the liver. The uterus itself was pulled up by it. This mass appeared to be of the weight of about four pounds. On cutting into it, it had a fibrous covering, and appeared partly solid, and partly of honey-comb structure, from which exuded a bloody and brownish-white matter. This, under the microscope, was observed by Mr. Partridge and Dr. John Wright, Resident Officer at the Queen's Hospital, to consist partly of fibrous filaments, with pus, and blood corpuscles, granular matter, and fusiform cells. The sac was universally adherent, of a thick, leathery, fibrous structure, interspersed with large vessels, and here and there it presented extensive patches of inflammation and effused lymph on its inner surface. The liver was soft or almost diffident in some parts, and of a dirty grey colour. The uterus was of natural size and structure, and on being cut open, there was *no pregnancy*.

Birmingham, Nov. 1, 1851.

SOME REMARKS

ON CONSTIPATION AS ATTENDANT ON CHRONIC UTERINE DISORDERS.

By JAMES TUNSTALL, M.D., EDIN.,

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THAT an intimate sympathy exists between the reproductive organs of the female and those of digestion, is a fact so self-evident that I need not dilate upon it. Familiar instances occur in the vomiting of early pregnancy and the diarrhoea which more or less attends upon the catamenial secretion in those in whom this function is attended with pain and difficulty. In these latter cases costiveness, of an habitual character, is the general state of the bowels, and it is in them that the greatest amount of mischief is produced by the habitual use of the stronger aperients and mercurials. I do not think that contiguity of structure affords a sufficient explanation of their phenomena, but that they are to be regarded as examples of reflex nervous action.

If we proceed to consider the hysterical paroxysm in its completeness, we find the majority of the organs supplied by the great sympathetic, more or less participating. We have irregular or painful menstruation, excessive secretion of urine, costiveness, difficulty of breathing, with palpitation, giving rise to convulsions, partial paralysis, and other results of reflex actions. While the paroxysms are intermittent in their character, the functional derangements of the uterus and larger viscera remain, the reflex action still continues, in some cases manifesting itself in a short, dry, husky cough, in the majority constipation. These cases are characterized by an irregular action of the muscular fibres of the intestines, producing irregular and atonic propulsive power, just sufficient to enable the patients to pass small quantities of scybala only, with great pain, the great mass of faeces remaining; resort is then had to cathartics, an artificial diarrhoea is sought to be produced, and thus the bowels are excited into an undue

action, to relapse again into an additional degree of torpor. Mr. Collett, in the *Journal* for November 12th, has, I think, clearly shown, that many of the ordinary cases of simple constipation may be relieved by the judicious plan pointed out by him, but in cases similar to those I am about to relate, I conceive we want something more, in other words we require to subdue the nervous irritability, both of the uterus and intestine; not merely to subdue the constipation, but to remove the exciting cause, to regard the two organs as acting and reacting upon each other, and to endeavour to restore the healthy function to both. I shall assume, for granted, that the constipation depends upon irregularity of muscular action, and not upon the capacity of the female abdomen and pelvis, and that its remote cause is uterine functional derangement. Thus, then, our treatment must be tonic and anodyne, rather than aperient, and the diet of the patient should be strictly regulated. Conium appears to me to exert a peculiar action in uterine cases; it does not constipate like opium, and is far more manageable than belladonna. In small doses it does not affect the head, which in the cases under notice is a great desideratum.

Shortly after Stork had introduced conium to the notice of the profession, as a valuable remedy in cancerous affections, the celebrated Dr. John Fothergill published some observations upon it in the third volume of the "Medical Observations and Inquiries," lamenting that it did not answer his expectations, he says it proved beneficial in various obstinate complaints. In the conclusion of his paper he makes the following remarks:—"The extract of hemlock is apparently anodyne; it promotes rest, and eases pain; it seldom occasions that kind of morning headache which succeeds an opiate. In most cases it produces a laxative stool the following day. In some habits it offends the stomach, producing spasmodic twitchings. I have been induced to try it in painful discharges from the vagina, and often with success; also in fixed excruciating pains, probably arising from acrimony."

Fothergill being engaged in testing its efficacy as a remedy for cancer, gave it in large doses. He prescribes the extract to the extent of two scruples during the day, and continued it until its physiological effects were produced. I have never exceeded five grains during that period.

In the cases now under consideration, its evident effects were first anodyne and soothing and then mildly aperient. It produces, as it were, an evacuation by its direct action upon the muscular fibre, by subduing irregular contractions, in addition to its sedative effect upon the uterus.

The following illustrative cases are selected from my diary:—

Case 1.—Mrs. K., aged 30, who had suffered 7 years from prolapsus uteri, caused by severe abortion, attended with great nervous irritability and habitual constipation, having been advised to come to Bath for the use of the waters, placed herself under my care in the early spring of 1850. When examined, I found the pulse feeble, 60;

the tongue large, clean, indented at the edges, and very pallid; breathing natural, no affection of head or chest, slight globus hystericus, stomach and bowels morbidly irritable with constant borborygmus, obstinate constipation with scybala, and great discharge of fibrin; secretion of urine irregular; prolapsus complete. She described her state as one of imperfect paralysis, being unable to walk without assistance. She stated that her bowels never acted without an aperient, the operation of which increased all her symptoms. I commenced the treatment with a thermal bath three times a week, under which her strength and appetite improved. After a fortnight, I prescribed Extr. Conii, gr. ij.; Pulv. Rhoë Turc., gr. j., in a pill to be taken every night, directing her to continue the bathing. After taking the pill regularly for a month, her state was thus recorded:—"Evidently better, the bowels act every alternate day; she is able to cross her room without assistance; the catamenia have occurred with less pain than usual; the prolapsus is not nearly so distressing." She continued the treatment for three months, when she returned home, enabled to attend to her household duties with comparative ease, and enjoying a fair share of health, in which state she still continues.

Case 2.—A lady, aged 46, unmarried, became my patient in September, 1850, suffering from severe dyspepsia and constipation, menstruation profuse at short and irregular intervals, with great prostration of strength, and extreme nervous irritability. She informed me that the catamenia had always been attended with so much pain that she dreaded the return of the periods, that her life had been a constant burden, and that she had never been able to do without the constant use of cathartics. She had tried every remedy, dietetic as well as medicinal, without effect. She had, prior to consulting me, drank the Bath waters, but as they increased the discharge and caused headache, I directed them to be omitted.

Having satisfied myself that the menorrhagia was purely functional, I first applied myself to its relief, and having succeeded, I prescribed as follows:—R. Extr. Conii, gr. iij.; Pulv. Rhoë Turc., gr. j. M. Fiant pilulæ ij., omni nocte sumend.—R. Magn. Sulph., scr. iv.; Ferri Sulph., gr. iv.; Tr. Hyoscyam., dr. iij.; Aquæ Distillat., oz. vss. M. Capiat cyathum bis die.

This treatment I continued for six weeks, the bowels recovered their tone, the catamenia appeared at irregular intervals for a few hours only, and she returned home improved. Three months after her return she wrote to inform me that the menstrual function had entirely ceased, and that the bowels acted regularly and well.

Case 3.—S. H., aged 26, a domestic servant, applied to me at the Eastern Dispensary on June 19, 1850. She suffered from obstinate constipation, severe headache of an intermittent character, with hæmatemesis and menorrhagia. I directed her to take the disulphate of quina, in infusion of roses, which removed the headache, and she discontinued her attendance.

On the 24th of July she again presented herself, suffering from profuse menorrhagia and vomiting of blood, attended with obstinate constipation. I prescribed Ol. Terebynth. and Ol. Ricini, of each half an ounce, to be taken the following morning. This resulted in the expulsion of a tape-worm, with relief to the symptoms. I directed her to repeat the dose on the 27th, which brought away a large quantity of offensive fæces.

On the 1st of August I prescribed Argenti Oxyd., gr. ss.; Extr. Conii, gr. iij., in a pill, which I directed her to take twice a day; this she did for seven weeks, when she reported herself cured. I should not omit to mention that the sanious secretion from the stomach ceased with the exhibition of the first dose of turpentine, and that I have seen two other cases in which tape-worm and menorrhagia occurred in the same person.

Case 4.—Mrs. H., aged 32, one child aged 7, suffered severely from uterine hæmorrhage in her confinement, from which she has never properly recovered, consulted me on the 27th of May, 1851, complaining of the following symptoms:—"I have suffered," said she, "ever since my confinement, with headache, great irritability of nerves, with apprehensions of calamity. I am afraid to walk, for the slightest excitement produces palpitation, with a tendency to hysteria. I never have a proper evacuation from the bowels, I suffer from dyspepsia, and my fingers are half dead. In this case there was evidence of great prostration. The pulse, although natural in its beat, was deficient in calibre. Upon inquiry I found that the catamenia were irregular, both as to time, quantity, and appearance, and that all the symptoms were aggravated at the periods. The whole pharmacopœia had been sought in vain for anti-spasmodics and aperients. I interdicted the use of all medicines specially directed to the relief of symptoms, and directed her to take a nourishing rather than a stimulating diet. I ordered her a pill consisting of Extr. Conii, gr. ij.; Pulv. Rhoë Turc., gr. j., every night, requesting her to avoid all aperients, except castor oil. Early in June she went to the sea-side, and I did not again see her until the 22nd of October, when she reported that she had taken no aperient since leaving Bath; that when she required one, the pill was amply sufficient for the purpose; and that she was enjoying a state of health to which she had been for years a comparative stranger.

Practical Remarks.—I am perfectly aware that we are all disposed to look upon a favourite remedy with approbation; I have, therefore, selected these four cases, because the means employed differed in each case. Taken as a group they illustrate the necessity of our endeavouring in all chronic cases to make ourselves thoroughly acquainted with the state of every organ likely to be implicated. That they act and react upon each other the case of S. H. proves. There can be no doubt that the presence of tape-worm was the cause both of the abnormal secretion from the stomach and

of the excessive secretion from the womb. The irritation of the extreme branches of the nerves of the intestines being conveyed to the trunk of the sympathetic, affected the more important function of the womb, while the atony induced by this continued excitement produced want of tone and constipation. The metallic tonic, combined with the conium, effected a gradual cure, not by any aperient effect, but by lessening undue irritation, and strengthening the muscular fibre. Cases 1 and 4 show the effect of severe shocks to the uterine system upon the intestinal canal—that irregularity of function, as well as malposition, produce by irritation a corresponding irritability on organs apparently remote. Case 2 is an ordinary case of continually-recurring dysmenorrhœa, gradually inducing irritability of intestine, leading to habitual dyspepsia and obstinate constipation.

I have endeavoured to make these remarks as practical as possible, anxious only to induce my professional brethren to make trial of a remedy which has, I think, fallen undeservedly into disrepute. I have curtailed the long relation of cases, presenting only their more salient points. I hope that I may induce observers more able than myself to study the interesting phenomena presented by abdominal and pelvic reflex actions, that they may be induced to believe that the notion, which has almost grown into an axiom, that women are more liable to constipation than men, because their pelves are more capacious, may be converted into the fixed rule, that this arises not from contiguity of position of organs, nor from the size of the pelvis, but rather from irregularity of function of the organs which are therein contained.

Bath, Nov. 17, 1851.

ON THE TREATMENT OF ARTHRITIC HEADACHE.

By WILLIAM HARVEY, Esq.,

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In my last paper I endeavoured to point out the distinction between rheumatic and arthritic headache, showing that in the former the headache succeeded an attack of rheumatic inflammation of the structures of the ear, whereas in the latter the head becomes affected primarily, and the ear subsequently. Having also described other diagnostic symptoms peculiar to each, I now proceed to speak more fully of the treatment of arthritic headache. I have already alluded to the value of colchicum, in small and repeated doses, in those forms of the disease which are marked by tinnitus aurium and intermittent otalgia, as the result of gout in the cerebral mass. This medicine requires, however, judicious regulation; and not less important is the rigid attention to the hygienic rules advanced by recent authors on that subject, more particularly attention to the skin during its administration, combining with the colchicum antimonials and occasional vapour baths,

the latter, I think, the more preferable. Dr. Todd's views on this point are so practical and important, and so accordant, for the most part, with my own experience, that I may be excused introducing them to the reader.

Colchicum should not be given in the asthenic form of gout.

Colchicum should never be given at the onset of a paroxysm, nor until the bowels have been duly acted upon by mild purgatives.

The first doses of the medicine should be very small; they may be gradually increased.

Colchicum should be always administered at first, uncombined with any other medicine, until the practitioner has satisfied himself that it is not likely to disagree with his patient; and indeed there is always a disadvantage in administering this medicine in combination with others, since it may become difficult, if not impossible, at times, to determine what effects should be ascribed to the colchicum, and what to the other ingredients.

It should not be administered so as to excite nausea, vomiting, or purging. These effects should be regarded as indicative of the unfavourable operation of the medicine.

Colchicum may be regarded as acting favourably when, under its use, the urine is increased in quantity, a more abundant bile is discharged, when the fœces, though solid, are surrounded by mucus, and the skin secretes freely.

The effects of colchicum should be carefully watched, as, like digitalis and other medicines, it is apt to accumulate in the system.

The use of this medicine seems chiefly applicable to the sthenic form of gout, which occurs in robust constitutions, and in the prime of life, but it is almost inadmissible in persons advanced in years, who have had several attacks, and in whom the malady would seem too deeply rooted to be influenced by the temporary administration of this remedy.

These aphorisms may not only be taken to be true in the limited extent to which Dr. Todd has applied them, but even in old age, with judicious management, I have found the medicine equally useful and necessary, with this reservation, that the doses should be so regulated as not to depress the system in any sensible degree.

The presence of this acid, or of its base—urea, in the blood of gouty people, may be said to be principally characteristic of this specific form of headache, if I may use the term; and if the uric element be not removed by appropriate treatment, the disease will most probably terminate in serious disordered action, either in the brain itself, causing the arthritic apoplexy, or else by a kind of repercussive metastasis, in the joints or organs usually affected by gout. The value of this medicine appears, indeed, to be better appreciated in proportion as its eliminative action on the kidneys is prominently kept in sight. In the November number of this journal Dr. Hughes Bennet has written some interesting observations on its influence in connection with other diuretics, in that species of coma which occurs as a sequela of scarlet fever. This appears, indeed, to be