admits them in silence) the most absurd statement of their claims to public consideration, with the following remarkable propositions for adoption by Congress:—"1. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed. 2. Whenever a majority in any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made. 3. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment. 4. As allopathic surgeons are, by their education and position, necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine." (*American Med. Times*.)

GOVERNMENT PATRONAGE OF SCIENCE. The best inducement to the cultivation of science is the love of knowledge, combined with that desire of honourable distinction—"that last infirmity of noble minds"—of which we must not complain, as it has led to such grand results; and experience shows that these are all-sufficient for the purpose. If any worldly advantage ever accrues to those who are thus engaged, that may be regarded as almost an accidental circumstance, which no one could have anticipated in the beginning. I feel bound to say that I cannot join with those who complain that the interest of science has been neglected by the Government. The Fellows of the Royal Society have never wished to forfeit their independence, by claiming, in their capacity as Fellows, any personal benefit for themselves. The connexion of the Royal Society with the Government has been simply that of a mutual interchange of good offices. On the one hand, the Society has always been ready to assist those who are entrusted with the management of public affairs with its opinion and advice; and the occasions on which such assistance has been required have been sufficiently numerous. On the other hand, it has rarely, if ever, happened that any representation made by the Royal Society in the interests of science has not received the attention which it required. (*Sir B. Brodie's Address to Royal Society*.)