ON THE RELATIONS OF UTERINE TO CONSTITUTIONAL DISORDER.

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(*Concluded from p. 236.*)

THIRD GROUP. CASES OF UTERINE DERANGEMENT COINCIDENT WITH STRUCTURAL DISEASE OF THE UTERINE ORGANS.

I PROPOSE, in the last place, to introduce a few cases of this description, in illustration of the general remarks which I have made on the Relations of Uterine to Constitutional Disorder; and in doing so, it is more especially with the view of directing attention to the influence of various remote or constitutional causes in the production of a state of uterine irritation, which *superadded* to organic disease is, I believe, often the efficient or exciting cause of many of those formidable symptoms which are so liable to occur in the progress of these diseases.

Structural disease of an organ, as I have remarked, is not necessarily incompatible with the moderately healthy performance of its functions, or even with comparative freedom from discomfort, if disorder can be averted or removed. Indeed, it has often happened, that with care, an organ extensively diseased has been enabled to perform its functions for a lengthened period, without occasioning any very serious detriment to the constitution. The causes, then, of such disorder, while they demand to be carefully investigated in all cases, more especially claim our attention in the instance of those which like the present are not susceptible of radical cure.

Of all the circumstances which compromise the welfare of the patient in the progress of these diseases, there is none which is so liable to occur as *uterine hæmorrhage*; by this, perhaps more frequently than by anything else, has the life of the patient been endangered, or her constitution seriously and irreparably injured; and hence it is an occurrence which should not only be treated, but, if possible, anticipated and averted. In speaking of simple menorrhagia, I adduced several facts to show, that this often occurs as the result of uterine irritation, secondarily set up, and sympathetic of disorder of other organs, more especially of the chylopoietic. The following cases are calculated to prove that the same principle applies to those hæmorrhages which occur in connexion with organic disease of the uterus, and it is that therefore one which deserves to be remembered and acted upon in their treatment. I have at least found, that treatment directed to its removal was, in many cases, of more avail than the mere routine employment of styptics and astringents.

CASE. CONSIDERABLE ENLARGEMENT OF THE UTERUS REACHING TO THE UMBILICUS FROM INTERSTITIAL FIBROUS DEPOSIT: MENORRHAGIA. Mrs. V—r came under my care on the 9th October, 1850. She was emaciated, sallow, and bloodless, and had been for some time under medical treatment, but without having derived any particular benefit from it. She had for some years suffered much from mental anxiety, since which her health had very visibly declined; and twelve months before, she had had a very severe attack of cholera, which further

reduced her very much. In the course of the preceding summer she left London, and placed herself under the care of a medical friend, with whom she remained for about two months; but at the end of that time she was not materially better, and on her returning home, her friend called with her upon me, and expressed a very unfavourable opinion of her case. He observed that he considered that she was suffering from organic disease of the liver, and that there was congestion of almost every important organ of the body. He had treated her with mercurials, and had, indeed, endeavoured to get her system under the influence of mercury, but no good had resulted, and, upon the whole, he thought that her case was little better than hopeless.

I visited her shortly after this interview, and found her as I have stated, weak, nervous, emaciated, and bloodless, and altogether very much broken down. Her digestive organs were irritable and disordered; her tongue was frequently clammy and unpleasant on awaking in the morning; her appetite was uncertain, and her bowels irregular. She had, moreover, that peculiar sallow, chlorotic appearance which indicates an aggravated form of anæmia and dyspepsia combined. On two occasions, she had suffered rather profusely from menorrhagia, but as this had occurred many months before my visit, and as she had no other uterine symptom, pain, or disorder, I did not feel justified in making a special examination of the uterus on that occasion. I was, however, unable to discern any evidence of organic disease of the liver, or of the other chylopoietic organs, and believing that her case was one rather of extreme anæmia, complicated with irritative disorder of the digestive organs, and dependent in a great measure upon mental influences, I decided upon treating the case upon general principles. I prescribed the occasional use of mild alteratives at bedtime, with gentle aperients the following morning; and I directed her to take the citrate of iron in full doses after each principal meal daily. Under this treatment, and with due attention to diet and regimen, her health rapidly improved, so much so indeed as to be a matter of astonishment to her friends, who had altogether despaired of her recovery. She passed a menstrual period favourably, and towards the approach of the second, was apparently perfectly convalescent. She had gained considerably in flesh, acquired a good colour, and was equal to much exertion. At this menstrual period, however, profuse menorrhagia took place. The exciting cause of this, I was unable to learn; but I felt it necessary at once to institute a careful examination of the uterus, and I found, to my surprise, that it reached as high as the umbilicus. Its structure was, moreover, dense, firm, and resistant, but it was uniformly smooth and free from any tuberosities. On a vaginal examination, the cervix was found to be considerably hypertrophied: but this hypertrophy was continuous with that of the body, and the uterine parietes were unusually firm and resistant. The os uteri was somewhat open, but not more so than is usual during ordinary menstruation. Nothing could be discovered within the interior of the uterus, and, upon the whole, it appeared probable that the extraordinary enlargement of this organ was dependent upon interstitial deposit within its parietes. As, however, its nature was doubtful, the opinion of Dr. Robert Lee was taken respecting it, which coincided with that which I have stated.

Under these circumstances, the immediate treatment was directed to

the suppression of the hæmorrhage by cold and styptics, and such general measures of diet and regimen as are indicated in these cases. In the course of a day or two, the hæmorrhage had subsided, and the constitutional treatment previously adopted was again had recourse to; but with this addition—the patient was especially warned to be careful at the approach of the menstrual periods, and to anticipate hæmorrhage by taking a few doses of gallic acid before each return, in addition, to be quiescent, and to take an alterative at bedtime whenever the tongue was dry or unpleasant in the morning.

The result of this treatment has been, upon the whole, highly satisfactory. It was continued for little more than a month; but nearly eighteen months have since elapsed, and, with one exception only, there has been no return of the menorrhagia. Throughout this period she has experienced no other symptom or feeling of uterine disorder, and has enjoyed, upon the whole, good health—subject, however, to the necessary consequences of trouble and mental anxiety.

CASE. INDURATION AND HYPERTROPHY OF THE CERVIX UTERI. FIBROUS TUMOUR OF THE FUNDUS. PROFUSE MENORRHAGIA, RECURRING FREQUENTLY FOR MANY MONTHS. Mrs. B—h, aged 34, was first seen by me at one a.m. on the 21st November, 1848, in consequence of having been attacked by profuse flooding, which threatened to endanger her life. It was supposed to be connected with a miscarriage, but on a vaginal examination nothing of the kind could be detected, whilst it was at once evident that the cervix uteri was much diseased, that there was a fibrous tumour attached to the fundus uteri at its right side; that the body of the organ was throughout enlarged, and could be readily felt above the pubis. The immediate treatment consisted in the employment of cold externally, and the internal exhibition of the acetate of lead with opium. After a day or two had elapsed, the hæmorrhage had, in a great measure, subsided, and the following history was obtained.

Many years ago, she had had profuse flooding after a labour, and this occurred to such an extent, that her life was despaired of. Ever since that, she had been weakly, nervous, and indisposed. Menstruation had been irregular, generally in excess, and had recurred on an average every three weeks. About twelve months ago, she was led to believe, from its temporary interruption, that she had become pregnant; and six weeks subsequently to this, flooding to a considerable amount took place, but without being attended by any appearance of a miscarriage. For this she consulted a late eminent physician, who inclined to the opinion that if she had not already miscarried she shortly would do so, and he prescribed such measures as were calculated to moderate hæmorrhage. After a time, this attack ceased; but in a few weeks it was followed by another, and successive recurrences of hæmorrhage took place up to the time of my visit. I ascertained that throughout the whole of this period, and, indeed, antecedently to the labour, which was followed by so much flooding, that the patient had suffered from great disorder of the stomach and digestive organs. Her tongue had been habitually coated thickly in the morning; her appetite most uncertain; and her bowels very irregular. Her nervous system had been depressed and irritable; and she had for some time past been unequal to much exertion. So long, indeed, had she suffered from

these dyspeptic symptoms, that she could not be persuaded that they were otherwise than natural to her, and with this impression she declined to adopt any measures for the cure of the disorder.

The hæmorrhage ceased under the treatment I have mentioned, but it still continued to recur occasionally. About the end of May, 1849, she attended a concert which was extremely crowded and close, and this led to a severe relapse. Hæmorrhage took place to such an extent that she was again impressed with the idea that she was about to miscarry, and Dr. Locock was consulted in her case. He made a careful examination of the uterus, and came to the conclusion that she was not pregnant. He pointed out the diseased condition of the neck and body of the uterus, which I have mentioned, and suggested that the vagina should be plugged if the hæmorrhage should threaten to be dangerous; and he suggested, also, a trial of the liquor arsenicalis internally. In time this attack ceased also, as had the former; but relapses continued to recur, and the patient, finding that specific treatment afforded no permanent benefit, consented to adopt such general measures as would correct the disordered state of the stomach and digestive organs. These consisted more especially in a course of alteratives and aperients, with a carefully regulated diet. They were continued for some little time, but in the end proved eminently successful. The hæmorrhages ceased to recur as before; and after staying a few weeks at the sea side, she returned home much better than she had been for a long time. Menstruation became normal, and she subsequently became pregnant. I have reason to believe that this patient has ever since enjoyed good health and freedom from uterine hæmorrhage or uneasiness.

CASE. FIBROUS ENLARGEMENT OF THE NECK AND BODY OF UTERUS: SEVERE METRORRHAGIA. Mrs. B—d, aged 40, was attacked with uterine hæmorrhage on the morning of the 3rd September, 1849, and was seen by me in the course of the same day. She had some doubts as to whether she was pregnant, and therefore about to miscarry, as menstruation had been delayed somewhat beyond its usual period, but on a vaginal examination this did not appear to be the case. The neck of the womb was, however, much enlarged, and its body lobulated with fibrous growths. With this condition of the uterus, the patient's general health was much deranged; she was weak, nervous, and irritable, very much depressed, and easily fatigued; her digestive organs were also very much disordered; her tongue was furred, her appetite had been bad, and her bowels much confined: it further appeared that she had habitually suffered from these symptoms for many years; more particularly, her tongue had been unpleasant on awaking; she felt unrefreshed after sleep, and had an uncertain and capricious appetite, with much languor and depression: she was, moreover, at the time of my visiting her, anæmic, weak, and generally out of health. My experience in other cases, where dyspepsia coexisted with uterine hæmorrhages connected with organic disease of the uterus, led me at once to address myself to the cure of the former; and the treatment recommended was accordingly entirely directed to the disordered state of the stomach and digestive organs. Very little more than alteratives were prescribed; yet by these alone the hæmorrhage subsided in a few days, and it was observed to do so concur-

rently with the improvement which took place in the state of the stomach and digestive organs. In three weeks it had entirely ceased. Shortly afterwards she became pregnant, and she has since continued to enjoy good health, and entire freedom from uterine uneasiness or hæmorrhage.

CASE. CARCINOMA UTERI; METRORRHAGIA. Mrs. Elizabeth S—e, aged 69, applied at the Paddington Free Dispensary, September 22, suffering from much pain in the uterus, back, hips, and down the thighs. She had a frequent sensation of bearing down, which was sometimes so severe, that she could not sit with any comfort. She complained, also, of profuse uterine hæmorrhage, which had continued, more or less persistently, for four months previously to my seeing her. On making a vaginal examination, the cervix uteri was found to be enlarged, indurated, and tuberoso. A hard tubercular matter was found to be disseminated throughout the vagina; and from the peculiar character of these indurations, and the age and the appearance of the patient, I had very little doubt as to their being of a carcinomatous nature. The uterus was, moreover, adherent to, or impacted in, the surrounding parts, and consequently was almost immovable. The patient had a sallow, unhealthy look, such as is especially characteristic of malignant disease. The following history was elicited. She dates her uterine symptoms as far back as thirty-six years ago, when she caught cold on the tenth day after labour; the lochia were suddenly stopped, and she became very ill for some time afterwards, and suffered much from pains in the womb and back. From that time she has never menstruated, although she was then only thirty-five years of age. Her health continued to be more or less indifferent until May last, when she was attacked, suddenly and profusely, with uterine hæmorrhage. For this, she was not aware of any sufficient cause; and it had continued, almost constantly, up to the time of her applying for advice. Her tongue throughout, as well as antecedently, had been much disordered; and she has felt for some time weak, low, and nervous. At present, her tongue and digestive organs were much disordered, and she was greatly anæmiated. There was also much pain in the uterus and back. She was at first ordered the gallic acid during the day, with an alterative every night, and the sulphate of soda, in aperient doses, every morning; but, as the hæmorrhage had in no degree lessened, after a week's treatment, she was directed to take bismuth daily, as well as the gallic acid. In three days from this change, she was decidedly better; the hæmorrhage was much lessened, although it had not entirely ceased. The state of the stomach and digestive organs was much improved; and she attributed this improvement chiefly to the bismuth. She continued this treatment up to the 10th of October, when the hæmorrhage had entirely ceased; her tongue was clean, appetite good, and bowels regular. She felt stronger, and in almost every respect very well. Hitherto (Dec. 1851) she has had no return of hæmorrhage or uterine uneasiness, and is at the present moment, I believe, in the enjoyment of very tolerable health, and freedom from uterine symptoms.

CASE. CARCINOMA: METRORRHAGIA. Mary S—n, aged 49, applied at the Paddington Free Dispensary, September 12th, suffering from uterine hæmorrhage, which had continued almost constantly for

a month, and which she had been repeatedly troubled with for the last five and a half years. She had menstruated regularly up to this time, but ever since there had been more or less of a disposition to uterine hæmorrhage. Sometimes this would continue for thirteen weeks together; and she had seldom been more than three weeks free from it during the whole of that period. She told me, that she had gone through a great deal of trouble and anxiety. Her husband at one time was possessed of a hundred thousand pounds, but it was all lost by gambling. She had lost one child by starvation, and had herself been in the workhouse. She had had nine children, of which number five were living; and at each labour she lost a large quantity of blood. On examination, the cervix and os uteri were found extremely indurated, and this induration was nodulated and of a peculiarly stony character. The organ was not very sensitive to touch, and the surface was smooth and free from any roughness or abrasion. The os uteri was small, and the axis and position of the cervix normal. There was extreme tenderness of the lower part of the spine and sacrum, and pressure here occasioned uterine uneasiness. She almost invariably awoke with a dry, unpleasant, and bad tongue, and habitually suffered much from thirst at night. Almost everything she took, left a sourness in the mouth; her appetite was bad, and her bowels constipated. She slept badly, awoke unrefreshed, and felt weak, nervous, and languid. There was a loud venous bruit in the neck; she was subject to severe headaches, more especially over the right brow, and generally awoke with one. The uterine hæmorrhage began almost always with a green leucorrhœal discharge, which afterwards became bloody and clotted; and as these characters subsided it again became green, and it was also very offensive. She was ordered to maintain active counter-irritation over the lower part of the spine by means of the tartar emetic ointment; to take five grains of blue pill every second night at bedtime, and the muriated tincture of iron, with muriatic acid, and the liquor hydrargyri bichloridi daily; together with the gallic acid in pills, as long as the hæmorrhage continued. Until the 28th October, she had continued this treatment with the best results, and she then reported herself to be almost perfectly convalescent, and free from any uterine pain, uneasiness, or hæmorrhage. She had no pain in the back, or bearing down of the uterus; her tongue was clean, her appetite good, and her bowels regular. I have lately again seen this patient, and can add, that up to the present time she has continued perfectly well.

REMARKS. There are two points in connexion with these cases to which alone I will very briefly advert. The one is the extent to which organic disease of the uterus may exist, without being attended by any very manifest uterine disorder. The other is the prejudicial influence of chylopoietic derangement upon the uterine organs, when thus organically diseased.

The former of these circumstances is more especially shown in the first of the cases which I have given, where the uterus had reached as high as the umbilicus, as the result of morbid growth, without the patient having experienced any uterine uneasiness, or having been cognisant of the existence of any uterine disease. Twice, indeed, she had suf-

fered from menorrhagia, but at distant intervals, and under circumstances which would readily account for its occurrence, in the absence of any organic disease of the uterus. Beyond this, she was exempt from any uterine symptoms; her menstruation was, for the most part, regular; she had no uterine pain or uneasiness, nor did she suffer from leucorrhœa. So far, then, the case is affirmative of the principle which I have asserted, that a considerable amount of organic disease of the uterus is not incompatible either with freedom from uterine uneasiness, or with an absence of functional disorder; and, therefore, when these are present, or coexist with such disease, we are by no means justified in assuming that they are its necessary consequences. Who has not, for instance, known fibrous tumours, and other organic diseases of the uterus, to have been accidentally discovered on a *post-mortem* examination, when the subject had never experienced, or at least complained of, any uterine symptoms during life? Who, again, has not happened to find a considerable amount of structural disease of the uterus cursorily revealed on examining this organ, when the patient had never been aware of its existence, or had only suffered from some very slight or equivocal uterine symptoms? Such instances must have occurred in the practice of most obstetricians; and their occurrence and significance is especially important at the present day, when every blush of redness of the cervix uteri, and every abrasion of its mucous membrane, is supposed to represent some particular form of uterine disease, and to be the cause of the most severe and general derangement of the constitution. So far, however, from structural disease of the uterus being necessarily productive of constitutional disorder, or even of uterine derangement, I constantly meet with it irrespectively of both; and the second case which I have reported may be cited to show, that if incidental disorders can be corrected, it is not incompatible either with healthy menstruation, pregnancy, or parturition. We do undoubtedly sometimes find it attended with very serious symptoms, with derangement of the general health, and with much uterine disorder; but, as I have said, are we in these cases justified in attributing such consequences exclusively to it? That we are not, may, I think, be often deduced from their history, which will show that these disorders, although coincident with the uterine lesion, had not been consecutive to it; and the results of treatment tend further to show that on removing the remote causes of uterine irritation and disorder, tranquillity will be restored to the uterine organs as well as to the constitution, notwithstanding the continued existence of organic uterine disease. The conclusion which I would draw from these facts is, that many of the disordered actions which occur in connexion with these organic diseases of the uterus have another origin, and depend rather upon irritation superadded to structural disease, than upon the structural lesion itself. The nature and the seat of this irritation will vary in different cases: it may be primarily in the uterus, in the blood, in the nervous system, or in distant organs; but wherever it exists, it requires to be carefully investigated and corrected, as a necessary step to the successful treatment of these cases.

The second remark which I have to make is, that the foregoing cases are affirmative of the opinion, which I have so often advanced in the course of this paper, that the influence of chylopoietic derangement is

very considerable in giving rise to those disordered states of the uterine organs which so often attend upon their organic diseases. In all these cases, this circumstance was rendered sufficiently obvious, whether we look to their histories or to the results of treatment; and although it is sometimes difficult to determine the exact relations which coexistent morbid phenomena bear to one another, yet I think that the evidence is sufficiently strong to warrant the conclusion, that the chylopoietic disorder was the cause, in a great measure, of those severe hæmorrhagic and other attacks which occurred in these cases, and which more especially endangered the health of the patients. It is at least certain, that such derangement preceded as well as attended upon these attacks, and treatment directed to it was more availing than treatment directed to the uterus itself. But I would further observe, that I have frequently remarked that females who are the subjects of organic disease of the uterus, are especially those who have suffered from habitual dyspepsia, whether this has been the result of hereditary causes, of mental uneasiness, nervous irritability, or a neglect of proper hygienic measures. Nor can this be a matter of surprise, if we consider the various modes in which such disorder is calculated to lead to this result. The same system of ganglia which presides over the functions of the chylopoietic organs, presides also over those of the uterine. These ganglia communicate freely by plexuses of nerves, and hence impressions of various kinds are readily transmitted from the one set of organs to the other; and thus the derangements of one become also the cause of the derangements of the other. Moreover, inasmuch as these ganglia are especially subservient to the regulation of the nutritive functions, we can see how irritation, however set up in them, may conduce to abnormal nutrition, and so to those structural changes which are its necessary consequences. Even malignant disease may to a certain extent recognise this origin. It has been repeatedly traced to severe and long-continued mental affliction or uneasiness. It apparently had this origin in the two cases which I have reported, and Récamier, it is well known, held strongly the opinion that cancer may thus be developed. Such causes must, at least, give rise to an irritable state of the nervous system, and a disordered state of the digestive organs, calculated in turn to disturb generally the nutritive functions, and more especially those of such organs as have direct or intimate sympathies with the chylopoietic viscera.

These considerations, then, appear to me to suggest some rules which are applicable to the general management of these cases. And in the treatment of hæmorrhages and other secondary affections, which may occur in the progress of these diseases, we may learn the necessity of directing our attention to other circumstances than the mere local condition of the uterus, and the administration of styptics and astringents. We may learn to look at the same time to the state of the general health, and more especially to that of the nervous system, and of those organs which are sympathetically related to the uterus; not to assume that structural disease of the uterus is the sole or necessary cause of any uterine complication that may coexist, or that a mere state of uterine congestion, either active or passive, is the primary pathological element which we are called upon to treat: on the other hand, to consider this, (as it really is in the majority of these cases),

a secondary or intermediate link in the series of morbid actions which may prevail; and to bear in mind that, just as nervous irritation, or unhealthy nervous action, may have been the original cause of the organic disease, so may it also be the cause of the congestion or hæmorrhage which is superadded. In fact, it cannot be too strongly enforced, that these are secondary and not primary phenomena, the outward or visible manifestations of morbid actions, the causes of which may be remote, and which it is necessary to investigate and to appreciate fully, before we can successfully treat their pathological consequences.

The foregoing observations relate to diseased conditions of the uterus at large. But besides these, there are some of a more limited or local character which involve especially the cervix uteri, and which of late years have been brought very prominently before the notice of the profession, under the title of inflammatory ulcerations of the cervix uteri. I shall conclude this part of the paper with a few remarks upon these affections, or rather, their probable relations to constitutional disorder.

On examining the cervix uteri ocularly, in persons who have long suffered from uterine symptoms, it is not unusual to find that it presents various appearances of an abnormal character. Its volume may be increased, or it may be somewhat indurated, and its mucous membrane may be either reddened, roughened, granular, or abraded. In some cases this has a dark congested look, especially around the os uteri; in some the redness is of a brighter tint; in some it is uniformly diffused, whilst in others it is in irregular patches: in some, again, it is studded with papular elevations, whilst in others it has a velvety or granular appearance. All these conditions I have met with, and therefore I cannot doubt their occurrence, whatever may be their nature or relative frequency, and upon them a system of pathology has been raised, which would connect nearly all the morbid conditions, actions, and feelings of the uterus, with inflammatory ulceration of the cervix uteri. Without, however, stopping to inquire whether every appearance of redness of the cervix can be properly considered as inflammatory, or every abrasion or excoriation of its mucous membrane as ulceration, I would venture to express a doubt as to the correctness of some of the conclusions which have been drawn from these appearances. I do not doubt their existence or possible frequency, but it appears to me to be at least probable that their significance has been misapprehended. They have, for instance, been assumed to be the fundamental cause of nearly all the uterine and constitutional derangements which are met with in connection with uterine diseases, to constitute, in a great measure, the key to the whole subject of uterine pathology, and to furnish, when present, the sole or principal indications in the treatment of uterine diseases. Many observations, however, and some attention to this subject, have led me to dissent from these opinions, and to believe that these appearances have not the importance which has been attributed to them. I have, for instance, found that in various cases of a very similar character, they have been present in some, and altogether absent in others. It is well known, also, that they have been found after death when there had been scarcely any uterine derangement during life; and I have found the same general

measures of treatment to be equally applicable to those cases in which they were present, as to those in which they were absent. I do not, however, by this statement, mean to affirm that local treatment is unnecessary or otherwise than serviceable in these cases; but the motives which would lead me to its employment, and the extent and frequency to which I should have recourse to it, differ very materially from those which have been urged for it by others.

In considering the nature of these appearances of the cervix uteri, and their relations to constitutional disorder, it should be borne in mind that those which have been regarded as ulcerations are often of a very superficial character and limited extent; so much, indeed, is this the case, that they are sometimes not to be detected unless very carefully sought for. "The simplest form in which the mild or benignant ulcer on the uterus shows itself," says Dr. Evory Kennedy, "may be termed excoriation or erosion, in which it exactly resembles an abrasion of the cuticle in the male. It requires," he observes, "the touch of the examiner to be well practised to recognise it, and even the most practised will be deceived occasionally, if he rely upon it exclusively; in the milder forms, it is merely the epithelium that is eroded; and in these, the surface of the sore is so smooth and free from granulated elevations, that the finger may pass from the smooth, polished surface of a healthy neck over the ulcer without detecting it" (*Dublin Quarterly Journal of Medical Science* for February, 1847). A medical friend lately informed me, that having some time ago had a patient under his care who was suffering from bad health in connection with uterine symptoms, he called in the assistance of a gentleman who had written much on the subject of uterine disorders, and who at once diagnosed the existence of ulcerative disease of the cervix. My friend was invited by him to inspect the ulceration, but after a careful examination, he reported that he could not perceive it. His attention was then directed to a minute superficial abrasion on the cervix, not, he observed to me, much larger than a pin's head, which he was given to understand was not only the veritable ulcer, but the cause of all the patient's uterine and constitutional derangements. "Whenever an instrumental examination has been decided on," says Dr. Bennet, "it must be efficiently made: whatever speculum may be used, the result cannot be considered satisfactory, unless the entire organ be brought within the field of vision, and unless it be so illuminated by day-light that a speck of dust would be visible on any part of its surface.... In common with the continental pathologists who have preceded me in the study of uterine diseases, I give the name of ulceration to a state characterised by the absence of the epithelium as the result of a morbid action, and by the presence of erectile granulations. It is of little importance whether these granulations are so small as to be microscopic, or so large as to be fungous." (*LONDON JOURNAL OF MEDICINE* for May, 1851, p. 453.)

Now, bearing in mind these circumstances, and putting out of consideration for the present all reference to the clinical history of these cases, it appears to me to be difficult to understand how such slight superficial, and even microscopic, lesions of the cervix should react as unfavourably upon the constitution as they are supposed to do, and should occasion those very complex forms of disorder with which we

so often find them to be associated. Certain it is, that much more tangible and appreciable diseases of the uterine neck are met with, without being attended by these consequences; and the cases I have reported, afford some testimony to the truth of this remark. If the cervix uteri were endowed with extreme irritability or sensibility, then, indeed, such results might be apprehended, if not expected; but every accoucheur knows that it is not; he knows that it is capable of sustaining severe injury, contusion, laceration, and even separation during labour, without any very unfavourable reaction taking place upon the constitution. He knows, also, that it is often found to be extensively indurated and diseased, and the seat of malignant deposits, without occasioning any particular symptoms; that operations may be performed upon it with impunity, as well as cauterisation, and that it has been found to have been almost entirely eaten away by *corroding ulcers*, without any uterine pain or uneasiness having been felt, or even any symptoms present to direct the practitioner's attention to the uterus. Bearing in mind these facts, it is difficult, I repeat, to understand how the more trivial lesions of the cervix, which are under consideration, can react as unfavourably upon the constitution and particular organs, as they have been supposed to do.

But, secondly, the clinical history of these cases will be found to show that in the great majority of them a state of derangement of the general health had preceded the development of these affections. The subjects who are the most liable to them, or, at least, to those forms of them which are most obstinate, are generally of a strumous or unhealthy habit of body, or are those whose habits and pursuits have been most unfavourable to health. They are most frequently met with among the residents of large towns, and among those whose constitutions have suffered from the unfavourable influence of indolence, late hours, or irregularities, on the one hand, or from privations, unhealthy or harassing occupations on the other. A morbidly irritable condition of the nervous system, seems also to be highly favourable to the occurrence of these disorders; and from these causes we may readily deduce the existence or production of a state of general weakness and irritability, which, participated in by the uterine organs, would account for all the phenomena which attend these cases, as well as the causation of those physical conditions of the cervix uteri which have been so especially dwelt upon as their principal features.

Whenever the constitutional conditions which I have referred to prevail to any extent, it must of necessity follow that local irritation will very readily follow upon trivial disturbing causes, and irritation so occurring in such constitutions, will speedily give rise to morbid vascular changes in the irritated parts, while these again will prove more or less intractable to medical treatment, in proportion to the general weakness or irritability which may prevail. Such changes, however, so occurring, form but a part of a prevailing diathesis, and cannot be adequately treated without due regard to it: they are assuredly not the causes of the general derangement with which they are associated, but rather its consequences, inasmuch as they follow upon rather than precede it. The extreme susceptibility of the uterine organs to irritation, and its consequences under the circumstances which I have stated, need not be dwelt upon here; it has already been referred

to in various parts of this paper, and its mode of causation must be obvious to all. To show how readily, however, irritation and morbid vascular changes may occur in the uterine system of organs as the result solely of derangement of the general health, and in the absence of all local influences, I quote the following case from Abernethy.

CASE. "A female child, five years of age, having disorder of the digestive organs, had also discharge from the vagina, and dysury: afterwards several sores formed about the labia pudendi, which were foul and fretful, and did not heal under any of the applications that were tried. The tediousness of the case induced the parents and medical attendant to wish for an additional opinion. Being consulted on the case, I suggested some unimportant alteration in the local treatment, and urged particular attention to diet and to the regulation of the functions of the bowels and biliary secretion, which were extremely wrong. The sores after a little time became materially better, but the disorder of the digestive organs rather increased, when, after the child had for several days discharged nothing from the bowels but a substance resembling clay in consistence, and of a slate colour, it died suddenly of nervous disorder."

The history of this case presents a sequence of morbid actions, which I believe to be common to many of these affections of the cervix uteri. Constitutional derangement is first induced, which secondarily gives rise to irritation of the vaginal mucous membrane, and this is soon followed by unhealthy discharges, morbid vascular actions, and ultimately by intractable ulcerations of the affected parts. Whatever, then, the remote causes may be in these cases, the immediate or primary pathological condition which is set up, is irritation or disordered nervous action; and it is this which it is most important to investigate and to remove in all such cases. It is this, indeed, which being present will give rise to all those local symptoms which attend upon vascular disease of the uterus, and which when absent will divest such disease of much of its severity. It is this, also, upon which, rather than upon vascular disease, may be said to depend those unfavourable reactions upon the general health, which are so often observed in connection with these affections of the cervix.

If it were possible in all cases to appreciate fully and to remove the causes of uterine irritation before vascular changes had taken place, I doubt not that we should be able very generally to prevent their occurrence. So also, if these causes could be recognised and removed after such changes had taken place, I doubt not that these secondary lesions would often spontaneously subside under the influence of the corrective powers of the constitution alone. But such knowledge is not always attainable; and hence our indications of treatment are for the most part vague and uncertain, and its results often abortive. Irritation, then, and not inflammation, appears to me to be the key to the pathology of these affections, or rather, I should say, to those functional and constitutional disorders which attend them. All the phenomena attending them may arise from this cause in the absence of any vascular or structural changes. Inflammation, induration, or ulceration, may indeed be superadded, but will occasion little difference in the resulting phenomena; and it is because uterine irritation thus established has so often a constitutional origin, and is so frequently the

consequence of constitutional disorder, that we so constantly meet with such disorders in connection with these affections. From a disregard of this principle, a too physical system of pathology appears to have prevailed upon the subject of these diseases. The physical conditions of the cervix have been carefully noted: every alteration of colour, every thickening or abrasion of its mucous membrane, has been regarded as the essence of some particular species of disease; but the fact at the same time has been overlooked, that these physical appearances are but the consequences, and not the causes, of morbid actions: that they are but the outward manifestations of such actions, and form only a part of the series; often, indeed, being but the terminal links in the chain, of which the primary may be far distant or remote.

Of all tissues of the body, there are probably none which are so liable to suffer secondarily from the effects of constitutional disorder, as the skin and the mucous membranes. They constitute important emunctories for the discharge of various effete and deleterious matters from the blood, whether the effect of mal-assimilation, or the disintegration of the tissues; and their secretions, when vitiated, or greatly altered from their natural condition, may become the exciting cause of numerous local diseases: in the skin, giving rise to different eruptions, and, in the mucous membranes, to various inflammatory and ulcerative conditions. The mucous membrane of the mouth and throat affords many illustrations of this remark; and I would especially refer to the instance of stomatitis ulcerosa—a disease which is often met with amongst strumous or unhealthy children, as the consequence of constitutional causes alone. But the mucous membrane of the vagina furnishes also analogous instances. It is well known, says Dr. D. Davis (*Elements of Obstetric Medicine*, 2nd edit. p. 76) “that female infants, and children the offspring of parents totally free from constitutional syphilis, are occasionally the subjects of leucorrhœal and muco-purulent discharges, very similar in their appearance, and accompanied by a similar state of irritation of their secreting surfaces, as is observed in cases of virulent gonorrhœa. It is, moreover, well known that children similarly free from all taint of syphilis, are not unfrequently the subjects of ulcerations of their external genitals It has happened to the author rather recently, to have been consulted in three cases of children between the ages of three and seven, for a profuse muco-purulent discharge from the vagina, which in one was attended by extensive ulcerations of the vestibule and the posterior fourchette of the pudendum. All the children presented the usual indications of scrofulous constitutions.” Now, if in these cases it is clearly shewn that vaginal discharges, and consequent ulcerations of the pudendum, may occur in children as the sole consequence of derangement of the health, it appears to me to be equally probable that similar occurrences may occur in adult females, as the consequence of similar causes; and that such parts as the cervix uteri, which are constantly exposed to the contact of such vitiated secretions, may equally become secondarily irritated, inflamed, congested, or ulcerated. Such circumstances would, indeed, readily account for the occurrence of inflammatory and ulcerative affections of the cervix uteri, even in the virgin; but they would also guard us against committing the error of considering them as primary and specific

diseases. They point to a constitutional origin, and the necessity of directing our remedies to this cause; they show the inutility of attempting their cure by mere local applications; and, above all, the impropriety of exploring instrumentally the cervix uteri of virgins, for the sake of investigating and treating affections which in reality are secondary, and not idiopathic diseases. Certain it is, that our more empirical forefathers cured many of these cases by correcting disorder of the general health, by enjoining frequent ablution, and the occasional use of tepid or cold water injections.

But these circumstances, while they tend in an especial manner to connect the diseases in question with derangement of the general health, and point to the primary importance of constitutional treatment, are by no means opposed to, or inconsistent with, the employment of topical treatment under certain circumstances. Surgeons, it is well known, resort to such mode of treatment in the case of many local affections which depend upon, or have arisen from, constitutional causes. The irritability of a part may be excessive, or altogether disproportionate to that of the constitution; vascular action, when set up, may continue after the causes which may have produced it shall have been removed; and a trivial irritable sore of any part of the body may, under certain circumstances, disturb the whole constitution. Here, then, and in many other instances, the employment of topical measures will be productive of the greatest advantage; and that, too, whether the disease for which they may be employed is seated on the cervix uteri, or any other part of the body. But such measures, it may be added, will not alone prove successful. I have known them perseveringly employed for months, by very competent persons, and yet with but little permanent advantage. They are extremely useful in conjunction with general measures of treatment, but abstractedly will accomplish little; and when we hear of the cervix uteri being cauterised persistently, for periods varying from three months to as many years, for the cure of these affections, we may be sure that the indications of the case have not been properly attended to or fulfilled. It should be observed, that the cases requiring local treatment moreover form rather the exception than the rule. In the great majority, these ulcerative appearances will spontaneously subside, on amending the state of the constitution which has given rise to them; and it cannot be too strongly insisted on, that change of air, and a short residence at the sea-side, has speedily cured many cases of this description, when every variety of local treatment had entirely failed. "We should have mentioned," says Dr. Evory Kennedy, "that amongst the plans of constitutional treatment had recourse to in some of the more obstinate cases described, change of air is preeminently useful. Often have we seen these ulcers become stationary in some stage of their progress, then extend; and, when every variety of local treatment seemed to fail, moving our patient a few miles from her previous residence, induced a speedy healing action. In the lapse perhaps of a fortnight, matters again became stationary, when the change of place was repeated with the same good effect; in fact, this circumstance is now so familiar to us, that not unfrequently a patient is kept moving about from place to place until the cure is effected." (*Dublin Journal of Medical Science* for July 1847, pp. 79-80.) I might support the correctness of these

remarks, by referring to cases in which, after a few weeks' residence at the sea-side, severe uterine and constitutional disorder speedily disappeared, which had been pronounced, after an ocular examination, to depend upon extensive ulceration of the cervix uteri, and which could only be cured by a lengthened course of cauterisation.

Upon the whole, then, it appears to me to be consistent with the clinical history of these cases, with the appearances presented by the cervix uteri, and with the results of treatment, to affirm that these inflammatory and ulcerative conditions of the cervix uteri have not the significance which has been assigned to them; that they are in nearly all cases secondary, and not primary affections; that they have nearly always either a constitutional origin, or are maintained by constitutional causes; that in a large proportion of cases they are curable by constitutional treatment alone; and that the employment of topical treatment, although often beneficial, is yet of subordinate value, whilst its persistent employment for lengthened periods is at the best unjustifiable, because for the most part unnecessary.

From whatever point of view, then, we regard uterine diseases, whether we look to these more partial affections of the cervix, or to those of a more general character, we observe equally the same laws of morbid action prevailing, and the same general principles of treatment available. It may be doubted, indeed, whether these affections ever occur as partially as has been represented, and whether disorder of one part of the uterine system can long exist without sympathetically producing correspondent derangement of others. Certain it is, that in the great majority of these cases we observe evidence of such consent in the character and combination of the symptoms which are met with. Whatever, however, may be the nature or extent of these affections, the influence of constitutional causes in their production is of the highest importance to recognise; and of these, that which I have attempted to elucidate in the foregoing observations, viz., disturbed states of the nervous system, claims our especial attention.

With these remarks I shall conclude for the present, and shall hereafter continue the subject, by a consideration of the relations of uterine disorder to abnormal conditions of the blood and various constitutional diatheses, in further illustration of the relations which subsist between uterine and constitutional disorder.

Chester Place, Hyde Park Gardens, February 1852.