DYSMENORRHOEA,

AND ITS

TREATMENT BY DILATATION OF, AND THE APPLICATION OF
CAUSTIC TO, THE UTERINE NECK.

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SINCE the publication of my papers on the above subject in the pages of the *Lancet* for April, 1849, I have received much additional testimony from many professional friends, as well as from personal experience, of the correctness of the pathological statements therein contained, as also of the success attending the treatment recommended in this very painful and most distressing malady—dysmenorrhœa—one which has, hitherto, by the great mass of the profession, been viewed as an evil which could only at their hands receive temporary relief, to return again, with all its attending miseries, at the next periodical occurrence. My attention was at a very early period of my professional life, peculiarly directed to this affection from a case of the most severe character that occurred in the practice of my friend, Mr. Huxtable, of Hackney, and which continued, despite of all the most anxious endeavours of her medical friends, to torment her periodically until her life was jeopardized by her sufferings. The frequent cases I have met with since of this character, receiving none other but palliative treatment, and not having even the radical cure here referred to recommended, if known, induces me still further to lay before the profession some few cases, in the hope that the attention of others may be directed to a line of treatment so beneficial, and so eminently subversive of periodical suffering. It is not my intention to take up time and space by again making any historical reference to part of this treatment, or of entering into pathological minutiae; it is sufficient now to state that dysmenorrhœa we believe may be always found to depend upon either,—

- 1st.—A naturally contracted os, or cervix uteri, especially at its os internum.
- 2nd.—A contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation and ulceration.
- 3rd.—From inflammatory congestion of the substance and lining membrane of the body or neck of the uterus, and sometimes of both, with or without ulceration, giving rise to temporary obstruction of the passage.
- 4th.—Obstruction of the passage from tumours, or other morbid growths.*

Subsequent experience has encouraged me in the belief, that if the subjects of dysmenorrhœa are carefully examined, one or other of these causes will be found to exist, as the producer of this painful disease. It will thus be seen that obstruction in one shape or other, is looked upon as an essential condition; but

this, those who have inquired into the subject only superficially may be inclined to doubt, for on examining the os and uterine passage in some cases where dysmenorrhœa exists, room has been found to pass a bougie of moderate size. A similar case occurred to myself some months since, the bougie passed readily on my first trial, nevertheless there was a condition of the passage which made me determined to examine immediately before the expected period, on doing which I found it to be congested and swollen, so that the same bougie could not be made to pass, nor yet a much smaller one, without occasioning bleeding and much pain. This was a case referrible to the third cause, and which, by local bleeding, and the subsequent application of caustic and bougies, very quickly recovered. But more of this by-and-by, in detail.

Case 1.—Mrs. C———was first seen by me on April 26, 1849, she is of dark complexion, and leucophlegmatic temperament, aged 32, began to menstruate at 16 years of age, was “regular,” with two or three exceptions, up to the age of 28, since which period has been suffering from uterine disorder, and especially from painful menstruation. Within the last few months her general health has failed, so that she was compelled to give up her ordinary occupation. She has been married six years, and during the first two years enjoyed good health; she then became pregnant for the first time, and miscarried at the third month; three months after she again miscarried at about the fifth or sixth week; and, finally, four months afterwards the same again occurred, since which time she has not been pregnant. The first and third miscarriages were attended with a good deal of hæmorrhage, and gave rise to a lengthened period of debility. Prior to and ever since the first miscarriage, she has had more or less pain in the back, and over the hypogastric region, accompanied with leucorrhœal discharge of a glairy character, sometimes of a creamy looking matter, which was occasionally streaked with blood. During the last eighteen months, she suffered from considerable dysmenorrhœa, at some periods worse than at others, and preceded and followed by much “bearing down.”

Present state.—April 26, 1849.—Complains of much debility, so that exercise of any kind is irksome; of various dyspeptic symptoms which have existed several months; appetite is fastidious and trifling; tongue pale and flabby, and indented all round with the teeth; bowels sluggish; pulse small and irritable, averaging about 100. The pains in the back and pubic region still existing, and the past “periods” gone by with so much suffering, as to lay her up for several days; the leucorrhœa is trifling, nor has it been perceptibly coloured for some months. The womb, by examination, is found larger and heavier than usual; the cervix swollen and soft, of a blueish hue, as seen through the speculum, and is in a varicose condition; it presents in two places patches, resembling cicatrices of a recent excoriation. The os is oval, surrounded by a congested ring, its margin is here and there ragged from granulations, which bleed on being touched with the

* Vide *Lancet*, April 14, 1849.

probe; this, on being passed along the uterine passage for an inch, was then arrested, although a very small one was employed. The cervix uteri was freely scarified, and bled freely; rest was enjoined, and a pill of blue pill, compound rhubarb mass and henbane, prescribed night and morning, with a draught of bitter infusion and nitro-muriatic acid, twice in the day. On the fifth day after, the speculum was again employed; the cervix has improved considerably from its congested and varicose condition, and the edges of the os were looking less irritable. The whole of the cervix within reach was pencilled over with the solid caustic, and the caustic and extract of conium, referred to in my last papers on this subject, passed up the "neck" by means of the bougie, which extended up at least an inch and a quarter. The dyspeptic symptoms were somewhat relieved; the pills were ordered to be repeated every night and the draught as before. This plan of local treatment was adopted every fifth or sixth day, until the next monthly period, when she had considerable pain, but only for six or seven hours, which departing, left the discharge free. On this subsiding, the speculum revealed an improved aspect in the cervix, which was much diminished in size, and the whole of the varicose and congested condition gone. The margin of the os was smooth, and the introduction of the probe followed by no bleeding; the passage was far more patent, and there was no difficulty in getting the instrument along to the extent of more than two inches. The internal applications of the caustic was to be continued as before, every five or six days, and she was ordered a mixture of the ammonio-citrate of iron, carbonate of ammonia, and infusion of calumba.

June 26th.—Mrs. C. was convalescent; her general appearance greatly improved; face stouter and of more healthy hue; her spirits better, and can take plenty of exercise without feeling other than usual fatigue. The dyspeptic symptoms have all but disappeared; her appetite is good; the tongue clean, but still somewhat pale; pulse 72. The monthly flow, which occurred on the 18th inst, commenced, and has continued (free and healthy in character,) without any pain or annoyance.

October 25th.—I have this day seen this patient, and the above favourable state of matters continues.

Remarks.—In viewing the history of this case, it will be seen that the uterine derangement was existing prior to the miscarriages referred to, and in all probability may be considered as the exciting cause of them; when, however, the mischief was clearly traced to the uterine passage, pregnancy did not occur, and several cases that I have met with clearly proved that the barrenness of the female did not occur from the dysmenorrhœa, properly so called, but was in consequence of organic disease of the communicating surface; this disease interfered with the peculiar suction power of the uterus, which not unfrequently seems to be considerably diminished, if not restrained altogether, by this affection. Looking upon this case as one of dysmenorrhœa, it must be referred to the third pathological cause. The mischief, it is worthy of remark, gave rise at first to the more common symptoms of ulceration of the

cervix, and it is clear that it was a considerable time before the uterine passage became affected, when it gave rise to the painful periodical symptoms. As I have before stated,* when ulceration attacks the cervix, I have usually found that the ulceration centres towards the os and into the passage, and in its cure heals from the circumference to the centre, which is always well to be remembered, as a case may apparently be cured whilst there is still disease within the passage.

The next case is one which occurred in the practice of Mr. Paulson, of Mansfield, who kindly communicated it to me, and I take this opportunity of thanking him, as well as numerous gentlemen in the provinces, for letters received, detailing successful cases treated by means of caustic and the bougie.

Case 2.—"S. H., aged 23, resides in Mansfield, of rather a delicate irritable constitution, and small in person. Began to menstruate at 16, which continued very irregularly until about 20 years of age. The menses then appeared at intervals of about two months, accompanied by much pain, and very scanty. At this period a most distressing symptom occurred, viz., continued vomiting, so much so that she hardly ever retained a meal on her stomach. She married when 21, and the vomiting, with difficult and irregular menstruation, continued for two years longer. It is important to remark, that she had never become pregnant, and at the menstrual periods she suffered most severe pains in the back and abdomen, with much distension of the latter. She was, during the three years above described, attended by a medical man, who, conceiving the stomach to be the cause of all the mischief, after cuppings, &c., over that region, failed to afford her the slightest relief. On February 18th, 1849, I was called to her; I found the face, lips, hands, &c., presenting evidently the anæmic condition. She was reduced to a mere shadow and state of great nervous debility, by the incessant vomiting, with constant leucorrhœa, in fact she was so weakened that it was quite evident to me, without relief she would rapidly sink. The history of the case instantly led me to suspect the cause of her illness, and having ordered the appropriate medicines, (with only temporary relief,) I took the first opportunity of making an examination *per vaginam*. A few days after I introduced a dilating speculum into the vagina. The cervix uteri presented a vascular appearance, and was so much thickened and puckered, that the os could only be discovered by its depression. There was no ulceration, but a distinct false membrane, very vascular, stretched over the *os uteri*. I passed the end of a catheter through this membrane, and into the *os uteri*, with some difficulty, and attended with slight hæmorrhage. This operation I continued to perform at intervals of a few days, until the parts seemed to me to possess a permanent passage, and were sufficiently dilated. In about six weeks the menses appeared in proper quantity, and without pain. There was no

* Vide Provincial Medical and Surgical Journal.

distension of the abdomen, the vomiting seemed to be arrested magically, and my patient improved in every point of view. Her appetite returned, she retained her food, and was soon able to leave her bed entirely. A more important fact is still to be added. Within a month or so of the catheter having been introduced, she must have, for the first time, conceived, for it is only a few weeks ago that she miscarried,* the foetus being at least, of three months' formation. She now enjoys good health, the tone of the stomach thoroughly restored, catamenia regular, and without the distressing symptoms hitherto attending them."

The above case is highly valuable and instructive, as exhibiting how severely the frame may be affected by apparently a slight local affection, and how effectual the application of local means was in curing disorder, which had for so long a time withstood the employment of probably well-directed general ones. The case is also very important in showing how obstruction produced dysmenorrhœa, and how readily it yielded when this obstruction was overcome. The above case might probably be thought to be simply one of a naturally contracted os and cervix; but, on carefully looking over it, I am disposed to view it as belonging to the same cause as the last recorded, but without any ulceration of the cervix; for Mr. Paulson remarks:—"The cervix uteri presented a vascular appearance, and was so much thickened and puckered that the os could only be discovered by its depression." There was no ulceration visible, yet a little farther on he remarks that "the passage of the catheter occasioned slight hæmorrhage." This I have uniformly found does not take place without the mucous membrane is in a diseased condition, presuming, of course, that proper care is employed in the use of the probe. This disease in the mucous membrane of the uterine passage in all probability came on, I presume, at the age of 20, when it is reported that the menses were scanty, and accompanied with much pain. The vomiting also appeared at the same period. The introduction of the probe acted as a stimulant, changing the perverted action of the mucous membrane, and promoted interstitial absorption, thereby diminishing the size of the cervix and increasing the patency of the passage.

Case 3.—The *third* case is that of a young unmarried lady, aged 21, who has been troubled for nearly three years with disorder of her general health, attended with great debility, emaciation, and indigestion; for the same period she has also suffered greatly from dysmenorrhœa, and has frequently to lay by for a day or two at her periods. She first came under my notice on August 13th, 1849, and was then complaining of an increase of all her symptoms. Her face was pale, and the lips and gums colourless; the hands and feet cold; her weakness extreme, so that to walk a hundred yards was almost the extent of her capability; pulse 124; tongue much chapped and very sore, red round the edges and slightly furred at the back; appetite little, and the food digested with pain and much flatulence. She complains

of slight difficulty of breathing, and has been troubled with a "tickling cough" for some time, so much so as to cause alarm amongst her friends of consumption. The stethoscope reveals, however, no mischief. A nervous bruit exists in several of the larger vessels. All the secretions appear to be performed with regularity. The catamenia, however, are scanty, accompanied with small shreds and occasional clots, and attended with great pain, both previous to and during the first day or two of the flow. The vagina is relaxed, and there is abundant leucorrhœal discharge, which has existed more or less for the past three years. The speculum discloses a cervix somewhat enlarged and indurated, and an irregular-shaped ulceration of about the size of a small almond, which embraces a part of the os, and extends up the uterine passage, bleeding upon the slightest touch. The nitrate of silver was freely applied externally to the cervix, and a probe, smeared with the extract of conium and caustic, introduced about three quarters of an inch up the uterine passage, which was as far as it would permit. One of the following pills was prescribed to be taken three times a day, viz.:—*R.* Quinæ Disulph., Ferri Sulphatis utr., gr. xij; Strychniæ, gr. ss.; Conf. Rosæ, qs. ut ft. massa in pilulas xij, distribuenda.

An injection of alum and tannin to be used twice a day. After the medicines had been taken three weeks, and the local applications employed three times, the catamenia appeared more abundantly, healthier in appearance, and with only about four hours pain in lieu of forty-eight and often more, and which at no moment was so violent.

October 28th.—Up to this time the treatment has been steadily pursued, and I find that the ulceration has entirely healed, and the leucorrhœa all but gone. The probe can be made to pass an inch and a half easily, and unattended with bleeding. The last *period* passed over without much pain, in fact without any, with the exception of a bearing down, which prevented her from standing many minutes together. Her general health is considerably improved, she has walked on several occasions during the past week a mile or two, without fatigue. The indigestion is considerably relieved, her appetite being better, and the tongue has almost lost its chapped and sore condition. Her spirits have much improved, and her cough is gone. The strychnine in smaller doses was continued, and a mixture of the citrate of iron and quinine prescribed. Is to take an occasional aperient of blue pill, henbane, and colocynth. The bougie is to be continued at intervals for seven or eight days.

November 25th.—Her general health is still further improved; the digestive apparatus has regained its usual tone; tongue well; pulse 76, stronger. Her muscular strength is much greater and can take plenty of walking exercise. She is also stouter, and is regaining a little colour in her lips and cheeks. She has lost all pains in the back and hypogastric region, her spirits are higher, and she begins to enjoy society, which for the past nine or ten months has been irksome to her. Upon introducing the speculum the cervix uteri and

* The letter accompanying this case was dated August 25th, 1849.

surrounding mucous membrane was seen discoloured from the commencement of the catamenial discharge, although she was totally unconscious of the fact. The collateral history of her family inducing me to believe that scrofula had tainted her system, I strongly recommended the use of cod-liver oil to my patient for some time, my experience having made me think highly of its value in this scourge.

December 30th.—Another period has passed over without pain. She is better in every respect, and in point of fact is convalescent.

It is singular to notice in the above case how much disease existed in a young unmarried female, wholly beyond those influences supposed generally to determine much of the disease of this character, viz., ulceration of the cervix uteri. The local disease was clearly not so prominent as any one of the *general* symptoms, for neither of the medical practitioners in attendance previously, had had their attention directed towards the womb, as the primary excitor of the disordered health. Still she distinctly stated the fact that some of the leading symptoms of ulceration had existed prior to the period of her general health giving way, but her sense of delicacy foolishly prevented her mentioning them, to wit, a *bearing* down, leucorrhœa sometimes *coloured*, pains in the back, groins, and hypogastric region. The dysmenorrhœa, it will be noticed, gradually ceased on the diseased condition of the mucous lining of the uterine cavity diminishing, and in fine, totally disappeared before I could satisfy my mind that the diseased state was quite cured. The above was one of those cases which are commonly called "dysmenorrhœa with membranous formations." There was nothing peculiar in it beyond any that I have seen where there was no membrane at all thrown off, other than that I observed there might have been an increase of those symptoms usually indicative of uterine congestion, just previous to the monthly period. The nature of these membranous formations has given rise to much discussion, and many and divers opinions as to their true character; additional examination and more extensive experience lead me still to believe that which I have elsewhere expressed, that they are nothing more than a product of the diseased mucous membrane, taking on that peculiar form of action which other mucous membranes are known to do; *e.g.*, those of the urethra, trachea, and intestines, in fine, nothing more nor less than an effusion of organizable lymph. There was one circumstance I noticed in this case, which slipped my memory when mentioning the history of it, viz., that I observed from the first of my attendance a very large size of the clitoris which was also considerably indurated, so much so as to protrude beyond the vulva. As, however, the diseased condition of the uterus subsided, it also became reduced in size, so that latterly it was very little, if at all, larger than ordinary. I have heard of such a state of matters existing in connection with nymphomania. Not a vestige, however, of sexual excitement was apparent in the above case, but it would be worth while remembering, were such a painful disease to present itself, to inquire whether any irritating organic

disease was existing in the uterus itself to account for it.

Case 4.—Miss H., aged 21, of weak and sickly aspect, applied to me for relief. She is a governess, and, being an orphan, is dependent on her own exertions for support. She states that she first began to menstruate at sixteen years of age; it came on very irregularly at first, and scanty, but always attended with extreme pain; in the intervals she has never had any symptoms which lead to the supposition that uterine mischief ever existed. Up to the present period, April 20th, 1850, the dysmenorrhœa has rather increased than diminished; and although she has had the advice of several medical practitioners, palliative treatment has been all that has been recommended—morphia and antimony, warm baths, &c., &c., at the periods; iron, bark, &c., &c., in the intervals, to give vigour and tone to the system. All, however, has been to no purpose, for at this time, April 20th, she is just recovering from one of the attacks, and is weak and feeling ill, wholly incapable of any mental or corporeal exertion. The pains generally come on at least twenty-four hours previous to the appearance of the discharge; she is compelled to keep in bed, has cold shivers, her face and hands change to a blueish hue, and her whole system is prostrated by the violence of the uterine efforts. Usually on the third day the pains subside, and she is left languid and weak for many days subsequently. This state of things seriously interfere with her duties as a governess; and she was induced to apply to me from a knowledge of a similar case having been cured under my care. There was no symptom in her case which led me to infer uterine disease, and I looked upon it, in all probability, as one of a naturally-contracted os and uterine passage, especially as she had been affected with the dysmenorrhœa from the first of her menstrual life. The speculum disclosed this to be a correct view. The vagina and cervix were healthy, but the os it was difficult to find, the only appearance of it being the merest depression; no probe that I could get would enter it in the slightest degree, with all the pressure I dare exert. Under these circumstances a slight incision was made at the point mentioned, by means of a spear-shaped lancet, and I was then able to pass up a very small metallic bougie about half an inch.

On April 26th I again passed up the same bougie, and, after some little trouble, was able to introduce it up somewhat higher, viz.,—to the extent of nearly an inch. This operation was repeated every fourth or fifth day, with an increasing sized bougie, until the 15th of May, when menstruation again came on. It was attended this time with decidedly less pain, still it was considerable, but not so persistent. On May 22nd I passed up a small sponge tent, but it produced so much pain that I was compelled to withdraw it. The bougies were consequently continued every three or four days, and kept in for ten minutes, at a time, sometimes longer. On May 28th I find recorded that the whole of the uterine passage was larger, and that

I could pass a small instrument at least two inches. On June the 10th the catamenia again commenced; the pains were considerably lessened, and only lasted five or six hours. Her health has much improved. Up to August the 30th the bougie has been occasionally employed; two periods have passed over with but trifling inconvenience, and she considers herself well.

The above case is clearly an illustration of the first cause; and the obstruction which existed both in the os and uterine passage, together with the result of treatment specially devoted to the overcoming of that defect, incontestably prove that in this case, at any rate, obstruction was the sole cause of the dysmenorrhœa. There was no disease in the passage, or any disorder of the general health, which could account for it; but on the obstruction being lessened the pains were immediately diminished in severity. This was the first case which ever came under my notice that required the use of any cutting instrument; but it was rendered necessary by the condition of the os uteri, which would not allow any probe which I had to enter it. After the enlargement of the uterine aperture, I was enabled to pass a small bougie half an inch, thereby showing that that was the narrowest part. Professor Simpson, of Edinburgh, informs me that he has long put on one side bougies and tents for the more potent means of incising the cervix uteri. I must confess that, theoretically, I am disposed to view the incision of the uterine passage as an operation of no very trifling importance, for two cases have been reported to me in which the operation had been performed; in one the hæmorrhage was extreme, and very alarming, in the other the incisions got well, and left the passage as impervious as before. To render incision successful, it does appear to me, therefore, that the bougie should be also had recourse to subsequently to the operation for some time, and therefore on the score of the repetition of a delicate manipulation, the one is no better than the other; besides, it would be wise to anticipate a little, and reflect how would this mutilated cervix and os dilate on the approach of labour, should the subject of the operation become pregnant? I have now treated very many cases of dysmenorrhœa successfully by means simply of the bougie, aided by the employment of caustic, and the success I have met with induces me to persevere in a plan that is not open to the objections which incision exhibits. This latter could only be applicable to cases arising from the first and second causes, for where disease exists in the uterine passage, it could only act as a temporary remedy. We must overcome, likewise, this disordered condition of the part at the same time that a permanent passage is maintained, and this, my experience teaches me, is best obtained by the tent or bougie—the latter of which I almost exclusively make use of—the judicious application of caustic, and properly directed *general* treatment.

Case 4.—The following illustration occurred in the practice of Dr. Wardell, late of Acacia Road, Regent's Park, by whom I was requested to see the case, and for the particulars of which I am indebted to him:—

"Mrs. B. applied to me October, 1848, for what she supposed was mainly an affection of the stomach, giving rise to a considerable degree of general debility. Hair auburn; eyes blue; volume of flesh below healthy standard; the countenance looked pale, and somewhat haggard; pulse soft, and easily compressed; skin relaxed, and abdomen tumid. States that she has much flatulency, and her appetite is greatly impaired. During the previous twelve months has complained of the following symptoms:—Catamenia frequent, and sometimes profuse; at times would be unwell twice in the month. She has lost *blood* occasionally per vaginam, and also at stool. Has had a leucorrhœal discharge, which is often tinged with blood; during this time dysmenorrhœa made its appearance, and the pains have gradually increased in severity, especially during the last five or six periods; they prevent her from following her avocation for at least twenty-four to thirty-six hours. She never complained of dysmenorrhœa previous to the last ten months. Ascarides have recently been noticed in the stools. She is highly nervous and excitable, and has much palpitation on any increased exertion. Examination per vaginam showed the parts to be relaxed, and unnaturally lubricated; the uterus was lower down than natural, and a small tumour, of a pedunculated character, could be distinctly felt emerging from the os uteri. On introducing the speculum the tumour was readily seen, of a red colour, and of a fibrous and vascular appearance; it bled upon being but slightly touched, and presented an irregular fissured surface, some oozing of white creamy-looking matter took place from the os on the tumour being held on one side. The tumour was of the size of a large flattened cherry. It was removed by long torsion forceps, when two to three ounces of blood escaped. The hæmorrhage being arrested, caustic was freely applied, and this application repeated on the next two or three visits. Vermifuges were given, which speedily removed the ascarides, and the tincture of iron, in infusion of calumba, regularly taken, with an occasional dose of blue pill and colocynth at bed-time. In a few weeks she felt much stronger, the pulse was firmer, the appetite greatly improved, and the dyspeptic symptoms had disappeared. The hæmorrhage per vaginam ceased, as also the leucorrhœa, under the use of an injection of a weak solution of nitrate of silver. The dysmenorrhœa disappeared on the removal of the tumour." Dr. Wardell, in a letter dated April 4th, 1851, states:—"This patient remained quite well when I last heard of her."

Remarks.—The above is an example of the fourth pathological cause mentioned, viz., obstruction of the uterine passage from tumours or other morbid growths. It will be seen on reading over this case, that the dysmenorrhœa first began to torment her some two or three months after the uterine symptoms were observed, and continued, under the treatment of various medical men, to trouble her until after the growth was removed, when it entirely ceased; there can, therefore be scarcely any doubt as to the fact, that the obstruction was the cause of the pains, although some may attribute it, in part, to the irritation of the lining membrane of the

womb from the presence of the tumour. Some months ago a case of dysmenorrhœa came before me, arising clearly from obstruction, induced, however, by a wholly different cause, viz., antelexion of the uterus, and brought about some short time after an attack of metritis. On the deviation in form being remedied, the dysmenorrhœa ceased. I trust to have, before long, the particulars of this case, which I shall lay before the readers of the *Provincial Medical and Surgical Journal*.

Case 5.—Mrs. F., aged 33, married, applied Oct. 4, 1850, for advice under the following circumstances:—She states that three years ago she was ill and under the care of two medical gentlemen, who both treated her for ulceration of the uterus. She was under the first nine months, and the second nearly two years; during this period she was frequently subjected to the application of caustics, and on several occasions the potash caustic was applied. The ulceration at length disappeared, and with it the symptoms which she had complained of, and which were symptomatic of the affection; in lieu of these, however, dysmenorrhœa, which had troubled her through her illness more or less, increased considerably, so much so as to induce her to apply to me solely to relieve her of this periodical annoyance.

Mrs. F., I find, has been married thirteen years, and never been pregnant. Her general health is tolerably well, but she complains of a constant burning sensation about the womb, which, coupled with the dysmenorrhœal pains keeps her weak, and her mind distressed with a fear of worse evil. There is no leucorrhœa, and she is quite "regular." There is great complaint, however, of nervous dysphagia. On examination with the finger I find the neck of the uterus larger than ordinary, but without pain, and the whole organ heavier and more indurated than natural. The speculum reveals no ulceration, but the os looks simply like an indentation, with the surface around it, to the extent of the size of a fourpenny-piece, puckered as if from a cicatrix. I attempted to pass a small probe about the size of the ordinary one in daily surgical use, but without effect, for on pressing it over the indentation, it slipped away as if no opening at all existed. I then tried to insert the fine wire which forms the stilette of a catheter, but this also would not pass. Under these circumstances, I introduced for about a quarter of an inch the perforator of a hydrocele trocar; the probe was then made to pass with a little difficulty for about three fourths of an inch, when its progress was not delayed, the obstruction evidently existing in the first portion of the uterine passage.

5th.—I passed a large bougie, coated with the caustic; it was more readily inserted than the day before, but still required a considerable amount of pressure. There was no bleeding from the puncture. Every two or three days subsequently to this, the bougie was passed, either the same or a larger sized one, until an instrument the size of a large goose quill would enter with facility. Every fifth or sixth day the whole of the cervix was also pencilled over with caustic.

November 2nd.—I find recorded that she had just recovered from her monthly period, that it had come on without pain and continued throughout so, excepting on the first day for about two hours. On examination, the large bougie passed very readily, the cervix to the touch appeared softer, and I was consequently induced to go on with the application of the caustic and pass the bougie at intervals for another month. She was to take the following twice a day. R. Syr. Ferri Iodidi, dr. j., Tinct. Sumbul, m. x.: Aquæ Cinnam., oz. iss. M. Fiat haust.

Dec. 15th.—The dysmenorrhœa did not return, the uterine passage continues well open, the cervix gives a more healthy sensation to the touch and the general health has decidedly improved. She went into the country two or three days subsequent to this date. The dysphagia has also ceased.

March 10th, 1851.—A relative informed me this day that Mrs. F. continued free from her malady.

Remarks.—The above case is an illustration of the second cause spoken of, viz., a contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation or ulceration. Previous to the diseased condition of the womb, there was no dysmenorrhœa, but during the course of treatment it came on, and increased considerably after the ulceration was cured. The appearance of the os and its surrounding surface, induces one to ask,—How far the effect of the deep cauterizations with the Potassæ Hydras may have been the cause of the contracted condition of the passage? My own impression is, that it was; and reasoning from its effects in other parts of the body, I think we are justified in the conclusion. I have applied the solid nitrate of silver around the cervix, and often-times up the uterine passage, without occasioning such a result in the slightest degree; and I take this opportunity of again repeating, (with considerably increased experience,) that which I urged in a paper read before the Provincial Medical and Surgical Association, at Bristol in 1847, and printed in the *Journal* Sept. 8th of that year, viz., "in the generality of cases that have occurred to me, the nitrate of silver has answered all the purposes of an efficient caustic, and that I cannot but view the actual cautery, the Vienna paste, the per-nitrate and acid nitrate of mercury, as well as nitric acid applications, of too violent a character for ordinary use to that portion of the body." Since that time I have never met with a single case of ulceration, engorgement, or induration of the uterus, that I have not overcome by means of the lancet, *lunar caustic*, and last, but decidedly not least, by *general* treatment. I am convinced that by some practitioners on uterine diseases in the present day, too narrow a view is taken of them; the diseased womb is looked upon as if it were isolated from the rest of the body,—as if it had no connections—no sympathies. The fact is too often lost sight of, that its morbid states may be, and I believe often are, the result of a morbid condition of the general system. The adoption of specialities at the present time, however valuable in some respects, has an

injurious tendency in others. A physician who has directed his attention exclusively to diseases of a particular part, or who has chained himself down to one particular mode of investigation, is often apt, as I remarked before, to take too narrow a view of disease; and when general symptoms exist in the patient who applies to him, which he cannot well account for, from his limited practical knowledge, he is led unconsciously to distort them to his purpose, and fixes upon his "hobby-horse" (whatever it may be) as the seat of his patient's malady. The local disease is consequently attacked, whilst the depraved state of the system, which frequently gives rise to it, is neglected. Simple ulceration of the womb is, I am more and more satisfied, oftentimes an effect of a disordered condition of the general system, and should be met equally by general remedies, as by the application of local ones; the judicious adoption of the former will occasionally obviate the necessity of the latter, and when this is indispensable, the *general* treatment will generally shorten the period of the requirement of the *local*.

7, Upper George Street, Bryanston Square, London,
March 29, 1851.

SEXAGENARIAN THOUGHTS ON THE PRESENT STATE OF THE MEDICAL PROFESSION.

To the Editor of the Provincial Medical and Surgical Journal.

MR. EDITOR,—The present divided, and I might add degraded, state of the medical profession, must be admitted on all hands: nor does it appear that a remedy for this state has as yet been devised. I do not pretend to suggest such remedy; and yet, perhaps, the observations of a sexagenarian, who has never taken a part in professional politics, and who is therefore unpledged to party, may not be undeserving insertion in your columns.

Of course the younger practitioners expect much from *legislation*, and think that their standing will depend upon the manner in which they are recognized by the laws. Fully approving of the protective influence which may be thrown by law around the practitioner's general character and acquirements, I cannot admit that this legal standing will constitute any real test of his value; for it must be known to every one, that a young man studies for his *diploma*, and not to acquaint himself with disease and its remedies; and that having once passed his examinations for the Hall and College, he thinks himself fully qualified to enter upon his responsible duties as a practitioner, and therefore studies no more.

Forgive me, Mr. Editor, for speaking of myself, for I am one of those persons who possess no diploma. During my hospital career—now more than forty years since—I was known as a hard student, and was remarked

by all my compeers, as one whose untiring diligence was proverbial and worthy of imitation. I availed myself of all the advantages then offered me, to become acquainted with my profession; but at the close of my hospital studies, I found that the *res angusta domi* precluded my taking a diploma, which would involve a considerable expense, and which in my opinion would not add to my real worth; and I was far too proud to obtain certificates which I saw daily given to the idle and the empty headed. I have had reason many times in the course of life to regret this decision, but it was taken from the pressure of poverty, and I confess that I do not feel it quite just or kind, that I should now be said to be found among the "refuge for the destitute"—those who were in practice prior to the year 1815;" and that simply, because the money which might have been saved for a diploma, was expended on the acquisition of a more thorough knowledge of my profession. Settling in a provincial town, I had a hard struggle with the difficulties of a young man, without fortune and marrying early; but I struggled on, for I felt that the weight of my own character was such as must ultimately give me influence. I early commenced a literary career, and my pen aided me in the wearisome journey of life; my hospital has been always proud to acknowledge me as one of its alumni; my professional friends, many of whom were among the first men of their day, have always taken pleasure in listening to me, and advancing my interests, and I have felt proud in acknowledging their esteem. I have acquired a reputation, which may be termed *European* rather than *British*; and I have oftentimes looked down with pity, if not with a feeling allied to scorn, on the miserable starvling intellects, who were enjoying their diplomas, but who were glad to consult me in their emergencies. The result has been that I obtained a large practice—and a large *consulting* practice too;—that I was sent for from long distances through neighbouring towns;—and that during my maturest and most active years of life, I enjoyed a practice scarcely ever equalled in the country for its extent or its returns. Known extensively throughout the kingdom, my position among my professional brethren has been that of an intelligent, literary, well informed, observant practitioner, whose opinions were always worth having, and to which many would yield, because they were always formed on rational grounds, and could always be defended by argument. In the course of life, therefore, I have had much to be thankful for, and have experienced much success, to which, however, I feel that I was justly entitled by my superiority. But I have experienced many a mortification from a *dwarf* obtruding his diploma upon my notice, and giving me to understand, that he had an authority to practise which I did not possess; and when upon an occasion of a trial for child murder, it was remarked by the late Lord Tenterden, that he had *never known* such medical evidence given in a court of justice in his life—that it did not leave a loop-hole for the criminal—and that he considered it as highly complimentary, it was whispered in my ear, as a wonder,