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ON ULCERATION OF THE CERVIX AND OS UTERI, AND ITS OCCASIONAL CAUSE OF DYSMENORRŒA.

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The subject, Mr. President, which I intend to bring under the notice of the Association, is that of simple or inflammatory ulceration of the cervix and os uteri, confessedly the most common of all the diseases of the uterus, and for that reason the more important that its nature and most successful method of treatment should be studied and appreciated. In connection, I would wish to draw particular attention to the occasional occurrence of dysmenorrhœa as an effect of the disease. The drawbacks for investigating the condition of the internal female organs of generation, in this country, are numerous, and those who have made this branch of our profession a subject of special study, will agree with me when I assert, that a delicacy of feeling in the patient, which I, at the same time, cannot too highly commend, has been hitherto, too frequently fostered on the part of the medical practitioner, by his not duly estimating its importance, and thus caused an additional impediment to the necessary examination with the speculum, necessary alike, I believe, to the welfare of the patient and the reputation of the practitioner; and if, Sir, the welfare of the former be connected with such an investigation, may not the physician's delicacy be construed into an almost criminal neglect, if he thus allows evils to continue for years disappointing hopes of relief, and leaving for a last resort, that which is from the beginning the only rational and efficient mode of treatment. I am quite aware that slight sores and abrasions, from various causes, very frequently recover without any or very little treatment whatever, yet the cases that are so frequently met with of severe ulceration continuing for years, without even a proposal for the employment of the speculum, and a consequent neglect of remedies applied to the diseased part, and subsequently the rapid cure which I have seen effected by means of that

instrument, and topical applications, warrant, I conceive, the above remarks.

Having during several years availed myself of many opportunities of examining diseased conditions of the cervix and os uteri, and having preserved accurate notes of many of the most important cases that have fallen under my notice, I prefer exemplifying by two or three of them some of the causes, and the symptoms and treatment of simple or inflammatory ulceration of the os and cervix uteri, thus showing how readily these evils are under the control of medical art when attacked by judicious topical applications. The first case which I shall now relate, I have taken care to be more minute in, as it well illustrates the symptoms, general and local, which the mischief sooner or later, is sure to produce; the others I shall give less in detail, as this will be sufficient for the object I have partially in view—viz., to confirm the statements as to the ready curability of these evils by such means, as referred to by Lisfranc, Jobert, De Loury and Peraire, and since made more particularly, perhaps, known to you, by Dr. Henry Bennet.

I.—The case just referred to is that of a lady, 24 years of age, usually of robust health. A few days after marriage she was attacked with severe inflammation of the vagina and vulva, whilst in London, and there treated very judiciously by a surgeon. A slight leucorrhœal discharge, however, continued on her leaving the Metropolis, and existed more or less for thirteen months, at which time she first came under my notice. During a portion of this interval she had been attended by a friend in Brighton, from whom she received some little relief. On her applying to me she complained of a constant pain in the loins, a sense of heat and dragging in the pelvis, and sexual intercourse during this period had been at times extremely painful; the leucorrhœal discharge was abundant, of a dirty yellow colour, and occasionally sanguineous; her health had suffered much, and she had become nervous and dyspeptic; her tongue was pale, and furred in the centre; pulse quick and irritable. Menstruation had always been natural, but since her marriage *she had always suffered much pain*. The usual treatment having been had recourse to previously, and an examination only by the finger having been proposed and adopted, I recommended the employment of the speculum, which

was immediately acquiesced in. The annoyance of the disease to both husband and patient prevented, I may remark, a false delicacy from stepping in the way to a chance of relief. On the introduction of the finger the vagina was found relaxed, the upper part irritable, and hotter than usual; the os uteri was high, and directed backward; the cervix was large, and of an œdematous feeling, the anterior lip being most so; on the finger being carried over it, an inequality was observed, a part appearing rough, which was more sensitive than the remaining portion. This was more apparent towards the os uteri.

The speculum revealed an inflamed appearance of the cervix, as evidenced by its red and shining hue. The anterior lip which first came under view was seen ulcerated to about the size of a shilling, being depressed a little below the surface, and covered with dark red granulations, which bled on the slightest touch of the speculum. The os uteri to one half its circumference was surrounded by the ulceration, and from the orifice flowed a small quantity of milky-coloured mucus, a proof, as it is asserted, and I believe correctly, that the neck of the uterus partakes of the mischief.

The mucus having been wiped away from the part, I applied the nitrate of silver thoroughly, and introduced it a line or two into the os uteri. Little or no pain was occasioned. An injection of decoction of poppy, to be used twice a day, and a mixture of infusion of gentian, with solution of potash and tincture of henbane, were ordered. Six days after, improvement had taken place, the secretion was less, and the ulcer certainly contracting; the eschar had come away on the fourth day. The decoction of poppy was changed for an injection of the diluted compound alum solution of the London Pharmacopœia; the mixture to be continued, and a pill, containing a grain and a half of mercurial pill and extract of henbane requested to be taken every alternate night. Rest in the horizontal posture, and freedom from all sexual excitement, were enjoined. From this period I used the nitrate generally, with two exceptions, twice a week, for seven weeks, when the ulceration had entirely disappeared, as also the leucorrhœa; the softness of the cervix had returned fully, and its size was considerably diminished; the dyspeptic symptoms had all abated, and she had progressed equally in strength. This patient left Bath in February last. Two months after she became pregnant, and she still remains free from the old complaint.

II.—The second case is that of a patient I attended at the Eastern Dispensary of Bath, unmarried, aged 31. She had been confined, after a long and lingering labour, in Bristol, six months previously; she soon recovered, in a week being up and about her usual avocations. After the lochia had disappeared a leucorrhœal discharge set in, accompanied with pain in the back, and a bearing down. She was attended professionally, but received little benefit. About two months prior to her applying to me, blood appeared with the discharge at times, and to the extent of several ounces. This continued up to the time of my first seeing her, when she was weak and much emaciated; complained of headache and loss of spirits and appetite. On

examination, the cervix was found low in the vagina, greatly enlarged, and considerably indurated. The speculum discovered an ulceration of at least an inch in its widest diameter on the right side of the cervix, covered with florid granulations, and raised above the margin of the surrounding texture. The mucous membrane was much injected; the os uteri open. In this case also the nitrate of silver was freely applied, and rest enjoined. A sulphate of zinc injection, and the usual remedies for restoring the lost tone of constitution, were prescribed. After nine weeks' treatment (the nitrate having been applied over the whole of the cervix once, occasionally twice, a week,) the ulceration was healed, the leucorrhœa with its accompanying symptoms had left her, and her health was vastly improved. I examined this patient about three weeks after she had ceased attendance at the dispensary, and found the cervix in a normal condition and position.

III.—Case third is that of a lady, aged 40 years, mother of six children, who applied to me in April, 1845, under the following circumstances:—In January of the year previous she became pregnant, and soon after, leucorrhœa set in, accompanied with pain in the hypogastric region, a sense of weight on standing, and great irritability of the meatus urinarius, causing frequent desire to micturate. These symptoms continued, without medical advice, and on May 7th she aborted; a large quantity of blood was lost, and for three weeks she was confined to her bed or couch. After this most of her former symptoms disappeared, excepting a slight dragging sensation of a sickening character, as she described it, whilst standing long, especially if she had previously walked. In the November following she again became *enceinte*, and about two months after the old symptoms re-appeared; and not valuing them as she should, she allowed them to continue, without seeking advice, until the commencement of March, 1845. At the fifth month she again miscarried. The uterine symptoms continuing, I was consulted in April. I found the digestive organs disordered, and her general health was unsatisfactory. She complained of deep seated hypogastric and lumbar pains, and a distressing sensation on standing; the leucorrhœa was trifling. On examining, the cervix was found lower than usual, and its density as well as volume increased; it had much resistance, and was tender. The speculum disclosed the os uteri patulous, and entirely engaged with ulceration, extending from which were two small patches of ulceration, about the size of a fourpenny-piece, the one anterior, the other on the right side of the posterior lip; both had dark red granulations, much depressed below the surface of the surrounding part, and bled on the speculum pressing. The whole of the cervix and upper third of the vagina were much congested; the former I freely incised in several places, which bled freely. A warm bath was ordered, and a warm opiate injection to be used night and morning; a mild laxative was prescribed, and rest enjoined.

Three days after this I again examined; the congestion was much relieved; the nitrate of silver was now first applied to the ulcerations, as well as slightly

to the whole cervix and upper fourth of the vagina. Oxide of zinc with extract of conium was ordered twice a day, and a grain of the mercurial pill every night. This plan of local treatment was continued to the commencement of July, when the volume and density of the cervix had considerably lessened; the ulcerations had healed with the exception of the margin of the os uteri, which was still ulcerated and open; the pencil of nitrate of silver was introduced about two lines, and repeated five times, when all *visible* mischief disappeared. There still, however, continued a mucopurulent fluid exuding from the os uteri, and accordingly I introduced a probe with a little lint, wetted with a solution of the nitrate, on three occasions, at a week's interval, when the character of the discharge altered to that of a transparent mucus. In the November following she became pregnant, and in August, 1846, I attended her at the full time in her accouchement.

IV.—The next case is that of a female, 46 years of age, mother of two children; has been a widow two years. A bearing-down and leucorrhœa have afflicted her for three years; she has procidentia uteri, but no complete prolapsus; menstruation is not deranged; complains of pain in the back and behind the pubis, aggravated when the bowels are relieved. The discharge varies; sometimes it is white and very abundant, at others thin and streaked with blood, but never offensive. She had previously been healthy and stout, but now is much emaciated. She has had many remedies tried, but the disease was never investigated by the speculum. Examining with the finger, the vagina was very relaxed; the cervix uteri very large and a little indurated; the os patulous and its edges thick. There was little tenderness except over the posterior lip, where the speculum discovered a large irregular ulceration, an inch in its longest diameter; the granulations were numerous and on a level with the surrounding part. The nitrate of silver was applied freely over the whole cervix; an injection of nitrate of silver was prescribed, and the citrate of iron ordered twice a day; the cold hip-bath directed to be used if practicable. The caustic in this case was applied at intervals of a week, (occasionally oftener,) for six months; during one month of this time a vaginal suppository of belladonna and mercurial ointment was inserted every other night. At the end of this time, the ulceration had healed, the discharge had all but ceased, and the system had recovered a healthy tone. The size of the cervix and body of the uterus had much diminished, as evidenced by examination, as well by the rectum as by the vagina. The procidentia was so much relieved that she could walk about with comfort without the aid of any bandage.

V.—The last case is that of a young woman, aged 32 years, at present under treatment at the Eastern Dispensary of Bath. I am desirous of relating it, as it presented the most extensive ulceration I have met with in a young unmarried woman. I have made many inquiries relative to her character and believe her to be a highly respectable and chaste young female. She applied to me on the 11th of June, at the request

of the physician who last attended her. She states she has been suffering from constant pain in the back; a burning deep-seated pain in the pelvis; a discharge, muco-purulent in character, and varying in quantity, occasionally tinged with blood; and debility upon the increase between three and four years. During this time she has been the patient of several of the Bath medical practitioners of the highest repute. Two of these gentlemen diagnosed ulceration of the uterus and treated it with astringent injections, and the system with tonics generally. The circumstance just mentioned I wish to call especial attention to, as it shows to how lengthened a period ulceration may extend unless topically treated, and how rapid the cure when such treatment is put in operation. At the time of this patient first applying to me, the symptoms above mentioned were in full vigour, added to which, she mentioned that walking had been so painful as almost to be impracticable, and that there had been much dysmenorrhœa, which had increased during the last twelve months. Prior to her first noticing her uterine symptoms, menstruation was always perfectly natural. Dyspeptic symptoms had also become very prominent. An examination with the speculum was at once permitted on an explanation of its uses, and the probable benefit which would accrue to her. The vagina was small and along its upper half of a red purplish hue; the cervix was tumefied but soft, and of a uniform red colour; the anterior lip was the larger. The os uteri was patulous, and its whole margin ulcerated; the ulceration extended in an irregular way over nearly one half of the posterior portion of the cervix, and was uneven and very deep. The touch of the speculum was painful and occasioned a little blood; the same effect was produced by the slightest touch of a piece of lint. The mucus from the os uteri was of an opaque white colour. I immediately applied the lunar caustic to the whole of the ulcerated cervix; no pain was occasioned; an injection of sulphate of zinc and opium, and a mixture of the infusion of gentian with solution of potass, were prescribed, as also a pill every other night of mercurial pill and extract of hemlock.

On the 22nd she again attended, when she stated all her symptoms had abated; the ulceration and tumefaction of the cervix were decidedly diminished. The caustic was again applied, and from this time was used twice a week, (with one exception during menstruation, which by the bye, was attended with considerably less pain,) up to the 13th of this month, when the cervix was seen reduced to almost its normal size, and the whole of the ulceration healed, except that round the os, which had become superficial. The cervix and mucous membrane of the vagina had resumed their dull pale colour. The system generally had become strengthened, and the dyspeptic symptoms had all but vanished.

Since the above was written I have again examined this patient,—viz., on Tuesday last, July 20th, and found all visible trace of ulceration gone; there was a little gaping of the os uteri, and the uterine passage, as far as could be examined, appeared a little red and injected; she had lost all bearing-down sensation and all leucorrhœa, and represented herself as being better

than she has been since uterine symptoms have troubled her.

The remarks, Mr. President, which I shall make upon these cases, are not very numerous; but before doing so, I would call your attention to this fact, that the five cases I have now detailed have been selected out of many I have met with in private and dispensary practice, and therefore each may be considered as representing a class of cases, with the exception of the last, this being only the second case of the disease I have treated in a young unmarried female. I am desirous not to be thought to draw conclusions from individual examples.

In the first case described, the cause of the ulceration was evident, arising from vaginitis, extending to the cervix uteri,—a not unfrequent occurrence in a greater or less degree in the early days of marriage. A prominent symptom during the thirteen months prior to my seeing her was dysmenorrhœa, a circumstance to which I shall refer bye-and-bye, and to which I would peculiarly call your notice. It is interesting also to observe that this patient remained sterile during the time that the disease was existing; but about six weeks after the cure was complete, pregnancy took place. The same cause which I shall speak of bye-and-bye, in relation to dysmenorrhœa, will readily account for it,—viz., the partial blocking up of the uterine neck by congestion, and the mucopurulent discharge. Dr. Bennet, in his treatise, states that he is inclined to believe that pregnancy does not take place whilst the patient is suffering under this disease, but he has since narrated, I think, a case, and one in my own practice clearly proves its occurrence. I have been asked whether the introduction of the caustic pencil into the os uteri does not tend to contract or altogether close up the passage. The above case, with others, sufficiently answers the query.

In the second case narrated, the symptoms came on directly after a tedious labour, where, doubtless, excoriations of the os uteri had been produced. Getting about again earlier than consistent, congestion was favoured, the lacerations did not heal, and thus inflammation and ulceration succeeded. Pregnancy certainly predisposes to this affection, and a laborious labour or abortion is sure to occasion congestion, and very frequently excoriations, around the cervix.

In the third case related, abortion was evidently occasioned in two instances by the disease; and it is worthy of remark, that the second pregnancy appeared to light up the disease after it had apparently been cured. This we should, *a priori*, anticipate, that congestion, or ought that favours increased circulation in the part, might develope or encourage the continuance of it. I cannot speak positively, but there is every reason to believe that this individual became pregnant whilst suffering in a slight degree from the evil.

In the fourth case, a procidentia uteri existed as an

effect of the disease; the body and cervix uteri were in a condition of chronic hypertrophy, and it must be apparent to every one, knowing how the uterus is balanced, as it were, in the pelvis, how readily the slightest change in its volume is liable to alter its position. I feel confident that many, very many, cases of procidentia uteri may be traced to this cause. I may remark that I have found the employment of vaginal suppositories most beneficial in uterine diseases; the use of them in the case before us was of marked benefit in diminishing the size of the cervix, and relieving irritation.

The last case I have drawn up to exhibit the extent at which the disease will arrive in a young unmarried woman, and to show how inefficient treatment is that is not directed to the seat of the disease. At the end of the six weeks during which this patient has been subjected to the cauterization, she is comparatively well; the improvement too in her general health has kept pace with the local improvement. I have also related it to show peculiarly a connection between ulceration of the neck and dysmenorrhœa. I have for some months noticed this connection in several cases which have fallen under my observation, but especially so in the case before us, and also in one other which I regret to say I kept no notes of. It was in a lady of 27 years of age, who had suffered from dysmenorrhœa in an extreme degree for six years. Many and various had been the remedies advised by almost as many medical men, when I proposed the employment of the means recommended by the late Dr. Mackintosh, of dilating the os uteri by the aid of bougies, which I had long desired to put in practice. An examination, however, with the finger, discovered to me an irregularity and tenderness about the os uteri, the whole cervix appearing swollen. The symptoms which she certainly had of ulceration were all saddled by me upon the dysmenorrhœa. This being the case, I had a small speculum made, and on introducing it found the margin and neighbourhood of the os superficially ulcerated. I applied lunar caustic, and had the satisfaction of seeing her entirely cured of her dysmenorrhœa in about three months. I was thus led particularly to notice the symptom of painful menstruation in all the cases I have since had of congestion and ulceration of the neck of the uterus, and in those where the uterine passages were most concerned, this symptom was prominent. Such being the case, might not many of the most obstinate cases of dysmenorrhœa that we meet with be thus accounted for, and thus relief obtained for that, "the frequent return of which," as Dr. Mason Good says, "embitters the life of the patient." Certain it is, the case I just spoke of, I at first treated as a case of dysmenorrhœa, thus mistaking a symptom for the disease. In this fifth case at the dispensary I should assuredly have done so too, had not my attention been previously aroused. These observations seem to

confirm the views of the late Dr. Mackintosh and Professor Simpson, relative to the cause of some cases of dysmenorrhœa,—viz., a naturally contracted uterine passage; the same effects are thus seen to arise from the passage contracted by disease. The cause of the dysmenorrhœa, I conceive, cannot be difficult of explanation, when we remember the uterine passage is contracted, perhaps closed, by the congestion of the neck of the uterus; the menstrual fluid, after being secreted, becomes blocked up in the womb, which, on being distended, contracts on its contents to overcome the obstacle, thus producing pains, greater or less, according to the amount of obstacle which the uterine passage affords. Many authors in writing of dysmenorrhœa, refer to violent spasmodic uterine and bearing-down pains, and violent expulsive efforts. Dr. Good states, in continuation of the passage above, that the disease "effectually prohibits all hope of a family, for if impregnation should take place in the interval, the expulsive force of the pain is sure to detach the embryo from its hold."* The cause of the ulceration in the case of this young woman is altogether hidden, I cannot learn that she has had metritis or any other disease likely to set up the mischief. Whether unnatural sexual excitement from self-abuse has anything to do with this affection, as a cause in young females, I am not prepared to say anything about.

It may be observed I have used only the nitrate of silver as a caustic; twice, however, I have employed the nitric acid and weakened potassa fusa, but their application was so difficult and violent, so uncertain in their extent and management, that I have since used only the lunar caustic, and really find it as efficient as I could desire. As to the Vienna paste of the surgeon of La Pitié, and the per-nitrate of mercury and actual cautery of Jobert, I know nothing of either by experience, nor would I advise a trial while the good can be wrought which I have seen with the nitrate of silver.

I am afraid I have already taken up too much of your time, but I have been desirous of calling attention to this important disease, believing it to be a common source of much suffering, and one too frequently overlooked, its effects being more often treated than the disease itself. My own experience enables me to make the following deductions, with which I shall conclude.

1st. That dysmenorrhœa is occasionally only a symptom of this disease, resulting from congestion and ulceration of the cervix and os uteri.

2nd. That sterility is a most frequent attendant, though not, as has been considered, a necessary condition, the mechanical obstruction in the uterine neck being sufficient to account for it, as in dysmenorrhœa.

3rd. That abortion is occasionally produced by it; when it does occur the disease is commonly aggravated, sometimes altogether lit up by it.

4th. That when the os uteri as well as the cervix, is ulcerated, the mischief extends from the former to the latter. The os uteri is generally the last part to yield to the remedies. In the treatment it is well to remember this fact.

5th. That 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 pernitrate 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.

Before sitting down, Mr. President, I am anxious to state some particulars relative to the above remarks upon dysmenorrhœa. My friend Mr. Bartrum, requested me in the beginning of last week, to write a paper to be read this day, and having the remarks just read put together with the intention of sending them to one of the journals, I consented. During the week, I mentioned to two or three friends the views which I have now brought forward, but on looking over the *Lancet*, of July 17th, I observed the paper by Dr. Bennet, and was surprised to find that he had advanced views all but similar; without reading further I took up my paper and read parts of it to two friends. On returning home I immediately wrote a letter to Dr. Bennet, in which I stated the above to him, and also expressed a hope that should he hear of my reading this paper to day he would give me the credit of believing that the observations made relative to dysmenorrhœa were made some time since, and in entire ignorance of his opinion upon the matter. I felt as I expressed to him, that I could not read this to you, without speaking first to him, lest he might construe my observation as piratical. I feel also that this explanation is due alike to you as to myself. In return I have received from Dr. Bennet a very polite and flattering letter, in which he states, in connection with my experience upon the matter,—“My mind is thus relieved of a fear, which, I must confess I entertained, and which prevented my publishing on the subject a full year ago,—viz., lest I should be accused of indelicacy, and of promulgating views impracticable on that ground. Nothing indeed can give me greater pleasure than to find another practitioner arriving at the same results as myself, as it is a guarantee of the ultimate success of my endeavours to establish uterine pathology in this country on a sound and real basis.”

* "Good's Study of Medicine," Vol. v., p. 48.