

THE
DISEASES OF WOMAN,
THEIR CAUSES AND CURE
FAMILIARLY EXPLAINED;
WITH PRACTICAL HINTS
FOR THEIR PREVENTION,
AND FOR THE
PRESERVATION OF FEMALE HEALTH.

BY F. HOLLICK, M. D.,
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TOMY AND PHYSIOLOGY FOR POPULAR USE,"
AND "THE ORIGIN OF LIFE."

ILLUSTRATED BY NUMEROUS ENGRAVINGS.

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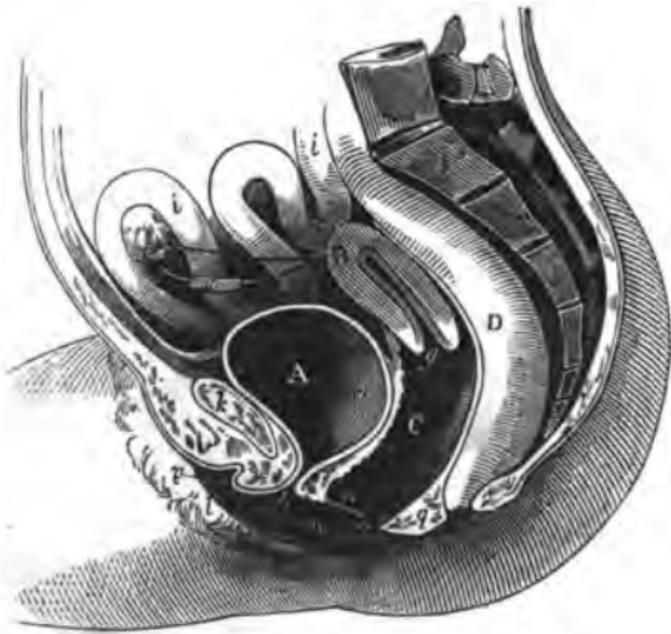


Plate I.

A side view of one half of the Female body, to show the position of the organs in their natural state.

DEDICATION.

To the Ladies of America,—

With the best wishes of the Author
for their welfare and happiness, this work is respect-
fully dedicated, by their sincere friend,

THE AUTHOR.

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LIST OF SOME OF THE PRINCIPAL WORKS REFERRED
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TISE.

Davis' Principles and Practicos of Obstetric Medicine.—
Collis' Practical Treatise on Midwifery.—*Ryan's* Manual of
Midwifery.—*Lees'* Researches on the Pathology and Treat-
ment of the Diseases of Women.—*Des Maladies propre aux*
Femmes, par M. Nauche.—Practical Observations on Uterine
Hemorrhage, *J. Burns.*—*Burns'* Principles of Midwifery.—
Dewees' Treatise on the Diseases of Females.—*Baudeloques'*
Treatise on Internal Uterine Hemorrhages.—*Good's* Study of
Medicine.—*Copland's* Medical Facts and Observations.—
Astruc's Treatise on the Diseases of Females.—*Copland's*
Dictionary of Practical Medicine.—*Hooper's* Medical Dic-
tionary.—*Education Physique des Jeunes Filles, ou Hygiène*
de la Femme avant la Marriage, A. M. Bureaud-Rioffrey.
—*Mackintosh's* Practice of Physic.—*Histoire Philosophique de*
l'Hypochondrie et de l'Hystérie, E. F. Dubois.—*Addison* on
the Disorders of Females connected with Uterine Irritation.—
Manning's Treatise on Female Diseases.—*Smith's* Treatise
on Hysterical and Nervous Disorders.—*Dissertation sur l'Hys-*
térie, G. L. Duvernay.—*Cullen's* Practice of Physic.—*Medi-*
cal Researches into the Nature of Hysteria, A. Wilson.—
Perry's Mechanical Accounts of the Hysterical Passion.—
Mandeville's Treatise on the Hypochondriac and Hysteri-
c Diseases.—*Purcell's* Treatise on Vapors, or Hysteri-
c Fits.—

Guy's Medical Jurisprudence.—*Beck's Medical Jurisprudence.*
 —*Wilson's Lectures on the Urinary and Genital Organs.*—
Denman's Midwifery.—*Groch's Midwifery.*—*Chailly's Mid-*
wifery.—*Ashwell's Treatise on the Diseases of Women.*—*Co-*
lombal de l'Isere on the Diseases of Females, &c.—*Waller*
on the Functions and Diseases of the Unimpregnated Uterus.
 —*Hufeland's Art of Prolonging Life.*—*Beclard sur les Mala-*
dies des Femmes, a l'epoque de la Cessation des Menstrues.—
Fogg's Observations on Uterine Discharges, &c.—*Capuron,*
Maladies des Femmes.—*Hooper's Morbid Anatomy of the*
Uterus.—*Churchill's Outlines of the Principal Diseases of Fe-*
males.—*Lisfranc on Diseases of the Uterus.*—*Leake's Medi-*
cal Instructions on the Prevention and Cure of the Diseases of
Women.—*The Treatise on the Diseases of the Uterus and the*
Organs connected with it, by M. Boivin and A. Duges.—*Sey-*
mour's Illustrations of the Principal Diseases of the Ovaria.
 —*Dunghison's Human Physiology.*—*Spratt's Obstetric Ta-*
bles.—*Combe's Constitution of Man; and Physiology applied*
to Preservation of Health.—*Cabanis, Rapports du Physique*
et du Moral de l'Homme.—*Parent Duchatetel on Prosti. in*
Paris.—*Gall's Works, Translated by Combe.*—*Recherches*
Anat. et Physiolog. sur les Ovaires, M. Negrier.—*Traite Phi-*
losophique de Med. Pratique, M. Gendrin.—*Todd's Cyclope-*
dia of Anatomy and Physiology.—*De la Puberte et de l'age*
Critique chez la Femme, &c., M. Raciborski.—(This last
 work contains a complete view of the new discoveries and
 opinions respecting the Ovaries, &c.)—*Lever's Essay on Or-*
ganic Diseases of the Uterus.—*Blundell's Observations on*
some of the more Important Diseases of Women.—*Lee's The-*
ory and Practice of Midwifery.—*Histoire Naturelle de la*
Femme, Moreau.—*Theorie Positive de la Fecondation des*

Mammifères, &c. par *M. Pouchet*.—The Origin of Life, by *F. Hollick*, M. D.—Neuropathy, and Outlines of Anatomy and Physiology, by the same author.

REVIEWS, &C.

Glasgow Medical Journal.
 Transactions of the Society for Promoting Medical Knowledge.
 Journal General de Medicin.
Medico Chirurgical Review.
 Nouveau Journal de Medicin.
 Philadelphia Medical Journal.
 Reveu Medicale.
 Transactions of the *Medico Chirurgical Society*.
 Medical Gazette.
 Lancet.
 British and Foreign Medical Review
 Braithwaite's Retrospect.
 Ranking's Abstract.
 Archîvês General de Medicin.
 Guy's Hospital Reports.
 London Medical Repository.
 Midland Medical and Surgical Reporter.
 Boston Medical and Surgical Journal.
 Baltimore Medical and Surgical Journal.
 American Journal of the Medical Sciences.
 New York Journal of Medicine and Collateral Sciences.
 American Medical Intelligencer.
 Littel's Monthly Journal of Foreign Medicine.
 Dictionaire des Sciences Medicales.
 Reports of various Lunatic Asylums.
 (And various other Reviews and Journals.)

This list by no means contains *all* those books that have been consulted on this subject, but merely the principal ones. Some of them are old works, sought out in Medical Libraries, and others are the newest and most standard of the present day. Many others have been made use of, but not directly extracted from, so that while their information has been made available its source has been overlooked, or unnoticed. In the course of several years' miscellaneous reading on any subject, many facts will necessarily be gathered whose paternity is eventually forgotten, and this is the case in the present instance. Where credit has not been given, however, it is not intentionally omitted, but inadvertently. The list, imperfect as it is, will give some slight idea of the labor connected with the getting up such a volume as the present.

F II

P R E F A C E .

A VARIETY of circumstances induced me at the commencement of my professional career, to give my chief attention to the physiology and diseases of the female system, and my practice ever since has been mainly connected therewith. Many causes have given me at different times, peculiar facilities for acquiring information on these subjects, particularly on certain points not usually well understood, and I have been desirous of making that information available to the best of my ability, as a means of alleviating physical suffering, and removing moral evil.

Experience early taught me that the greater part of the female diseases which came under my notice, were caused, directly or indirectly, by the ignorance of the sufferers respecting the constitution and relations of their own systems. This ignorance not only produces their diseases, but also conserves them, because it prevents the adoption of proper means for their removal, and leaves the sufferers liable to constant imposition from uninformed or designing pretenders. The *very best* medical practice, unfortunately, is obliged to leave numerous diseases unchecked, and I feel fully assured that the greatest skill in the world could never *cure* so many physical evils, as a little timely knowledge would *prevent* ! There-

fore, both as a means of teaching females how to avoid disease, and to instruct them in simple means of treatment, and also to prevent imposition, a certain amount of knowledge of themselves is indispensable. So fully convinced was I of this, that I determined to devote greater part of my time and what little ability I possessed to the dissemination of that knowledge. I found, however, that this was a very difficult task, and required considerable devotion and perseverance. Ignorance dislikes to be disturbed, prejudice is difficult to overcome, and interest easily becomes alarmed at innovation, as I soon discovered. Feeling confident, however, that I was engaged in a useful undertaking, and one that would ultimately be universally commended, I kept on, notwithstanding the obstacles I met with, until, I am happy to say, a fair amount of success attended my efforts. For the future I intend to labor in the same field, unless my place be taken by others more capable, and my efforts become unnecessary, which I shall be very happy to see.

In the spring of 1844, I commenced in New York city a course of public lectures to females, on female diseases, illustrated by anatomical models, and contrary to general expectation they were extensively patronised, and met with general approbation. The press universally commended them, and many ladies of eminence and ability gave voluntary testimony in their favor. I continued lecturing in New York for three months to large audiences, and then went to Philadelphia, where my success was even greater, upwards of *four hundred ladies* having attended in one day! Since then I have many times repeated them in both places, and also in Washington, Baltimore, and other cities with the same result. On several occasions, particularly in Philadelphia, I have been

presented with votes of thanks, and with flattering testimonials, one of which had over *three hundred names* attached to it, and also with many valuable *presents*; among the rest with a splendid large GOLD MEDAL!

During this time I have met with the approbation of all who were acquainted with the real nature of my undertaking, and the manner of my proceedings. Some uninformed persons, judging from prejudice, distrust or misrepresentation, may have misconceived my motives; and many have expressed their regret when undeceived for having done so. A few interested practitioners also, fearful for their practice and reputation, have endeavored to injure me in various ways, and prevent my proceedings; but, as might have been predicted, only to their own discomfiture. A detail of the means they employed is not necessary here, since they failed in their object, and merely afforded a lamentable instance of moral turpitude and mental imbecility.

The present book followed as a matter of course from the lectures. My audiences repeatedly asked me, by public call, to write such a one, so that they could study it at home, or send it to their absent friends, and my daily experience showed me the necessity for it. Many circumstances, however, retarded its appearance. My professional engagements left me but little leisure, and I was also desirous of postponing it till I had made certain investigations of an important character. As it now stands, this book is the result of an extended series of observations in my own practice, and of a thorough examination of nearly all the celebrated works on the subject, native and foreign. The amount of labor required in this examination and its importance, may be partly estimated by referring to the *list of books consulted*. Many of the most valuable

among these books have never been translated, and much of the information here given cannot be found in any other *original* work ever published in this country in the English language. I have made it a point *to leave no source of information whatever unexplored!*

My object being *popular instruction*, I have of course made all my explanations as familiar as possible, and have either altogether avoided names and words not generally understood, or else given an explanation of them. Everything not strictly necessary to an understanding of the subject, or in any way objectionable has been carefully avoided, but nothing has been omitted that is really essential, even though its novelty, and opposition to preconceived opinions, may at first startle the unthinking or offend the prejudiced.

I am well aware that many of the new discoveries I have mentioned are as yet unknown, except to a few medical men, and will naturally surprise those who hear of them for the first time. That is no reason why they should be concealed however, but the contrary. *Every new truth that is announced only takes the place of some antiquated error*; and since the human mind, in regard to every subject, must be occupied by one or the other, which should be preferred? Truth! undoubtedly. Society is now too far advanced for any kind of useful knowledge to be restricted to a few. The public demand to know everything they choose which concerns their welfare, and that demand *must* be complied with. The growing spirit of enquiry among females respecting themselves, makes such a work as the present absolutely necessary, for while it is absent its place will be filled by imperfect or improper substitutes. Several books on this subject have lately been issued of a highly objectionable character, but which are

bought simply because their real character is not perceived, and there is nothing better to supercede them. Some others I have seen, not to be objected to on the same grounds, being written by respectable scientific men, but which, nevertheless, fail in giving *popular information*, because they are not sufficiently simple in their language nor familiar in their explanations. Most of them are also too *meagre*, only touching on a few prominent diseases, and leaving numerous topics of the greatest interest and importance unexplained. As already remarked, I have endeavored to write this book so that every person of ordinary capacity shall understand it, and yet so that no reasonable objection can be made to it. And further, I have, I believe, *explained every female derangement yet heard of or seen!* I do not think there has been a single one omitted, and several that are introduced have never been heard of before, I will venture to assert, except by a few professional men.

As far as it could be done with propriety and advantage, I have given directions for *domestic treatment*, and have always made a special point of teaching how to *prevent* disease. General rules for *the preservation of health* have also been given, and the various causes which tend to destroy it have been carefully enumerated. In short, I have endeavored to make this Book *a complete work of reference* for everything connected with female health and the treatment of female disease! One in which the parent can find comfort and assistance in her own afflictions, and by means of which she may guard her child against them. Those disorders which belong to *both sexes* in common I have not spoken of, because they belong to general medicine; and my business was with *diseases solely female*. Nor have I have spoken of those dis-

eases which belong exclusively to marriage, gestation and delivery, as these will form the subject of a separate volume

With many heartfelt thanks to the ladies in general, and particularly to those of New York and Philadelphia, for their kind patronage of my former books and lectures, I present this volume to their notice, sincerely hoping that it may be acceptable to them, and assist in alleviating those evils to which unfortunately so many of them are subject.

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PLATE I.

Lateral Section, or side view of the Female Pelvis, to show the position of the Organs.

A. The Bladder.

B. The Womb.

C. The Vagina.

D. The Rectum.

e. The Right Ovary.

f. The Right Fallopian Tube.

g. The Os Tincæ, or Mouth of the Womb.

h. The Meatus Urinarius, or Mouth of the Bladder.

i. i. The Small Intestines.

j. j. The Back Bone.

e. k. The Pubic or Front Bone.

l. The Right External Lip, or Labium.

m. The Right Internal Lip, or Nymphæ.

n. The Hymen.

o. The Opening through the Hymen.

q. The Clitoris.

p. The Perineum.

(This of course shows the half of all the single Organs and the right one only of those that are double.)

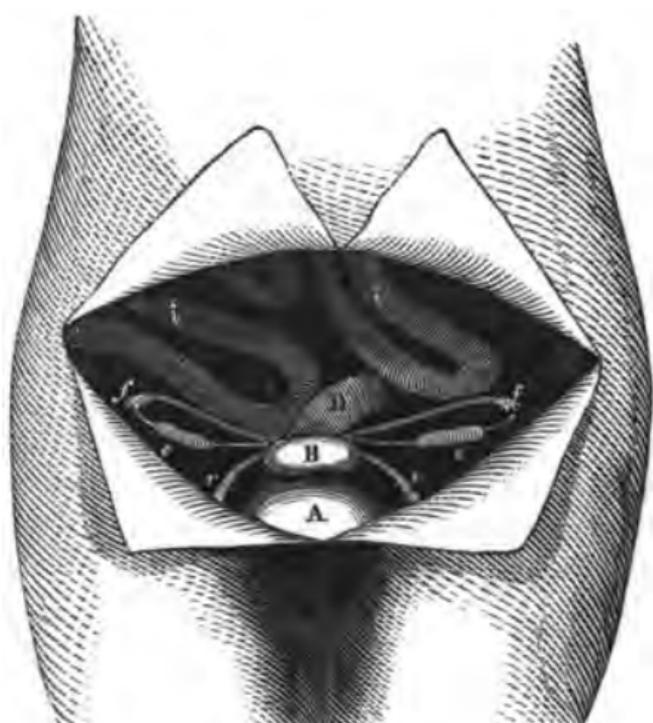


Plate II.

A front view of the Female body, with the external walls removed, to show the position of the organs in their natural state.

PLATE II.

Front View of the Female Pelvis, with the External Walls removed.

A. The Bladder.

B. The Womb.

D. The Rectum.

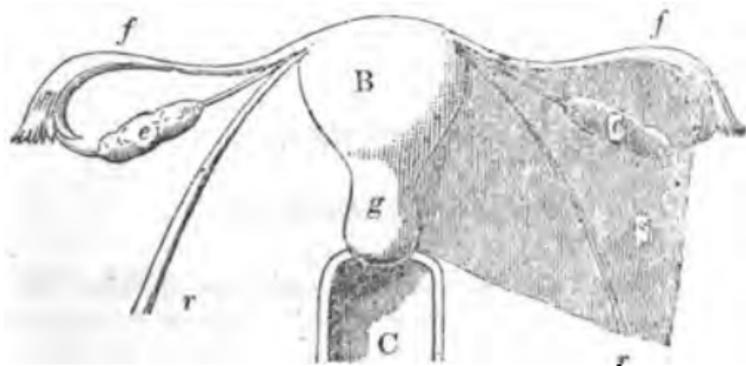
e. e. The Ovaries.

f. f. The Fallopian Tubes.

i. i. The Small Intestines.

r. r. The Round Ligaments.

PLATE III.



The Uterus and its Appendages removed, to show their connection with each other.

B. The Womb.

C. The Vagina.

e. e. The Ovaries.

f. f. The Fallopian Tubes.

s. s. The left broad Ligament. The right one being removed.

r. r. The Round Ligaments.

g. The Os Vaginæ, or Mouth of the Womb.

THE DISEASES OF WOMAN.

CHAPTER I.

THE FEMALE SYSTEM.

IN order to understand many of those peculiar derangements to which the Female System is so liable, it is necessary to have at least a general acquaintance with the structure, position, and uses of the different organs which compose it.

This general acquaintance, sufficient for the present purpose, is intended to be given in the present chapter, those who wish for more extended information being referred to "*The Origin of Life.*"

DESCRIPTION OF THE FEMALE ORGANS, AND EXPLANATION OF THEIR USES.

INTERNAL ORGANS.

The Ovaries.—(e. e. Plates I, II and III.)—These are two oval shaped bodies, about the size of an almond nut, placed one on each side, nearly in the groin. They contain a number of small round grains, or granules, called the *ovæ*, or eggs, which are the germs of future human beings, as the eggs of birds are of their particular kind. They are

connected with the uterus by two short arms, or prolongations, and are enclosed in the folds of the broad ligaments.

The Fallopian Tubes.—(f. f. Plates I, II and III.) These are two Tubes, one on each side, beneath the Ovaries, and extending farther. Each of them has a small passage which opens into the uterus at one end, and opposite the Ovaries at the other. Their use is to convey the impregnating principle to the Ovaries, at the time of conception, and to convey the Ovæ, when impregnated, to the interior of the Womb.

The Uterus, or Womb.—(B. Plates I, II and III.) This is a hollow organ, placed between the Bladder, which is in front, and the Rectum, which is behind. It is connected with the Vagina, and opens into it by the small orifice called the mouth of the womb.—(g. Plates I and III.)—The Uterus is the organ which receives the impregnated ovum, and in which it is developed into the human being. It is connected with the Ovaries by the Fallopian Tubes, and with the Vagina by the Os Tincæ, and is retained in its situation partly by its connections with other organs, and partly by the round and broad ligaments.

The Vagina.—(C. Plates I and III.)—This is the passage which leads to the Womb from the external opening.

The Os Tincæ, or Mouth of the Womb.—(g. Plates I and III.)—This is the small orifice, opening into the Vagina, by which communication is established with the Uterus from without.

The Bladder.—(A. Plates I and II.)—The Receptacle of the Urine. It is placed immediately in front, on the pubic bone, the Uterus lying nearly on the top of it.

The Rectum, or Termination of the large Intestine.

(D. Plates I and II.)—This is situated behind the Vagina, and between it and the back bone.

The Broad Ligaments.—(s. Plate III.)—These are two broad folds of membrane, which serve partly to enclose the Fallopian Tubes and Ovaries, and partly to sustain the Womb in its place. They adhere to the Uterus and to the walls of the Pelvis.

The Round Ligaments.—(r. r. Plates II and III.) These two cords arise from each upper corner of the Uterus, and curving downwards are fixed by their other extremities to the pubic bone. They are partly enclosed in the Broad Ligaments. They assist in sustaining the Uterus in its position, and probably also they strengthen the Broad Ligaments and prevent their rupture when the strain upon them is too great.

Fimbriæ of the Fallopian Tubes.—(t. t. Plate III.) These Fimbriæ are like Tentaculæ, or fingers, springing from the extreme ends of the Tubes, and floating loosely in the cavity of the pelvis. Their use is to clasp hold of the ovaries at the time of conception, so that the fecundating principle can reach them, and also to take up the ovæ when impregnated, and convey them into the Tube, down which they pass into the Womb.

EXTERNAL ORGANS.

The External Lips.—(l. Plate I.)—These are commonly termed the *Labiæ externa*. They are two broad folds of membranous and adipose substance, forming the portals to the Vulva, or entrance to the Vagina.

The Internal Lips.—(m. Plate I.)—These are two smaller labiæ, sometimes called the *Nymphæ*, within the first, the chief use of which appears to be to direct the flow of the urine from the urethra.

The Hymen.—(*n.* Plate I.)—This is a membrane generally found in virgins, which grows over and closes more or less completely the entrance to the Vagina. Use unknown. When it exists there is generally a small orifice through it, by which the menses escape, each monthly period.—(*o.* Plate I.)

The Clitoris.—(*p.* Plate I.)—This is a small prominent organ, about the size of a large pea, placed in the upper part of the opening between the external lips, and immediately above the Meatus Urinarius. It is the principal seat of venereal excitement, and is subject to many annoying diseases.

The Perineum.—(*q.* Plate I.)—The part between the Vulva, or entrance to the Vagina, and the fundament. It is chiefly composed of the muscles belonging to the neighboring parts, and assists very much in supporting the womb.

The Meatus Urinarius, or Mouth of the Bladder, (*h.* Plate I.)—a small opening by which the urine escapes, placed between the lips, and immediately above the Vulva, or entrance to the Vagina.

These organs are all placed within, or in contact with, the lower part of the Trunk, called the pelvis. They are all intimately connected with each other, and some of them have most extensive and strong sympathies with almost every other part of the system. So much so is this the case in fact, that probably the great majority of diseases to which females are liable arise, directly or indirectly, from Uterine or Ovarian derangement. Very often the heart, the stomach, or some other organ, though perfectly healthy, is thought to be diseased, and appears to be so, merely from its sympathy with the diseased womb.

CHAPTER II.

MALFORMATION, OR IMPERFECT DEVELOPMENT OF THE
DIFFERENT FEMALE ORGANS.

MALFORMATION, or faulty developement, of the female organs is frequently met with, sometimes from accidents, and sometimes from natural imperfection. There are so many -and such different cases of this kind that it is impossible to enumerate them all, nor is it necessary; we will therefore confine ourselves to those most generally found.

COHESION OF THE EXTERNAL LIPS.

(*l.* Plate I.) Sometimes female children are born with the external lips completely grown together, so as even to close up the passage from the bladder. In this case great distress is very soon felt from inability to discharge the urine, and the assistance of the surgeon becomes immediately necessary. Fortunately this difficulty is generally very easily overcome. It is seldom, however, that the adhesion is so extensive as to close completely the urethra, more generally it is only partially closed, and the urine escapes in drops or small quantities. More frequently it is only the entrance to the vagina that is closed, and then the difficulty may not be discovered till the period of puberty. At that time great distress is felt from the menses not being able to escape from the Womb; but of this we shall speak in another article. There are many accidents that may cause this adhesion of the labia, such as chaf-

ings, inflammation from various causes, and irritation of the urine. In some young persons there is a constant disposition to an inflamed state of these parts, and unless constant attention be paid to *cleanliness* they are very apt to grow together. In married persons this sometimes takes place from injuries at child-birth, and other causes. Let it arise how it may, however, or at whatever period of life, the imperfection should be immediately removed, as serious consequences often arise from it; such as violent inflammations, retention of the menses, and even dangerous ulcerations. The surgeon should of course be applied to in all such cases, and, in young persons, *as early as possible*, so that all trace of the imperfection may disappear by the growth of the parts. Very often these things are neglected in children, and then unpleasant exposures have to be made when the parties are grown up. I have known many such left till puberty, or even till marriage, causing then the greatest distress and difficulty. Where anything of the kind is even *suspected*, it should be at once attended to, and parents should bear in mind that very often the regular use of *cold water will prevent the necessity for the surgeon's knife*. There is too much neglect of this precaution!

In nearly all these cases, especially when taken in time, no *knife* is required. In young persons never. There is therefore nothing in the operation to terrify. I have found that the best mode is, to gently *tear* them asunder, or gradually separate them with a thin piece of ivory, or hard wood, which may be done with little or no pain. Care must be taken afterwards to keep them apart till they heal, or they may again adhere.

UNION OF THE NYMPHÆ.

The Nymphæ—(m. Plate I.)—sometimes adhere from the union of the external labia, and sometimes from other and independent causes. This malformation, like the previous one, may be either congenital or accidental, and its general effects are much the same as those described in the previous section. In such cases there is always a difficulty in urinating; the nymphæ not directing it in a stream, in the proper direction, it flows backwards, or over the person, causing great trouble and irritation, and often leads to the fear that there is gravel, or stone, or weakness in the bladder.

Most of these cases of adhesion are so slight that no *cutting* is required. I have treated many successfully with the simplest domestic means, both in children and adults.

UNNATURAL GROWTH OF THE NYMPHÆ.

An unusual enlargement of the Nymphæ is sometimes observed even in very young children, but is more usually found after puberty. The causes of this unnatural growth are obscure, and sometimes it appears to arise from a constitutional tendency. The annoyance, and sometimes even positive suffering, is very great, so as to seriously impede the performance of several natural functions. Attention should be paid immediately to these cases, because they have not only a tendency often to become much worse, but even to degenerate into Gangrene, Fungus, or Cancer. The use of cold lotions, and saline aperients, with perfect rest, and careful abstinence from exciting food or drink, will usually be sufficient to check the evil, if used early. When

these means fail, however, and the enlargement still continues, leeches may be used, or scarification, and, as a last resort, the parts may be cut away, as is often done in some parts of Asia for other reasons. Certain habits in young persons, and certain excesses in adults, have often more to do with the production of this annoyance than is supposed, and if persisted in will defeat all attempts at cure. Cold water, and *entire absence from all excitement whatever*, is often all that is required.

UNNATURAL GROWTH OF THE CLITORIS.

(*p.* Plate I.)—This affection is precisely the same as the last, in its nature and treatment, being merely located in another part. It is however much more annoying, and more dangerous, and is likely to lead to *immorality* as well as to serious disease. The same means may be used as are recommended for enlarged Nymphæ, and, if these fail, amputation may be necessary. If proper cleanliness be observed, and all improper excitement avoided, this last resort is seldom needed. If it ever do become necessary, however, it is consoling to know that the operation is speedy, safe, and almost painless. In some parts of the world it is almost invariably performed.

I am persuaded that more young persons are subject to these two last named annoyances than is generally supposed, and I have no doubt but that the unnatural excitement, thus produced, is a more frequent cause of deviation from the paths of rectitude than has ever been suspected!—A timely attention to physical derangements will often prevent moral ones!

Exciting food, indolence, and vicious habits, are probably some of the principal physical causes of

this evil, conjoined with excited feelings from sentimental reading or improper associations.

CLOSURE OF THE VAGINA.

Imperforation, or want of passage in or to the vagina,—(C. Plates I and III.) is sometimes found at birth, and sometimes arises from accidents in after life. It usually produces no particular inconvenience till the period of puberty, at which time great distress is often produced from retention of the menses.

Sometimes this closure is caused simply by the Hymen having no passage through it. In this case the membrane usually protrudes in a convex form externally, and the fluid may be felt, like a weight, pressing upon it, whenever any accumulation of the menses occurs. In one case occurring in my own practice, of this kind, there had never been a flow though the patient was nearly twenty years old. An examination soon showed the cause. The Hymen was completely imperforate, and protruded in the form of a round ball, from the pressure of the fluid behind. The Abdomen was much distended, the lower limbs were much swelled, and about once a month the greatest distress was experienced, from the persevering efforts made by nature to relieve herself. At one of these periods a small incision was carefully made, and immediately there escaped nearly *three quarts* of fluid matter resembling the ordinary monthly secretion, mixed with clots and cakes of dark blood, and membrane. The patient felt immediate relief, and one month after had her menstruæ, and continued to do so with perfect regularity, and without distress. From the suffering previously experienced, and from the wearing down of the system, it was evident she could not long have sur-

vived as she was, and what made her case worse, the parties prescribing for her had given a quantity of forcing medicine, *to bring it on*, as they said, thus increasing the evil. The real cause of the difficulty was never suspected before my visit.

In all cases when the menses do not appear in young persons at the proper time, it should be ascertained, *with certainty*, whether any impediment of this kind exists or not, before any treatment is recommended, otherwise great mischief may be done.

The most usual symptoms of retention from this cause are, enlargement of the abdomen, which varies much however at different times, with great tenderness to the touch,—pain in the loins and back—weight and dragging down in the pelvis—difficulty of breathing—spasmodic starts and twitches—headache—sickness and vomiting—and usually swelling and great tenderness of the breasts. In course of time nearly all the internal organs become more or less deranged, and we find difficulty in passing the urine, or inability to retain it, and frequently great suffering whenever the bowels are moved. In some cases the accumulation has been so great, as to cause severe pressure on the sacral nerves; and thus produce numbness and weakness, or even paralysis of the lower limbs. Sometimes the great enlargement has caused suspicion of pregnancy, and much injustice and suffering has in consequence been experienced. There are cases recorded in which this retention has produced severe nervous diseases, and even insanity. And in more than one instance the fluid has been forced along the fallopian tube into the abdomen, causing inflammation and death.—Dropsy is a very frequent result. In some few instances the fluid is *absorbed* after each monthly

period, but this is rare, and when it does occur, it leads to great constitutional disturbance.

Imperforation of the Hymen is not, however, the only cause of closure of the Vagina. There are sometimes *false membranes* formed, at different parts of the passage, or the two walls may be even *perfectly united* in their whole length, forming a *solid body* instead of a tube! I recollect one case of this kind, in which an operation was performed, and a passage cut, till the womb was reached, and the walls kept from growing together again till they healed. The passage thus produced was very small at first, but gradually enlarged, by proper means of distension, to its natural dimensions. This is a very delicate and difficult operation, however, and not unaccompanied with danger. In the case referred to it was perfectly successful, and in a short time after the menses appeared and became regularly established. The lady subsequently married, and became a mother, with little more than the ordinary pain and difficulty. It is proper to remark, however, that such an operation as this is exceedingly difficult and dangerous, and by many surgeons would not be performed at all, except when it offered the only chance for preserving the health, or life, of the sufferer.

This accident has occasionally arisen from injuries at childbirth, and from criminal attempts at abortion. I have even known it to occur, partially, from other vicious practices, producing inflammation.

In performing the operation of puncturing the Hymen, or other membrane, there is always some risk of inflammation to the womb; and it should therefore only be attempted by a competent person; fatal results having happened from want of proper precautions. It is also desirable to so perform it that

the Hymen shall not be *destroyed*, on account of the *moral* importance attached to it. A little reflection will show how culpably negligent those parents must be who remain so ignorant of the condition of their children, as to allow them to *marry* with this imperfection, and yet this has been done ; and, in one case in my own practice, nearly with fatal results !

Many cases are recorded in medical works in which the Vagina has become closed after a difficult labor, and some even in which it occurred after conception, so that an opening had to be cut before delivery could be accomplished. Dr. Ségalas mentions one such case in which the opening could not be made in time, and the patient died from the bursting of the womb.

PARTIAL CLOSURE, OR NARROWNESS OF THE VAGINA.

This state of the parts is often found at birth, though it may be produced by various causes afterwards. The closing may be so great as to cause a difficulty in menstruation, with pain, or it may not be discovered till marriage, or even till delivery.

Many cases are on record, and I have known many such, in which the marriage could not be consummated from this cause. In one of these, to the great distress of both parties, a divorce was about to be agreed upon. The lady was brought to me for another affection ; but this being confidentially mentioned, I remarked that *possibly* the difficulty might be overcome. The patient could scarcely be brought to think so, but ultimately agreed that the experiment should be made. The passage itself was not larger than an ordinary quill, though there was no difficulty at the monthly period. By patient perseverance in a proper system of dilatation, with different-sized

elastic tubes, filled with air, in less than six months it had attained its proper dimensions; and, to the great joy of both parties, the difficulty was *fully removed*, and conception afterwards occurred.

The narrowness may either exist in the whole length of the Vagina, or only in a particular part—this, of course, requires to be accurately ascertained. In some cases it arises merely from a partial growing together of the external lips, and is then very easily removed. The danger, at the period of marriage, in some of these cases, is obvious; in some of them much after-suffering, and even *death*, has been produced, which might easily have been avoided by a little timely assistance!

This process of enlarging the vaginal canal is one requiring great care and patience. There are few cases wherein it will not be successful, if rightly conducted, though there are many in which it may fail from very slight inattention. In all cases where there is *pain* or *difficulty*, at certain times, from this cause, it should be immediately resorted to. The use of *cutting instruments* is seldom, *if ever*, required in these cases; I never recollect one, and I have had a great many, in which, by the gradual means spoken of, I did not effect a cure. A case is mentioned by Colombat De L'Isère, of a lady *thirty-four years of age*, who had been married since her fourteenth year, with whom this operation was perfectly successful.

Lacerations, and other injuries, from delivery, frequently produce this difficulty.

The walls of the Vagina will sometimes swell from inflammation, and cause a temporary narrowness, which may be overcome by rest and cold injections. Tumors occasionally develop, either on the walls or on the mouth of the womb, and partly fill up the

passage. These are probably the worst cases of the kind that can occur. Many medical authors assert that no attempt to remove them should *ever be made*: in some cases, however, the operation is successful.*

When this narrowness of the passage is not discovered before labor commences, there is sometimes great difficulty, and even fatal lacerations, from the parts not giving way readily; but in general the efforts of nature effect a gradual enlargement, even in the worst cases. It would be better, however, to attend to the difficulty in time, if it be known.

CLOSING OF THE MOUTH OF THE WOMB.

The Mouth of the Womb,—(g. Plates I and III,) may become closed from the same accidents as the Vagina, or it may be closed from birth. The same effects also follow from its closure as from that of the Vagina, with the exception that it does not prevent the consummation of marriage, though it will prevent conception. The plan of treatment is nearly the same as that laid down for the Vagina, but it is much more difficult and uncertain, and by many persons is altogether denounced, excepting as a last resource to preserve health, or life. I have overcome some cases, however, without an operation, by patient perseverance. Very often this defect exists and is unsuspected. It should therefore be always looked for, when no other cause of difficulty is known, particularly in retention of the menses and in barrenness.

ABSENCE OF THE VAGINA, OR WOMB, OR BOTH.

Fortunately these deprivations seldom occur. I have, however, met with some such, and many are on record in medical books; it is therefore advisable to mention them. Either the Vagina or the Womb

may be absent, alone, or both may be absent together. It may also be a congenital defect, or may arise from injuries. The Womb may be absent and yet every other part perfect, so that no indication of the defect will be evident, except on examination. Marriage may then be consummated, but must of course be fruitless. Absence of the Vagina is of course always discovered, and forbids the possibility of marriage. If the Womb and ovaries be perfect when there is no Vagina, we may have the same distress and difficulty as in closing of the Vagina, because there will be no means of escape for the menses if they form. It is seldom we can afford relief by artificial means in such cases, though Nature sometimes relieves herself by an artificial passage into the rectum, or bladder, or by some vicarious discharge.

The sooner all these malformations, or unnatural growths, are attended to, the better, both because it gives a better chance of success, and because it may prevent much distress and suffering of body and mind. Every mother ought to know sufficient of her daughter, and be sufficiently familiar and confidential with her, to prevent the possibility of any of these grave difficulties existing without her knowledge. Unfortunately many are culpably negligent in this respect, or too little informed, and suffer their children to contract engagements for which they are unsuited, and which produce nothing but misery and disappointment to themselves and their partners.

CHAPTER III.

DISPLACEMENT, OR WRONG POSITION OF THE FEMALE
ORGANS.

THE different Female Organs are liable, from a variety of causes, to be displaced, or they may even be misplaced congenitally. The Womb is most frequently found out of its proper situation, and its deviations will therefore first engage our attention.

PROLAPSUS UTERI, OR FALLING OF THE WOMB.

This troublesome affliction, scientifically called *Hysteroptosis*, is found at almost every period of life, and under almost all circumstances. It is, in fact, so general, that it may be considered a kind of heirloom, to which every female may consider herself born, and from which she may think herself extremely fortunate if she escapes. It is, in fact, a very *rare occurrence* to meet with any adult female, particularly if long married, who is not troubled with it, or has not had it. Married females are undoubtedly more subject to it than unmarried ones, but it is found to a great extent even among very young persons. I have known many suffer from it before puberty, and some even as young as ten or eleven years of age. Cases are on record where complete prolapsus existed at birth, giving rise to doubt as to the proper attributes of the child. But without referring to these congenital accidents, we have enough to do, unfortunately, with the disease as it arises in after life.

The primary causes of its fearful prevalence are, undoubtedly, to be found in an almost entire neglect of the laws of physical health, in the education of

young females. Want of sufficient self-prompted exercise, with free exposure to air and light; combined with injurious and absurd modes of dress, and too long continuance in constrained positions of the body, are some of the evils almost universally prevailing. These are sure to lead to bodily debility and imperfect development, particularly when united with over excitement of the mind and feelings. And hence arises the curved spines, the blanched cheeks, the consumptive lungs, and general state of weakness so prevalent among young girls; and the still greater evils so general among adult females. Falling of the Womb is more frequently produced by loss of tone in the muscular system, than by anything else; it is, in fact, nearly always a result of debility, except among females who perform heavy labors—and with them it is produced by actual violence, by lifting, straining, or remaining too long on the feet.

Until these errors in the education, and mode of life, of females are corrected, such evils will always exist; and if any man could prevail on society to adopt a more rational course in this respect, he would *prevent* more disease and suffering than medical art has *cured* since it was first originated.

Among particular causes of prolapsus uteri may be mentioned, wearing corsets,—too violent exertion,—running up stairs,—reaching above the head,—straining from constipation of the bowels,—injuries at childbirth, or rising too soon after it,—frequent deliveries,—and *excesses* of various kinds.

To understand the nature of this distressing affection it will be necessary to refer again to Plate I, II. It will then be seen that the Womb is placed in the Pelvis, between the Bladder and Rectum, to both of which it is attached. Those attachments being the

chief means of its support in a vertical position. The ligaments, both round and broad, act chiefly as *stays*, to prevent the Womb moving to the right or left, particularly when the female lies down. The Muscles of the *Perineum*,—(q. Plate I,)—or part between the mouths of the Vagina and the Rectum, also play an important part in sustaining the Womb. The whole of the Genito Urinary Organs, and the Rectum as well, are supported by these muscles, which form what is called *the floor of the Pelvis*. When these muscles are weakened, or relaxed, they allow the parts they should sustain to sink below their proper level, till eventually they become fixed in a wrong position, and their attachments so weakened that they cannot return. The perineum is relaxed by straining from costiveness, by violent coughing, and by lifting, all of which therefore lead to prolapsus.

A heavy engorged state of the Womb itself also generally accompanies this disease, and predisposes very much to it, by its mere weight. This explains why young persons are more exempt than married ones, because the Womb is lighter in them. It also explains how retention of the menses, or any other derangement which increases the *weight* of the organ, leads to the same result.

This disease is usually divided into *three stages*, and will be most advantageously considered in that way.

First Stage.—In this stage we find that the Womb has merely *settled down*, as it were, a little, and instead of being perched on the top of the bladder, as we see it in Plate I, II, it has fallen down *between the bladder and rectum*, as we see in Plate IV, nearly to the middle of the Vagina, which is of course much

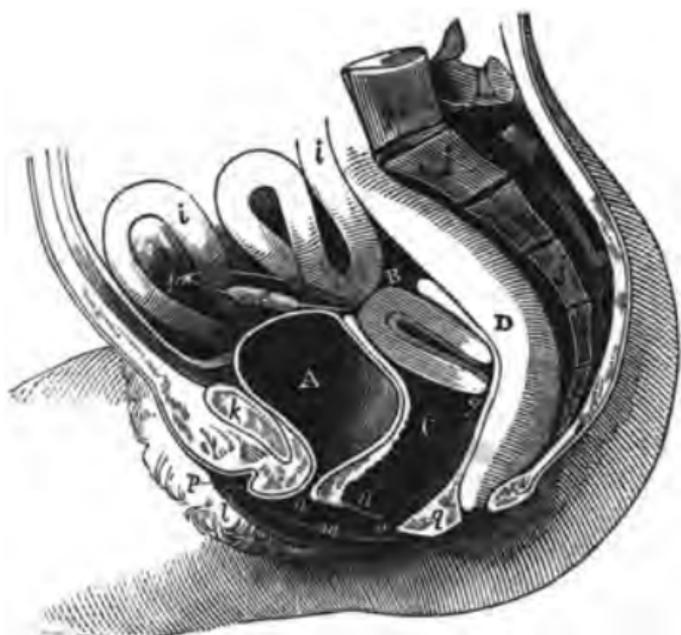


Plate IV.

The same view as in Plate I, but with the womb fallen, as in the first stage of prolapsua.

PLATE IV.

Lateral Section of the Female Pelvis, to show the position of the Womb in the first stage of Prolapsus. This should be compared with Plate I.

A. The Bladder.

B. The Womb, which is fallen down nearly to the middle of the Vagina.

C. The Vagina, much enlarged at the middle part, owing to the Womb being forced down into it.

D. The Rectum, also much compressed by the Fallen Womb.

i. i. The small Intestines, also fallen down after the Womb.

(The other parts are the same as in Plate I.)

enlarged, from the pressure of the Womb into its cavity. The immediate causes of this primary displacement are relaxation of the ligaments and the walls of the Vagina, assisted, in most cases, by increased weight of the Uterus, from engorgements. The most prominent symptoms are, dull pain in the small of the back, with dragging sensation in the groin, and fulness or weight round the fundament, and in the perineum, with great lassitude and weariness of the limbs. At this stage the disease is comparatively slight, and usually yields to simple remedies. It is at this time, therefore, that proper treatment is most likely to be attended with success, and it should be resorted to *immediately*, the prospect of cure being lessened by every day's delay.

In examination the neck of the Womb is felt very low down, like a tumor, which immediately recedes when pushed, but falls back again when the pressure is withdrawn. The Os Tincæ will distinguish this from a real tumor, but is not always easy to find, owing to the position of the whole neck being so much changed.

It should be borne in mind here that some persons have the Womb *naturally* much lower than others, and what would be a real displacement in one may therefore be quite natural in another. The Neck of the Womb is also very long in some persons, and this circumstance may deceive, unless care be taken.

It is at this time that we often find great relief, or even a complete cure, in some cases, from cold astringent injections and washes, which give tone and strength to the relaxed and weakened muscles and ligaments. Good abdominal or uterine supporters are also proper at this stage, as they hold up the intestines, and other organs above, and prevent them

from pressing upon the Womb. Unless made on proper principles, however, and well fitted, these instruments are more likely to do injury than good, and this is in fact very often the case.

Cold water is one of the best washes, or injections, that can be used. I would not advise any *mineral* astringents at all, but sometimes it may be advantageous to employ an infusion of *white oak bark*, two ounces of bark to two pints of water, boiled down to one pint. A stronger mixture may be made by boiling two ounces of pounded *nut galls* in a pint of water, for ten minutes. These injections should be employed *cold*, with a *bent syringe*, which should be filled about three times at each application, and used night and morning. Cold water, however, is generally sufficient, and if it were plentifully used, in time, would be a great *preventive*. The cold fluid should also be dashed over the groins and pubes, where the ligaments are attached, and on the inside of the thighs, as well as used with the syringe.

I have found *Galvanism*, however, the most effective agent, both in relieving immediate symptoms, and also in effecting a cure. The effect it produces is that of drawing up the parts, in the first instance, or restoring them to their proper places, and then strengthening the muscles and attachments so, that they are able to retain them. I have known this remedy act, almost from the first application, in so remarkable a manner, that the patient has imagined herself cured at once. The immediate relief it gives is often surprising, but to effect a permanent cure, it of course requires to be continued. I have used it myself in hundreds of cases, and can safely say with more benefit than from any other means.

The most usual mode of applying it is, from the

spine through the ligaments and womb, externally, but in some cases it is requisite to use it internally. It is better, however, always to have it administered by some one who has made a study of the subject, and who fully understands it. There are seldom two cases that can be properly treated in the same way, and I often find it necessary to vary not only the mode of application, but also to procure instruments specially adapted for particular cases.

This derangement is one of those in which it is evident, both from reason and experience, that *medicines* can render little or no assistance. They are proper so far as they can improve the general health, but cannot possibly have any effect in restoring the displaced Womb, though females are often deluded into taking them under that impression, and very frequently to the great injury of their health, as well as the loss of valuable time.

It is seldom the disease remains long at this stage, for if it be not cured it soon becomes worse.

Second Stage.—The Womb has now fallen still lower in the Vagina, and the general symptoms have become worse. The increased descent is shown in Plate V. The mouth of the Womb,—(g. Plate V.) is near the external opening. The Vagina is inverted, or turned inside out as it were, nearly two thirds of its length, and is much distended. The Bladder is pressed upon near its neck,—(h. Plate V.)—and so irritated that a constant desire is felt to urinate, and often a difficulty is experienced in doing so. The Rectum,—(D. Plate V.)—is also pressed upon in the same way, near the fundament, and a sensation is constantly experienced as if the bowels were going to be moved. Both Bladder and Rectum are in fact pulled down, out of their places, and their

functions materially interfered with. The ligaments are put upon the stretch, owing to the Womb hanging by them, producing a severe pain in the groin, and at the lower part of the abdomen, accompanied oftentimes with a feeling of numbness in the limbs, from the nerves being pressed upon. The pain in the back becomes more severe and more constant, and gradually the whole system becomes deranged.

The *nerves* of the Uterus are connected with those of almost every other organ in the body, as well as with the spinal marrow, and this explains why it has such extensive and complicated sympathies. There is, in fact, scarcely an organ in the body but what may suffer, and appear to be diseased, though perfectly healthy, merely from disease of the Womb, which may nevertheless give but few or no indications of disease itself. This is a matter on which medical men have dwelt but very little, and about which the public generally know still less. Every female, however, ought to have it explained to her, so that she may understand the real cause of her suffering, and the *reason* for the proposed treatment. Palpitation of the heart, bilious derangements, considerable spinal irritation, inflammation of the bowels, difficulty of breathing, and dyspepsia, besides a host of minor derangements, are often produced by falling of the Womb. When this is the case we must, of course, look for a cure only by restoring that organ to its place; but how could a female feel satisfied that any treatment of the Womb would relieve the heart, or stomach, unless she knew how intimately it was connected with them?

Many persons suffer much from headache, distressing nervous sensations, with a feeling of irritability that makes them truly wretched, and with a

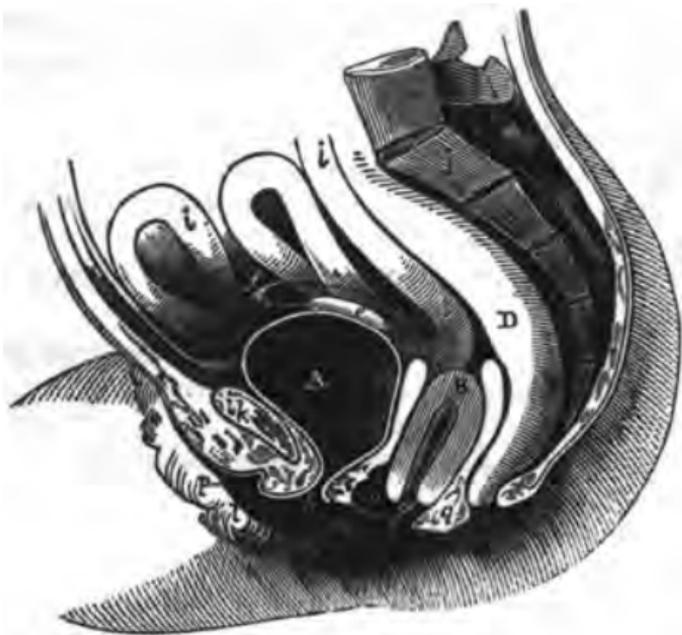


Plate V.

The same view as in Plates I and IV, but with the womb fallen still lower, as in the second stage of prolapsus.

PLATE V.

Lateral Section of the Female Pelvis to show the position of the Womb, and other Organs, in the Second Stage of Pro-lapsus.

- A. The Bladder.
- B. The Womb, which is now fallen to the bottom of the Vagina, so that its mouth corresponds with the mouth of the Vagina.
- C. The Vagina, much enlarged, and nearly filled up by the fallen Womb.
- D. The Rectum, which, like the Bladder, is severely pressed.
- g. The Os Tincæ, nearly at the external opening.
- h. The Meatus Urinarius.
- i. The Small Intestines, still following the Womb.
- j. The Spine.
- k. The Pubic Bone.
- l. The External Lip.
- m. The Nymphæ.
- o. The Perineum.
- p. The Clitoris.

(This should also be compared with Plate I, so that the change in position may be obvious.)

weakness and lassitude, making the slightest exertion difficult.

In fact, the general symptoms are frequently very similar to those of pregnancy, and have often deceived persons into a belief that such an event had occurred. Loss of appetite, sickness, or vomiting, with a sensation of weight and fulness in the abdomen, accompanied by a feeling as if a large tumor were about to escape by the vulva. I have known some suppose they were going to miscarry on this account.

Rest in a reclining position usually relieves all these distressing symptoms, not only because it is grateful in itself, but because it allows the prolapsed womb to return, by removing the pressure of the superincumbent organs.

It is of the *utmost importance* that the Womb should not be suffered to remain fallen longer than can possibly be avoided. If it do, there is great danger that new attachments will be formed between it and the other organs, and thus they will be fastened, or grow, in their new positions. This accident, in fact, does often take place in cases that have been left too long; and it is then almost impossible to afford relief. The impropriety of using many of the ordinary instruments, when this has occurred, will be evident. Suppose the organs in a female Pelvis had fallen into the position represented in Plate V, and were then to *become fast*, it will be readily seen that any attempts to force and prop them up will not only be useless, but must cause great suffering. A careful enquiry and examination should therefore be made into every case before any treatment is recommended, so that no harm be done at least, if no assistance can be rendered.

Sometimes a tumor, or polypus, will pass from the inside of the Womb, and protrude through its mouth into the Vagina. In such cases, without great care, a mistake may easily be made, and the tumor be taken for the Womb. The mistake has often been made the other way, and in more than one instance the fallen Womb has been *cut out*, under the impression that it was a tumor!

Prolapsus, in the first and second stages, does not always prevent conception, though it is very apt to do so, partly from the Womb being in a wrong position, and often inflamed, and also because the *pain* experienced at certain times leads to retirement.

In general the fallen Womb comes still lower in the early months of pregnancy, but rises afterwards. There are instances, however, on record, where it has continued fallen till nearly the full period, and others where it has fallen completely just before delivery. In one case delivery occurred while the Womb was part in and part out of the body!

Occasionally a cure has been effected by pregnancy, but much more frequently the benefit is only temporary, and the derangement afterwards becomes worse. This is very apt to be the case if the woman be of a relaxed habit of body, and rises too soon after delivery, or walks too far. The reason will be obvious when we reflect that the Womb remains partly engorged, and heavier than usual, for a considerable time after delivery, while the ligaments, and attachment, which support it, are weaker. She should, therefore, either rest till the uterus is reduced to its natural weight, and its supports have become strong, or, if she do move about, do so carefully and use an artificial supporter.

When we are satisfied that the prolapsus exists,

the next consideration will be the best mode of treating it, and this must depend somewhat upon circumstances. There are many unfortunate cases beyond the reach of medicine, in which the physician can only be an idle spectator, or at best he can only suggest a palliative treatment, to give temporary relief. Fortunately, this is chiefly through its having been left too long. When taken in time, and always *the earlier the better*, some degree of permanent good may be effected, if not a perfect cure. Sometimes it results chiefly from some other disease, which of course must be attended to first. Lencorrhœa very often produces prolapsus.

The first thing, in most cases, is to enjoin a recumbent position, in fact the female must lie on her back nearly altogether, during the treatment. This is requisite to allow the parts to return to their natural position, and to prevent their falling again. Sometimes it is necessary first to replace them with the hand. This injunction to rest, however, is not always requisite, nor proper. There are some females whose muscular systems become lax and debilitated from want of exercise and fresh air, and who are benefitted most by moderate exertion out of doors, cold bathing, and a general tonic regimen and diet. A little attention will distinguish one class of patients from the other. The next desideratum is to restore tone and strength to the ligaments and attachments, which may partly be effected by the use of cold water, and astringent injections, as recommended in the first stage. Some practitioners use caustic, and other violent remedies, but I have never yet been satisfied that any good has followed them that could not have been effected by simpler means. We must next endeavor to restore the general

health and strength. This is the great point, for, if the system be left weak and debilitated, the womb will fall again directly the female begins to move about. I have known many females who have been pronounced *cured*, simply because they were temporarily better from rest, and using stimulating tonics, but who relapsed immediately they began to walk out. If an improvement do not take place in the general health, there will always be liability to a recurrence of the prolapsus, as it is essentially a consequence of weakness and debility, in most cases. The shower bath, or the douche bath over the loins and abdomen, when it can properly be administered, is also a useful auxillary. Galvanism is however the best agent for general use. It gives strength to the muscles, and a healthy tone to the organs themselves. After the prolapsus is reduced it should be applied both externally and internally, at least once a day, either alone or in conjunction with the remedies previously recommended. I have known females who could not keep up the womb by any supporter they could use, who could retain it a whole day after the application of galvanism, without any artificial assistance whatever. A thorough knowledge of the parts themselves, and of their precise condition in each case, is requisite however for success, and it is for want of this that so many have failed. Sometimes a Battery is required, and sometimes we can operate by means of a simple instrument which the female can apply herself.

Medicine in such cases, as previously remarked, except when it can assist in restoring the general health, is altogether out of the question. Mechanical means, when applicable, may render valuable aid, but should never be depended on alone for effecting a cure, nor used indiscriminately in all cases.

The *Supporter*, or Truss, is more frequently useful in the first stage, though sometimes it may be worn with advantage in the second. Before recommending it in any case, however, the physician should be satisfied that he has good reason for doing so, because it may oftentimes do harm. The parts should then be properly replaced, and the female should rest on her back some time by way of preparation, for if the instrument be put on while the parts are down, it will only keep them down, instead of supporting them.

These necessary preliminaries are generally omitted, and the consequence is that disappointment, if not aggravation of the disease, is the result. The patient should also recline while being measured for the supporter, and while it is being adjusted to her person, so that it may fit properly when the womb is in its place.

In regard to the choice of a supporter few general directions can be given. Particular circumstances, in many cases, must necessitate a variety of forms and modes of adaptation. Most instruments of the kind are made to one pattern, and too heavy, and the point of support is too high, so that they rather press on the abdomen than support it from below. The point of support should either be in the centre, immediately over the pubic bone, or on each side, so as to press nearly on the ligaments. On the back it should be supported by a good wide pad, or two, or more, so that it may not cause too much pressure on any particular spot. The part passing between the limbs should also be specially constructed, so as not to chafe or inconvenience the person, and so that it can be easily detached if required, though it will be seldom requisite to remove it if rightly made.

There may also be fixed to this part, with most persons, a small thick pad to press on the *perineum*, and assist in supporting it, the advantages of which will be evident when the supporting power of that part is borne in mind.

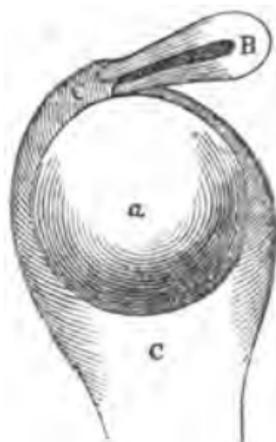
I have made this subject a matter of considerable attention, and have long been engaged in devising a proper instrument of this kind, that could be easily modified, and adapted to every case that would admit of it. As yet I have not succeeded to my own satisfaction, but I hope to do so, for when such aid can be given with propriety, and efficiently, it is invaluable.

Another instrument is sometimes recommended called the *Pessary*. The mode of action, and proper construction of which, is but little understood, we will therefore give a full description of it.

THE PESSARY.

The Pessary is a firm body, larger in diameter than the Vagina. It is usually round, oval, or ring shaped, and on being introduced into the passage pushes the fallen womb before it, and prevents its descent. Suppose the fingers of a glove were half turned inside out, and then a large marble pushed up the inside, it is evident that the part which was inverted will be again put back in proportion as the marble advances, and cannot return while it remains there. This is precisely the action of a Pessary, as will be seen by Plate VI.

PLATE VI.



a.—Represents a Globe Pessary which has been introduced into the Vagina *C*, and thus pushes up and supports the Uterus *B*.—*g* is the Os Tincae.

The Vagina is much enlarged on account of the greater diameter of the Pessary, round which it contracts below and prevents its falling out. The contraction of the muscles necessarily carries the instrument to the top of the passage, so that it presses against the mouth of the womb—(*g*.)

Pessaries have been used from the most remote times, and are mentioned by medical writers among the Greeks, Romans, Egyptians and Arabians. They were formerly composed of many substances not now used, as leaves, cotton, wool, and similar articles. They were also impregnated with drugs, to make them medicinal, and were thus used for various complaints. Sometimes they were constructed of gum, resin, or wax, or of sheep's bladders, and small bags. At present they are made

chiefly of metal, but often of hard wood, ivory, horn, cork, wax, leather, sponge, caoutchouc or glass.

Cork has the advantage of being light, but it is too porous, and absorbs the fluids so that it soon rots, and endangers the health of the parts. Many cases are mentioned where it has led to fatal results. Covering it with wax or gum, partly obviates this objection but adds to its weight, and is liable to wear off.

Hard wood, ivory and glass are too heavy, though they are perfectly clean, and on that account to be recommended when they can be worn.

Wax and resin is too brittle.

Metals not easily oxydised make good Pessaries, but are too hard, and will often corrode in spite of all our precautions, besides they are too costly for general use.

Most generally they are made now of some elastic substance, impervious to moisture, like oiled silk, or caoutchouc, and either stuffed like a pillow, or blown up with air; these last being probably the most effective, and liable to the fewest objections.

The form of the Pessary has been varied so much by different practitioners that it is impossible to describe all its modifications; it is only necessary, however, to speak of those most in use.

The Globe Pessary, as represented in Plate VI, is the most generally employed in this country and in England. It is a perfect sphere, and usually made of very thin silver, gilt, or of pure gold. I have seen some made of glass, but they are too heavy, and liable to be broken. Round balls of India Rubber are also used, and will often succeed very well. The diameter varies from *two inches* to *two-and-a-half*. It must not be so large as to cause pain, but large enough not to fall out when the person stands

up or coughs, or when the bowels or bladder are moved. The introduction of a Globe Pessary of sufficient size, and properly placing it, so that it will not hurt, or fall out, requires considerable care and time, and should always be entrusted to a competent person, for though it may appear a simple matter, it is, in reality, a delicate and important operation! One advantage attending this form is that it requires no adjusting, every position being right when it is once in the Vagina, while those having a depression must be so placed that the lips of the Os Tincæ will rest in it, and those that have a passage through them must have it so placed as to be vertical.

The removal of one of these instruments is often more difficult than its introduction.

The Egg-shaped Pessary is not much used, except by some English practitioners. It is much more easily introduced, and more easily displaced; it is generally perforated through its centre.

The Flat Oval Pessary has to be introduced edgewise, and then turned at right angles to the Vagina. It is difficult to introduce, and is always becoming displaced; besides, it often causes such intolerable pain, that it has to be removed immediately.

The Ring Pessary is in the form of a flat thick ring, with the central opening about three quarters of an inch in diameter. These rings are made of glass, hard wood, or India rubber. To introduce them they are passed into the Vagina edgewise, and then turned horizontal, which is easily done, because the finger can be introduced into the central opening.

The Figure of 8 Pessary is introduced the same as the oval ones, but is not much used, especially in this country. It is easily deranged, and is liable to many objections.

The Stem Pessary is one to which a stem is attached, passing down the Vagina, and attached to a bandage passing between the limbs, which is again attached to a belt passing round the waist. This Pessary has many advantages, though it has some disadvantages. It needs not be so large as the others, because it cannot of course fall out. It must also of necessity continue at the same height, and cannot well be displaced. The stem, however, is liable to irritate the Vagina and external parts, as it is difficult to so construct them as to suit the form and direction of the parts in all their various positions.

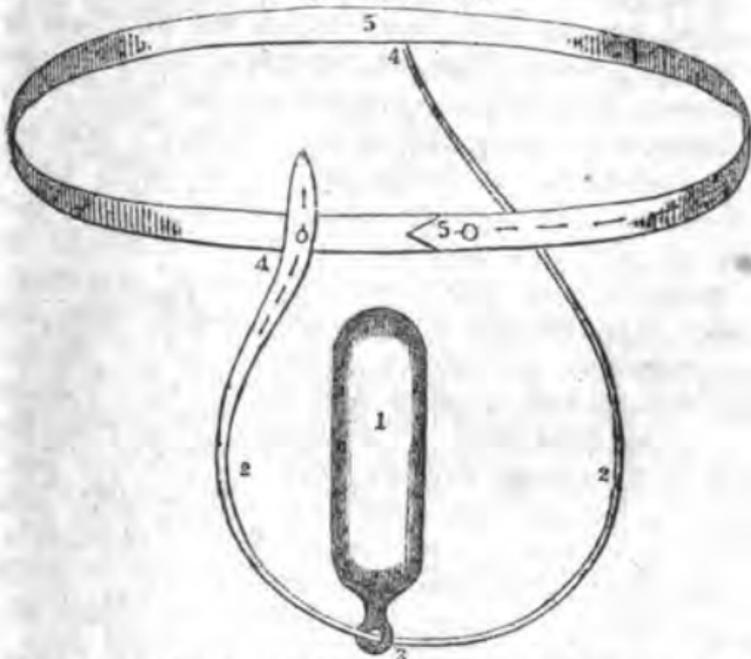
Spring Pessaries. The Spring Pessary has been modified in many different ways by different practitioners, but is not so generally used as some others after all. In its most common form it consists of a cylindrical spring, about the natural size of the Vagina, which is contracted a little at the bottom circle till introduced, and then allowed to spring open, by which means it is held in its place. The upper end is shaped somewhat like a cup, to support the Womb. Sometimes the spring is made of gold, and left uncovered, and sometimes it is made of steel, and covered with India Rubber.

The Elytroid Pessary is a tube of India Rubber, or other elastic material, nearly in the shape of the Vagina itself, it has a cup for the Womb at the upper end, while the lower one rests on the sides of the Vagina just within the Vulva.

The Conoid Pessary is in the form of a cone, which is introduced the large end first. It is chiefly used, when the Vagina itself is much relaxed.

Besides all these we have various others, as the *Cup-shaped*, *Bronards*, and the simple *Inflated Cylinder*, which is probably the best.—See plate VII.

PLATE VII.



1. Is a cylindrical bag of India Rubber, very thin and light, filled with air, which may be made of any size. This is introduced into the Vagina. 2, 2. Is a light cord, or wire, or belt, passing between the limbs, and through the ring (3,) at the bottom of the bag. This cord or strap is attached to the belt round the waist by two buckles (4, 4,) so that it can be drawn tight, or slackened, at pleasure. 5, 5. Is a broad belt passing round the waist, to which the under strap is attached, it can be drawn in, or let out, by a buckle, 7.

I certainly consider this the best Pessary in use. It is not likely to injure or inconvenience. It must support the Womb, and being soft and elastic, readily adap's itself to the parts in every position of the body.

Another great advantage is, it cannot easily be displaced. I have known females with Globe and Ring Pessaries be annoyed by their falling from the

body when walking, coughing, or sneezing, and at other times.

This particular form of the Pessary I invented myself, and I have applied several hundreds, but have always had each one made to my own directions, after a careful study of what was wanted in each case. It is for this reason that few or none can be kept ready made.

Inconvenience and danger of the Pessary.—It is very seldom indeed that a Pessary, of any kind, can be worn without great inconvenience, even if it do not injure. Frequently the evils resulting from its use are greater than those it is intended to cure, and it is very questionable whether the benefits derived from its introduction have been greater than the injuries. It is probable that the instrument from its very nature will always be more or less liable to these objections, though I have no doubt but that it may be made much more serviceable than it ever yet has been. There are many cases in which it is not proper to be used, as in all kinds of irritation, inflammation, or ulceration, either of the Womb or Vagina,—also when there is a Tumor, or Polypus, or confirmed Fluor Albus. It must therefore be ascertained positively that nothing of the kind exists in the first place. Then a careful study must be made of the peculiar circumstances and features of the case, so that the most suitable kind of instrument may be chosen, and the proper modification given to it. It is chiefly from neglect of these precautions, and from treating all cases on the same plan, and with the same instrument, that so little success has been obtained.

In my own experience with this instrument, which is pretty extensive, I have found probably about one-

half of those who have worn them, by my directions, derive benefit; and this, I believe, is a very favorable proportion. I often have ladies come to me with a request for one of my Pessaries, to whom I am compelled to say, "Madam, such an instrument is not proper for you." Sometimes they will believe me, when the reason why is explained to them; but at other times they think, because one of their friends was cured by its means, therefore they must be. They accordingly go and procure one, and find in a short time that they are worse than before. The fact is, the instrument is only proper in certain cases, which must be determined by the physician.

There are few persons in whom the presence of a foreign body, like the pessary in the Vagina, does not cause great irritation, and ultimately impair the health of the surrounding organs. Frequently on their first introduction, such pain is experienced in the loins and groins, and such an uneasy feeling in the passage itself, that the offending object has to be withdrawn immediately. Sometimes, however, the first effects are not so unpleasant, and it can be retained longer, but only to produce other evils at a subsequent period. Among these may be mentioned swelling, numbness, and weakness of the lower limbs, and swelling of the veins, with difficulty and pain in urinating, or moving the bowels, owing to the pessary pressing on the Bladder and Rectum. In fact, nearly all the distress produced by the fallen Womb itself, on the neighboring parts, is produced also by the Pessary even in a greater degree, because it is equally inappropriate to the place, and more irritating. This irritation also gives rise to Fluor Albus, sometimes to a most profuse extent, or even to ulceration and abscess. This is particu-

larly liable to be the case if the instrument is not frequently removed, and both it and the Vagina carefully cleansed. This should never be neglected *or single day*, for if it be, the fluids which accumulate will become very offensive, and both excoriate and disease other parts, and corrode the Pessary itself. A peculiar growth will also be apt to occur, called a vegetation, which resembles bunches of Warts, that pour out a purulent matter with a most repulsive odor. The celebrated Désormeaux was obliged on one occasion to cut away an immense number of these vegetations, before he could find the Pessary, which had produced ulcerous openings into the Rectum and Bladder. Professor Cloquet mentions a similar case, where he had to cut away an immense mass of fungus vegetation in a lady who was supposed to have cancer of the Womb. To the great surprise of all, an old Pessary was found in the midst of the mass, that had been forgotten for ten years! It was completely covered with the vegetation, and encrusted over with calcareous matter. A case is even recorded where the instrument had been left *thirty years*, and ultimately produced symptoms like those of cancer, which disappeared, however, when it was removed.

Another surgeon relates that some time after he had introduced a Silver Gilt Pessary, he was sent for on account of the lady being in great distress. He found her suffering from severe pains in the Pelvis, accompanied by a profuse foetid discharge. She thought all the distress arose from the Pessary, and requested him to remove it, which he did with great difficulty. It was found to be corroded, full of little holes, and covered with a hard stony crust. Another case is mentioned of a cork Pessary having

rotted in the Vagina, and produced putrid fever, with inflammation of the Bowels. And DeLamotte gives the history of a lady from whom he was compelled to extract a cork Pessary, which had been worn three years, to which he had to use instruments with all his strength. He was unaware of the nature of the obstacle till it was extracted. It also was completely petrified, like a large calculus from the bladder. Such cases are numerous, and frequently result in fistulous openings into the Rectum and Bladder, so that the contents of those organs escape by the wrong passage. The celebrated Dupuytren had a case of this kind, when the Pessary had eaten its way into both the Rectum and the Bladder, and had to be cut away a piece at a time, with strong pincers. Stem Pessaries are apt to produce accidents of this kind, by the parts becoming displaced and forgotten. M. Lisfranc extracted one through the Rectum, which had become lodged crosswise, with both ends penetrating; the patient died.

In those Pessaries that have a central opening, as a ring for instance, the neck of the uterus is apt to become gradually drawn into the opening, if it be left too long at a time, and strangulated. A foreign medical journal relates that a young girl, who suffered from prolapsus, was advised to introduce a ring Pessary, which she did. The central opening being large, however, the neck of the uterus was first drawn into it, and then part of its body. On examination the strangled part was found like a tumor, as large as a child's head, protruding from the parts. It was found impossible to extricate it till the ring was cut through with a saw. She fully recovered. I had a case of this kind myself, but fortunately the lady, being aware from her feelings

that something was wrong, applied for assistance in time. The neck of the Womb had passed through the ring about two inches, but gradually receded as gentle but continued pressure was made upon it, while the Pessary was held fast by a ribbon. Part of the womb has been cut off in this way, and life has been lost. It is a very common occurrence for these instruments, when neglected, to become *petrified*, as it were, or covered with a hard stony crust, which will sometimes be as sharp as a file, and continually chafe the neighboring parts, till it produces painful ulcers, difficult to heal. These extreme evils are, it is true, the consequences of neglect, but still great distress, if not serious injury, will often follow even in the most favorable cases, so that constant care and attention is required.

The Pessary itself should be smooth and light, and not easily corroded by the fluids natural to the parts. It should be easy of removal, and cleansed, together with the organs, *every day*. And further, it should never be introduced if there be any disease or irritation till that be removed.

The cylindrical inflated Pessary, (plate vii,) is less likely to produce irritation than any other, and being smaller than the Vagina itself, it allows all the fluids, or even the menses, to flow away even better than the ring, or those with a hole through them. This is a great advantage for the retention of the fluids, by solid pessaries, has often produced the most serious results, and first led to their being perforated.

TREATMENT AND PROBABILITY OF CURE.

The treatment, so far as it can well be laid down generally, has been already given in the preceding sections, so that we have now but little to add.

The first thing to be done is, to make sure that the case is one of Prolapsus Uteri, and not one of Tumor or Polypus. It must then be ascertained how long the prolapsus has existed, and what stage it is in; whether the Womb is capable of being returned to its place, or has formed adhesion; and whether there be any other disease of the organs co-existing. If there be any other disease, local or general, that may be supposed to be a principal, or even an exciting cause, that must be first removed. Then if the displacement be recent, and slight, rest or exercise must be enjoined, according to the condition and previous habits of the patient, with astringent washes and injections, and the cold bath. Change of air, attention to diet, with any other means that will give tone to the system, will also assist. If these means are not sufficient, Galvanism must be resorted to, under a competent practitioner. All these means must be tried first, leaving the application of mechanical supports till last. I have known the curing of an obstinate constipation of the bowels, completely remove all tendency to prolapsus of the Womb.

If all these means fail, a Supporter, or Truss, may be tried, providing there are no circumstances to contra-indicate it, such as the Womb having adhered, or fallen too low, as in the second stage of prolapsus, when the truss is seldom proper.

When all other trusses have been tried sufficiently long without effect, a PESSARY may be resorted to, if there be nothing in the case to make the experiment improper. It must first, however, be carefully ascertained that there is no inflammation, or ulceration. Great care must then be taken in properly adapting the instrument, so that it may be worn with *ease*, and constant attention, for some time after,

must be bestowed upon it, to make sure that no injury is being done, and that no alteration is required. If all things remain favorable, and the female herself be strictly attentive to cleanliness, much relief may be afforded, and possibly a permanent cure effected by the Pessary.

Other means have been recommended and tried by different practitioners, but none of them have been much used. Thus some advise the patient not to rise on the feet for a long time, but to lie with the Pelvis higher than the shoulders, in some cases for a month or more. Others use little bags, called *Sachets*, filled with tan, or port wine; and others again form a Tampon, or plug of some astringent material. It has even been proposed to make the Vagina nearly solid, by *cutting* the two walls, and *making them grow together!* This has actually been done in several cases with complete success, so far as the operation is concerned, but *not* with the cure of the disease!

Pregnancy sometimes cures prolapsus uteri, but oftener leaves it worse than before. It is sometimes, too, a dangerous complication.

With respect to the probability of a cure, it is not nearly so great in the second stage as in the first. It is always greater, however, the earlier the case is attended to. I have had a very large number of patients with this derangement, and have succeeded in relieving the greater part of those in the first stage, some of which had existed twenty years, and a gratifying proportion even of those in the second, though of course not so many. I have strong hopes since my use of Galvanism, and the formation of better instruments, that most of those formerly left as incurable, may now be relieved. It is my intention to make

this disorder in future a special and constant object of attention.

The general tendency of a prolapsus, if not attended to, or if improperly treated, is to constantly get worse, and ultimately to attain the final stage.

Third Stage.—The third stage is that where the womb is completely prolapsed, or protrudes through the external opening. It is usually termed a complete *Hysteroptosis*. When this event occurs most of the ordinary symptoms of the previous stages are relieved, because the pressure of the Womb upon the Rectum and Bladder is removed. The ligaments and attachments are more stretched however, and the pulling and dragging pains in the back and loins are greatly increased. There can be no mistake as to this stage, because the organ itself may be seen and felt, like a round ball or tumor, between the limbs of the patient. Sometimes this tumor will project six or eight inches, or more. It is composed not only of the Womb, but also of the inverted Vagina, the Bladder and Rectum, and uterine appendages, all of which have been dragged down by it. The neck and mouth of the womb may always be distinguished, though much contracted, and at the menstrual period the usual flow will occur from the Os Tincæ. In most cases the exposure of this tender organ to the external air, the irritation of the urine, and the friction of the limbs and dress produces violent inflammation, so that it will swell and excoriate, or even become mortified. Sometimes it will remain extruded, however, for a long time with trifling inconvenience, and ultimately become as hard and callous as the external skin. A lady once called upon me who stated that she was much alarmed by the appearance of a tumor between the limbs, which had

appeared suddenly, as she was running up stairs. It was not remarkably tender, nor did it cause her much pain, except occasionally a sharp twitch in the groin. It disappeared when she laid down, and sometimes it was not perceivable for a day or two together, if she rested more than usual. It had been more than six months when I saw her. On making the necessary examination I at once told her it was the womb itself, completely prolapsed. She was greatly surprised and alarmed, and requested me to do what I thought requisite to return it immediately. I at once saw the case was very favorable for treatment, because there was no irritation, no soreness being felt even when it was pressed by the hand. A gentle pressure, rightly directed, soon restored the womb to its place, and relieved the sensation of weakness she complained of. The next desideratum was to prevent its falling again, and to remove the tendency to it. If she could have remained perfectly still nothing more would have been required during the treatment, as it only came down from exertion. She was required to be constantly on her feet however, and therefore some artificial support was necessary. A Truss would not serve the purpose, so I had a Pessary constructed for her, on the plan represented by Plate VII. This served the purpose effectually; she could walk, run up stairs, and perform any other active motion without the prolapsus occurring again. I then advised her to take the cold bath regularly, use astringent injections at night, when the instrument was removed, and pay strict attention to her diet, so as to produce regular action of the bowels without medicine. This was persevered in for about two months; she then, by my advice, left home for a month, and went to the sea-side to

bathe. At the end of that time she felt so strong that she thought the Pessary might be dispensed with ; it was accordingly carefully left off, by degrees, and since then, nearly twelve months, she has remained perfectly well.

Cases have been known where female children have been born with this deformity, as previously mentioned, so that their sex has been a matter of doubt. The celebrated Saviard mentions a case of this kind, where the person was commanded, by the civil authorities of the place where she resided, to wear men's clothes. He, however, reduced the prolapsus and at once established her sex. Many such cases are on record, and very often, before their nature was known, they gave rise to the statements we read of in old works respecting *hermaphrodites*, which were mostly deformities of this kind.

The first thing to be attempted in complete prolapsus is, to return the womb to its proper place. This can generally be accomplished, though not always. Sometimes new attachments have formed, where it has been left too long, and then all attempts may fail. At other times the difficulty arises from the small intestines, and other parts, having followed the womb and filled up the cavity it used to occupy. This is partly seen in Plate IV., and Plate V., where the small intestine, (*i. i.*) has followed the descending Uterus into the Pelvis, and, of course, in complete prolapsus they descend still lower.

It is generally considered by surgeons, in spite of all these difficulties, that there are but few, if any, of such cases, in which reduction is impossible. We certainly ought not to despair of any recent case, when we reflect that Saviard reduced one in an Adult that had existed from birth.

After the womb is replaced, means must be taken to keep it there, till the muscles and ligaments are sufficiently strengthened to retain it themselves. Sometimes simple resting on the back will be sufficient, at others we must use mechanical supports, as with the lady I mentioned.

It is very often the case, unfortunately, that the natural strength of the parts never returns, and some kind of instrument has constantly to be worn. After the reduction is effected the treatment is, of course, much the same as for the preceding stages, which it then resembles, excepting that there is an unusual degree of relaxation.

If this unfortunate state of things should occur during pregnancy, and some are more disposed to it at that time, every endeavor must still be made to return the parts to their places, to obviate the great danger and inconvenience that would necessarily follow from the pregnant womb remaining without the body, though it has done so even till delivery. If the Womb be too large to return it must be supported, carefully kept from all irritation, and the patient reclined on her back till the period of birth occurs, which may then take place without extraordinary difficulty. There have been instances known where all attempts to return the protruded Womb have failed, and where the sufferer has merely been partially relieved by using a suspensory bandage of some soft and elastic material, or by lying constantly in a recumbent position.

In some of these cases the organ becomes gangrened, or mortified, and to save the life of the patient it becomes necessary to remove it altogether. This operation of extirpating the Womb, though necessarily a dangerous and painful one, is not neces-

sarily fatal, it having been performed with perfect safety and success by several distinguished surgeons. It may be performed in two different ways, by the knife or by the ligature, each of which has been tried, and each has its advocates and opponents. With proper attention, bestowed in time, this dreadful alternative need scarcely ever be resorted to, and fortunately it is very seldom indeed that a necessity for it arises. I know one lady who had the Womb, and the greater part of the Vagina, cut out, nearly 15 years ago, on account of a cancer, who perfectly recovered, and has enjoyed excellent health ever since.

ANTEVERSION AND RETROVERSION OF THE WOMB.

These are two displacements not so common as ordinary prolapsus, but still more frequent than even many practitioners suspect.

Anteversion is a displacement of the Womb by its falling forwards upon the Bladder, towards the bones of the Pubes. By referring to Plate I, the nature of the displacement will be readily understood. In the natural state the Womb (B.) is nearly balanced on the top of the Bladder (A). Now if the Bladder be suddenly made smaller, from discharging its contents, and any force from behind—as the passage of the contents of the Rectum (D.), for instance, push the Womb forward at the same time, it will be evidently liable to fall over towards the Pubic bone (*k.*) or between the Bladder and Vagina, and thus produce an anteversion.

Retroversion is a displacement of the Womb by its falling *backwards* between the Rectum (D, Plate I,) and the Vagina (C), being precisely the reverse of anteversion, and produced by directly opposite

causes. If the Bladder be *too full*, the Womb will be raised upright, and then a slight concussion from jumping, sudden lifting, or running, may throw it over completely, or retrovert it. In this case, the mouth of the Womb presents forwards against the Bladder, and the top or fundus of it against the Rectum; in the former case, the mouth presents against the Rectum, and the top against the Bladder.

Anteversion appears to be most frequent in the non-pregnant, and retroversion in the pregnant state; both may occur, however, in either, though not after four months gestation, the Womb being then too large to fall into the Pelvic cavity in this way. Retroversion has been known to occur in virgins.

Both accidents may take place either gradually or suddenly, so that the symptoms may be either immediately acute or continue to increase. The sensations are much the same as those from ordinary prolapsus, but usually more severe. Dragging pains in the loins, small of the back, and thighs, with a feeling of weight and bearing down in the Pelvis, similar to labor pains, are first experienced, followed by uneasiness in the Rectum and Bladder, with a constant desire to urinate and move the bowels. Generally, however, both motions are difficult, if not impossible, and frequently the urine will stop altogether in the midst of the flow, every attempt to expel it being productive of increased distress. This is followed in a short time by inflammation of the Womb, which causes the most acute suffering. The menses either cease altogether, or flow continually, and usually a leucorrhœal discharge also supervenes. Gradually the whole system becomes deranged, the appetite is gone, the strength fails, fever sets in, and if relief be not given speedily a fatal result may be

expected. The immediate cause of all this difficulty is the jamming of the Womb into the small basin of the Pelvis, which leads to inflammation, both of it and the neighboring parts. The mischief is of course made greater by any circumstance that increases the volume of the Womb, as when it becomes engorged from retention of the menses, or from pregnancy. Sometimes, when the displacement occurs at the change of life, the impacted Womb, not having any function to perform, will lose its vitality and become smaller, from wasting away.

It will be readily seen that these accidents are very serious during pregnancy, not only from the difficulty of replacing the Womb at that time, but for fear it cannot be replaced at all, in which case the most imminent danger will be experienced. The Womb will necessarily keep growing larger and larger, though the space in which it is confined cannot hold it when empty, without great inconvenience; consequently, it is subject along with the Bladder and Rectum, to violent and increasing pressure, producing the most intense inflammation, which must ultimately be fatal if not relieved. Under such circumstances, it is recommended by the most eminent surgeons to immediately produce abortion, or even to *puncture the Womb*, to make it smaller by removing its contents, and so permit its return. We have many cases on record where this has been done with perfect success; but still it must always be regarded as a fearful alternative under such circumstances. If proper attention be bestowed by the female herself upon her feelings, and by her medical attendant upon her proper treatment, immediately the accident occurs, relief may in general be obtained by some of the means hereafter to be mentioned.

The cause of these displacements may be either a defect in the form of the parts, or some external violence.

If the Pelvis be too large, the Organs will be liable to gradually fall, or to be easily forced down. If the Womb be too easily movable, it will also predispose very much. The most frequent causes that produce these displacements suddenly, are certain violent contractions of the Diaphragm and Abdominal Muscles, as in vomiting, obstinate constipation, straining to expel the urine, or a sudden fright. Also blows on the Abdomen, falls, and lifting, particularly when the article raised is pressed against the front of the body. All which are more liable to effect the injury in the early months of pregnancy.

A very frequent cause of retroversion, particularly if the woman have a capacious pelvis, is too great fullness of the bladder. Many a one has had it produced in this way, from want of convenience on a journey; the bladder becoming constantly fuller, gradually elevates the womb, until it becomes perpendicular, and then from simply descending a step, rising from the seat, coughing, or sneezing, it is thrown completely backwards, or retroverted. The female feels immediately disposed to *bear down*, and every time she does so only increases the difficulty by forcing the womb still lower. Sometimes on emptying the bladder it returns again, and the only sign left of the displacement is a numbness over the ligaments, owing to their having been so stretched. If the female be two or three months pregnant, however, this return is not very likely to occur, without assistance, and will be difficult even with it. Those who are so situated should therefore be careful, and not place themselves under circumstances where the

urine cannot be evacuated when required. Indeed, as a general rule, it is injurious for females to allow the urine to accumulate too much, at any time, as it constantly disposes to these accidents, and gradually weakens the uterine supports.

It is probable that in every case of retroversion, unless it occurs from some very sudden violence, the *round ligaments*, (*r. r.* Plate II.) are more or less relaxed, and that this relaxation is a principal predisposing cause. In any case these ligaments are very much stretched when the womb is retroverted, as it hangs by them, and though they undoubtedly have some elasticity, and may shorten again when the womb is replaced, yet this does not always occur. When once they have been strained in this way, it is probable they seldom or never fully regain their former strength, so that one accident of the kind makes a recurrence more likely. Allowing the bladder to remain too long full will effect the same injury to some extent, because while the womb is thus constantly elevated, the ligaments are more or less distended, and thus gradually weakened.

In anteversion the broad ligaments are much stretched, and gradually give way, sometimes even rupturing. The bladder is pressed against the symphysis pubis, and the rectum against the curve of the sacrum. Sudden emptying of the bladder, after it has been very full, will throw the womb forward, and be very likely, when combined with any of the accidents previously mentioned, to produce an anteversion, particularly if the womb itself be engaged and heavy, and the rectum full. Strong purgatives, from the straining they produce, are also likely to assist, and *certain excesses*, which by all means should be avoided.

The general symptoms of these two accidents are in general so similar that it is seldom possible from them alone to distinguish an Anteversion from a Retroversion ; a proper examination, however, leaves no doubt, and must always be resorted to if there be not absolute certainty without it. Mistakes have been made, even by eminent surgeons, leading to serious results. The celebrated Levret had a patient whom he supposed suffering from a stone in the bladder, and upon whom he even performed the usual operation for removing it, though there was nothing of the kind to be found. The patient died from the operation, and upon examining the body it was discovered that she had an *anteversion of the womb*, which caused the whole difficulty ! The same displacement has also been taken for a tumor, and for dropsy, owing partly to retention of urine in the bladder. The fact is, these accidents have not been fully understood till very lately, nor the extent to which they exist. At the present time such mistakes are not so likely to occur as formerly, though even now there are many persons who take them for something else, and many females who suffer from them without suspecting that they have any derangement of the womb at all. In treating these accidents, the first thing of course will be to return the womb to its place ; to effect which many impediments have often to be removed. We must next endeavor to remedy the evils they may have produced, and lastly to prevent their return.

Usually there is great inflammation and swelling of the parts, which it is very desirable to reduce, and for which purpose, baths, injections, and other means may be used as circumstances may render most advisable. In many cases the replacement of

the womb has been declared impossible, simply because it was attempted while in a swollen state, and afterwards, when the swelling had subsided, it has been effected without difficulty. It is particularly necessary also that the bladder and rectum should both be emptied, because when full they fill up the pelvis very much, and prevent the uterus from rising. In case the urine cannot be expelled naturally, the catheter must be used without delay, as there is danger, if the bladder becomes too full, that it may burst, from the constant pressure upon it. The passage of this instrument, however, is often difficult in these cases, owing to the neck of the bladder being so compressed, and the direction of the passage so changed. Very frequently when all these indications are fulfilled, and the patient lies down, with the hips higher than the shoulders, the womb will replace itself, or will require but little assistance. I know a lady who is constantly liable to retroversion, from very slight causes, particularly if riding long in a shaking vehicle, or having to retain the urine. She has learnt, however, to treat herself, and usually does so successfully. Her first care is to empty the bladder, to effect which she sometimes has to introduce a catheter, which useful manipulation she acquired on purpose, she then passes an enema of thin starch and water cold, which has the double effect of emptying the rectum and soothing irritation; after these operations she lies down with her pelvis elevated on two pillars, and in most cases the womb rises up itself. I have assisted her a few times, when, from lapse of time the uterus had become too firmly pressed in the pelvis, but generally she relieves herself.

Sometimes when the urine cannot escape, imme-

mediate relief is afforded by passing the finger into the Vagina, and raising up the Womb a little. Cold injections, enemas and bathings, are the most valuable preparatory aids, to be followed by the recumbent position. I knew one case where the patient conceived the idea of *standing on her head*, and she certainly found it have the desired effect! Nor need we wonder at this, for in that position the Womb would be most likely to return, being assisted by its own weight; and besides, the pressure of the intestines and other organs would be entirely removed, which of itself might often be sufficient, for there is no doubt but their weight lying on the Womb has a great deal to do with the accident.

The usual mode of assisting, when absolutely necessary, is by endeavoring to draw *down* the neck of the Womb, which of course causes the top to rise, or by pushing the top upwards, either from the Rectum or the Vagina, according to the way it lies, the patient being on her knees and elbows. Sometimes a large bougie, or Pessary, is employed to force the Womb upwards, and a kind of blunt hook to pull it down; but generally the hand only is used, and this is decidedly the best.

There is often, however, great difficulty in effecting this reduction, and it may even become impossible. In one case, where the woman died, the Uterus was so firmly fixed that the bones had to be sawn asunder, before it could be extricated.

Supposing, however, that the reposition has been effected, we must then follow up the baths and injections, to remove all trace of inflammation, and afterwards endeavor to restore the firmness and strength of every part, particularly the ligaments. A douche bath on the groins is very good, or cold wet cloths,

with the injections of oak bark, before mentioned, and Galvanism. The female must keep still for a long time, avoid constipation, *live single*, and never allow the bladder to become too full.

The misfortune is, that when either of these accidents occurs it leaves such a permanent weakness afterwards that there is always danger of it again. When this is the case a Pessary may be worn, if possible, but it should be made with especial reference to the requirements of the case; one side of the upper part should have a prolongation, or lip, which may be so placed as to support the Womb whichever way it falls. In those cases where the weight of the bowels is a chief cause, a Truss may be of service, but it should be applied with great care, and its effects well watched, as it may increase the evil, particularly in retroversion, which I have reason to suspect is often caused by these instruments.

The systematic application of Galvanism, in conjunction with cold water, if rightly persisted in, will scarcely ever fail of effecting a cure, when that is possible.

ANTEFLEXION AND RETROFLEXION OF THE WOMB.

These two derangements are so like the two previously described, in their nature, symptoms, and mode of treatment, that any extended description of them is scarcely necessary.

Anteflexion is a falling of the upper part of the Womb forwards, behind the bone of the Pubes, (*k.* Plate I.) while the lower part keeps its place. It is in fact a *bending* of the Womb, so that the upper part points downwards.

Retroflexion is a bending of the Womb backwards,

so that the upper part is parallel with the **Rectum**, while the neck is still in its proper situation.

These derangements may properly be considered as slight cases, or first stages of Anteversion and Retroversion ; they are caused by the same accidents, and may be cured by the same means. They are seldom met with, because they soon become righted, or assume a more serious form. Sometimes this curvature of the Womb is natural, or it may arise from disease. It nearly always causes barrenness, because the bending closes up the passage in the neck of the Womb. This is one cause of that state of deprivation generally overlooked, and which can frequently be removed by a simple *change in position*.

OBLIQUITY OF THE WOMB.

This is still the same malposition in a yet slighter degree. It consists in a mere *leaning* of the womb either to the front or to one side. In the non-pregnant state this is so slight a disorder that it seldom requires or receives any special attention. In the pregnant state, however, it is more serious, as it may not only cause great distress but make the labor both difficult and dangerous. In such cases, the mouth of the womb does not present towards the passage of the Vagina, but to the back, or to one side, so that the child cannot be expelled. If the medical attendant, however, understand the difficulty, it is easily corrected.

Many women are troubled with obliquity of the womb during pregnancy. In some it always leans over on one side, and in others, to the front ; it has been known to hang completely over the external parts so as to cover them, and even to reach nearly to the knees. A properly formed truss will usually correct the obliquity.

Lying constantly on one side may lead to this wrong position, or leaning forward too long at a time ; changing the position when sleeping will sometimes effect a cure.

INVERSION OF THE WOMB.

This accident, which consists in the womb itself being turned completely inside out, like the finger of a glove, is fortunately so rare that very few practitioners have ever seen a case. It always results either from pregnancy, tumors, or some disease that much softens and relaxes the *Os Tincæ*.

One of the most frequent causes is pulling away the after-birth too soon, and with violence. The upper part of the womb is very likely to be pulled down in this way, and the whole organ inverted. Too violent bearing down is apt to lead to the same result ; or a delivery while standing, particularly if the child hang by the cord while that is fast to the womb.

Inversion may occur either along with prolapsus or without it, though most usually they accompany each other. Some authors even consider inversion as merely the last and most serious stage of prolapsus.

Turning the womb, and replacing it, in such cases, is a difficult operation, and medical writers are not agreed as to the best mode of performing it. Fortunately the relative superiority of their different modes can seldom be tested.

From the accounts we have of the few cases observed, this is evidently a very dangerous accident, and will most probably result seriously in a short time if relief be not obtained. In every case the treatment must be suggested, in a great measure, by the circumstances of the case, and the practitioner

must depend more on his own judgment than on the recorded experience of others.

The usual mode of proceeding, after removing all inflammation by soothing washes and fomentations, is to indent the lower end of the inverted womb, or push it inwards, like the bottom of a glass bottle, and keep gradually forcing it further and further till it all passes through the ring of the neck, and is turned right again. The whole must then be replaccd in the Pelvis, if there be prolapsus, and the patient must lie still, use cold injections, and, if necessary, a Pessary, to prevent a relapse. When the inversion occurs from the weight of a tumor, that must of course be removed before a cure can be expected. This operation of turning the womb back again must be proceeded with slowly and patiently, so as not to irritate it, the *inside* being now, it should be borne in mind, on the *outside*! A mixture of *one ounce of Olive oil*, and *three grains of extract of Belladouna*, will make it much more easy, and will relax the neck to a great degree, if gently rubbed upon it. Some authors have advised to cut small slits in the neck to make it expand more readily, but I cannot think such an operation necessary.

If all attempts fail, and the womb shows signs of gangrene or mortification, it is usually recommended to remove it, either by the ligature or the knife, as in cases of irreducible complete prolapsus.

In some cases the inversion is not complete, the upper part of the womb being merely bent in, or forced partly through the neck. If this be unaccompanied by prolapsus it may remain a long time undiscovered, the symptoms not being usually more severe than those of ordinary falling of the womb. There are, in fact, so many of these uterine derange-

ments, which, in their prominent symptoms resemble each other, that nothing but an accurate examination can distinguish them from each other.

Perhaps the most frequent cause of this accident is violence at child-birth. More than one case is on record where an unskilful attendant, in removing the after-birth, has pulled down the womb and turned it inside out. Nay, it has even been literally *torn from the body* under these circumstances!

FIXTURE OF THE WOMB, OR IMMOBILITY.

It frequently happens after an inflammation of the Womb, or adjacent parts, that the *inflamed surfaces* will grow together, so that the different organs will all be united to each other, and fixed fast to the body. The Womb and its appendages are very apt to be attached in this way, and so become immovable. Such an accident, when low down, may not cause any inconvenience unless pregnancy occur—it may then result seriously. The nature of the danger will be obvious, if we consider that the Womb is naturally loose, and that it both expands and rises up in the body as gestation proceeds. If, however, it should become attached to any part, that attachment must either be violently ruptured, or it will prevent the requisite change of dimension or position.

Suppose the attachment to be to the Bladder, or Rectum, it is evident that, as the Womb rises, those organs must be pulled up with it, causing great pain, and serious derangement of their functions. If the ligaments become attached they will confine the Womb, and prevent it rising up as it enlarges. The result of such a state of things must either be a premature discharge of the contents of the Womb, or the tearing asunder of the unnatural attachments,

in which case there is danger of ruptured blood vessels, great inflammation, or abscesses.

It is now known that these adhesions are a very frequent cause of Abortion, owing to their preventing the requisite motions of the Womb. The celebrated Madam Boivin published a work on this subject, in which numerous cases are given, and which first made medical men aware of its importance.

I know a lady now who has miscarried nine times in succession, apparently from this cause. The Womb is evidently attached to the right side by a kind of hard band, which may be distinctly felt, and which effectually prevents any rising up on that side. At about four months, she feels this band stretch, and the strain upon it will be at times so great that it seems as if it must break. On the opposite side the Womb rises, but not on this, so that it is tilted over as it were. The pain she suffers is very great, and constantly increases till about six months and a half, when the abortion occurs—that being the most usual period in such cases.

It frequently happens when the adhesions extend to the Fallopian Tubes, that conception is prevented, and it would be well if it always were so, the danger from gestation being so imminent, and the probability of miscarriage so great. Unfortunately in such cases, though we are certain of the nature of the mischief, but little assistance can be rendered. It has been said, it is true, that in some instances the adhesions have been destroyed, by using mercurial ointment externally, but I am afraid the remedy will not be found generally successful. The greatest care must be used when there is prolapsus—after child-birth—and in case of accidents, to subdue all inflammation as early as possible, and

so *prevent* these adhesions—for certainly little can be done towards *curing* them.

Sometimes the adhesion occurs at the upper part of the Womb, while it is fully expanded, in the last months of pregnancy; and the danger is then equally great, if not greater, than in the former case. No particular inconvenience may be experienced till after delivery, but then the Womb, as it retracts and begins to descend, necessarily hangs by the attachment, and in this way is often suspended from the stomach, liver, or colon. These organs then become deranged, painful and inflamed, so that a fatal result may soon follow, unless the attachment break; in which case there is danger of hæmorrhage or abscess. While the adhesion remains, the proper contraction of the Womb cannot take place either, so that there is constant flooding from its large blood vessels remaining open.

I have known females with adhesions of this kind, most likely by cords or bands, who almost constantly felt a dragging and pulling at the stomach, as if, to use their own words, every thing was going to be torn out of their bodies. These symptoms would be relieved by lying down, or by pregnancy, as that, in these cases, elevated the Womb and relieved the strain on the other organs.

Certain vicious and degrading habits, in young persons, are apt to produce these difficulties, by the continual irritation they keep up, and so are certain excesses in adults.

HYSTEROCELE, OR HERNIA OF THE WOMB.

This derangement is precisely the same as a common hernia, or rupture, excepting that it is of the Womb instead of the Intestine.

Very few cases, indeed, have been known to occur, so that our description need not be very extended. Most usually the hernia occurs in the non-pregnant state, the Womb forcing itself between some of the muscular fibres and appearing just under the skin, like a small pear-shaped tumor. A part of the Organ only may protrude, or the whole of it, and sometimes the Ovary and Tube will follow. The treatment is precisely the same as that of a common rupture—the protruded part being pushed back and a truss worn to prevent its return.

The most frequent causes are blows upon the abdomen, violent lifting and straining, and a former Cæsarian operation.

Cases have been known where pregnancy has occurred along with a uterine rupture, so that the development of the womb and the fœtus has taken place outside of the abdomen. In some of these the womb has hung down nearly to the knees, and has been cut open and the child taken out, without, however, saving the patient's life. In one case by lifting up, and gently pressing on the protruded organ, it returned into the abdomen, and the female was safely delivered.

The Ovaries are also liable to hernia, from similar causes, and also from various diseases. The treatment is the same as in hernia of the womb, unless the ovary be diseased, in which case it is extirpated.

CYSTOCELE, OR HERNIA OF THE BLADDER.

The bladder, like the intestines and womb, is liable to protrude between the muscular fibres, or through natural openings, and so form a hernia. Both sexes are liable to this accident in certain modes alike, and

the female in certain modes peculiar to herself, which are the only ones necessary here to describe.

The causes and symptoms of Cystocele are mostly the same as those that produce prolapsus uteri, the action having taken place in the bladder instead of the womb. These two displacements have, in fact, often been mistaken for each other, and it sometimes requires careful examination to distinguish them.

The most usual form of this derangement in females is that called *vaginal cystocele*, where the bladder is forced backwards into the vagina, either by pushing the walls of the vagina before it, or by passing between their fibres. In this case the bladder may be felt, like a tumor at different parts of the vagina, according to the distance it has descended, or it may even protrude through the external lips. In examining this tumor it will be found of a different shape to the prolapsed womb, and with no opening like the *Os Tincæ*, which will always distinguish the one from the other. The passage of the urine is either stopped altogether, or is difficult and attended with pain; particularly if the bladder has passed through a small opening, and afterwards filled. Inflammation usually sets in soon after the accident, and fatal consequences may speedily ensue.

Cystocele is both dangerous and difficult to treat, at any time, but particularly when it occurs during delivery, for if the bladder be in the vagina at that time it will be very liable to injury, besides being a serious impediment to the passage of the child. In one case of this kind, which came within my own experience, the bladder was first emptied by the catheter, returned to its place, and retained there by the hand, till the child was expelled. This rupture

occurred, apparently, from violent bearing down labor pains while the bladder was full, and showed no signs of returning after the parts were restored to their natural state. Sometimes the protruded bladder, being quite full, will completely block up the vagina, so that the labor cannot proceed, and the passage will be so compressed and twisted that the catheter cannot be introduced. In this case the bladder is usually punctured, in the vagina, and, when its contents are evacuated, is returned to its place, and the labor terminated. Great care must be taken, however, to ascertain, with certainty, what it is that presents under these circumstances, the fallen bladder having been mistaken for the bag of water, and ruptured accordingly. It is quite easy, however, to distinguish them, as in a case of cystocele the tumor is unconnected with the mouth of the womb, while the protruded membranes proceed from it.

In the non-pregnant state the fallen bladder may prevent the flow of the menses, and other fluids, and lead to inflammation of the vagina or womb. The plan of treatment is to return the bladder, by gentle pressure, to its place, and then use astringent washes to close up the opening by which it escaped. A Cylindrical Pessary may also be necessary, with a small projection to press on the rupture.

When the bladder is not protruded between the vaginal fibres, but merely pushes the walls before it, the operation is much more easy, the after treatment, however, is the same as already described.

Women who have been too frequently pregnant, or long subject to leucorrhœa, and those who keep the bladder too full, are most liable to cystocele. Lifting, straining, running, sneezing and violent

coughing, are very frequently immediate causes, and may even produce it in very young persons. I once had a case of a young girl only ten years of age, in whom the bladder descended completely through the external lips, in consequence of violent straining from the whooping cough. The distress was very great, and the necessity for immediate relief most urgent. The bladder was full, and very tender, and the catheter could not be introduced. I at once put the patient in a warm bath, and then had her laid upon the bed with the hips much elevated. By these means, with a little assistance, the bladder partly returned, so that the catheter could be introduced, the urine was then drawn off and it returned entirely. A small plug of soft lint was worn against the opening in the vagina, till the cough subsided, and with occasional injections of oak bark effectually prevented a return. The vagina, however, was much inflamed, and considerable leucorrhœa followed; the parts were much relaxed, and the hymen completely destroyed.

Excessive crying has led to hernia of the bladder in infants, and so has the use of strong purgatives. In young girls it has often been produced by the busk, or bone, in the front of the corsets.

In some cases the bladder will not appear in the vulva, but will descend into one of the external lips, which will sometimes attain an extraordinary size. The treatment is the same in this case as in the other.

Great care must be observed by those who have once suffered from cystocele, as it is easily brought on again, and every time makes it more difficult to cure.

I have a patient at the present time who has a

Hernia of the Bladder into the right external lip, which occurred first about five years ago, from immoderate laughing. It will sometimes descend from the slightest exertion, distending the lip as large as the hand, and completely preventing the discharge of urine, till she lies down and allows the tumor to recede. The symptoms being slight when the accident first occurred, and she knowing nothing of its nature, it was neglected, till it became at last so troublesome that she was compelled to seek assistance. I have adjusted a Pessary for her in such a manner that the descent cannot possibly take place while she wears it, and, by means of *Galvanism*, have so far restored the natural strength of the parts that she can now walk a long distance without the Hernia occurring, even when not wearing the Pessary. Had the case been properly attended to at first, a cure would have been much more speedily and certainly effected. Early treatment is of the utmost importance.

VAGINAL ENTEROCELE, OR HERNIA OF THE INTESTINE INTO THE VAGINA.

This is a rupture where the bowels descend into the Vagina, in the same manner that the bladder does in Cystocele. It is brought about by the same general causes that produce other Hernias, and can only be treated in the same way. It is more frequent just after confinement than at any other time, though it may be met with occasionally in non-pregnant persons.

The symptoms of this displacement are not in general so severe as those attending Cystocele, unless the bowels descend to a great extent, and sometimes they will completely fill up the Vagina, or even pro-

trude externally, so that the flow of the menses, and the passage of the bowels will be both prevented. When this occurs during delivery it may completely prevent the child from passing down the Vagina, and then there is danger, both from the suspension of the labor and from the bruising of the bowels. In such a case the Hernia must be immediately reduced, and fortunately this can nearly always be readily effected.

If the protrusion has taken place in the front part of the Vagina, next the Bladder, the patient must be placed on her knees and elbows, but if it has taken place in the back part, next to the Rectum, she must be placed on her back. The tumor must then be pushed gradually, but firmly, towards the opening, and the lower part of it worked in with the fingers. In a short time it will begin to move in quickly, and at last will slip by the hand and pass entirely into its place. The Cylindrical Pessary, and astringent washes, must then be used to effect a cure.

The protruded bowel is so different from the Bladder, or Womb, that with ordinary attention the one cannot well be taken for the other. Such mistakes, however, have been made, and they show how extremely careful we should be to ascertain with certainty what is wrong.

After Enterocele has once happened it is very likely to occur again, particularly if left a long time without being reduced.

The descent may take place, as in the case of the Bladder, into the *lip*, instead of down the passage, and is then called *Vulvar Enterocele* or *Pudendal Hernia*. The lip will be swelled, and a firm tumor may be felt in it, as large sometimes as an egg, but

becoming smaller when the patient lies down. Its reduction and after treatment are the same as in the ordinary form. I have known females suffering from this Pudendal Hernia who could not imagine what the swelling of the external lip was owing to, and who vainly tried to reduce it by washes and lotions. They were amazed when told it was a descent of the intestines. Those who labor too hard during gestation are very liable to this accident, particularly if they have borne many children. I once had a poor woman under my care who was afflicted with both Cystocele and Enterocele at the same time, from lifting a pail of water. Both of them were reduced, however, and fortunately did not return.

INVERSION AND SWELLING OF THE LINING MEMBRANE OF THE VAGINA.

It is necessary to describe this disorder, though it is not a very common or dangerous one, because it is frequently mistaken for Hernia, or Prolapsus Uteri, from which however it differs materially.

In this case the lining membrane of the Vagina is distended, and partly separated from the other membranes, either from inflammation or from the infiltration of fluid between them. It falls down, sometimes even through the external lips, and has the appearance of a thick fleshy ring, or cushion, with an opening in the centre. The descent, however, may not be complete, or the ring may be a considerable distance up the Vagina, and sometimes there will be two or more rings, one above the other. The manner of this descent may, in fact, be well compared to the falling down of the lining of a coat sleeve, when partly unsewn.

The causes of *falling of the Vagina* are such as those that produce the various Hernias and Prolapsions already described, and also all those that have a debilitating effect on the system. Miscarriage, the employment of instruments in child-birth, continued Leucorrhœa, *excesses*, and the vicious habits previously referred to, may also be enumerated. It frequently accompanies falling of the Womb, Cystocele, and Enterocœle, all of which are, in fact, frequent causes of it.

The immediate symptoms are comparatively slight, consisting chiefly in an uneasy sensation of something hanging from the Vagina, or lips, with dragging dull pains in various parts; unless, indeed, the membrane has descended very far, or become much irritated. In this case, the pains become acute, darting to all parts of the Abdomen, and the membrane itself being much inflamed may speedily ulcerate or gangrene, particularly if chafed, or bathed by the urine. The bladder will also sympathize, so that a difficulty will occur in urinating; and a quantity of mucus will discharge from the Vagina.

Sometimes the protruded part will extend four or five inches from the lips, and be as large as the wrist, particularly during pregnancy.

The treatment of prolapsus Vagina is simple, but often tedious. The first thing is to reduce the swelling and inflammation, without which, of course, the parts cannot return. To effect this, all causes of irritation must be removed, the patient must be still for some time, and use cooling lotions or injections, in conjunction with general tonic remedies. Instruments are seldom or never needed, either at the time or after; indeed simple rest and cold water would cure most cases if resorted to in time. Some prac-

titioners use caustic, but I have never seen any good from it in these cases. Occasionally, the protruded part, when long exposed, will become so ulcerated, that the removal of it is absolutely necessary. This operation has been performed several times with success, though it is not unattended with danger. I feel certain, however, that it would never be needed if assistance were sought in time.

This affection may occur at almost every age and period, but not so frequently in the unmarried, though I have met with it in young persons from nine to twelve years of age. Many are subject to it at the turn of life, at which time it is very troublesome, and difficult to cure. Sometimes it comes on suddenly; but most usually by slow degrees.

When it takes place at the time of delivery, it is a very troublesome and dangerous complication, as it interferes with the passage of the child very much. In such cases the protruded membrane is often lacerated severely, and once I saw it nearly torn completely from the Vagina.

The ring or cushion produced by this prolapsus may be mistaken for the fallen womb or bladder, unless carefully examined. The difference, however, will soon be apparent, by pushing on the centre of the tumor through which the finger will pass readily, and reach the Os Tincæ beyond.

About twelve months ago, a lady came to see me from Virginia, who had been troubled with this disorder for more than three years. She had suffered most excruciatingly, though nearly all the time in bed, and had been completely separated from her husband. I found the membrane projecting two inches from the Vagina, and very tender. All the usual remedies had been tried, and an operation even

performed without any good results, I therefore determined to try *Galvanism!* After the use of cooling lotions to reduce the inflammation as much as possible, I introduced a silver tube into the Vagina, large enough to keep it fully distended, and to force up the prolapsed part as far as it would go. This tube I connected with one pole of the battery, and placed the other on the spine, immediately above the sacrum. The beneficial effects were observed *immediately!* The swelling began to subside, the irritation disappeared, and after six applications no prolapsion could be seen. She remained in the city two months after, but the disorder showed no signs of returning, and I have heard very recently that she still remains perfectly well.

I believe that in this derangement, as in most of those previously mentioned, Galvanism is the best remedy we can use.

Many other displacements of the female organs might be mentioned, but they are so slight, and so seldom met with, that a description of them is unnecessary. All those of real importance have been treated upon, and care has been taken to make each one easily recognized, and to distinguish them all from each other.

CHAPTER IV.

VITAL AND ORGANIC DISEASES.

THIS includes all inflammations, morbid growths, and corrosive diseases of the female organs.

INFLAMMATION OF THE VULVA AND EXTERNAL LIPS.

Inflammation is very apt to arise in these parts from a variety of causes, with some of which we are unacquainted, and it may become very troublesome, if not serious. Injuries at child-birth very often produce this kind of inflammation, but it frequently arises in young persons from a mere want of rigid and constant attention to cleanliness in these parts. The natural secretions are apt to become acrid, when long retained in the folds of the Vagina and Labia, and then they irritate every part with which they come in contact. This irritation is sometimes of the most annoying character, and often disposes to those vicious habits we have referred to. When allowed to continue too long unchecked, it produces an offensive purulent discharge, sometimes tinged with blood, and perhaps terminates in ulceration, abscesses, or mortification.

The treatment at first is very simple; constant bathing, either with cold water or cooling lotions. Rest, and regular action of the bowels, will be sufficient in nine cases out of ten. A small piece of alum, or borax, about the size of a hickory nut, to a pint of water, makes a good wash; or a little sugar of lead water, or Gowlard's lotion. Ointments of all kinds I think objectionable. When the parts

are very sore, equal parts of port wine and water will be a good application.

It may be advisable, when the two lips are much inflamed, to soak a piece of soft lint in the lotion, and keep it between them till they heal, as they are apt to grow together.

If there be any derangement of the Menses, or constipation of the bowels, it must be immediately corrected—such derangements frequently producing or keeping up this inflammation. Worms will also do the same, particularly the small flat ones in the Rectum, (*Ascarides*), which will sometimes even pass into the Vagina. Great attention must be paid to the diet, which must be light, cooling and laxative. No coffee or alcoholic drinks must be used, nor spices, nor unripe fruits.

There is one form of this disease especially to be dreaded. It is usually called *Carbuncle of the Genitals, or Eruption*, and first commences with great heat, redness, and swelling, and terminates in livid colored spots, which soon become small ulcers. If not checked it will rapidly become fatal, from mortification or inflammation of the neighboring parts. The treatment consists in the application of cooling lotions or injections, as before, with washes of camphor, chlorine, and nitrate of silver. The bowels must be opened freely with salts, and other cooling purgatives—nothing irritating must be eaten or drunk—perfect rest must be observed—and leeches may be freely applied, if thought advisable, to the parts.

If neglected, this inflammation may produce deep angry ulcers, that will eat into the parts, and even produce fistulas into the Bladder or Rectum. The surgeon is then needed; and, in spite of all his skill,

at this stage he fails often in giving relief. It is therefore especially important to *attend to it in time!* And still more important to observe, in young persons, that attention to cleanliness and regularity of function, which may *prevent* it altogether.

The great number of cases of this kind that come under my care, painfully convince me of the great want of information, on all these important matters, that so universally prevails among females, and which directly leads to so many of their distressing afflictions.

PRURIGO OF THE VULVA, OR ITCHING OF THE EXTERNAL PARTS.

This disease, though not so immediately dangerous as some others, is perhaps the most distressing that can be met with.

It consists in an intolerable and incessant itching of the parts, which nothing seems to allay. Sometimes it is so bad that the female is almost tormented to death; she cannot see company, or walk out, and often shuts herself up alone in her agony. Many have fainted from it, and some have even become delirious. I have seen patients whose hands it was necessary to tie, to prevent them tearing themselves to pieces.

The causes of pruritus appear to be most of those that produce simple inflammation, which it very frequently accompanies or precedes. Pregnant females are very liable to it, and in some it will continue, in spite of all that can be done, till after delivery, when it usually disappears. I have known it produce abortion. Some females always have it at the menstrual period, and others during nursing. Occasionally there is a little eruption attending it,

but not always, though the parts are generally swollen and red. Parasites are sometimes the exciting cause, and should always be destroyed immediately.

The treatment consists in first attending strictly to the diet, which must be light and unirritating, and to the regular action of the bowels and womb; and in using the cooling washes and lotions before mentioned. If the itching still continues, use either of the following washes to the parts:—Sub. carbonate of potash three drachms, water four ounces; put a tea-spoonful of this into a quart of warm water, and use it three times a day.—A tea-spoonful of Eau de Cologne to a pint of warm water.—Sulphate of Zinc, half a tea-spoonful to a quart of warm water. Both these may be used many times in the day.—Borax half an ounce, Sulphate of Morphia six grains; pure water half a pint. This last seldom fails of giving relief. It should be applied three or four times a day, with a piece of soft linen, the parts being first washed with warm soap and water. A tea-spoonful of laudanum will sometimes answer as well as the six grains of Sulphate of Morphia.

Caustic has been employed, and blisters to the inside of the thighs, but such violent remedies are seldom either necessary or serviceable. I have known the parts to be deeply scarified with the lancet, and even burnt with a *red hot iron*, without at all alleviating the pruritus.

In young persons it seems to be often produced by constipation, worms, and gravel; but it most probably depends, essentially, on some impurity, or irritating quality, in the blood, or in the natural secretions of the parts, which should therefore never be allowed to remain long unwashed.

Sitting in cold water, and the application of ice to the parts, has given relief. I have also effected many cures, almost instantaneously, by means of a small *Galvanic plate*, so constructed, as to be worn just within the vulva.

All remedies must of course be applied with caution during pregnancy; and it must be recollected that sometimes the disease *will* continue, more or less, till after delivery, though the distress from it may be much alleviated.

VAGINITIS, OR INFLAMMATION OF THE VAGINA.

This is frequently a mere extension of some of the other inflammations already described, and may be produced by precisely the same causes. It often follows a tedious labor, particularly if instruments have been used, and is frequently produced by *marriage*, especially if that occur at an *improper time*, or if there be any of the malformations, or displacements, described in our second and third chapter. Excesses, of all kinds, are apt to produce it, and the presence of any foreign body, as a Pessary for instance. Also stimulating food, sudden cold, or violence.

The most general symptoms are pain in the groins and over the pubis, a feeling of intense heat, and tightness in the passage, as if it were filled up with something—difficulty in urinating, and pruritus. On endeavoring to touch the Os Tincæ the passage will be found nearly closed, from swelling of its walls, and very tender. In a few days a discharge begins to flow from the vulva, at first like gum water, but gradually becoming thicker, till it is like cream, and often of a green or yellowish color.

In most cases the inflammation passes off in about

ten days, and may leave no ill effects. Sometimes, however, it becomes chronic, and then it terminates in leucorrhœa. And occasionally it produces abscesses, or ulcers, when long neglected, and causes fistulas.

The treatment is precisely the same as that for inflammation of the lips and vulva, excepting that the lotions must be used internally, by means of a female syringe. In young persons just married, all that is required in many cases, is to separate for a short time from their husbands.

If an inflammation of the vagina last too long, the walls will be apt to grow together, and so produce a stricture, or narrowing of the passage, which may be a serious difficulty in child-birth, as well as at other times!—It is therefore advisable to subdue it early.

METRITIS, OR INFLAMMATION OF THE WOMB.

This disease more frequently results from delivery than from any other cause, and appears to accompany puerperal fever, or, as some suppose, is identical with it, at least in some of its forms.

It is found, however, in the unimpregnated state, and may result from a variety of causes. The inflammations already described may extend to the Womb, it may be injured by blows, or other violence, and irritated by the retention of the menses. During prolapsus it is always being chafed and compressed, or exposed to the external air, and may thus become inflamed.

Marriage may produce inflammation of the Womb in some temperaments, and a state of singleness in others. Difficult menstruation, irritating injections, forcing medicines, tight corsets, constipation, stimulating food, pessaries, and solitary vices, may also

be enumerated. Powerful mental emotions, particularly in hysterical persons, are also frequent causes, and highly excited feelings, especially those connected with certain temperaments. When it occurs during pregnancy, it is very apt to lead to abortion.

The inflammation may be seated either in the substance of the Womb, or merely in the mucous membrane, and it may extend through the whole organ, or be confined to particular parts of it.

The symptoms of inflammation in the mucous membrane of the Womb are dull, but constant pain in that part of the organ affected, and in the loins, which gradually extends to the neighboring organs, so that the passage of the urine, or fæces, causes great distress. A sensation of weight is also experienced, which disposes the female continually to bear down, and strain the same as in labor. The abdomen swells, becomes painful, and very tender to the touch, so much so that sometimes the weight of the clothes can scarcely be borne. The patient has chills followed by fever, and suffers from langor and restless anxiety, which in severe cases, may lead to delirium. These symptoms are soon followed by a discharge of mucous, more or less profuse, according to the extent of the inflammation, which may be either thin, like gum water, or of the consistence of cream, and sometimes resembles pus.

This, it must be understood, is a description of the symptoms usually accompanying the disease when it affects the whole or greater part of the Womb.

When it is confined to some particular part, as in the neck for instance, the pain and swelling is chiefly confined to that part, and the general symptoms are more local and less severe.

The treatment usually adopted, is that which ap-

pears most likely to quickly reduce the inflammation. The bowels must be opened freely, perspiration must be induced, and the hands and feet kept warm. Fomentations must be applied to the Abdomen, and diluent drinks freely taken. Hops or poppy heads make an excellent fomentation, and barley, or tamarinds soaked in water, with a little sweet nitre, an excellent diluent drink. A vapor bath will often be very effective in promoting perspiration, and relieving the soreness, and a large meal poultice placed on the Abdomen will frequently allay the pain. Bleeding is generally resorted to somewhat freely, and leeches, or cups, to the inside of the thighs, the Vulva and the Abdomen, but I am inclined to think that the inflammation can usually be subdued by other means. The patient should lie on her back, with the knees raised, and the clothes should be kept from bearing upon her.

A decoction of poppy heads may also be used as an injection, in the Vagina, and, if the pain be very acute, a teaspoonful of laudanum may be added to it. A mustard plaster will frequently alleviate the pain considerably, when applied on the Abdomen, or back, or inside of the thighs. Blisters have been recommended, but they irritate the patient too much, and it is very important to keep her still. She should not be moved, on any account, more than is absolutely necessary. The vapor bath must be given under the bed-clothes, so that no moving, or carrying to it will be required. If the purgative does not operate soon, an enema should be given, as it is particularly important for the bowels to act. The enema may be composed of thin starch and water, warm, with a large spoonful of castor oil.

But little food, of any kind, should be taken, till

the inflammation is subdued, and then it should be light, chiefly fluid, and very plain. All stimulants must be carefully avoided, whether solid or fluid. The room must be well ventilated, and the patient kept quiet.

If these means, with such others as the particular circumstances of the case require, be faithfully persisted in, they will, in most cases, subdue the inflammation in a short time; but great care must be taken, and perfect rest observed, till all signs of it are gone, as there is always danger of it increasing again, from slight causes.

When the inflammation is seated in the substance of the womb itself, the symptoms are always more acute, the danger greater, and the result more uncertain. The treatment must be more energetic, and our attention more unremitting.

If the inflammatory action be not subdued very soon, the most serious results are to be feared. The general distress increases, the skin becomes hot and dry, the countenance is anxious, the throat parched and sore, the breathing difficult, sickness sets in, or hiccough, the breasts swell and become tender, and the head throbs and burns till the patient raves in furious delirium. The urine is generally red and hot, and the passing of it, or of the contents of the bowels, makes the sufferer scream with agony. She rolls her eyes, picks at the bed-clothes, grinds her teeth, and draws up the limbs till they press against the Abdomen.

If the pain seems to concentrate at one point, and becomes more pungent, and the patient suffers from night sweats and headache, with inaction of the bowels, it may be suspected that an abscess is forming. This will sometimes break and discharge from the

Vagina, and at other times will form a fistulous opening through the Abdomen, the groin, or at the inside of the thigh. The quantity of pus thus poured out is in some cases enormous; usually the patient sinks immediately after the abscess bursts, but if she can be sustained, the wound may heal after all is evacuated, and a perfect recovery may take place.

The last stages are generally marked by a cessation of heat and pain, by involuntary action of the bowels, coldness of the extremities, convulsions and faintings. If there be gangrene or mortification, a black foetid discharge takes place from the Vagina, and sometimes from the bowels.

When this is seen there is scarcely a hope, and very frequently the disease is thus fatal in two or three days from its commencement, though some will linger two or three weeks.

On examining the Womb in those who have died in this way, it is frequently found to be quite softened, or even converted into a kind of putrescent pulp, which almost runs into fluid when pressed upon.

Both forms of inflammation of the Womb are much more dangerous when they occur during child-bed, as all those are aware who have seen the rapid and fatal termination of puerperal or child-bed fever. Most cases of ordinary inflammation, in the non-pregnant state terminate favorably, with proper care, though they may be lingering, and leave much general debility.

The principal danger, after the acute stage is passed, is of the disease becoming chronic, which form, though less severe, and not so imminently dangerous, is still much to be dreaded.

Chronic Metritis, or Inflammation of the Womb, may be produced by the same causes as acute in-

flammation, or may follow from it. There are, however, certain circumstances and conditions that dispose to it more than others; as, for instance, a lymphatic temperament, habitual depression of spirits, scrofula, bad air, low damp situations, ill-ventilated houses, a constant use of stimulating food or hot baths, and indulgence of certain feelings. The immediate causes are the same as those already enumerated, and also cold, particularly from sitting on cold damp seats—tight corsets, and habitual constipation.

The symptoms are much the same as those in the acute stage. The inflammation, however, does not extend so much to the neighboring parts, nor does the uterus swell up so suddenly, nor become so excessively tender; sometimes, in fact, it does not swell at all. There is always severe pain in it, however, which is much increased when the female stands long, or walks far, or when she is shaken too much by riding, when the bowels are moved, or the urine passed, and *particularly at certain other times!* There is also great heat and burning, with a sensation of fulness, and weight in the loins or groin. The female becomes irritable, impatient, or sad, or is subject to nervous tremblings.

This disease is frequently mistaken by practitioners for something else. Many look upon it as a purely nervous affection, and go on treating the patient for the mere nervous symptoms, while the real *disease* remains untouched. And many others, who do discover the true disorder, consider it incurable, and either give it up entirely, or merely administer palliatives, to relieve urgent symptoms and satisfy the patient. It is necessary to say however, that it is often impossible to ascertain the truth

from any of the above-named symptoms alone, because they accompany many other complaints; an accurate and careful examination is frequently indispensable.

I once had a lady call upon me who had been suffering for two years from what was called, by some physicians, *Hysteria*, and by others *Dyspepsia*, with Liver complaint. She had almost constant pain in the lower part of the abdomen, which made her dread moving the bowels, for fear of increasing it. The urine was scanty and high colored, the menses irregular, and the bowels mostly constipated. To use her own words, "the whole inside seemed as if it were *burning up*." The limbs were weak, the appetite capricious, and the whole nervous system in a terrible state of derangement. Sometimes she would suddenly go very sallow, with the eyes much congested, and other times she would be very pale, and faint, or sick. From an attentive consideration of the case, I became convinced that none of the previous conjectures about it were correct, but that it was a case of *chronic metritis*. A careful examination with the speculum proved this conviction to be well founded, and I at once began to treat her accordingly.

The first thing attended to was the *diet*, which was directed to be very plain. The quantity of food was rather limited; all spices, coffee, pickles, and warm drinks, were forbidden; meat allowed but once in the day, sparingly, and never smoked or salted. Alcoholic drinks, of all kinds, were strictly prohibited, and in their place was substituted cold lemonade, with a little cream of tartar, barley water, and tamarind tea, or simple cold water.

A cold shower bath was directed to be taken every

morning, immediately on rising, to be followed by a short gentle walk when the weather was favorable. After breakfast she was advised to lie on the sofa for an hour, and after that to take another walk before dinner. The same in the afternoon as in the morning. Several times during the day, but particularly morning and evening, an injection was used of cold thin starch and poppy heads. The thin starch alone was also used daily as an enema, at first, till the bowels began to act regularly from the improved diet, and then it was omitted. During the first week the abdomen was also fomented every night with a strong decoction of hops. *Every kind* of excitement was guarded against, either from reading, company, or *other causes*. The natural warmth of the feet, which she had not felt the whole time, was restored by means of friction and the application of *Galvanism*, and the whole surface of the body, which was habitually chill, was well rubbed every morning till a healthy glow was produced. The only medicine given was a little Cinchona, after the second week.

In three weeks she had sensibly improved, the burning sensation was no longer felt, the soreness and pain was gone, except when she walked a little too far. The appetite became good and steady, and her strength much greater. The nervous symptoms began to amend immediately, the general health was improved, so that she soon became quite cheerful. A steady adherence to this plan of treatment completely cured her in about seven weeks, and she went home with such a knowledge of the disease, and the causes which produced it, that in future she will most likely be able to *prevent* it altogether.

In severe cases it is advised, and may sometimes

be advantageous, to apply leeches to the perineum, or groins, or blisters to the inside of the thighs and abdomen. I am of opinion, however, that a strict perseverance with the milder course I have described, will usually succeed without them.

A teaspoonful of laudanum may sometimes be added to the injection, or fomentation, when the pain is severe, and if it occur in a spasm, like cramp, Galvanism will give immediate relief.

ENGORGEMENT, OR ENLARGEMENT OF THE WOMB.

Cases of chronic enlargement of the Womb, commonly called *engorgement*, are quite common, or rather, they are very frequent. When treating on falling of the Womb, we stated that engorgement was a frequent cause of it, and such is now known to be the fact. In many cases of supposed polypus, or tumor, there is merely a swelling or engorgement of the womb, which has also been mistaken for dropsy.

The causes that lead to this disease appear to be much the same as those that produce inflammation, with which the engorgement is sometimes accompanied, though not always. Whatever has a tendency to excite these organs, or to chill the surface of the body, so as to derange the circulation and produce internal congestion, will be most likely to cause engorgement. Among which may be specially enumerated, sentimental or impassioned reading and conversation, insufficient exercise in the open air, cold, constipation, derangement of the menses, particularly their stoppage, improper diet, and *excesses*, of various kinds.

The symptoms of this disease are often quite obscure at first. Sometimes there is considerable pain, similar to what is experienced in metritis, but at

other times there is scarcely any pain at all, though there is always more or less uneasiness and feeling of weight. The enlargement of the abdomen may be slight, or it may be very considerable, so as to simulate pregnancy or dropsy.

If the disease continue long, the patient is apt to become hysterical, or suffer from cramps, and creeping of the skin. The stomach will become deranged, and sickness and vomiting may ensue, with very irregular action of the bowels. The breasts will also frequently enlarge and become painful, precisely as in pregnancy, and the patient will be restless and unable to sleep. The menses sometimes stop altogether, for several months, and then a flooding ensues for weeks together; in some cases they never stop for more than a day or two at a time. Very often there is a purulent and foetid discharge from the vagina, almost constantly, as if the Womb were ulcerated or gangrened.

There are two varieties of this disease, different in some of their symptoms, but similar in their effects, and requiring a similar mode of treatment. In the one case there is hardness of the Womb, commonly termed *induration*, as well as swelling, while in the other case it is sometimes even softer than natural.

The general treatment at first should be similar to that for chronic inflammation. After which regular bathing, exercise on horseback, and chafing over the womb with liniments may be added. Dashes of cold water on the lower part of the abdomen are also useful, and cups to the inside of the thighs. If the disease still remain obstinate, a seton or blister may be used on the loins. A new plan of treatment called *firing* has also been found useful. It may be imitated by taking a small flat-faced hammer, and

plunging it for some minutes in boiling water, then, on taking it out, press it suddenly and firmly on the skin, for a few seconds, heating the instrument afresh for each application. The number of applications may be ten or a dozen, on each side of the back bone, at the small of the back, or in the groins. The pain is by no means so severe as might be expected, if the operation be performed quickly, and it may be done in five minutes. I have known many patients prefer it to either cups or blisters. The effect is often very beneficial.

It should be borne in mind, however, that the mild plan of treatment will usually succeed, though it may take longer time; and this is a disease that requires patience and perseverance, in both patient and physician, to no small extent. Sometimes it is necessary to advise a state of *singleness* for a time, but at other times marriage will be beneficial. This can be decided upon only after a careful consideration of the peculiar circumstances of the case.

One of the chief resorts of the general practice of the day is *copious blood-letting*, in various ways, but particularly by leeches and cups, to the abdomen, perineum, vulva, thighs, and mouth of the womb. This is sometimes continued daily till the patient *faints*. As I have before remarked, however, I think the same effects may be produced by milder means.

If the swelling be not reduced there is danger of a purulent accumulation, and of abscess, or, in case of induration, it will be likely to end in cancer.

During the engorgement there is nearly always either prolapsus of the womb, anteversion or retroversion, the unusual weight causing its displacement.

Hæmorrhage, or bleeding, sometimes accompanies engorgement, but not always. Tubercles, or small ulcers, are also frequently developed in the womb itself, particularly on the neck, and most frequently in those who are badly fed, who live in ill-ventilated houses, and who are scrofulous.

SCIRRHOUS, OR CANCEROUS ENGORGEMENT OF THE WOMB.

It is not my intention to enter into a description of the nature and treatment of cancer of the Womb, for several reasons. It is a disease fortunately but seldom met with, and is in no way different from Cancer in other parts of the body. Besides, so little is known of its nature, and so little is agreed upon respecting its treatment, that any extended account would be merely a record of contradictory opinions, while a meagre one would be utterly useless.

Scirrhus, or Cancer, will, however, produce enlargement or engorgement of the Womb, so similar in some respects to that already described, that it is necessary to distinguish them.

Scirrhus engorgement in the Womb is always very hard, and feels in lumps, or knots; it increases in size very slowly, and when examined by the speculum, the neck appears of a yellowish white color, like ivory. The pain is often darting and very severe, though sometimes there is none at all.

It may be years before this state of things alters, and the Cancer opens into an ulcer, or it may do so very soon. It is also possible, I think beyond doubt, to resolve or remove the Cancerous Tumor, by pursuing much the same mode of treatment as we have prescribed for simple engorgement. There is no question but that many cases of undoubted Can-

cerous Tumor in the Womb have been completely cured by such a course. There are cases, however, in which the treatment must be modified from numerous causes, and in which the result is always uncertain and much to be feared.

RHEUMATISM OF THE WOMB.

This is a disease about which very little is yet known. There are but few medical works, even the most recent, that contain any allusion to it, and but few medical men who ever treated a case. It is, nevertheless, more common than is suspected, but from its resemblance to other diseases is confounded with them.

Rheumatism may settle in the womb after having existed in other parts of the body, or it may attack the womb first. The same general causes that produce the disease elsewhere will also produce it here, or it may probably be a consequence of other diseases. The symptoms are, for the most part, so precisely similar to those of ordinary inflammation that one cannot be distinguished from the other, and they have therefore usually been confounded together. It is of the greatest consequence, however, to distinguish them, if possible, because the treatment proper for one disease, will be highly injurious for the other. There is no doubt whatever but that many cases of mere Rheumatism have been treated as cases of Metritis, and with *fatal consequences*. Often, on examining the bodies of those who have died from supposed Inflammation of the Womb, *no trace of Inflammation could be found!* The inference is, that no Inflammation existed, but merely Rheumatism, which possibly ended fatally, merely through this mistake.

In Rheumatism of the Womb, there is usually more or less cessation of pain at intervals, during which but little soreness is felt on touching. On lifting up the Womb also the pain will often cease entirely, while in Inflammation it is always increased. The peculiar *gnawing, grinding* pain of Rheumatism is also very distinct from that of ordinary Inflammation, and is always recognized by those who have ever felt it before.

This disease is most likely to occur during pregnancy, and is then very apt to lead to abortion. An attack of it during child-birth, will often stop the labor altogether, the woman using every effort to keep still, on account of the agony that any straining produces. The muscular fibres of the Womb are also cramped and stiffened by it, in the same way as the muscles are in other parts of the body.

The treatment of this agonizing disease must be similar to that of Rheumatism in other parts of the body. Brisk purgatives, warm baths, hot fomentations, containing opium and camphor, to the abdomen; anodyne draughts, sweating medicines, and blisters to the loins. In the non-pregnant state, Galvanism will be the best agent, and if there be any derangement of the menses, it must be immediately corrected. When Rheumatism stops suddenly in any other part of the body, it is very apt to fly to the Womb, if that organ be weak, or its functions deranged.

In every case, therefore, where there is a painful affection of the Womb resembling Inflammation, the physician should satisfy himself, as far as he can, that it is not Rheumatism, and should always bear in mind, at least, that it *may be* so, particularly if the patient has had Rheumatism in other parts.

I have no doubt whatever but that many of those cases so often met with, where females suffer excruciating pains in the womb, varying in intensity at different times, and with no apparent Inflammation, are really cases of Uterine Rheumatism. I have a case now of this kind; the lady has been suffering for three or four years, at times almost to distraction, without obtaining the slightest relief from any treatment she has received. Some physicians treated her for Uterine Inflammation; others thought a Polypus was forming, and one alarmed her by suggesting a Cancer. On examination I found the Womb very little larger than usual, and not hard, except when drawn up with pain. No pain was experienced on raising up, but, on the contrary, great relief. I became convinced, from these and other symptoms, that it was a case of Uterine Rheumatism, and I have now treated it for some time on that supposition with the happiest results. In fact, she may be considered cured, excepting that there is still a little sensibility just before any sudden change in the weather.

I would particularly recommend both physicians and patients to bear this disease in mind, especially in many of those cases when they are puzzled to tell what is the matter.

LEUCORRHEA, OR FLUOR ALBUS.

This disease, ordinarily termed *the Whites*, is perhaps even more common than Prolapsus Uteri. In large cities particularly, and in certain districts, it is almost universal, occurring in both married and unmarried, young and old, from mere infancy to extreme age. It appears in the form of a discharge from the Vagina, like mucus, or pus, or sometimes

even like green water, or milk, or curds and whey. Its color also varies, being white, yellow, greenish, or reddish brown, and sometimes it is quite colorless. The quantity may be either small so as to merely make a show, or it may be larger, sometimes even to half-a-pint or more in the day.

The discharge itself is very annoying, and causes great distress, but it is also accompanied, in most cases, with more or less constitutional disturbance, which may even become serious.

Leucorrhœa often follows from *inflammation* of the mucous membrane of the Vagina and Uterus, but more frequently, perhaps, from tonic debility and weakness. It may therefore be produced by any causes that give rise to inflammatory action, or to general prostration. Among these may be enumerated, deranged menstruation—cold—want of exercise and fresh air—late hours—exciting reading, company, and conversation—depression of spirits—*vicious habits*—too early, or too late, marriage—exciting food and drink—the use of shell fish—stimulating medicines—*excesses*—too much warm bathing—cold, damp, or ill-ventilated houses—thin shoes—the irritation of a pessary, or injury at child-birth, especially by instruments—frequent labors—and insufficient clothing. To these may be added numerous others, and generally all those that debilitate the system. All large cities seem to be so many hot beds to engender this and other female diseases. In them puberty is precociously developed, exciting circumstances abound, and the daily habits of females are calculated to make them weak, and susceptible of cold from the slightest exposure.

In some persons leucorrhœa appears to be constitutional, and probably results from a scrofulous

taint. Particular temperaments are also, apparently, more disposed to it than others. Women of a nervous habit—those with light or reddish hair, and thin transparent skins, and those who swell and puff up in the limbs, from slight exertion, are instances.

The intimate connection between the uterine system and the great nervous centres, is also another source of this disease ; and hence it is often produced by sudden fright, continued anxiety, disappointment, grief, and passion. Every other organ in the body is also connected, in the same way, with the Womb, so that their derangement will also cause leucorrhœa. It will also frequently result from the sudden suppression of some other discharge, as diarrhœa, vomiting, profuse perspiration, hæmorrhage, or the secretion of milk. The incautious healing of old ulcers, skin eruptions, setons, or issues, or even the stoppage of a common cold, may also produce the same effect. Sometimes it appears to prevail epidemically, and in some sections of the country almost every female has it. This is mostly in damp low situations. I know some females who always have leucorrhœa in the spring and fall, and others who have it all the winter. I knew one in whom it took place suddenly, from fright, at seeing a child fall out of a window ; and another in whom it occurred after three nights watching with a sick friend. Very often I have seen it follow the stoppage of the menses, though only for a single term, and also from a long continued constipation of the bowels. In short, every thing that deranges, weakens and diseases other parts of the system, will thus disease the Womb, whose mysterious and extensive sympathies connect it with every other organ in the body.

In cases of leucorrhœa it must be first ascertained if there be any exciting cause that produces it, and, if so, that must be first removed. Very often the disease depends merely on some other derangement, or on the presence of some irritating, foreign body, the removal of which is all that is required. Most usually, however, it is regularly established, so that the inflamed, or debilitated, state of the mucous membrane exists independent of these external causes, and may be either acute or chronic.

Acute leucorrhœa is always attended with more or less of inflammation, and sometimes with slight fever. The discharge, though small and thin, at first, becomes in a short time quite profuse, and highly colored. I have known it in some soak through a dozen napkins in a day. Generally there is pruritus, and similar pains to those felt in metritis, with difficulty in urinating, and burning heat.—Certain feelings are also apt to acquire undue strength, from the irritation, and hysterical symptoms supervene, with general restlessness and irritability.

This form of leucorrhœa sometimes disappears and returns again, at regular intervals; between the monthly periods for instance. It may, however, continue an indefinite time unchanged, or it may become chronic. It is usually this form that occurs at particular seasons, from violence, strong mental emotion, and sudden cold.

Chronic Leucorrhœa. This does not always follow the acute form, but may arise from independent causes, most frequently from mere debility. Women of a lymphatic temperament are most subject to it, or those most exposed, or those who have been weakened by frequent child bearing, and *other causes!* It also frequently accompanies deranged menstruation.

As a general rule there is no great pain felt in chronic leucorrhœa, nor is there any irritation, but it is nearly always accompanied by distressing weakness and langor. When of long standing, however, the symptoms may become more serious, particularly if the discharge be copious and thick. The female will then complain of a weight, with pain in the back, and in the lower part of the abdomen. The appetite will often become capricious, with sickness at the stomach, palpitation at the heart, headache, giddiness, pain in the breast, and coldness in the feet. The skin feels chilly, and the head hot; the eyes ache and feel too heavy to keep open. The hysterical symptoms become more decided, and sometimes we see the patient cast down, with melancholy, while at other times she will have fits of laughing, crying, intense passion, and other uncontrollable emotions.

The external indications of this state of disease are very marked. The face is pale, the eyes dark underneath, the eyelids swollen and heavy, every motion seems a labor, and the general air of sadness indicates the misery under which the poor sufferer contends.

Eventually, if the disease be not checked, the general health suffers still more. The continual discharge causes such weakness that the patient cannot stand, or walk. The skin becomes sallow, the breath foul, the flesh soft and loose, and the limbs swollen as if with dropsy. The stomach becomes acid and full of wind, the bowels tormented with colic pains, but obstinately costive, and the urine becomes small in quantity, high colored, and very thick. Finally, the debility both of body and mind is so great, and the distress so overwhelming,

that the patient sinks in despair, and often prays for death to relieve her misery.

In numerous cases, however, it will continue for years in a comparatively mild form, without ever attaining this extreme stage, though there is always danger of its doing so.

Treatment of Leucorrhœa.—It must be carefully borne in mind that the too sudden stoppage of a long established, or very profuse leucorrhœa may cause great mischief, particularly if it be accomplished by a mere local application. The mere drying up of the discharge is not a cure, of itself, unless accompanied by an improvement in the general health.

In the acute form the first thing to attend to is the *diet*, the regulation of which alone will often effect a great improvement. Everything heating or stimulating in the food must be carefully avoided, and the drink must be mucilaginous and diluent, like those prescribed for chronic metritis. Injections and enemas must be used also, of the same kind as those recommended in metritis, and the bowels must be kept free. A strong *decoction of poppy-heads, with one ounce of borax to the pint*, is an excellent injection for this complaint, so also is the oak bark, mentioned when treating on falling of the womb. They should be used tepid, and four or five times a day.

Internal medication may be of use, if it can in any way improve the health, or decrease the morbid action. Purgatives have this effect to a certain extent, by exciting the mucous membrane of the intestines, and so relieving that of the vagina or Womb. Many cures have been thus effected by purgatives alone, particularly with rhubarb, which is also a good tonic. Even continued sickness and vomiting will sometimes produce the same effect, and hence

some physicians have cured their patients by repeated doses of ipecac.

External irritants, as blisters or liniments for instance, to the abdomen, loins and thighs, or mustard poultices, are of great service. Setons, or issues, may also be used, and leeches, or cups, with repeated frictions all over the body, to produce proper action in the skin.

All these means, however, are intended for the first period, that is, while inflammation exists, but when that has subsided the course must be varied. The diet may then be more generous, and tonics may be given, such as the aromatic tincture of iron, bitter teas, or even a little good port wine and Peruvian bark. The injections may also be made a little stronger, so as to be more astringent, and some fresh ones may be used, as *alum*, or *sugar of lead*, water, or a solution of sulphate of zinc, or two parts of port wine to one of water. The patient must keep still, in fact she must have *perfect rest*, and must be warmly clothed. If it be the proper season, sea bathing will be of great service at this stage, or, in the absence of that, a shower bath every morning, with good rubbing after. Thick shoes must be worn, and plenty of exercise taken in the open air.

The application of *Galvanism*, by means of a large metallic bougie, will often complete a cure sooner than anything else. It seems to impart tone to the membrane, and effects a change, both in the character and the quantity of the discharge, in a very short time. I have used it in some hundred cases, and can safely recommend it, as a means likely to be successful when everything else fails. One of the most remarkable cures of this disease perhaps ever performed, I had the gratification of effecting

by means of Galvanism. The patient had suffered for thirteen years, and was in the worst possible condition; so weak she could scarcely walk, and so dejected that it was difficult to rouse her to the slightest effort. I began by prescribing a generous diet, there being no inflammation, and the frequent use of slightly astringent injections, like those referred to. The body was well rubbed after a shower bath, every morning, and a preparation of *rhubarb and iron* was given internally. This checked the discharge, and improved the general health considerably, in about three weeks. I then began the application of the Galvanism, every day, and continued it for three weeks more, at the end of which time the discharge was *completely stopped*, and the general health so far restored that the patient declared herself *quite well*. She recovered her flesh, the sallowness left her skin, the limbs became strong, and cheerfulness took the place of the melancholy that had formerly overwhelmed her. The change was indeed miraculous, her friends scarcely knew her, nor could she help fearing, to use her own expression, that it was *too good to be true!* I have heard from her repeatedly since, however, and she still retains her health.

Great imposition is practised in the advising of specific internal remedies for this disease. I have known many celebrated practitioners even, completely drench their patients with drugs, under the delusive promise that they would stop the leucorrhœa. Excepting in the way already pointed out, there are but few of them that have even the slightest effect in that way. The only medicines that seem really to act on the mucous membrane of the vagina, in this disease are, some of the balsams, turpentine,

copaiva, cubebs, and tolu, for instance.—One scruple of Sulphate of Iron, and two scruples of Aloes, with as much Venice turpentine as will mix them together, is an excellent preparation ; it should be made into twenty pills, and one should be taken three times a day. The common *copaiva capsules* are also very good ; two of them may be taken three times a day.

In France and England, they also employ copaiva in the form of injection, or enema, or in what is termed a bougie, or suppository, which is formed by mixing up the balsam with wax, or fat, and a little opium, till it is like dough. It is then moulded into the form of a bougie and introduced into the passage, where it may be worn for half an hour, morning and evening.

In the chronic form of Leucorrhœa there are no inflammatory symptoms to combat, the disease is become constitutional, and cannot be treated successfully by local medication alone. The injections and baths may be used as already directed, and also medicines, but more attention must be paid to that course of treatment called *tonic* and *alterative*. The strong bitters, such as Cinchona, Gentian and Absynthium, are excellent tonics, and may be taken alternately with the different Preparations of Iron, such as the Muriate, the Aromatic Tincture, or the Compound Mixture, and particularly the *Syrup of Iodine of Iron*, ten drops of which may be taken three times a day. The turpentine and iron pills, previously advised, may also benefit, or the copaiva capsules and suppositories.

It will be a great error however, and will lead to much disappointment, if too much dependence be placed on any kind of medication, external or inter-

nal. It is nothing more than an *assistant agent at best*. The chief good must result from that change in the air, diet, habits, and general regimen, which effects a modification, or alteration, in the action of the system. There are many medicines that are capable of driving back the disease, or rather preventing it from showing itself for a time, but this is not *curing it*. The tendency still remains, and on suspending the medicine the disease again appears. *Galvanism* may be used, with more prospect of good than from any medicine, if conjoined with the plan of treatment laid down.

Leucorrhœa is, however, in most cases, so complicated with other affections, either as cause or effect, that we can scarcely approach to any general plan of treatment. The kind of medicine, and the quantity of it; the particular diet and regimen; and the mode of applying the Galvanism, must all be varied in almost every case. By pursuing a certain course with one patient, merely because it was successful with another, we may make matters *worse*, instead of effecting another cure. There are few diseases, in fact, so difficult to treat as this, or that so frequently defy all treatment. A very old practitioner once remarked to me, that he would *rather undertake to cure cancer, or consumption, than Leucorrhœa*; and he certainly had good reason for making the remark. At the present time, however, a little more success may be reasonably expected, because the causes that produce it are better understood. But the greatest curative agent in this, as in many other affections, is, undoubtedly, *the Galvanism!* I am now using it daily, in numerous cases, and in many different modes, but nearly always with great advantage to the patient.

It should always be borne carefully in mind, that a mere discharge from the Vagina does not constitute a Leucorrhœa, nor always indicate one. The discharge may arise from other diseases, particularly from an ulcer, abscess, or cancer in the *Womb*. This must, of course, be ascertained if possible. It is not always easy to do so, however, and hence arises a great deal of uncertainty. *The character of the discharge itself* is the only sure indication of the place it comes from; that poured out by the Vagina having *different chemical properties* from that which escapes from the *Womb*! The pus from an abscess, and the discharge from an ulcer, are also very different, in many respects, from the secretion of a diseased mucous surface.

It is, perhaps, advisable to remark here, that the Leucorrhœal matter is sometimes *infectious*, and may produce effects usually thought to arise from *other diseases* only! Ignorance of this fact I have often known to produce unpleasant moral consequences, and great distress of mind.

POLYPUS OF THE WOMB.

This disease consists in the growth of a foreign body in the *Womb*, called a *Polypus or tumor*. It is a somewhat prevalent affection, and a very serious one too. Our notice of it, however, will be brief, on account of the obscurity that hangs over the whole subject.

Uterine Polypii are found to vary in size from a small nut to a man's head, and in weight from half an ounce, or less, up to twenty or thirty pounds. Their color is sometimes whitish, at others red, and at others again it is brown, or even black. Sometimes they are quite soft, or spongy, and at others

hard, like gristle. Generally they are solid, but sometimes we find them hollow.

The symptoms attending a Polypus are almost all those of every other disease, so that there is scarcely a single affection of the Womb, but it has been mistaken for. It is particularly liable to be confounded with the different uterine displacements, as already stated, and with inflammation of the Womb, dropsy, or pregnancy.

The dangers from Polypii are numerous. In the non-pregnant state they give rise to profuse floodings and other discharges, which often reduce the system to a state of complete prostration, besides deranging the functions of nearly all the other organs. The probability is also that they will terminate in gangrene or cancer. In the pregnant state, in addition to all these evils, they are apt to produce abortion, or to seriously impede the progress of delivery. In short, there are few diseases of the Womb more serious, and in every case where there is the slightest ground for suspicion, the most careful scrutiny should be instituted, in order to ascertain whether it exists or not.

This is also particularly desirable when it is borne in mind that the fallen, or inverted womb, is often mistaken for a tumor, to the great peril of the patient.

The causes that produce these tumors are but little known. Probably all those that lead to inflammation of the Womb might be enumerated, including a peculiar lymphatic temperament, or scrofulous taint. There is good reason to believe, also, that those condemned to sedentary occupations, like our unfortunate dressmakers and others, are more liable to them. They also appear to be more prevalent at certain periods of life—between thirty

and forty-five years of age for instance. In very old, or very young persons, they are seldom met with, though occasional cases have been observed at sixty years, and others at fifteen, or even younger.

It is supposed that, in every case, there is some immediate cause which first starts the unnatural growth, such as a bruise, or an injury at child-birth, either from the hand, or instrument, or from tearing away the placenta. Injuries occurring *at marriage* may also lead to the same result, and so may the wearing of a pessary, or *certain excesses*. The mode in which these causes act has been compared to that of the puncture of an oak tree, by the insect called the *Cynips Gallæ*. Immediately after this little fly has punctured the bark, and deposited its egg, a swelling begins, which gradually increases, like the tumor in the Womb, and eventually forms what is called a *gall nut*.

The situation of the tumor may be either at the neck of the Womb, so as to protrude into the Vagina, or it may be completely enclosed in the uterine cavity, and is then very difficult to discover. Sometimes it will form in the Vagina itself. The hollow polypi spoken of have been mistaken for the Womb itself, and many practitioners, on cutting one out, have been needlessly alarmed from the supposition that they had removed that organ itself. The most serious mistake however, is that of taking the Womb for a tumor, and operating upon it as such, which has been done more than once.

The length of time a tumor may be in growing, or before it compromises the health of the subject, is very uncertain. It may remain quite small for many years, or may never increase, and sometimes, though very rarely, it will disappear. At other

times its growth will be alarmingly rapid, and a fatal result may occur immediately after its discovery. There is never security while one remains, no matter how indolent it may appear, as a slight cause may make it immediately active. I recollect a case of a lady who suffered many years, and eventually died from a disease which none of her physicians could make out. She was wasted by a continual discharge, sometimes bloody, and sometimes like pus from an Abscess. Severe pains darted through the abdomen, loins, and groins. The Womb was excessively tender, and swollen, and the limbs so weak that she could scarcely stand. The whole system seemed to sympathize, and became completely prostrated; the slightest motion of the intestines, or bladder, caused an increase of suffering, amounting sometimes to complete agony. At last all action seemed to cease as if from a blow—she fainted while attempting to urinate, and never recovered. On examination after death, an enormous tumor, or polypus, was found inside the Womb, which had begun to gangrene, and which caused such pressure on the Intestines and Bladder that the wonder was, how they had performed their functions so long. The weight of this tumor was about nine pounds, and its size that of a large cocoa nut. From her own account it had been nearly seven years in growing, and came first from the use of instruments in a difficult labor. Like most other polypi it was connected with the Womb by a small pedicle, or neck, not larger than the little finger.

Females have married, conceived, and been safely delivered, with a polypus in the Womb; but no one should ever expect to do so, the probability being very much against such a happy result.

Treatment of Polypus Uteri.—This is of two kinds, medical and surgical. The medical treatment consists in supporting the strength of the patient—in checking the discharge by means of rest and injections—and in trying to bring about the absorption of the tumor, which is sometimes effected by a proper attention to diet, conjoined with the administration of *Iodine*. It is necessary to say, however, that there have been but *very few* cases where this plan has succeeded, and it can never be depended upon. Sometimes, but still more rarely, the tumor is expelled by the natural efforts of the Womb, precisely as the child is in labor. Medical men have often been deceived in such cases, and have not found out their error till the woman, whom they thought pregnant, has brought forth a tumor, instead of a foetus. I knew one case where a lady was relieved of one that had troubled her many years, through slipping on the stairs. She felt something escape, and on looking found the tumor, about as large as an egg, on the floor. It had been connected with the Womb only by a small stem, or pedicle, not thicker than a quill, which was broken. The smallness of this neck had probably prevented its growing so fast, and allowed it to escape by readily breaking with the shock.

Galvanism has been tried, and I can say, *from experience*, with *success*. In some cases it will cause an absorption of the tumor, and in others it will bring on uterine contractions and so lead to its expulsion. It is true we can seldom tell beforehand, whether the tumor is one of that kind likely to be benefitted by this agent, but still it should *always be used* before resorting to any operation, because it can do no harm, and has, undoubtedly, often succeeded. In a short

time I hope to state something more definite on this subject, as I have several cases under treatment, by Galvanism, at the present time.

The surgical treatment of Polypus consists of five different operations, each of which is resorted to according to circumstances, or the predilections of the operator. First, *Cauterization*, or burning it off, either by hot irons or by caustic substances. A plan that can seldom be adopted at all, and is not likely to be very successful when it can. It is scarcely ever resorted to now. Secondly, *Avulsion*, or *torsion*, or the *twisting* and tearing them off, by means of instruments. This plan is very generally adopted, particularly with certain kinds. The small neck, which these tumors often have, makes such a process comparatively easy, and the twisting of the vessels prevents any great loss of blood. The pain is seldom very great. Thirdly, The *Crushing* process, which is also very often used. It consists in crushing, or breaking the tumor, either with the fingers, or with proper instruments. This seldom produces much pain, as the tumor is not usually endowed with much vitality. Fourthly; The *Ligature*. This consists in tying a ligature, or cord, round the neck of the Polypus, and tightening it each day, till the neck is eaten through. This has sometimes succeeded, though it has often to be abandoned, on account of the inflammation it gives rise to. In many cases, also, it is not possible to affix the cord round the neck, though there are many ingenious instruments contrived for the purpose. This mode, when available, has some advantages; there is no cutting to alarm the patient, and no bleeding; the tumor being gradually severed from the womb by the destruction of its connecting link. Besides the

danger of inflammation however, already referred to, it is annoying to the patient to have it examined, and the cord tightened, every day. Fifthly, *Excision*, or cutting it away with a knife. This mode of operating, though apparently the most serious, is in reality, in most cases, the most simple and the least dangerous. The neck, it must be recollected, is generally small, so that no great hæmorrhage occurs, which is the chief thing to be dreaded, and inflammation is not nearly so likely to arise as from any of the other modes. Excision is, therefore, generally practised, when circumstances will allow. I recollect one case where the tumor was so large that when the neck was cut through it could not be passed through the Vagina till it was cut into four pieces.

After the operation, by either method, care must be taken to heal the wounded surface, and to keep down all inflammation.

When the tumor is located in the Vagina, or on the external parts, as it sometimes is, the removal is, of course, more easily effected. Great care must be taken, however, that the supposed tumor is not the prolapsed bladder, intestine, or Womb.

HYDROMETRA, OR DROPSY OF THE WOMB.

This disease is very rare, and I refer to it chiefly because it is likely to be confounded, when it does occur, with polypus or tumor.

Hydrometra consists in the accumulation of a fluid substance either in the walls of the Womb, or in its cavity, constituting a real dropsy. So few cases have been seen that the causes of it cannot well be traced. Most likely it is produced chiefly by de-

ranged menstruation, or by any of the causes of ordinary inflammation.

Instances are on record where the Womb has been distended, by water within it, till as large as at the full period of pregnancy. Indeed one surgeon records a case where *eighty-five pounds* of fluid was evacuated from the Womb, and another informs us that he found the organ, after death, large enough to contain a child *ten years of age!*

The symptoms are similar to those of polypus, with the addition of fluctuation, or motion, like that of ordinary dropsy.

This is more a disease of the married than of the single state, and is not nearly so dangerous as many others we have treated upon.

The treatment varies with the urgency of the case. Sometimes a little emmenagogue, or forcing medicine, will expel the fluid, and a course of tonic medication afterwards will prevent its return. It may be necessary in some cases to open the mouth of the womb and remove any obstructions, or puncture any membrane that may prevent the escape of the fluid. Cases have been known even where the Womb was opened externally, the same as when we *tap* for ordinary dropsy of the abdomen. In one instance, *fifty-three pounds* of bloody fluid escaped, and though the patient was fifty years of age she perfectly recovered.

Care must be taken here that *pregnancy* be not mistaken for a Uterine Dropsy, an error not impossible to be fallen into.

One form of Hydrometra occurs during pregnancy, and consists simply in a greater accumulation than usual of the amniotic liquor. It is seldom dangerous, but by concealing the motions of the child it may make the pregnancy obscure.

In concluding our remarks on Hydrometra, it is perhaps advisable to say a few words on another disease, supposed by some to exist, called *Physometra*, or wind in the Womb! Many curious accounts are given by old authors of this affection, but they are generally looked upon as fabulous. Thus, one tells us of a woman who had been long sick, with symptoms similar to those of Hydrometra, from whose Womb there escaped a kind of bag or bladder, full of wind or gas, which *bounded on the floor!* Many other accounts equally curious, and equally incredible, might be given, but it is sufficient to say, that the structure and conditions of the parts makes any such æriform collections impossible. Immediately after child-birth, it is true, owing to the alternate expansion and contraction of the Womb, air may be sucked up and expelled again; and gas may be generated from the decay of a portion of the placenta, if it be too long retained, but these accidental accumulations are not the result of disease.

I have known some females much alarmed by the escape of air from the Vagina, from its being so unusual, but it is in reality a very simple affair, and of no consequence whatever. This subject, in fact, has only been alluded to from our desire to leave nothing unexplained, and to quiet unfounded apprehension.

HYDATIDS OF THE WOMB.

This is a name given to a peculiar kind of growth occasionally formed in the Womb, the nature of which is not very well understood.

Some Hydatids are merely cells or bladders growing together like a bunch of grapes, and filled with a white or yellowish colored fluid. Others are longer, somewhat like a bean, each one distinct by itself,

and furnished with a kind of claw by which it is attached. Others again are egg-shaped, and occasionally they are of no particular form.

It is generally considered that the single Hydatids, with the claw, are living beings, like worms in the intestines; but the nature of the others is not agreed upon, though many authors contend for the independent vitality of them all. It is certain that many of them, when expelled from the Womb or Vagina, will move in warm water, and apparently live for some time after, but others again shrivel up immediately they are separated from the body.

The causes that give rise to these morbid growths are very obscure; probably we might enumerate most of those that have a tendency to irritate, excite, and disease the Uterine organs.

The symptoms of Hydatids also are not at all distinctive. Most usually they are taken for those of pregnancy, hydrometra or metritis. The enlargement of the abdomen which they cause will sometimes be as great as that at the full period of gestation, or even greater, but does not take place so rapidly, and is unaccompanied by any movements like those of the child. The breasts will swell, however, and the menses usually stop, which makes the female think she is certainly pregnant, particularly when she becomes sick at the stomach, and nervous, as is usually the case.

These symptoms may continue for a long time, and may even remit with periods of perfect ease, till at last the Hydatids are suddenly discharged. Their expulsion being often preceded and accompanied by pains and floodings, so similar to those of child-birth, that the woman cannot be persuaded she is not really a mother, till the morbid mass is shown to her.

Sometimes the whole mass will come away at once, like a large bunch of grapes, and at others, portions will come at intervals. When all the Hydatids are removed she usually recovers her health, and may suffer no after inconvenience ; the disease being seldom serious in its results.

Some kinds of Hydatids are found to exist in the unmarried state, but most usually they are found in the married, and are supposed, in most cases, to be in some way connected with an imperfect conception. Frequently they are formed along with a blighted fœtus, and very often the duration of their development, and the period of their expulsion, occupies a definite time, like a real conception. In general, they are expelled about the seventh month ; but sometimes they remain till the twelfth or fourteenth. The expulsion is usually followed by a lochial discharge, swelling of the breasts, or even milk fever, the same as a real birth.

When the Hydatids are retained too long severe symptoms may arise, such as flooding, swelling of the limbs and face, with general emaciation, and fainting fits, that may even terminate fatally ; but this is seldom the case.

No precise directions can be given as to the treatment of these cases, because we never can be sure that Hydatids exist, till we see them expelled. The same general treatment recommended for metritis, may be adopted to relieve urgent symptoms, and means may be taken to bring on the expulsion if we are satisfied that the Hydatids exist ; but it must always be recollected that there *may* be a *real pregnancy*, so that no such means should be resorted to unless there is an *absolute certainty* as to their existence.

I once saw a case of a lady who had been supposed pregnant, and who was actually attended for labor, from whose womb was expelled a small painful of Hydatids, after which she perfectly recovered.

The single Hydatid, with claws, may exist either in the Womb, or in the Vagina, even near to the external lips. Their origin is enveloped in complete mystery.

Dr. Ryan gives us the following account of Hydatid Tumors in his Gynæco-Pathology :—

“ Another kind of tumor which frequently attacks the Womb, is the *Hydatid*. It is generally observed, in consequence of destruction of the fœtus, in the early months, retention of some part of the placenta after delivery, or abortion. There are no diagnostic symptoms, and consequently the disease is often mistaken for pregnancy, or various other morbid affections, already described. The size of the Womb does not correspond with the supposed period of pregnancy, and there is no motion, or quickening perceived. In some cases, the health does not suffer. I have known a case of Hydatids continue for fourteen years, and during the greater part of the time, there was no derangement of health. This case was mistaken for pregnancy, by several medical men, during the period ; indeed, one of them sat up four nights, expecting delivery, the uterine pains were so severe ; and yet there was no pregnancy, and of course no delivery took place. This woman in eight years afterwards, was attacked with uterine pains, fully as severe as those of labor, and expelled a number of Hydatids, with a large quantity of water ; she discharged some pints, mixed with purulent matter. When the orifice of the organ is en-

larged, and the tumor extensive, the hand may be introduced into the womb, to expedite the process of expulsion, and to excite the contractions of the womb; but this should only be resorted to in case of hæmorrhage, or when some violent symptoms become urgent.

“ There is generally pain, fever, and constitutional disturbance during, or after the expulsion of the Hydatids; in the case that I have just described, the most violent symptoms of peritonitis set in, and nearly destroyed the patient. In such disease, the usual remedies are to be employed. The expulsion of Hydatids has been mistaken for abortion, even by the justly celebrated Dr. Cullen. Dr. Hamilton stated in his Lectures, that one of his father’s patients being ill, Dr. C. was called in his absence, and declared the lady had miscarried. This opinion was the innocent cause of destroying domestic happiness in that family ever afterwards, as she and her husband had lived separately for two years. On Dr. Alexander Hamilton’s return, he declared the bodies expelled were Hydatids, and that there was no abortion; but the parties were never after happy. Dr. Hamilton also mentioned, that a Dumfries practitioner wrote to him concerning a wonderful case, where a female who had aborted, expelled seventeen ova; of course these were Hydatids. Hydatids vary from the size of a pea to that of an ox’s bladder; they are small oval bodies, composed of a membrane, which surrounds a quantity of fluid, and have a strong resemblance to the ovum in the early months of gestation. Sometimes there is but one Hydatid; at other times there will be several, and various sizes; they may be attached to each other, like bunches of grapes, or included one within the other.

There is a living animal, floating in the centre of each Hydatid. Though the abdomen may be swelled as large as in the last months of pregnancy, yet there will be no motion felt; the breasts will be flaccid, and no child can be discovered. There may be some slight pain; but there will be indistinct fluctuation in most cases. We can distinguish this complaint from ovarian Dropsy; the swelling being in the Womb in the one, and in one side in the other.

“The duration of the complaint varies very considerably. I have observed the disease continue for fourteen years; I have seen it so early as the tenth year. There is often a copious discharge of water from the Vagina when a Hydatid bursts, and the tumor of the abdomen will become suddenly diminished. Dr. John Clarke knew a lady to whom this happened, while sitting in an eating house, and she literally deluged the floor. The disease usually terminates in this way, after any sudden or violent exertion. It has been attempted to remove the fluid through the orifice of the Womb, but that is a very doubtful operation; because, if there be more than one Hydatid, the sac of one may be evacuated, but that of every one else left untouched. Sometimes the bag or sac comes away, and without much pain. Hildanus mentions the case of a woman who supposed herself pregnant; but, *dum noctu marito rem haberet*, a sudden inundation swept away all her hopes. I have seen a female, aged thirty, who, during menstruation, expelled a number of small white worms, resembling white silk, cut short, and these were from Hydatids; the expulsion of them was always accompanied by a discharge of water, and not from the bladder. There is a similar case recorded by a Mr. Wellson, in one of the early numbers of

the Edinburgh Medical Commentaries, vol. iii. p. 36. This disease is often combined with pregnancy, or with a mole, and rarely appears alone. Dr. Monro secundus proposed the injection of some bitter infusion into the uterus, as recommended by Cockson; which now can be accomplished by means of the patent syringe. When expulsion is likely to be effected and uterine contraction or pain present, some think the ergot of rye might be used with great advantage, by increasing uterine contraction; and more probably expelling the whole of the Hydatids from the Womb. I have been told of a case where the obstetrician introduced his hand, and brought away a basin-full of these substances. Very early in my practice, I was requested to tap a girl ten years old, who had ascites, evident fluctuation, tense abdomen, on the parietes of which numerous veins were evident. To my great astonishment, no more than six ounces of fluid escaped, though the canula was clear, and the fluctuation most evident; this was decidedly a case of ovarian or sacculated Dropsy, or perhaps Hydatids. When we bear in mind that Hydatids or Vesicles, formed of a thin membranous coat, filled with serum; sometimes cemented together in the form of a great bunch, and hanging by one or more pedicles; sometimes distributed into separate divisions, fixed by different pedicles, which may be filled with limpid, turbid, or purulent fluid, we can readily conceive how the perforation of one of these, which may vary from the size of a millet seed to that of an inflated ox's bladder, may be followed by a considerable discharge, and yet that the abdominal tumor will not be much diminished, and fluctuation will remain very evident. This disease was described by *Ætius*."

Restoring the healthy state of the Womb, and cleansing the passages regularly with injections, usually prevents any further increase of these morbid growths.

CALCULUS, OR STONE IN THE WOMB AND VAGINA.

Very few people have ever heard of such a disease as this, and I have no doubt but the mention of it will excite considerable surprise. In looking through medical books and periodicals, however, many cases of it may be found narrated, and I have certainly seen two myself.

The body called *the stone* is sometimes hard and brittle, exactly like a stone from the bladder, with which it might readily be confounded; at other times it is softer, like bone or chalk. The *origin* of these bodies in so strange a situation, is a matter of dispute; some of those in the Vagina may be formed from the urine passing in, but those in the Womb are most probably derived from a crystallizing of the saline matters which naturally exist in the secretions of the parts, or from their incrustation round a Tumor or Hydatid. In cases of extra uterine pregnancy also, small pieces of bone may pass down the Fallopian Tube, and form a nucleus. So may forgotten Pessaries or other foreign bodies which are often introduced into the Vagina, for various purposes.

These Calculi may exist during the whole of a person's life without causing any great inconvenience. They have frequently been found in the Womb, or imbedded in its walls, in making dissections. In some cases, however, they produce the most violent inflammation, and all the symptoms that usually accompany Polypus, or even Abscess, or Mortification.

If we are satisfied that one exists, by feeling it

with a sound, it must be grasped with a pair of proper forceps, and so removed. It may even be necessary, if it be large, either to cut the *Os Tincæ*, to allow of its passage, or to break the stone itself into small pieces. The occasional necessity for these operations will be evident, when we reflect that Uterine Calculi have been found from the size of a pea to that of a child's head, and weighing from a few grains up to *four or five pounds*. One surgeon gives us an instance where he removed *forty-two* small stones from the Womb.

The natural power of the Uterus itself will frequently expel these unnatural substances, and, when we are satisfied they exist, we may, if they are not too large, advantageously assist its contractile tendency.

In one of the cases which I saw, the stone was expelled along with the menses, and caused a sensation like the passage of a large clot. It was about as large as a pea, and brittle as glass. The symptoms arising from it had been very slight, but sufficient to indicate that some foreign body was in the Womb, which was supposed to be a small tumor.

INFLAMMATION OF THE OVARIES AND FALLOPIAN TUBES.

All the Uterine appendages are liable to inflammation, the same as that organ itself, and in many cases it is extremely difficult to tell in what part the diseased action really exists, till the discharge of the morbid matter occurs.

The causes that lead to inflammation of the Ovaries and Tubes are, probably, the same as those that produce metritis. It appears, however, from observation, that deranged menstruation, or *excessive*

excitement, is more apt to inflame the Ovary than the Womb. And so are long-continued attacks of hysteria, and the use of forcing medicines, or those intended to produce certain feelings. The important part which the Ovaries fulfil, in the secretion of the menses, and in the process of conception, keeps them constantly active, and therefore peculiarly liable to these causes of disturbance. Inflammation of the Ovaries, called *Ovaritis*, is also more likely to attack those persons of *certain temperaments*, unless they exercise great control.

The symptoms of Ovaritis are, burning pain in the groin, which darts all over the abdomen, down the thighs, and into the loins; a difficulty in passing the urine, or moving the bowels, sickness, fever, thirst, general depression and restlessness, with lassitude and weakness of the limbs. A small round swelling appears in the groin, or in *each* groin if both Ovaries are inflamed, and gradually extends over the whole abdomen, which becomes hot and tender to the touch, and eventually so sensitive that the slightest pressure upon it will cause sympathetic spasms, and convulsions, of the lower limbs. These symptoms of course vary according to the intensity of the attack, and the extent of the inflammation, which may either be confined to the Ovary, or Tube, or extend to the Uterus, or other parts.

Inflammation of the Fallopian Tubes is characterized by almost precisely similar symptoms, so that we cannot distinguish it from Ovaritis; this, however, is of little consequence, as nearly the same treatment is indicated for both.

An Ovaritis may subside, like any other inflammation, and either disappear altogether, in about eight or ten days, or pass into the chronic form.

When it continues the result is similar to that of metritis; Suppuration ensues, and an abscess forms, usually about the twelfth or fourteenth day. This is indicated by chills and fevers, languid circulation, and acute throbbing pain in the tumor. The pus eventually makes an opening and is discharged, either through the walls of the Abdomen, or into the Rectum, Bladder, or Peritoneal cavity, or down the Tubes into the Womb and Vagina. After this discharge the patient may recover. Very frequently, however, the termination is lamentably different; symptoms set in precisely like those of puerperal fever; the whole of the organs in the Pelvis and Abdomen become intensely inflamed, their functions cease, fever and delirium supervene, and a fatal issue soon occurs.

When it passes into the chronic form the symptoms gradually subside, though they remain always subject to sudden increase, from slight causes, and the swelling may eventually disappear. More frequently, however, it becomes permanently hardened, or gangrened, or cancerous. It is seldom that any of these diseased states are cured. They may remain, however, for years before they wear the sufferer out, though sometimes they cause death very suddenly.

The treatment of Ovaritis, in the acute stage, is similar to that of Metritis. A cooling unstimulating diet—diluent and acidulated drinks—poultices and leeches to the swelling—warm baths, and injections of poppy heads, or starch and laudanum—purgatives—and absolute rest. Plentiful bleeding is almost invariably resorted to, and, if the inflammation cannot be made to subside by other means, it may be advisable, but should be avoided if possible.

If in spite of all these means an Abscess forms, it must be opened, when ripe, at the safest and most convenient point, and when all is discharged the wound must be encouraged to heal. If gangrene, or cancer, arise, the treatment will of course be the same as for those diseases when in other parts.

When Ovaritis becomes chronic, we must endeavor to draw off the inflammation, by making increased action elsewhere; this is called the *revulsive* treatment. For this purpose we may employ blisters, or setons, or stimulating frictions, to the groins, loins, and inside of the thighs. The ointment of *Hydriodate of Potash* is excellent to rub over the Ovary. Injections of laudanum and starch will also assist, and occasional enemas, of starch alone. The bowels must be kept free, and the diet rigidly attended to. *Perfect rest* must be observed in *every thing*. In conjunction with these means, we may advantageously employ alterative medicines, mineral waters, particularly those containing Iodine, and sea bathing. Warm clothing must be worn, and care taken against catching cold. The result of this treatment, if it be rigidly persisted in, is a *perfect cure*, in many cases, but the duration of the disease is always uncertain.

The operation of *cutting out* the diseased Ovary has frequently been performed, but is now pretty generally condemned by the most eminent surgeons. It is found by statistics that nearly *one half* of those operated upon die of the operation; and of those who recover, it is questionable whether life is prolonged much, if any, beyond what it would have been without it! The operation is, in short, a fearful one, uncertain as to the slightest good, and frequently attended by accidents of the most unlooked

for and fearful character. The patient's chance is, in my opinion, better without it than with it.

It is perhaps advisable to remark, in conclusion, that in some forms of Ovarian inflammation, the patient is subject to an intense degree of *excitement*, which sets all self-control at defiance, and leads to moral consequences that would never have been dreamt of in a state of health. As I have already remarked, *moral evils* more frequently arise from *physical diseases* than many persons suspect.

DROPSY OF THE OVARIES AND FALLOPIAN TUBES.

This disease exhibits itself in the form of an accumulation of fluid in one, or both of the Ovaries, or Tubes. It is sometimes contained in one vesicle, or bag, and sometimes in several, either associated together, or each one distinct by itself. This fluid, or water as it is termed, is sometimes clear and colorless, and at other times thick and slimy, and occasionally it is reddish, or like coffee grounds. The quantity may vary from half a pint, or less, to *five or six gallons*, or more. It may be secreted in large quantities in a very short time, or years may elapse before sufficient is accumulated to occasion inconvenience. The Dropsy may also be attended by considerable constitutional derangement, or the patient may not be at all incommoded, except by the size of the tumor. I knew one case where the patient had been so swelled, for nearly *twelve years*, that she could scarcely force herself through an ordinary door-way, and yet enjoyed tolerable health all the time. The causes of this disease are not very well understood, though it is generally supposed to result from previous inflammation. There is little doubt, however, but that it may arise inde-

pendently, from the same causes that produce Ovaritis, and from various injuries.

The earliest symptoms of Ovarian Dropsy are also very obscure. In general there is neither pain nor inconvenience, of any note, and what is experienced is very apt to be taken for the results of pregnancy, particularly as there is usually a similar swelling of the abdomen and breasts, suppression of the menses, sickness, and capricious appetite. Both patient and physician are often deceived by these signs. The gradual increase of the tumor in the groin, however, after the usual period of gestation is passed, and the occurrence of a deep-seated permanent pain in the same part, soon create suspicion of the truth. This tumor is in most cases moveable, but not always, and may be years before its size is noticeable. Sometimes it feels in lumps, and is painful, at others it is perfectly smooth, and may be pressed without producing any suffering. Generally it projects more on the one side than the other, and falls over when the female lies on the opposite side, but when both ovaries are affected, both sides appear the same. It never however projects at front, like a pregnancy, or like the engorged Womb. As already remarked an Ovarian Dropsy may not seriously compromise the health, at least not for a long time, but, as a general rule, there is more or less trouble occasioned by it. The enlarged tumor, for instance, sometimes presses on the intestines, bladder, and stomach, and impedes their functions, producing costiveness, difficulty in urinating, and sickness. It is also liable to displace the Womb, and produce ante-version, or retroversion, or prolapsus. The patient also feels a severe pulling and dragging, when she stands or when she lies on her side, and sometimes suffers

from difficulty of breathing, owing to pressure on the diaphragm. Various other symptoms, also, too numerous to mention, are met with in different cases.

Some authors consider this disease as always the result of a cancerous condition of the ovary, and if it be so, it is probably the most favorable form in which the cancer could exhibit itself. Both the mode, and the time of its termination, are so uncertain that little can be said about them. Patients have lived to be sixty or seventy years of age, who have had Dropsy of the Ovary most of their lives. Sometimes the cyst, or bag, will burst, and the fluid will then either be absorbed, or escape through some of the passages, or perhaps produce peritoneal inflammation. The pressure on the different organs may also lead to various kinds of inflammation, and a fatal result may thus be brought about. General dropsy is also likely to be produced, and various forms of cancer, or gangrene. In short, though some escape death, and even severe suffering, for many years, the disease has nearly always a fatal termination, sooner or later. Those who are cured, either spontaneously or by medical treatment, are extremely fortunate, and considering how prevalent the disease is, their number is fearfully small.

Medical men are but little agreed as to the best treatment in Ovarian Dropsy; each one usually adopting a plan of his own, and for the most part merely as an experiment. Almost every drug in the pharmacœpia has been used—all kinds of baths, blisters, pressure, firing, puncture—and a host of other means, all of which have been adopted, praised, condemned, and abandoned, in their turn. It is probable that each of these plans may be useful

under certain circumstances, and that no general treatment can be advised that will suit all cases, excepting such as improves the health, and removes any irritating causes that may exist.

As a last resort, when medical treatment fails, either of two operations may be performed: that of *tapping*, or *cutting out the ovary*, and, unfortunately, the success hitherto attending both of them has been so small that neither seems to be justified by the result.

The operation of tapping is, in fact, scarcely considered as a means of cure, but merely as a means of relieving the patient for a time, when the accumulation of fluid has become very great. In many cases the tapping is followed by immediate death, and in many others it undoubtedly shortens life, though it may occasionally prolong it. In the "Philosophical Transactions" is an account of a case of dropsy where the woman was tapped *one hundred and fifty-five times*, and as much as *five thousand seven hundred and twenty pints* of fluid drawn off! It is supposed that life was thus prolonged several years. Many other such cases are on record.

Sometimes, after the fluid is evacuated, an astringent injection is thrown in, to stop any further secretion, and in some cases, it is stated, successfully, though in others with the most alarming results. There are many circumstances, in short, that make the operation altogether inadmissible, and many of them cannot be foreseen till it is too late.

The removal of the ovary is, probably, a still more objectionable experiment. The results of it, for simple induration, have been alluded to in the last article, and it is sufficient to say that it is no more successful for this disease than the other. A few are

cured by it, and many die from it. On the whole, the opinion of that celebrated surgeon, John Hunter, is probably near the truth, that *patients would probably live longer if they were not meddled with.*

Dropsy of the Fallopian Tubes apparently results from the same causes as Dropsy of the Ovary, and can seldom be distinguished from it. The same remarks, however, as to treatment, apply to both.

Besides these accumulations of fluid however, the ovaries frequently contain hydatids, and various other substances. Collections of hair, bones, and even *teeth*, are recorded as having been found in these tumors. The origin of these anomalous bodies in so singular a situation, is a matter of dispute. There is no doubt but that they often result from an imperfect conception, but not always, as they have been found in the virgin state, and, in different situations, even in the *male body*. It would seem as if there was a *formative power* inherent in the living body, which, though nearly always exhibited only in the ovary and womb, may, under peculiar circumstances, become active in other parts of either system.

Most of these ovarian diseases are found to prevail at that period of life when the uterine system is most active, namely, from twenty-five to forty-five. They are seldom or ever seen after the change of life, or before puberty, and are chiefly confined to those who have borne children.

The female organs are, of course, liable to many other diseases, which have not here been alluded to, because they belong equally to other parts of the system, and it is our intention to confine ourselves to those peculiar to the female organs only.

CHAPTER V.

DERANGEMENT OF THE FUNCTIONS OF THE FEMALE
ORGANS, AND OF THE NERVES.

In addition to malformation, imperfect development, displacement, and organic disease, the female organs are also liable to become deranged in their functions, either as a result of some other diseases, or from independent causes. These functional diseases require special and distinct notice, and will solely engage our attention in the present chapter. The most important of them are connected with the process of menstruation, the nature and objects of which require to be known before its derangements can be understood. It is, therefore, necessary, to occupy a portion of our space with this explanation, by way of preparation.

OF MENSTRUATION.

Until very recently but little was known, with any certainty, respecting this remarkable and important phenomenon of the female system. The most crude and visionary theories have been advanced to explain it, and our works on medicine and physiology do nothing more than repeat them, one after the other. The investigations of several distinguished physiologists however, within the last few years, have thrown a new light on this hitherto obscure subject, and explained much that was previously unknown, or, at best, merely conjectured upon. A brief statement of the result of those investigations will not only be highly interesting in itself, but will materially as-

sist in explaining what we shall afterwards speak upon.

It is well known that the female organs are liable, at regular periods, to assume a peculiar action, which results in the discharge of a fluid termed the menses. The secretion and excretion of which are highly essential, both to the proper performance of many other functions, and to the maintenance of the general health. Whence comes this fluid, and what causes it to flow? These were questions unanswered, except by mere supposition, previous to the discoveries referred to, which we now proceed to make known.

In the first chapter it was stated that the *Ovae*, or eggs, contained the rudiments or germs, from which, when impregnated by the male principle, new human beings were developed. These *ovæ*, however, are not prepared to undergo this development before the age of puberty, nor after the change of life, nor are the whole of them fit for conception even during the prolific period. It appears that they become fit for fecundation in succession, during the menstrual period, *one ovum being ripened every month!* When fully perfected it separates from the ovary and is lost, unless conception occurs, in which case it passes along the fallopian tube into the Womb, and then develops into the fœtus. Here then we see the cause of the menses; the ripening of the ovum causes a local excitement, and congestion, in the ovary and womb, which increases till the period when it is thrown off, and then the accumulated fluid is discharged, the excitement subsides, and a new development commences.

This curious process is termed by some physiologists the monthly *ponte*, or *laying of eggs*, and by

others the *Ovarian labor*, or *birth!* A small scar is left on the ovary at the point where the ovary separates, which fades away after a time, but a number of them may always be observed on the ovæ of those who have long menstruated. In those who die during menstruation the ovaries are found very red, and full of blood, and sometimes one of the ovæ will be found swelled, and just ready to burst through, or the ruptured opening may be seen through which it has actually escaped.

Precisely the same phenomenon occurs in the lower animals, excepting that their periods are more extended; some of them occurring annually, and others at still longer intervals. Some of the monkeys even have a species of real menstruation.

These important facts, by enabling us to understand what causes menstruation, give us an insight also into the nature of its derangements, and the conditions required for their regulation. When we call to mind also the close sympathy between the uterine organs and every other part of the system, it shows us how important a proper menstruation is to the general health, because without it those organs must be diseased, and consequently every other part of the system liable to suffer with them.

Formerly many absurd notions prevailed respecting menstruation, which in fact are not quite removed even now. Thus some authors asserted that a female, while unwell, could cause various diseases, by merely *touching* persons! Others supposed they would curdle milk, and nearly all believed that the menstrual fluid itself was highly poisonous, so that females, at those times, were compelled to live apart and approach no one. In the Old Testament there are many regulations given, for females while

menstruating, which show the prevalence of such notions in olden times. It is scarcely necessary to say that there is no foundation whatever for all this, as the fluid itself differs but little from ordinary blood, and is equally innocuous.

In like manner it was supposed, that menstruation was influenced by the *Moon*, and only occurred at a certain period of her age. We know, however, that females are unwell almost every hour of every day in the year.

The due establishment of the menstrual function is absolutely necessary, to the perfection both of mind and body, and its regular performance is quite as essential to the continuance of health, for there is scarcely a single disease that its derangement will not either cause, or at least seriously aggravate.

It is therefore *vitally important* to attend to this matter, *particularly in young persons approaching puberty!* A little care at that time, properly bestowed, may prevent years of disease and suffering, if not untimely *death!*

We will now proceed to consider the various kinds of menstrual derangement in succession, commencing with its absence, or suppression.

AMENORRHEA, OR NON-APPEARANCE, OR STOPPAGE, OF THE MENSES.

The menstrual discharge may either stop after it has once commenced, or it may fail to appear at all, and the causes that lead to this suppression, or non-appearance, may be either constitutional, or accidental.

Among the constitutional causes may be mentioned certain peculiarities of temperament, such as

that denominated the *sanguine*, which disposes to congestion of different organs, thereby diverting the blood from the uterus. This is generally denoted by a full habit, florid complexion, and great activity. The *lymphatic* temperament, in which there may be great fullness of form, but accompanied by debility, disinclination to motion, and slow pulse. A *scrofulous taint* appears also to operate in the same way, and hence we often see scrofulous girls, and those with either of the above temperaments, much later than others in commencing to menstruate. Among the accidental causes may be mentioned all those which deteriorate the general health, such as living in a damp situation, not being sufficiently exposed to the sun and air, improper or insufficient food, want of exercise, or excessive labor, and depression or over excitement of the mind and feelings. The occurrence of leucorrhœa, before puberty, is very apt to prevent the menses from commencing, and this is oftener the case than is suspected. Sudden cold should also be particularly mentioned, and the action of strong medicines. Even scents, and powerful odors in general are supposed by many to have an injurious influence. The celebrated Haller especially alludes to the smell of *penny royal* as having the effect of preventing the menstrual flow. Many other diseases undoubtedly cause amenorrhœa, by the increased action they produce elsewhere, and so, I am convinced, will excessive *study*, by the excitement it keeps up in the brain.

All these various causes may of course suppress the flow, when already established, as well as prevent its appearance.

- Many times I have known the receipt of some bad news, a sudden fright, or severe disappointment,

cause instant suppression; and such vivid emotions as anger, jealousy, or excessive joy, will also undoubtedly do the same. Even frightful dreams have had this effect, or the sudden start from hearing a clap of thunder, or the firing of a cannon.

In addition to all these, there must further be mentioned many of the different diseases, displacements, and improper developments of the uterine organs, already described—some of them having a morbid effect, and others merely opposing mechanical obstructions.

The symptoms and effects of suppression, or non-appearance, are numerous, and often serious, and may be either local or general. Among the local symptoms are, pains and dragging feelings in the loins and groins, with a sensation of weight in the pelvis, and great weakness in the limbs. Sometimes there is also inflammation of the external parts, and a peculiar excitement, which becomes, in some cases, excessively annoying, or leads to vicious habits.

The general symptoms are much modified by individual peculiarities, though there are some of them pretty constant in most cases. Thus we nearly always observe a feebleness and langor of the system, and the loss of that *freshness* which characterizes healthy youth. The eyes become dull, and surrounded by a dark circle—the heart palpitates—the breathing is difficult—the head is dizzy, or constantly aching—pains like those of rheumatism dart about the limbs, and severe cramps often occur in various parts of the body. The mind and feelings also suffer, so that the patient is dull, impatient, irritable, and melancholy, and so acutely sensitive that the slightest disappointment, or contradiction, will make her weep. Some of peculiar tempera-

ments, on the contrary, are singularly excited. They will be continually moving about, though they have no particular reason for doing so, and impatiently seek every kind of amusement and gay society. I have known some of these patients even become ungovernably impetuous, and so disposed to activity, that the ordinary quiet female occupations were irksome to them.

These symptoms may continue for a considerable time, or they may be speedily followed by more severe ones, particularly by inflammation. Most usually, however, they are succeeded by leucorrhœa, dropsy, diarrhœa, nervousness, convulsions, epilepsy, St. Vitus dance, (Chorea), or delirium. The flesh wastes away, or hangs flaccid on the bones, the skin is cold, and sallow in its color, and the whole system seems to rapidly decay. Eventually the abdomen enlarges, the breasts swell, the stomach sickens, the appetite disappears, or becomes capricious, and a sensation of discomfort and misery creeps over the sufferer, till she almost loathes existence.

When the suppression occurs suddenly, the female often feels many of these symptoms suddenly, and very acutely. Thus some will suffer instantly from a dragging, bearing-down sensation, or from pain in the back, while others will be seized with headache, and giddiness, or even faint away; others will be attacked with leucorrhœa, diarrhœa, or inability to pass the urine, and others again will be taken with a chill and fever.

One of the most singular consequences of suppressed menstruation, however, is the appearance of another discharge, in some other part of the body, which apparently acts, to a certain extent, as a substitute. The leucorrhœa, and diarrhœa,

already referred to, acts in this way to a certain extent; but what we have more especial reference to at present are, real hemorrhages, or discharges of blood, from various parts of the body. These have been known to occur from the nose, the ears, the bowels, the nipple, the bladder, the arm pits, under the nails, from ulcers, or other sores, and from the gums or teeth. Sometimes these discharges will occur with the same regularity as the real one ought to do, and really answer for it; but in others they are irregular or almost constant.

Lastly, we may mention, as some of the ultimate consequences of suppression, hydrometra, engorgement, gangrene, and cancer of the womb, with various chronic affections in other parts, and insanity.

In commencing to treat amenorrhœa, the greatest care and circumspection is required. It may be merely a consequence of some other disease, the removal of which is all that is required to effect a cure. Thus it is produced by disease in the stomach, the heart, and the spine, and by consumption. It may also be occasioned merely by a closing of the natural passages, as in Imperforate Hymen, or closed Vagina, and then of course these only require opening. And lastly, it may be the result of *pregnancy*, which the patient is either unaware of, or wishes to conceal. The practitioner must therefore use the greatest precaution, so that he do no injury, either from his own inadvertence or from the criminal deception of his patient.

It must also be borne in mind that some females are much later than others, and that some again stop much sooner, from natural causes. There must therefore be no hurry in prescribing, unless derangement in the general health indicates its immediate

necessity. Again, in many cases, a considerable time elapses after the first one or two periods before another occurs, and without any ill effects. I have known the interval between the first and second period be extended to more than twelve months. This is apt to be the case when puberty commences unusually early.

The age when the menses first appear, varies from ten years to over twenty, but most usually it is about *fifteen years*. The notion that a warm climate makes it much earlier, does not appear to be well founded; it is more probable, as shown by recent observations, that social influences are much more powerful. The conduct and conversation of those around them, and the treatment they receive, has more to do with the precocious development of puberty in young girls, than any influences of climate whatever.

When we are satisfied that the amenorrhœa is really due to some morbid condition, and not to any of the above causes, a careful study must be made of the patient's constitution, habits, and mode of life, before judicious treatment can be recommended. Very frequently nothing more is required than a proper attention to the general health, particularly in those of a weakly constitution, or lymphatic temperament, and in those who have been prostrated by a former sickness. In such cases, the happiest results often follow a change of air, and the adoption of a nourishing diet, with a little good wine; the use of mineral waters, particularly those containing Iron; cold baths, with good dry rubbing after; plenty of exercise, especially walking or riding on horseback, and dancing. There is no doubt but this difficulty often arises from the early abandonment of youthful recreations. The absurd notions of society condemn,

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in young girls, those exhilarating sports and pastimes so conducive to happiness of mind, and health of body, and the necessity for which *in boys*, is universally acknowledged. The perfect development of the system is sacrificed to false ideas of *propriety*, or rather, disease is chosen *with* fashionable observance, rather than health *without* it. There is no doubt, whatever, but that the too early abandonment of the *hoop* and the *skipping-rope*, creates an early necessity for the *doctor*!

The state of the mind and feelings must also be carefully attended to, as their derangements have frequently much to do with this disorder. The patient's friends must carefully remove all causes of excitement or unhappiness, and endeavor to promote a state of cheerfulness and contentment. The morbid melancholy, and sentimental dreaminess brought on by reading trashy romances, is very hurtful, and should be broken up by exciting mental and bodily activity. I have known many young females attacked with suppression, from attending protracted religious meetings, love feasts, and camp meetings.

When such means fail, medicines may be resorted to; and it is but justice to say, that they are often successful in this disease, though they so lamentably fail in many others. The best article, and the one most generally used is *Iron*, which is prepared and used in numerous different ways. The particular preparation of this metal most suitable for any given case, must of course depend on a variety of circumstances, and had better be indicated by the medical adviser. As general formulæ, however beneficial in most cases, and not likely to injure, the following recipes will be found excellent:—Sulphate of Iron, two drachms; extract of Absinthium, four drachms;

Syrup of Saffron, enough to make it into a paste. This must be divided into one hundred and fifty pills, one to be taken three times a-day.—Or, Sulphate of Iron, one drachm; extract of Gentian, enough to mix it up. Divide into thirty pills, and take one three times a-day.—Or, in case there be any indications of Scrofula, Mr. Lugol recommends Protiodide of Iron, six grains; Starch, twenty-four grains, and sufficient Syrup of Gum, to make it up. This is to be divided into twenty-four pills, one of which may be taken morning and night. The compound Iron mixture may also be tried, or the Aromatic mixture, in the usual doses, as advised for leucorrhœa.

Warm injections may also be used, if the age and condition of the patient will allow, and warm baths or fomentations at bed time, with hot bitter teas.

Stronger remedies are of course known, but they are not mentioned here, because they should not be employed except under proper advice, and they might be used under mistaken notions, or from criminal intentions, for other purposes. The above receipts are as simple and harmless, in all states of the system, as any that can be used.

In those cases where the disorder arises from an opposite state of the system, that is, from too great a fulness, and determination of blood to other parts, the treatment must be different. In these cases we must commence by prescribing a rather spare and mild diet, chiefly vegetables, with cold drinks. Cold bathing should also be practiced, and violent exertions, either mental or bodily, carefully avoided. In case such means, when fairly tried, do not accomplish what we wish, warm foot and hip baths may be used, and warm injections and enemas, with stimulating and aromatic fomentations to the external lips,

or vulva. The medicines already referred to may also be used, but sparingly, and with caution, and also warm purgatives, as the compound Aloetic Pill. These means should be tried for about a week before the turn is expected, or ought to occur, and continued for several months, if necessary. It frequently happens that no effect is perceived for a long time, but if the symptoms do not become alarming, it is better to persevere with these modes of treatment than adopt a more powerful one. Some authors speak very highly of the good effects of leeches, applied to the external lips, a few days before the period is expected. And others recommend them to be applied to the *breasts*! The reason for this apparently strange recommendation being, the intimate sympathy between the breasts and uterus, owing to which any increased action in the one, is usually corresponded to by the other. I have frequently applied a mustard poultice to the breasts with the happiest results.

Sometimes the non-appearance of the menses is owing merely to a torpor, or want of action in the uterine organs, which is generally denoted by the manners of the young person, and by the want of development in other parts of the system. She is cold and indifferent, takes no pleasure in the company of the other sex, and exhibits no sympathy or desire for companionship with those who do. The pelvis is usually small, and the breasts but little developed. In these cases, it must be recollected that there may be no great necessity for menstruation, and, at all events we should not be in a hurry, nor use powerful remedies to bring it on, unless we have good reason for doing so. If the health suffers from its absence however, we must interfere, and may then advanta-

geously advise the remedies last mentioned, with warm frictions over the abdomen, and the use of flannel around the pelvis. The patient should also be taken into company, to the theatre, and to balls, and may be allowed a rather generous diet, with a little wine. Sometimes a cup is placed on the Os Tincæ, or if the state of the parts will not allow of it there, on the external lips. Sitting over the steam of hot water is also excellent, and dashing hot water on the pelvis.

In those cases of suppression brought on by powerful mental or moral emotions, or by sudden excitement, we must first endeavor to calm the system as speedily as possible, by enjoining rest, quiet, warm baths, cheerful company, and a little sedative medicine, as a few drops of laudanum, for instance. Then, after a time, the more active means may be resorted to, but very carefully. If the suppression arise from intense excitement in the uterus itself, which is sometimes the case, cold baths, and injections with laudanum, and saline purgatives, will usually subdue it, and effect a cure. Various other medicines have been used in this disease, but I am not aware that any of them have been found more efficacious than iron, which itself is only an occasional assistant. In fact, the uncertainty and frequent inefficacy of medical treatment, is generally acknowledged, and has led to the use of many other means, but few of which have, however, been more successful. Among the most efficacious of these may be mentioned the congester, or pneumatic apparatus, invented by Dr. Sunot. This consists of a kind of large air-tight case, which may be fitted to any part of the body, or even inclose half of it, and from which the air may be drawn by an air-pump. On fixing

this to any part, and exhausting the air, it acts like an immense *cup*, drawing the blood to that part with great force. It may even be made to act so powerfully as to cause the blood to exude itself through the pores of the skin. The lower part of the body may be thus acted upon to determine the circulation towards the pelvis. I have had one of these instruments in use for some time, and can safely say that it is one of the most powerful and certain means of bringing on the menstrual flow that we possess. In fact it can *scarcely fail!* I have known it bring on profuse flooding in *five minutes* after its application, though the patient had never been unwell for over two years before! Great care must of course be taken in its use, so that it be not employed too powerfully, nor too much. It is often applied to the lower part of the body to relieve headache, which it does by drawing away the blood. Cases have been known, when using it for this purpose, in which it has produced a flow from the womb in females, long past the turn of life!

Galvanism, however, if resorted to in time, and in a proper manner, will almost supersede everything else, in this disease. I have employed it in many hundred cases of amenorrhea, and with such uniform success that I look upon it as *nearly certain!* In many instances, even after long suppression, the very first application has brought on the flow, and in one instance it did so at the third trial, though the patient had reached her twenty-fourth year without having menstruated. In every case, if the simplest means do not succeed, I should advise Galvanism before any powerful medication whatever. The manner of its application varies in different cases; sometimes it is sufficient externally, one pole being

placed on the lower part of the spine, and the other on the abdomen, just over the pubis; but at other times it is necessary to apply it more or less internally, in various ways not necessary to be here described. Neither pain nor serious inconvenience attends its use, nor can any injurious consequences follow, even if it do no good.

On the use of Galvanism in amenorrhœa, the Editor of Copland's Dic. remarks, in a note, "*Galvano-electricity*, or electro-magnetism, deserves more particular mention as an emmenagogue remedy. We have succeeded in some chronic cases of amenorrhœa, that had resisted all other means, by daily sending a current of electricity through the uterus, or by inserting one conductor in a tub of warm water, in which the feet were immersed, and applying the other over the cervical vertebræ, thus transmitting the fluid through the spinal axis. Dr. Ashwell states, that Dr. Golding Bird has recently employed the same remedy with extraordinary success in the treatment of out patients at Guy's Hospital (London). In some of the cases, where, after the condition of the alimentary canal had become healthy, the amenorrhœa continued with slight pallor and weakness, electric shocks passed through the loins quickly induced menstruation. In others, its continued repetition three or four times a week led to a similar result; and instances were not wanting where a shock suddenly produced the flow. It is, however, a powerful remedy, and should be employed cautiously, lest it may depress the nervous system, and thus protract the disease; when moderately applied, it often rouses into activity the energy of torpid organs and parts; but, when used in excess, it may altogether destroy their excitability. It

should not be employed in cases of local congestion or general plethora, nor during pregnancy, and it should seldom be used alone."

There is one mode of applying both Galvanism and the congener, and also some other means, which will be understood by referring to the explanation of the cause of menstruation. It was then stated that this phenomenon was produced by the periodical ripening of the Ovæ, and that it consequently depended on the occurrence of that event. The healthy and regular action of the Ovaries is therefore an essential point, and is always wanting, more or less, in this disease. Our applications, therefore, are frequently required to them, and *to them only!* I have frequently brought on the menses by simple friction in the groins, *over the Ovaries*, and by stimulating liniments, when all the ordinary means failed. In like manner we may apply to the same parts, blisters, cups, and leeches, or even *Galvanism*, which in fact I generally administer in this way first. The patient will often feel a stimulus all through the uterine system, immediately the Ovaries are thus excited; and the reason why is obvious, when their functions and sympathies are borne in mind. I knew a lady subject to suppression, who always succeeded in bringing back her courses by a simple treatment, founded on some information I gave her on this subject. She used to apply a mustard poultice over each Ovary, after taking a warm hip bath; and then, on retiring to rest, drink freely of some hot bitter tea. No medicine was required.

In some cases, the menses will re-appear after marriage, but not always, and sometimes they will stop from that cause. This is a matter both very difficult and very delicate to advise upon, but it is

one that should be seriously considered nevertheless, for the wrong proceeding in regard to it has condemned many a young person to years of disease and suffering. A person of experience, by duly weighing all the circumstances of the case, will seldom be at a loss what course to advise, *and frequently this is all he need attend to!* Some females are attacked with this disease on becoming widows, and others, on the contrary, are cured of it. A subsequent marriage will also have totally opposite effects, on persons of different temperaments and constitutions.

The state of the mind and feelings, as already stated, is of paramount importance, and must be particularly attended to. A disappointment in love will often cause derangements of this kind, while its happy progress, and true return, will as frequently cure them, when all other means fail.

Those cases which arise from the natural passages being closed, have already been spoken of, in our second chapter, and their treatment described. I merely refer to them again, for the purpose of pointing out how necessary it is to know if any such difficulties exist, before resorting to medical treatment, or recommending *marriage*. I read a case in a medical work lately, of a lady who consulted an eminent physician to know why she was barren. She had *never menstruated*, but had been married some time. Most likely she had been treated for the suppression, *medically*, and her friends thought, as it did not succeed, that marriage would effect a cure. On making the requisite examination it was discovered that there was actually *no womb*, though all the other parts were perfect! The grief and disappointment to all parties may be imagined, and we

are forcibly impressed, by so lamentable an occurrence, with the impropriety, if not *criminality*, of allowing marriage to take place under such circumstances, before a proper investigation had been made. Another case in point also is that of mine, referred to when treating of narrowness of the Vagina. And I have had another, since commencing this work, of a very curious kind. The lady had never menstruated, though she was very sick, and had enlargement of the abdomen, every month. All kinds of medicines had been given to her, but they only increased the distress. She was then advised to marry, and assured that she would be better. She did so, but was no better. Her friends then brought her to me to have the Galvanism, or Congester applied. I told them, however, that I could not use either, till I knew that no physical impediments existed, which I strongly suspected there did. Investigation proved this to be the case; about three-fourths of the distance up the vagina there was a membrane, similar to the hymen, completely closing the passage, like the parchment on the top of a drum. This completely prevented the escape of the menses, and had also made other difficulties, which could not be overcome, and which occasioned the more distress because they were not understood. I chose a time, midway between the two monthly periods, and, after carefully reducing all inflammation in the parts, punctured the membrane with a small lancet, introduced through a speculum. About a quarter of a pint of blackish fluid, like thick coffee-grounds escaped, and in rushing out, widened the puncture considerably. A few days after I widened it still more with a bougie, and continued to do so, till it was as wide as the rest of the passage. She remained alone till the next period,

when the menses appeared quite regular, and without distress. The other difficulties were also removed, and she is now a happy mother.

I could mention numerous instances of a like kind, both in married and single, of which I have notes, with full particulars, occurring in my own practice.

DYSMENORRHEA, OR PAINFUL MENSTRUATION.

There are many cases met with in which the menses occur with regularity, and in sufficient quantity, but accompanied by severe suffering. Most usually in the form of pains in the back, groins, abdomen, and thighs, with a kind of grinding, contraction of the womb, burning heat in the parts, and pruritus. Sickness at the stomach, vomiting, shuddering fits, cramps in the limbs, and severe headache are also frequently experienced, and various hysterical symptoms, such as choking in the throat, yawning, restlessness, irritability of temper, and sudden prostration of the strength.

These sufferings may either commence with the discharge, or begin several days before, and may continue sometime after it has ceased. Very frequently in these cases the discharge is small in quantity, and escapes by drops, as if with difficulty, and at other times it is chiefly composed of clots, or membranes, or fleshy threads. Sometimes, however, it flows perfectly free, and is quite natural in appearance.

Both married and single are liable to dysmenorrhœa, though it is more frequent in the single. It frequently disappears after marriage, but not always, though it usually does after child-birth. Pregnancy,

however, is not so likely to occur with this disease ; the same conditions that cause the pains, being also likely to prevent conception.

The causes of dysmenorrhœa are not well ascertained. It is found, however, most frequently in those of a nervous or bilious temperament, and in those who are easily susceptible of great excitement. It is probably very often connected with some imperfect development of the parts, and with various diseases of them, such as Chronic Inflammation of the Womb, Ovaries or Tubes. It may also result from obstinate Constipation, Dyspepsia, mental disturbances, and particularly from certain excesses. It most usually begins immediately after, or with the first menstrual flow, and when established is pretty constant in its appearance, though sometimes it will remit for a few periods.

The treatment of this troublesome disease is by no means agreed upon, for very seldom are two different cases benefitted by the same. The first step is of course to ascertain if it result from some other derangement, which it so frequently does, and then remove that. Irritability, or Chronic Inflammation of the Womb, being a very frequent cause, great relief is often obtained by warm hip baths and enemas, with warm injections of poppy heads, and starch and laudanum. Hot diluent drinks should also be freely used, and warm purgatives, as the compound Alœtic pill. In short, the same treatment that was recommended for metritis. Taking an emetic of antimonial wine, just when it is commencing, will relieve some, and a dose of Alœtic pills for two days before will prevent it in others. The acetate of ammonia, commonly called *Mindererus' Spirit*, will very often give immediate ease ; twenty drops of this may be

given in a glass of water, and if no relief is obtained, twenty more may be given in half-an-hour. It should not be given beyond the third dose, however, because it has a tendency to check the flow, and for that reason, in fact, it is better not to be given at all, if other means will succeed. Various medical preparations are in use for the same purpose, none of which are serviceable in all cases. The following recipe is, perhaps, as generally useful as any:— Camphor, one scruple, with just sufficient spirits of wine to dissolve it; Gum Arabic, one drachm; Cinnamon water, one ounce. Sweeten it to taste, and drink half of it when the pain commences, and the remainder in two hours after, if necessary. Or the patient may procure a quarter of an ounce of Gum Camphor, and make it into pills of the usual size, two of which may be taken when the pain begins, and two each hour after if necessary, till six are taken. This is as often useful as any elaborate prescription. Laudanum is very generally taken internally, but should always be avoided, if possible, on account of the uncomfortable feeling it produces afterwards. The best way is to use it as an injection, or enema, which does all the good without any subsequent evil. Hot poultices, or fomentations, are often serviceable over the womb, or a small blister on the loins. Very often, however, all medical treatment is useless, and some other plan must be resorted to.

Dr. Mackintosh supposed the difficulty was owing to a stricture of the passage in the neck of the womb, and he therefore proposed to introduce a bougie to dilate it. This has been frequently done, and with occasional success. The operation itself is comparatively easy; a small bougie being intro-

duced first, and larger ones in succession, as far as required. In most young persons, however, this cannot be done, and in all cases it is objectionable. Fortunately other means are known, much more certain, and less repugnant to the feelings.

Galvanism is here again our surest dependence. Its effects are, in fact, sometimes as astonishing as they are gratifying. The application is seldom needed in any other way than externally, as in suppression, and it usually relieves in *a few minutes*, if not *instantly!* Dr. Mackintosh was possibly right when he supposed the difficulty to be owing to a stricture, but most likely it is merely a temporary *spasmodic* one, which is apt to return directly the bougie is withdrawn, but which the galvanism effectually relieves.

It is necessary to state however, that the length of time necessary to administer the Galvanism is uncertain, and that it may exert little or no influence in preventing the difficulty at the next period. My usual plan is to apply it till the pain is fully abated, then in about five minutes withdraw it and await the result, but keep the instrument ready. In many cases there is no return, but in others it has to be continued, more or less, for some hours, or even during the whole period. I then recommence its use about two or three days before the next turn, and continue it up to the time. In this way a cure is effected as often, if not oftener, than by medicines, particularly if proper attention be paid to the general health, and to the removal of other diseases. I have also occasionally advised the use of a small galvanic bougie, which the patient can apply herself, and with the happiest results.

One of the most obstinate cases of this disease I

ever saw, came under my notice in Philadelphia. The patient, a highly respectable married lady, had suffered from it for many years. Her general health was very good, constitution sound, and her periods perfectly regular, though the quantity was frequently small. She had never been a mother. Every means that could be suggested had been tried in her case, without the slightest good, and the most eminent physicians had abandoned it as hopeless. The only relief attained was by laudanum, which was taken till it literally stupified her. The distress usually commenced nearly a week before the period, with drowsiness, langor, and weakness in the limbs, followed by qualms at the stomach. For the first day of the flow she seldom suffered much more, but on the second the spasm commenced, with the most agonizing pain in the womb, and loins, and with vomiting and chills. This would continue more or less for that and the following day, during which time she was confined to her bed, and groaning with pain, so that sleep was impossible. When the attack was over, she would be left so weak, and her nerves so shattered, that it took her a week to recover, and thus one half of her life was spent in misery, and the other half in dread of it. A strong dose of laudanum would somewhat relieve her, and force sleep, but left her much worse after—it merely made her insensible. During all this time she was excessively irritable, and unhappy in her disposition; but fortunately, those around her knew the cause, and acted accordingly. Having heard one of my lectures, she sent for me to ask my advice, remarking, when she first saw me, that she had *no hope from medicine*, having taken it for years, almost like her daily food! I at once suggested the Gal-

vanism, but certainly with no flattering prospect of success. At the next period it was accordingly applied, immediately the pain began, instead of taking laudanum, and to the great joy of all, it eased the pain almost immediately. It was found necessary, however, to continue it more or less during the whole day and night, for immediately it was withdrawn, the pain returned. In this way she lay in tolerable ease, while the battery was playing upon her, which it has often done almost through a whole night's sleep. We were disappointed, however, in our expectations of a permanent cure, for at each succeeding period the same symptoms returned, though they were always relieved by the same means. The galvanism supplied the place of the laudanum, and with none of its injurious effects, so that she was not troubled so long before, nor after. In fact, she often remained quite well up to the time of the attack, and rose immediately it was over as well as before. Her general health became better, her strength increased, and she became much stouter. In this way she has kept on for about two years under my notice, sometimes being a little worse, and at others suffering scarcely at all. I mention this case, because it shows how much *relief* may be obtained by Galvanism, even in the worst cases. I have no doubt but that a resort to it in time would have effected a cure.

I tried the bougie in this case also, but it did no good whatever, neither did the emetic, nor baths. It is probable that if she becomes a mother, the difficulty will disappear; and the treatment, when she was first attacked, ought to have been directed with a view to bringing about that event.

During the time I was treating this, I had another

similar case in a young unmarried lady. The symptoms were almost precisely the same, and so severe, that for two or three days she was compelled to leave her employment, and go to bed. Medicines, or baths, did her no good whatever. The first application of the battery however, gave instant relief, and after continuing it for about half an hour, the symptoms did not return. It was afterwards applied just before the period, and invariably *prevented* the attack. Eventually, in about six months, its continued use seemed to wear the disease out, so that it returned no more.

Like all other remedies, of course it will sometimes fail, and it did so in one instance, which I mention for instruction. It was that of a young lady whose occupation was *teaching*. She was intellectual, of a nervous temperament, and very industrious, and I have no doubt but that it was her incessant mental occupation that kept up the disease, for she was remarkably well in every other respect. Indeed, in many other such cases I have known rest, and quiet of mind, with cheerful out-door occupation, effect a perfect cure alone.

At the present time, I have quite a number of patients under treatment by Galvanism, for this disease, and in the great majority of them, it is effecting the most beneficial results.

I knew one lady who got tired of the warm bath, and hot teas, she had been using for so long a time, and who plunged in despair into a *cold bath!* To her surprise it gave her *immediate relief*, and she ever afterwards resorted to it. I have known others again, who found ease in dashes of cold water, cold injections, and even ice, or wet wrappers upon the abdomen. The shower bath is also frequently

beneficial, begun immediately after one period and continued till the next. In short, there are many means of giving *relief*, but a *cure* is generally difficult, and sometimes impossible, except through some of the changes in life we have referred to, or by a continual judicious *alterative* treatment.

Many poor seamstresses, and waiters in stores, suffer from this disease to a great extent, their occupation making all treatment useless, and their circumstances compelling them to continue it.

The whole difficulty, as already remarked, is often caused by the formation of membranes and clots, which irritate in passing away. I have known some of them as large as the hand.

Dr. Ryan gives us the following account of these cases, as most usually seen :

“The woman experiences severe pain the first day of menstruation, and suffers as severely as if in labor, or by abortion. She often experiences relief by the expulsion of one or many membranous substances from the womb. These membranes are somewhat like the skin of a gooseberry, and are smooth on each surface, thus differing from the decidua membrane. The membrane is so like the covering of the infant in the early months of pregnancy, that a lady, who was a patient of Dr. Hamilton's, thought she miscarried ten times a-year, for three years. Denman and Dewees were of opinion that a female, thus affected, could not have children; but Morgagni asserts the contrary, as also Hamilton and Burns. If one healthy period without pain occurs, even at an interval of seven years, conception may take place. Hamilton described cases of pregnancy under these circum-

stances, and I myself have frequently known pain attend menstruation for months after marriage, and conception take place. I attended a patient with Mr. Bradford, of Fleet street, aged twenty-three, who labored under dysmenorrhœa since the occurrence of the evacuation in her fourteenth year, and still she was pregnant. She never passed any membranous shreds. I know another lady, aged twenty-one, who always suffered severe pain during menstruation, which was much increased by marriage. She is pregnant, however. She never discharged portions of membrane."

PROFUSE MENSTRUATION, OR FLOODING.

This disorder is usually spoken of as occurring in two forms. *Menorrhagia*, when there is merely a large quantity of the menses themselves; and *Metrorrhagia* when the discharge occurs at any other times than the menstrual period.

In Menorrhagia, or profuse menstruation, the quantity may be large, and yet come in the usual time, or it may be many days or even weeks in coming, so that in some cases there is only a few days between the termination of one period and the beginning of another. Sometimes there is actually no cessation at all, the flow being incessant, while at other times the separate periods will be short, but close together.

It is very difficult to decide when there is profuse menstruation, the quantity secreted by different females varying so much. Each one, in fact, appears to have a quantity peculiar to herself, depending on some peculiarities in her constitution. Thus, one will never have more than a mere show, while another will discharge half-a-pint, or a pint, and yet

both enjoy excellent health. The only means we have of judging is, by observing the general health. If this suffers, and the patient is weak and nervous, with no other apparent cause to make her so, we may reasonably conclude that the discharge is too great.

Thin, delicate females generally lose more than those who are full and robust, and in some the quantity varies much at the different seasons and turns of life.

The causes of Menorrhagia are, debility, or plethora, various uterine diseases, and derangements of the other organs.

The treatment must of course depend on what we consider to be the exciting cause, and on the condition of the patient. The only general directions that can be given are, to *rest*, and particularly to lie much on the back, with the pelvis elevated. Those of a strong constitution, and full habit, should also live on a low diet, drink freely of lemonade, or tamarind tea, keep the bowels open, and use the cold shower bath. Those on the contrary who are weak should use a nourishing diet, with good wine, take warm salt water baths, and ride out much in the fresh air.

When this treatment does not succeed, the same means may be adopted that will be pointed out presently for *Metrorrhagia*, but we should never be in a hurry in resorting to medication, for it is seldom needed, and frequently injurious.

Metrorrhagia. This term includes all those hæmorrhages, or discharges of blood from the uterus, not connected with menstruation, pregnancy, or gestation. † These occur at almost every period, having been found in females past the turn of life, and also

in children, from a few years old, down to a *few months or even days* ! They are more frequent however during the prolific period, and with the married than the single. The causes that produce them are various. Among the predisposing ones may be mentioned all those that produce metritis, or leucorrhœa ; such as cold, improper diet, violent emotions, *excesses*, and debility, or a too great fulness of the system. Also too frequent child-bearing, and *Marriage*, particularly if that take place *at an improper time*, or when there exists some physical impediment !

Among the exciting causes of Metrorrhagia may be enumerated, violent exercise, particularly hard riding on horseback, or in a jolting carriage—lifting—straining—coughing—and blows upon the abdomen. It may also be brought on by other diseases, particularly by inflammation of the uterine organs, or others, and by constipation, or diarrhœa. It often follows from fever, or other debilitating diseases, and from long-continued grief, severe study, or exhausting labor. Irritation of the breasts, especially by the child during nursing, will frequently cause flooding, and continue it in spite of any treatment.

There are many nervous females in whom flooding will occur from the slightest mental agitation, and many others in whom every little deviation from health is followed by the same results.

The bleeding produced by polypii, tumors, and ulcers, or by the different displacements of the uterine organs, or by violence, is not properly a disease in itself, but merely a symptom, and usually stops immediately the cause is removed.

Sometimes the discharge will be small at first, and gradually increase ; and sometimes it will occur very frequently, while at others, weeks or months may in-

tervene between the attacks. In some persons it is almost constant, and in others it comes at regular periods, like the menses. The quantity is, of course, equally variable, from a few drops to a full stream, or sufficient to cause fainting, and even death, in a very short time. In these cases, however, it is most usually brought on suddenly, by some violence, or strong emotion, and may then be fatal before assistance can be rendered. I have known a female lose a full quart of blood in this way in less than an hour.

Occasionally a flooding is preceded by pains in the uterus, like those of dysmenorrhea, and by a sensation of fulness, heat, and weight in the pelvis. The breasts also swell, the pulse quickens, and a general lassitude pervades the system. The face becomes pale, the skin creeps, the feet and hands become cold, and frequently there is pruritus of the external parts. These symptoms are usually modified by the first rush of blood, but if this be too great, or too long continued, the patient complains of a sinking in the stomach, her lips lose their color, her eyes become dim, and her hearing dull, she breathes with difficulty, her pulse almost stops, and at last fainting, or convulsions, terminate the fatal scene.

In those cases where the discharge is great, and frequently renewed, a new train of symptoms set in. The patient's strength is completely prostrated, her digestion becomes imperfect, her appetite disappears, the skin becomes of a sickly dead white color, and a black puffy circle surrounds the eyes. In a short time the limbs swell and fill with water, the abdomen also becomes dropsical, dull, pains are felt in the stomach, and various nervous diseases supervene. This state of things may continue for a long time, or

may be suddenly terminated by convulsions and death.

In regard to the treatment of metrorrhagia, or flooding, it must be remarked that, in most cases, it results from some other primary disease, the removal of which is the first and most indispensable requisite for success. A careful study must therefore be made of the patient's constitution and habits, with a view to this desirable result.

To arrest the bleeding, the female must lie on her back, on a mattress, with the pelvis elevated, she must be very lightly covered, kept perfectly quiet, both in body and mind, and breathe pure cool air. The feet and hands, however, should be made warm. Her diet must consist of barley water, rice, milk, jelly, or very ripe fruit, and she may drink abundantly of lemonade, tamarind tea, and ice water, and eat oranges, cherries, and other ripe acid fruits. In obstinate cases a tea may be given, made of two ounces of comfrey root, or one ounce of rhatany root, boiled in a pint of water, and sweetened. The bowels may also be relaxed, with about three drachms of cream of tartar, and, if they are very costive, which is usually the case, enemas must be given of thin starch and castor oil.

If in spite of all these means the bleeding still continue, or the patient begins to be exhausted from it, injections may be used, of alum water, ice water, vinegar and water, or white oak bark with thirty or forty drops of laudaum to the injection, which should be retained some time. A few drops of laudaum may also be used in the comfrey or rhatany tea, before mentioned; or thirty drops may be added to an enema. The root of the common black currant, and of the ground black berry, or dew berry, also make

an excellent tea to arrest flooding. A handfull of each of these, boiled in two quarts of water for twenty minutes, makes perhaps the best preparation for this purpose that could be given. It may be sweetened to taste, and the patient may drink half a tea-cup full every quarter of an hour. Cold wet towels may also be laid on the abdomen and under the loins, and, if nothing else stops the flow, and she be rapidly sinking, a cold hip bath may also be tried.

The great dependence of most practitioners, however, in these cases, is upon *bleeding*, and *opium*! Some advise the blood to be taken from the arm, others from the feet, or hands, or by leeches to the temples, between the shoulders, or inside of the arms. The theory being that a new direction is thus given to the sanguine discharge, which leaves the uterus to fly to the wound. Though the philosophy of this may not be very evident to all persons, yet there is no doubt but the practice is sometimes beneficial; I think myself, however, that the same good may be usually effected by other means.

In those cases where the discharge is chronic, we must first endeavor to increase the patient's strength. Her diet should be nourishing, but not stimulating, and she may use a little good old wine, with Peruvian bark, or other bitters. The Compound Mixture, or Aromatic Tincture of Iron, already mentioned, may also be given, and occasionally some of the Comfrey, or rhatany tea, or that of the black currant roots. She should also use the cold shower bath every morning, ride out gently into the fresh air very frequently, and go to the sea side; in short, do anything that will promote the general health.

The Ergot of Rye has also been used, in long continued cases, and Savin, but their action is violent, and sometimes dangerous.

It is not always prudent to check a profuse uterin hæmorrhage too suddenly, for it is sometimes a salutary effort of nature to relieve herself from some greater evil. We ought rather to promote the general health, and let it gradually cease itself, or an issue may be established, inside the thigh, if any bad effects result from the stoppage.

After the flow is stopped, great care must be exercised to prevent its return. A light diet should be adopted, all stimulants avoided, and before each menstrual period careful rest should be observed. Excitement should be particularly guarded against, especially of a certain kind, warm clothing should be worn, and late hours avoided.

In those severe cases, when the gush of blood is almost instantaneous, and so great as to endanger life in a very short time, we may employ, temporarily, mechanical means to prevent it. The best of which, and the most readily prepared, is called the *tampon* or *plug*. It may be made of linen rag, cotton, or sponge, in the form of a ball, and introduced into the vagina like a pessary, It should be large enough to completely fill up the passage, but must not be introduced more than about two inches, for fear of irritating and inflaming the mouth of the womb, which is then very sensitive.

A very good way to make the plug is, to cut out round pieces of soft linen cloth, then pass a stout thread through the middle of each and press them close together, till the mass is an inch thick. The string is convenient for pulling it out again, and should always be attached to every one. A small bag filled with tan, or ashes, or sawdust soaked in alum water, is also very excellent. These plugs should not be withdrawn in a hurry, unless severe

symptoms supervene, and when they are removed, care must be taken not to disturb or irritate the parts. If the danger be imminent, and there be not time, or means to prepare a tampon, the lips and vulva should be firmly pressed together with the hand, till other means can be procured.

CHLOROSIS, OR GREEN SICKNESS.

This is a name given to a peculiar disease usually characterized by a pale greenish color of the face, which is also swollen and puffy, and by general debility and derangement of most of the functions. It has also been called *white jaundice*, *white fever*, and *morbus virgineus*.

Great doubt and uncertainty prevails as to the nature of this disease, and its origin. Thus some suppose it to originate in the digestive, some in the assimilative, and some in the uterine organs, while others attribute it to debility of the nervous system, and others again to an imperfect state of the blood. It cannot be owing, however, merely to derangement of the digestive or uterine functions, because, in some cases, both these functions are perfectly performed, though not usually. An imperfect state of the blood, on the contrary, *always exists* in this disease, and is probably produced by nervous debility and derangements, which may therefore be regarded as the primary cause.

The singular alteration in the composition of the blood, in this disease, is very remarkable, and a knowledge of it is highly important, as an index to proper medication and nutrition. If we take *one thousand parts* of the blood of a healthy woman, and analyze it, we shall find, after allowing for loss, the solid materials to be about *one hundred and fifty*

parts, iron *eight parts*, and water *seven hundred and sixty parts*. But if we take a thousand parts of the blood of a Chlorotic patient the solid materials will only be about *one hundred parts*, iron but *four parts*, and water *eight hundred and fifty parts* ! From this it is evident that in Chlorosis the blood is more watery, and contains less solid matter and iron than in the healthy state. This deficiency of the solid parts explains the wasting and flabbiness of the muscles, while the increase of water explains the puffy or dropsical state of various parts. The use of iron in the blood is not yet ascertained, but that it is necessary there can be no doubt, nor can there be any question as to its deficiency causing many diseases. The quantity naturally existing in the human body is much greater than usually supposed. The wife of an eminent man in France now wears a ring, made of the iron extracted from her husband's blood, which he lost during a severe sickness. It has even been proposed, on the death of any great man, to make a medal of the iron from his blood, and thus perpetuate a remembrance of him, instead of raising a monument.

It is supposed that this deficiency of solid materials in the blood, is owing to insufficient nervous power in the vessels that form the blood ; but be that as it may, we find, as will be seen further on, that using a diet which contains much of these solids, namely, fibrin and albumen, and taking iron-internally, are the only means of curing Chlorosis.

This disease is found chiefly in young unmarried women, though occasionally met with in the married, in the pregnant, in those that have borne children, in those past the change of life, and in children, and

in some rare instances, even in men. It is however, more especially a female disease, and in the great majority of cases, is attended by obstinate and peculiar uterine derangement.

The supposed *causes* of Chlorosis are both numerous and various. Perhaps the most frequent are, precocious puberty, growing too fast, a feeble constitution, scrofula, menstrual derangement, melancholy, and mental excitement, and especially *certain vicious habits*. Late marriage, or widowhood, should also be mentioned, and disappointment in love! In addition to all these, there are also undoubtedly many general causes, such as cold, damp, and dark dwelling places, bad air, insufficient or improper food, and a sedentary, luxurious, or indolent mode of life. Drinking vinegar, and eating green fruits, are also specially alluded to by some authors.

The *symptoms* are so peculiar, and characteristic, that Chlorosis is more distinctly marked than almost any other disease we have mentioned. At the commencement the patient is dull, listless, and melancholy; she is disinclined to any motion, and sighs or weeps, without knowing what for. The face swells, the eyes become heavy and languishing, with a black puffy circle around them. The hands and feet are cold and pale, like the lips; the breathing is difficult, the appetite capricious, and the digestion imperfect. The bowels are usually costive, and the evacuations like white clay. The heart frequently palpitates on the slightest exertion, or mental emotion, and a constant inclination is felt for sleep, or to remain perfectly inactive. On using the stethoscope, the heart, and some of the large arteries, are found to have peculiar sounds, different

from those in health, and the blood when drawn, is pale and thin. The ancles also swell, as in dropsy, but when the finger is pressed upon them the mark does not remain, as it does in that disease.

If the disease progresses unchecked, all these symptoms become worse. The patient feels the most unaccountable likings, or disgusts, and exhibits the most depraved tastes. Some will eat charcoal, chalk, plaster from the walls, dirt, ashes, and even flies, spiders, and other insects. Some will have no appetite at all for food, while others will eat so ravenously, that they can never satisfy themselves. Pain at the stomach is usually felt after eating, or vomiting occurs, and the tongue is in most cases, swelled and coated with mucus. Flying pains are also felt in the neck, shoulders, arms, and down the spine. The urine becomes pale and scanty, and the bowels subject, at intervals, to a watery diarrhœa.

Leucorrhœa is a common attendant upon Chlorosis, and is generally accompanied by amenorrhœa, though sometimes there will be more or less flooding. The patient is often worse at the menstrual period, suffering pains like those of dysmenorrhœa, with great depression of spirits, or even partial delirium. The discharge is found to be very thin and light colored, and when left on the napkin, it divides into two distinct parts, one rather sticky, like starch, and the other watery. When dry, it is nearly colorless.

In addition to all these, the most troublesome nervous symptoms arise. She either becomes irritable, passionate, and revengeful, or else completely cast down, so that in her despair, she thinks of suicide, or wishes for death. She is either sleep-

less, or disturbed by horrible dreams; her head aches, her sight is dim, her limbs tremble, and she experiences a constant ringing, or buzzing in the ears. Sometimes there is constant tooth-ache, and occasionally twitching of the limbs, and of the muscles of the face.

Finally, this state of things becomes worse and worse. Constant pain is felt in the back of the head, and upper part of the spine. The abdomen swells and hardens, the skin looks quite green, the difficulty of breathing becomes greater, the diarrhoea is more constant, fever sets in, and the whole system seems rapidly to waste, as if it *melted away!* The last stages are frequently marked by general dropsy, pinching up of the features, and blueness of the lips. There is seldom any shock, or struggle, even at death; but the sufferer seems to gradually sink and die from mere debility and marasmus.

The duration of this disease is altogether uncertain. It is seldom fatal itself, though it may lead to fatal results by bringing on other diseases, or it may gradually wear the patient out, by exhausting her strength. Fortunately, there are few diseases more certainly curable than this. Under proper treatment it seldom lasts longer than a month or two, and very frequently can be cured in a week. I have even seen a patient who was drooping like a tender flower in the sun, and too weak to stand, visibly improve in *two days!*

The *treatment* must be first commenced by removing all causes that may be thought likely to continue, or bring on, the chlorosis, particularly all other diseases. The patient must then be placed in a warm and dry situation, where she can breathe pure air. Her clothing should also be warm, and her

body well rubbed every morning after a shower bath. Flannel, worn next the skin, has frequently a very excellent effect, and should always be adopted, unless the other means mentioned keep the surface of the body quite warm without it. The diet should consist of eggs, roast meats, rice, tapioca, sago, and milk. Ripe fruits may also be used, and celery is excellent. *Good wine* may also be used with advantage, and, as a general drink, lemonade, or tamarind tea. All articles that are found not to sit well on the stomach, or that are indigestible, should be carefully avoided. Unripe fruit, salads, and pastry, are generally unwholesome. The object of this kind of diet it will be seen is two-fold; first, to gently stimulate the flagging energies, and restore the failing strength; and, secondly, to supply those solid materials, namely, albumen and fibrine, which we have before shown, the blood in chlorosis is deficient of.

Exercise in the open air is indispensable, but the manner of it must depend on the patient's strength and habits. If she can walk, so much the better, but if too weak for that, or if it distress her, she should ride—either on horseback, which is most desirable, or in an open carriage. Rowing in a boat, and sea bathing, are also very good. It is very desirable however, let her exercise as she may, that it should be done in company with others, so that there may be the additional stimulus of emulation, and the excitement of conversation. In fact, cheerful associates, and pleasing mental occupation, are highly important. Travelling may also be recommended, both on account of the change of air, and of scene. All causes that tend to either excite, or depress the mind, should be most carefully avoided,

and also all reading that calls forth the sensibilities too strongly. Corsets should not be worn, nor should the patient sit up late at night, nor lie too late in the morning.

In *very many* cases the above-mentioned general means will be quite sufficient to effect a cure; but when they are not, medication must be resorted to; and of all medical substances, *Iron* is the most generally useful in this disease; in fact, it is almost a specific. The particular preparation used, is not of so much importance as giving it early, and freely. Any of the iron mixtures and pills already mentioned may be employed, or any of the following:—Compound iron pills, two pills of five grains each, to be taken three times a-day.—Carbonate of iron pills, dose the same as the other.—Syrup of iodide of iron, twenty drops twice a-day, in half a tumbler of water. This is particularly useful where there is any tendency to scrofula.—Tincture of the muriate of iron, ten drops three times a-day, in half a tumbler of water.—Sulphate of iron and subcarbonate of potash, each half an ounce. These must be rubbed separately to very fine powders, and then thoroughly mixed together, with sufficient thick mucilage of gum tragacanth to make it into a paste. This must then be divided into forty-eight boluses. One of these may be taken morning and night, for the first three days, and one *three* times a-day on the second three days; on the third three days, two may be taken morning and night, and *one* in the middle of the day; on the fourth three days, *two three times a-day*; on the fifth three days, *three three times a-day*; and on the sixth three days, *four pills three times a-day*. This quantity may be continued till the disease begins to disappear, after which the

dose may be decreased in the same way it was increased, or, if the patient seems nearly well, it may be decreased before arriving at the largest quantity. This is the favorite prescription of a celebrated physician, who depends on it for curing almost every case.—Citrate of iron two drachms, Sulphate of quinia half a drachm, water one ounce. Mix these together, and take twenty or thirty drops in half a tumbler of sweetened water, half an hour before breakfast, dinner, and supper.—The Sulphate of iron and gentian pills, formerly mentioned, are also excellent, and so are the iron and rhubarb pills, sold by the druggists, two of which, of five grains each, may be taken twice a-day. These last have the advantage of opening the bowels, which should be particularly attended to ; they may therefore be beneficially taken along with any of the other kinds occasionally. It is very desirable not to leave off taking the iron too soon, merely because there is a slight improvement, for by so doing we may cause a relapse. Rhubarb may also be used alone, if necessary, and in case that does not relieve the bowels, enemas should be resorted to.

Emetics have been employed by some physicians, in Chlorosis, and drastic purgatives by others, but they are seldom either of service or needed. If *Iron* be properly administered, in connection with a proper course of diet and regimen, it will scarcely ever fail, unless there be a complication with some more serious disease. Immediately after its use is begun, the dull eye will brighten, the skin regain its color, the functions become healthy and regular, the nervous symptoms will become less severe, and the strength will gradually return. The philosophy of this will be evident, when we remember that Iron is

an essential constituent of the blood, and that in Chlorosis the quantity is much smaller than usual. By giving it in medicine therefore, we simply supply artificially what has become naturally deficient.

If we have reason to suppose that the chief existing cause, is the predominance of certain feelings arising from over action of the uterine organs, it may be advisable to suggest marriage. In case that is not possible, however, the treatment must be varied, so as to reduce the uterine excitement. Cold baths, and injections, unstimulating diet, saline purgatives, and active occupation may be recommended. These *moral* causes are frequently the most active ones, and they are the most difficult to remove, because few persons understand them, or know their power, and still fewer know that they *can*, and mostly *ought to be*, attacked chiefly by *physical* means!

The subjects of Chlorosis are the most interesting perhaps of all that come under the physicians care. Delicate and interesting, stricken by a disease from which they deeply suffer, but which often leaves their beauty untouched, or even heightens its attractions, they excite the liveliest emotions of pity, and the most ardent desire to render them assistance. Like many other of the affections previously described, this is unfortunately, very general. A large portion of those now under my care, are victims to it. I am sorry to see this, but some consolation is derived from the fact that relief may confidently be expected by most of them.

When Chlorosis commences just before puberty, which it often does, it frequently disappears with the appearance of the menses, and if there be indications of them, it is better to wait awhile, before commencing medication.

Chlorosis may very easily be mistaken for several other diseases, unless care be taken, particularly for *Jaundice*. But no person of competent experience, and who devotes proper attention to his cases, is likely to make such an error. The peculiar state of decay and weakness, called *Anemia*, or decline, has also been taken for Chlorosis, by inattentive persons.

HYSTERIA.

We now come to the most mysterious, confusing, and rebellious of all female diseases. Almost every woman has either experienced or seen what is called *hysterics*, and the name is so frequently given to the most opposite and discordant symptoms, that it is requisite to explain what is hysteria, and what is not; at least as far as we can.

The name Hysteria is derived from the Greek word for *the Womb*, it being generally considered as essentially a uterine affection. The *symptoms* of this disease comprise, if we were to enumerate them all, those of nearly every other disease under the sun. In fact, they are so numerous, so various, and so changeable, that describing them all is out of the question. We must therefore confine ourselves to a brief enumeration of the most prominent ones, and more especially of those most frequently found at the commencement.

In some cases, the attack, or *hysterical fit*, comes on suddenly, but more frequently it is preceded for several days, by more or less derangement of the general health. The female suffers from headache, cramps, palpitation of the heart, numbness of the limbs, coldness of the hands and feet, rush of blood to the head, and redness of the face, with yawning and restless anxiety. She becomes dejected, or melan-

choly, and will sigh, or burst into tears, and then as suddenly laugh in the most immoderate manner, and without any reason for it.

When the fit really commences, she feels in some part of the abdomen a sensation as if a large round ball, or globe, was moving about; which, after appearing to roll in various directions, generally rises, on the left side, up to the chest and throat, and seems to stop up the passage, so that the patient appears to choke, and is in mortal fear of suffocation. During its progress, this ball seems to distress every organ it passes, and to leave a most oppressive sensation of weight in the chest. In severe cases this is followed by fainting, after which she may either slowly recover, or may have other fits in rapid succession. These may be, however, merely slight convulsions, followed by partial loss of sight or hearing, and confusion of the mind. Sometimes the convulsions will be so violent that two or three men can scarcely hold her, and if not prevented she may seriously injure herself. The body will occasionally twist or bend in various ways, the teeth clench, the eyeballs roll, the nostrils distend, and saliva work from the mouth, nearly as in Epilepsy. The head is usually thrown back, in long continued attacks, and the female tears at her throat, owing to its constriction. The cheeks and nose are most frequently cold and white, though sometimes the centre of the cheek will be red, as in fever. In many cases the abdomen swells, and very often there is a severe stitch in the side. Partial or complete loss of consciousness, or delirium, may occur either during the attack, or subsequently, though some females are perfectly sensible the whole time. The senses are in some cases rendered remarkably acute, so that the patient will hear the

slightest whisper, or smell the faintest odor, and see everything' that is going on, even though her eyes are closed. This peculiarity has caused many to be suspected of imposition, by those not acquainted with the disease. This suspicion has also been strengthened by another circumstance: the patient nearly always tells whether she is going to have another attack or not, and is seldom or ever wrong. This foreknowledge, however, is simply the result of her sensations, and need neither excite wonder nor uncharitable distrust.

When the violence of the fit is passed, there is generally observed a singular rumbling of wind in the abdomen, and great quantities of it are discharged by the mouth, from the stomach. Vomiting may also ensue, or confused palpitation of the heart, with labored breathing, and twitching of the muscles. A severe fixed pain in the head is also frequently felt, in one particular spot, with ringing in the ears, and bright sparks floating before the eyes. Generally the sufferer utters most piercing cries, so peculiar that they can never be mistaken by those who have once heard them, and so frightful, that few can help feeling alarmed at them. In fact there are few exhibitions of human suffering more likely to appal, and excite consternation, than a *hysterical fit*, especially among those to whom it is new. Fortunately all these symptoms are not observed in every case, for some patients will remain, between the attacks, in a partial stupor, or sleep, during which they will smile and appear quite happy. It has been supposed in fact, by some, that this dreamy hysterical state, is the real mesmeric sleep, or *somnambulism*.

The final cessation of the attack is often denoted by sighing, sobbing, and crying, or immoderate

laughter, similar to what is usually observed at the commencement. This is followed by a gradual subsiding of the more violent symptoms, and by moaning, or deep sighs, after which the heart beats more quietly, the breathing becomes regular, and a gentle heat, with perspiration, appears on the surface. It should also be particularly mentioned, that there is nearly always felt a most pressing desire to urinate, and if this be impossible, the pain and anxiety thus excited may bring on another fit. This should be remembered by those who may be with such cases. Another remarkable circumstance may also be mentioned; immediately the patient recovers, an abundant mucus secretion flows from the vagina, though previously it was unusually dry and constricted. This is a proof how much the uterus sympathises in this disease. I have known this take place to such an extent as to lead to the belief that the urine had escaped involuntarily. A temporary loss of voice may also take place, but it need occasion no special alarm.

When all is over, there seldom remains anything more than a general weakness, with mental dejection, and occasionally dulness of memory, with a disposition to day dream; though some will complain of soreness in the limbs, and a sensation as if the head had been struck violent blows.

The above mentioned symptoms may either be all observed in any attack, or only a few of them, and they are exhibited so irregularly that anything like a classification of them into stages, is out of the question. Their intensity may also be very great, or so slight as to excite no apprehension. Occasionally there are other symptoms added, such as hiccough, or a tendency to bite, as in hydrophobia, and

sometimes others, of a still more unusual character! The attacks may all be over in few minutes, or they may last hours, days, or weeks, and sometimes will become periodical. It is difficult to say when a patient is cured of them, since they may return at intervals of six months or a year. There may also be only one fit at a time, or several, and they may either decrease in violence, or the last one be as bad as the first. The effects on the appearance of the patient are also various; thus some will even become more full of flesh, and look better, while others will fade and become thin. This last is most frequently the case, especially with those who have had much leucorrhœa. Many will have a very jaded and dejected look, and become melancholy and apprehensive.

As the patient advances in life the disease usually decreases; but if it do not, and is unchecked by proper treatment, it may subside into various other diseases, as Metritis, Epileptic fits, Hypochondriasis, Amenorrhœa, Ovaritis, and several others, and thus become fatal. Sometimes it terminates spontaneously, by profuse sweating, diarrhœa, eruptions on the skin, or vomiting, and it has often been stopped by a sudden fright.

One thing should never be forgotten in regard to hysterical attacks, and that is the possibility of the female appearing *dead*, though still alive! There is no question but many have been buried alive while in this species of trance, and in several instances they have awaked during the preparations for their funerals. A celebrated anatomist, (Vessalius) actually began to dissect a female in this state who came to life again. I have a patient at the present time who was found sitting in her coffin, with her

shroud around her, when the undertaker came to nail her up. The way to avoid such lamentable mistakes is easy; the supposed body should not be buried till there be unequivocal signs of decomposition. Very few days will elapse, in any case of death, before the abdomen turns *green*, and then there can be no mistake. I once saw a case myself of supposed death, in which some of the friends had actually proposed preparations for interment, but after *five days*, of perfect trance, the female woke perfectly unconscious of the lapse of time.

The causes of hysteria are as obscure as the symptoms are diversified. Probably some of the most frequent predisposing causes are, weak constitution, scrofula, indolence, a city life, bad physical and moral education, nervous or sanguine temperaments, the over excitement of certain feelings, and religious or other enthusiasm. It is also most common between puberty and the change of life, but is nevertheless found in quite young girls, and in old women. Young persons just about being regulated are very subject to it, and those who have deranged menstruation, also widows, those who have no children, and those in whom the change of life is about to take place. Some of the immediate causes are, the first period, suppressed menstruation, late marriage, chronic inflammation of the womb, vicious habits, and long continued constipation. Vivid mental emotions, and excited feelings, may also be specially mentioned, such as anger, fright, disappointment, particularly in love, reading sentimental and exciting romances, and disagreeable, painful, or sorrowful sights. Some authors also suppose there is a hereditary disposition to hysteria, and others that there is a peculiar temperament which disposes to it. It is

certain that *imitation* has much to do with it, or, in common parlance, it is *catching*, for very often when one female is taken in an assembly, many others will also be attacked from seeing her. M. Andral mentions a case where a young lady was attacked with hysteria in a school, and so many of her companions followed, in the same way, that it was found necessary to close the school for a time, to get rid of it. The same thing has often been seen in churches, and other public assemblages, and particularly at camp meetings, and love-feasts. At some of these places quite a number of persons may be seen raving, rolling on the ground, crying, laughing, and exhibiting all the usual symptoms of hysteria, simply from excitement produced by the preaching. I knew one young lady who went to a camp meeting, and was there attacked with hysteria, which lasted nearly a whole day; the people around said she was *experiencing religion*, and evidently thought her very fortunate. She continued liable to a return of the attack for six months after, but gradually recovered from them by attention to her general health, and by avoiding all excitement.

Women disposed to hysteria are generally capricious in their character, and often whimsical in their conduct. Some are exceedingly excitable and impatient, others obstinate, or frivolous; the slightest thing may make them laugh, or cry, and exhibit traits which ordinarily they are not supposed to possess. Like children, the merest trifles may make them transcendantly happy, or cast them into the most gloomy despair. Very frequently they are made much worse by seeing that those around them have no real commiseration for their sufferings, and perhaps even think they are not real. A delicate at-

tion, and properly exhibited sympathy, will soothe and calm the excited feelings more than almost anything else.

Various other diseases, particularly of the uterine organs, may also produce hysteria, and many apparently slight causes, such as breathing a close, bad air, either in a public assemblage, or in a bed-chamber, and even particular odors! Thus some will be attacked if they smell *musk*, or certain flowers, as *roses* for instance; others again at *hearing* certain sounds, or merely *touching* certain substances. M. Orfila mentions the case of a young lady who fainted if she saw flax-seed tea made. M. Rostan says he has seen hysteria, with loss of voice, and strangulation, produced even by the *color* of a certain flower! And many such cases have followed from smelling orange flowers, and violets. Particular pieces of music, or the reading certain passages from books will affect some, and the sight of certain animals will affect others. A case is mentioned of a young lady who always had a hysteriform attack if she heard the clock strike *five*, her father having died at that hour; and I knew one who suffered in the same way whenever she saw a *ladder*, her husband having been killed by falling from one. In short, there is no end to such cases.

There are *several* other causes, both of a moral and a social nature, that have much to do with this distressing affection, but which I have hitherto only partially alluded to. They are so important, and so little understood or *suspected*, that I feel desirous of presenting them with other authority in addition to my own. I have, therefore, made the following extract from "Copland's Medical Dictionary," just re-published by the Harpers, and probably the most

accredited work of the kind now extant. The extract is part of the Article on Hysteria, and is especially deserving the attention of *parents and guardians!* Its importance I trust will excuse its introduction, though some of the truths in it may be as painful as they are novel.

“There is perhaps no other malady which depends so much as this upon the *management* of childhood, and on the moral and physical *education* of early life. A luxurious and delicate mode of living and of rearing; a neglect of whatever promotes the powers of the constitution, especially of suitable exercise in the open air, and of early hours as to sleeping and rising; an over-refined mode of education, and the excitement of the imagination and of the emotions, to the neglect of the intellectual powers and moral sentiments; too great devotion to music, and the perusal of exciting novels; the various means by which the feelings are awakened and acute sensibility is promoted, while every manifestation of either is carefully concealed; and studied endeavors to dissemble desires which struggle to be expressed, all serve, especially at a period when the powers of mind and the conformation of the body are approaching development, to produce that state of the nervous system of which hysteria is one of the most frequent indications. About the period of puberty in females, various circumstances connected with their education tend to weaken their constitution, to excite their emotions and desires, and to cultivate their imaginative and more artificial faculties at the expense of their reasoning and moral powers. Whenever numbers associate previous to, or about the period of puberty, and especially where

several use the same sleeping apartment, and are submitted to a luxurious and over-refined mode of education, some will manifest a precocious development of both mind and body; but in proportion to precocity will tone and energy be deficient, and susceptibility and sensibility increased. In these circumstances, also, organic sensibility, particularly as relates to the uterine system, often assumes a predominance powerfully predisposing to hysterical affections. There can be no question, although the subject has been but rarely approached by British medical writers, that indulgence in solitary vices and sexual excitements is not an infrequent cause of this, as well as of other disorders. Numerous writers have insisted upon the propriety of giving due consideration to this source of mischief, as well as to the ennui and chagrin attending celibacy and continence. I agree with Dr. Conolly in believing that English practitioners pay, perhaps, too little attention to these and other related circumstances; and that, in a country where the passions and emotions are so carefully suppressed or concealed, they sometimes seem to forget their silent operation on the frame, and charge the medical writers of other countries with being somewhat fanciful and extravagant.

“ Besides the above, there are various circumstances connected with the *social state* that tend to develop these conditions of the uterine organs and nervous system, in which hysterical disorder originates. M. Georget remarks that the progressive steps of life, as youth passes away, are sources of painful moral affections, especially to the frivolous, the vain, and the unmarried of the sex. These affections increase the susceptibility of the nervous

system, and, with numerous other circumstances yet to be mentioned, dispose to the nervous disorders of the more advanced epochs of life. There can be no doubt that pampered modes of living; an early or habitual indulgence of temper, or of the emotions and desires; the use of wines and liquors, even within what may appear the bounds of moderation; late hours, and late rising; insufficient modes of exercise, or the want of it, and of pure air; neglect of the requisite exposure to light and sunshine; and sedentary occupations, particularly in over-heated and crowded apartments or factories, more or less predispose the female constitution to this affection. Some writers believe that the use of tea and coffee has a similar effect; it is possible that the former, especially green tea, taken too frequently or in excess, will weaken the nervous system, and that the latter will sometimes excite the uterine organs. The influence of *climate* is not very manifest; temperate and changeable regions certainly furnish more numerous instances of nervous disorder in females than very warm or very cold countries; but as much is probably owing to the state of *manners* and *society* in the former as to climate. Even *dress* has some effect in the production of hysteria; inordinate compression of the waist by stays not only weakens and displaces the digestive organs, but favors local determinations and congestions, and deranges the uterine functions."

Hysterical attacks are not of themselves dangerous, though they are sufficiently alarming, as they usually subside without much after disturbance, unless dependent on some other disease. Nothing in fact, is so astonishing to some persons, as to see

a delicate female immediately after a hysterical fit. Judging from appearances during the attack, they would readily suppose that the danger was really imminent, and that a slow recovery was the *best* thing to be expected. But when all passes off in a few minutes, with no indications whatever of the frantic violence so recently exhibited, they are naturally surprised, if not suspicious. It should be remembered however, that an *imitation* of one of these fits, even if it were fully possible, would exhaust much more than the fit itself, or most likely would produce complete prostration. There is no doubt however, but that many females can work themselves into hysterics, and that many do so, particularly when angered, slighted, or disappointed.

In regard to the starting point, or original seat of Hysteria, there seems to be no doubt of its being in the Uterus, which becomes subject to a peculiar excitement, or disturbance, that exerts a wonderful sympathetic influence on the whole system. The Uterus, it must be remembered, is the *controlling* organ in the female body, being the most excitable of all, and so intimately connected, by the ramifications of its numerous nerves, with every other part. The multitudinous and diversified symptoms attending its derangements need not therefore surprise us, nor need we wonder that they are not found in other diseases. The ancients compared the Womb in the female body to *another living being*, controlling and directing the body in which it existed! It should also be remembered, in relation to hysteria, that it is most frequent at that age, and in those temperaments in which the uterine system is most active. In some instances, *men* are liable to similar affections, and when they are so there is always noticed

in them more or less of what is termed the hysterical temperament. In fact, they much resemble females in their nervous systems.

In *treating* hysteria the first thing is to relieve the paroxysm, or fit, and then try to prevent its return. The first proceeding, if the attack be violent, should be to take care that the patient does not hurt herself by her violence. She must be held firmly, but not so as to injure, nor unnecessarily restrict her motions. Every article of clothing should be removed that is in the least tight, on any part of the body, and she should then be laid down, with the head elevated. Every person should be immediately sent away, except those whose assistance is really needed, and they should be careful not to hurry and appear confused, nor make unpleasant or desponding remarks about their patient, because she may both hear and understand them, though to all appearance insensible. Fresh air is indispensable, and it should play upon her as speedily and freely as possible. Strong odors, as ammonia, salts, vinegar, or burnt feathers should also be applied occasionally to the nostrils, and Cologne, or cold water, dashed on the temples, forehead, and cheeks. If the mouth can be opened, a teaspoonful of cold water should be poured in it, with about three drops of ammonia added, if it can be conveniently obtained. The hands and feet may also be chafed with advantage. In case the attack still continues, a small enema, of cold water, may be given, containing about twenty drops of laudanum ; or cold water may be sprinkled on the chest, and down the spine. Fifteen drops of Sulphuric Ether may also be poured into half a pint of water, and a large spoonful of the mixture given every three-quarters of an hour. In very violent, or long-continued attacks, an enema of thin,

cold starch water may be used, with three grains of camphor, ten of assafœtida, and fifteen of laudanum added to it, after being well mixed in a thick portion first. The whole body may also be well rubbed, particularly down the spine, and mustard plasters applied to the abdomen, inside of the thighs and arms. Spirits of camphor, or oil and hartshorn, may also be used as a liniment, and the spine and limbs well chafed with it. As soon as ever she can swallow, let her have a drink of cold water, but don't ask her any troublesome questions, nor make remarks.

After all the above means have been tried we may resort to vaginal injections, as those of poppy heads, or starch and laudanum, recommended in Metritis. Frightening the patient, or speaking harshly to her, has been recommended by some, but I much doubt the utility of such means. Other practices are also resorted to, the character of which betrays a curious opinion as to the nature of the disease! I would, however, caution those who recommend them as to the probable *moral* consequences afterwards, and I assure them that it is seldom or never the case that the same good cannot be effected by less objectionable means.

To prevent a return of the attack, we should employ what are termed anti-spasmodics, and tonics. Various teas may be drunk, as those of Mint, Balm, Mugwort, Boneset, and Chammonile. Tincture of Myrrh, Assafœtida, Camphor, Musk, and Castor, Gum Ammoniac, Acetate of Ammonia, and Carbonate of Ammonia may also be taken, various preparations of all which are kept at the Druggists'. Vaginal injections should also be continued, of starch and Laudanum, Assafœtida and Camphor, and the bowels

must be kept free. If the shock be not too great, a shower bath every morning will be of great service, or a cold plunge. If the patient be very weak and debilitated, we may give her any of the preparations of iron recommended in Chlorosis, particularly the Carbonate of Iron pill, or that of Extract of Gentian and Sulphate of Iron, and keep the bowels free with the pills of Iron and Rhubarb. A little good port wine, with Peruvian bark in it, may also be of service. And an excellent effect is sometimes produced by repeated injections, and enemas, of olive oil. Sulphur baths have also been recommended, and occasional blisters to the Abdomen and inside of the thighs or arms, and on the spine.

The diet must, of course depend on the condition of the patient. If she be of a full plethoric habit, it should consist of vegetables, light soup, milk, rice, sago, and ripe fruits, with milk, or water, for drink. Meat should be taken sparingly, and never highly seasoned, and spices, or pastry, should be forbidden. If, on the contrary, she be thin and delicate, the diet may be more nutritious, meat may be used more freely, and a little wine allowed. Sea bathing, travelling, riding horseback, and removal to a dry, warm climate, should also be recommended. The mind must be constantly, but pleasingly occupied, and the feelings interested in some innocent, cheerful pursuit. All kinds of sentimental and romantic reading must be avoided, but amusing books, or travels, and descriptions of scenery may be allowed. Music or poetry, when indulged in to excess, and with those of an excitable temperament, is often highly injurious. *More domestic occupation, and less fanciful idling, would prevent numerous disorders in many young females.*

In the article already quoted from Copeland's Dictionary, are some further remarks on the peculiarities, and predisposing causes of Hysteria, whose great value must be an excuse for inserting them.

“*Hysterical disorders of the mental faculties consist* not merely of the states already mentioned, but of others of a less decided, but not less morbid kind. Hysterical females are not merely capricious or whimsical, but they often become enthusiastic for a time in the pursuit of an object, or in cherishing an emotion by which they have been excited. In many such cases the nervous excitement and vascular turgescence of the uterine organs determine the character of the mental disorder; elevating certain of the moral sentiments, or of the intellectual manifestations, to a state of extravagance, passing, in some instances, into delusion or monomania. Many cases of puerperal mania are merely extremes of the hysterical disorder of the moral and intellectual powers or states of the mind. All these more extreme forms of mental affection are observed only where, in connexion with much local or uterine irritation, there is great deficiency of nervous energy generally, and of mental power in particular; or where, with such deficiency, there has been either much injudicious culture, or perversion, or improper excitement of the imagination.

“Females sometimes become passionately attached to an object; and this passion may advance even to nymphomania or monomania. The same person, on experiencing a disappointment in her affection, or if she be placed in circumstances entirely preventing the enjoyment of her passion, often becomes enthusiastically religious, especially if powerfully

excited by powerful popular preachers. After field preachings, or other ministrations of an exciting kind, the most hysterical females, especially those who have experienced the fully developed fits on these occasions, have become, at least for a time, the most religious. In this, however, there is little to regret; there is no harm, and generally much good from this direction of the feelings, unless, indeed, advantage be taken of this excitement by certain Tartuffes, especially at love-feasts, &c.: a circumstance by no means rare.

“The hypochondriacal feelings, the desire to deceive, or to simulate various diseases, or the delusions which sometimes possess the minds of hysterical females, may be classed with the foregoing, as requiring a similar plan of treatment. In all of them the *intentions of cure* are, to remove irritation or vascular turgescence of the uterine organs; to improve the general health; to strengthen the nervous system; to calm the imagination, and to guide the moral impulses of the patient. The means by which the physical portion of these indications are to be fulfilled have been sufficiently explained. The most efficient, however, of these means are not likely to be adopted by the patient if she is entirely uncontrolled by friends. Few will resort daily to the shower bath, or even occasionally to terebinthinate enemata, or submit to a course of tonics, or to a suitable regimen, &c., while she believes her health but little affected. Even when the hysterical disorder is of a very painful kind, the variability or capricious state of her mind leads her to run from one physician to another before opportunity of administering aid is afforded to any. At last, the most notorious charlatans, particularly those who

either excite the body through the mind, or the mind through the body—the animal magnetizers, the Homœopathists, the St. John Longs of rubbing celebrity, and the Campbells of celestial-bed notoriety—fix her attention. At such medical bagnios there is something promising gratification as well as excitement, and at such places hysterical as well as hypochondriacal patients ‘most do congregate.’

“OF THE PROPHYLACTIC TREATMENT OF HYSTERIA.
—*The avoidance of the occasional causes* is the chief part of this treatment, and this is very difficult. The moral emotions and desires constitute the principal of these causes, and the prevention of them is not in the power of the physician, and, considering the general frailty of our nature, rarely in the power of the patient. A physician sufficiently acquainted with human nature, and with human life and society, will frequently discover the connexion of the complaint with the feelings, and be able to give useful hints to the patient or her friends as to the moral, as well as to the medical management of the complaint. But his proper business is to correct the predisposing or constitutional cause, and to enable the patient to resist the exciting causes. An indolent, a luxurious, and an unoccupied life leads to late hours in bed, to an excited state of the imagination, to susceptibility of the nervous system, to irritation and turgescence of the generative organs, and to general or local plethora. It cannot be sanguinely hoped that females will relinquish ease, luxury, and enjoyment from the dread of a distant and contingent ill. Most physicians of experience must have often observed the influence of these causes on the health, and have met with instances of females, who, when in ease and luxury, were

subject to hysteria, having become entirely free from it when reverses of fortune obliged them to employ both mind and body.

“Much depends upon the *moral* and *physical* education of females about the period of puberty in preventing hysteria. If more time were devoted to air and exercise, and less to mere accomplishments—if less strenuous efforts were made to cram much ill-assorted knowledge into the mind in a very limited period—than usually is the case in the present day, an improved state of nervous energy and of constitution generally would result. There would consequently arise a race of females possessed of stronger minds, and better able to make good wives and healthy mothers, than those too frequently met with in the easier ranks of life. Of all the physical influences by which the human constitution is permanently impressed in early age, there are none so powerful as *light*, *air*, and *exercise*. Females, while the frame is being developed, should strictly observe early hours, so that *the period of repose* should never be prolonged much after the dawn of morning. The propriety of *sleeping* in a large, well-ventilated room cannot be disputed. It will be prudent, where more than one must sleep in the same apartment, to have separate beds, each no larger than is necessary for one person; and if the room is sufficiently large and airy, three, but no more, should sleep in it, preferably to two. When very early rising is enforced, the kind of bed on which growing females should sleep is not very important, although a hair mattress is perhaps the best; but the bed-clothing should be light, and the sitting as well as the sleeping apartments ought to be moderately cool and airy.

“The kind of exercise which is most serviceable is that taken in the open air, and in the light of day, and which brings into action the voluntary muscles generally, especially those of the lower extremities. It should preferably be on foot, and be regular, daily, and neither too little nor excessive. Sydenham, Fuller, Mandeville, and Manning advise riding on horseback, as affording the briskest motion, and occasioning the least fatigue. It ought always, however, to be used when the stomach is most empty; for, after a full meal, it retards digestion, rendering it uneasy and flatulent. It is most serviceable when hysteria is associated with retention of the menses and a chlorotic state of the system, or when there is torpid action or obstruction of the digestive and abdominal viscera. In cases of this description, the advice given by Mandeville will be found of great benefit. This is, to rise before six; to have half an hour's exercise in a swinging chair, flying horse, or the common swinging rope, and then breakfast; some time afterward to get on horseback, for at least two hours, either galloping or trotting, as much as her strength will permit her; and, immediately after this, to be undressed and assiduously chafed or dry-rubbed for a considerable time, till her skin looks red, and her flesh glows all over. Manning observes that frictions are useful, not only in the cure of the paroxysm, but also as a prophylactic. He directs them to be used on the extremities and trunk of the body, and especially on the abdomen, when the digestive organs are weak. If hysteria be attended with the anomalous symptoms already noticed, or assume an irregular form, friction applied daily and assiduously along the spine will be of great service. Sailing has been recommended by Dr. Gilchrist in

the treatment of hysterical and other nervous complaints; and in certain circumstances it will be found useful.

“*Cold bathing*, particularly salt-water bathing, and the shower-bath, will generally be serviceable at this period of life, if females have no particular dread of either, and if the surface of the body be afterward well rubbed, and smart exercise immediately taken. For delicate constitutions, with a predisposition to the disorder, it will be preferable to commence with a warm salt-water bath, or with a tepid shower-bath, the temperature being gradually lowered to the usual grade. Sponging the surface of the body also, every morning, with salt and water, or with water containing some vinegar or a little of the nitro-muriatic acid, the temperature being at first tepid, but gradually reduced to the usual mean of cold, will generally prove most beneficial, not only in preventing the complaint, but also in removing it.”

It has already been remarked, that hysteria frequently depends on some other disease, particularly on deranged menstruation, or indigestion. These primary disorders must of course be removed before a real *cure* can be hoped for, no matter how successful the palliative means may have been. A careful study must therefore be made of the patients' constitution, habits, and general state of health.

An opinion prevails very generally, that in all these cases *marriage* is advisaable, and in the great majority this is perhaps true, but *not in all!* It is sometimes a very difficult matter to advise upon, and it must be recollected that, if the experiment is unsuccessful, *two* persons may be made unhappy instead

of *one*, without any advantage to the patient ! It is seldom however that a competent person, of sufficient experience, will fail to indicate the proper course, particularly if his enquiries be answered with truth and candor. With those of a lymphatic temperament, and in torpor of the uterine organs, I have frequently employed *Galvanism*, with marked benefit, particularly to the Ovaries and Os Tincæ. It will also cut short the fit, in many cases ; but it is so seldom the apparatus is then at hand to use, that my experience that way is not very great. I have now, however, numerous cases under treatment, and am constantly seeing more, so that in a short time I shall test its efficacy more fully. Some authors have recently recommended a sudden and unexpected burst of music, as a means of cutting short a hysterical paroxysm, and others have recommended a systematic use of music, suited to the case, as a means of *actual cure* ! This is certainly a more pleasant remedy than many others, and may be in many cases quite as successful.

There are two peculiar forms of Hysteria, or rather two kinds of Hysteriform attacks, which, by some authors are considered to differ from Hysteria properly so called. These are named *Gastrospasm*, or spasm of the stomach, and *Cerebrospasm*, or brain spasm. The first of these usually commences with severe pain, or spasm in the stomach, and there is little or none of the usual suffocation, or feeling of the ball rising. The general treatment is the same as that already given for Hysteria, but in addition, if the pain continues, a teaspoonful of compound spirits of Lavender may be given every half hour, till three or four are given, and a mustard poultice may be put on over the stomach. If this does not

relieve, and no fainting or convulsions ensue, an emetic may be given, such as a teaspoonful of antimony wine in half a teacupfull of warm water every ten minutes, till it operates. In the cerebro spasm, a dash of cold water on the head, or a warm hip or foot bath will be useful, in addition to the general treatment.

There is so little that is peculiar in these varieties however, excepting what we have already mentioned, that any further attempt at distinguishing them is unnecessary.

HYSTERALGIA.

This disease is also called *Neuralgia of the Womb*. The *symptoms* are much the same as those of severe Dysmenorrhea, or Metritis, but there is no inflammation or swelling. The pain, however, may be terribly severe, resembling that of Tic Doloieux, or Neuralgia in the face; some persons have been made almost delirious by it. The *treatment* should consist of bathing, narcotic enemas and injections, purgatives, and mustard poultices, or blisters to the abdomen and thighs. In fact, much the same course as for Rheumatism of the Womb, and for Metritis. If it comes on periodically, quinine must be used, the same as for Intermittent Fever.

The causes of Hystericalgia are too obscure to be definitely stated. Very frequently it is produced by other uterine derangements, and also by *excesses*, and by violence, or by improper marriage. It is very rarely met with.

IMPOTENCE AND STERILITY.

This subject is one of the greatest interest to all, and to many of the most vital importance. It was

not my intention to speak upon it at all in the present work, because I have another in preparation on *pregnancy and its diseases*; in which it will be fully explained. My engagements, however, may prevent that work from being completed for some time; and as I intend this one to be *complete, and to treat on every female derangement*, I have determined to introduce the subject here. Another reason is, that the explanations already given on Menstruation, and on several diseases of the uterine organs, may be easily made available for my present purpose.

This subject is often enveloped in the deepest mystery, medicine and physiology being both equally at fault respecting it. The recent discoveries connected with the ovaries and with menstruation, already referred to, have thrown a light upon it however, which removes much of the obscurity, and enables us to render assistance in numerous cases previously thought incurable.

The two names at the head of this article are generally used as having the same meaning, but this is improper.

Impotence refers to that state of the system in which there is merely some faulty conformation, or physical impediment, preventing conception; as in a case of imperforate hymen for instance.

Sterility is that state in which conception does not occur, though there is apparently nothing to prevent it, owing probably either to absence or torpor of the ovaries, or other essential organs.

A female may therefore be sterile without being impotent, or she may be impotent but not sterile.

Impotence may result from most of the malformations, unnatural growths, and displacement described in the previous articles, such as imperforate hymen,

growing together of the lips or Vagina, closing of the mouth of the Womb, Prolapsus, Tumors, and Hernia; the treatment of which has already been given. If conception does not occur after their removal, sterility may be suspected.

The causes of sterility are manifold, and often not to be ascertained. Among them may be mentioned absence of the Womb, Ovaries, or fallopian tubes, closure of the Os Tincæ or tubes, incurable retroversion, anteversion or obliquity, all of which are irremediable. Chronic metritis, flooding, uterine rheumatism, leucorrhœa, and many other diseases also cause sterility. Improper diet, the abuse of warm baths, and certain *excesses*, or vicious habits, may also dispose to it, and so may irregular or suppressed menstruation, or non appearance of the menses. It is true that females have conceived though they have apparently never menstruated, but as a general rule this is never the case. It is probable that in such instances a vicarious or colorless menstruation took place unobserved. Some women appear to possess an unfeminine temperament and constitution, so that they rather resemble the other sex. This peculiarity is indicated in their habits, form and features, and is frequently attended by sterility. Too ardent or too cold feelings are also unfavorable, and so is a very full habit of body. Very frequently the difficulty is entirely owing to a want of *adaptation*, either physical or moral, or both, between the parties. Many such cases have been known, where both have been fruitful by previous or subsequent marriages. What this mutual unfitness consists in, may sometimes be ascertained, and the cause of it removed, but not always.

Sterility sometimes results either from a stricture

of the small canal at the mouth of the womb, or from its being constantly plugged up by mucus. In such cases a cure may frequently be effected by using the bougie, as recommended in dysmenorrhea. This either expands the passage, or removes the obstruction, as the case may be. I have had several cases, where all hope had long been lost, which terminated favorably after this operation.

Sometimes in these cases we succeed in ascertaining the existence of one or more of the above causes, and affording relief, but often no cause is obvious. Some females will become fruitful after a barrenness of many years, and others after a fit of sickness, or change of climate. It is recorded that after the great pestilence in the middle ages, called *the black death*, which destroyed many millions of people, the females were unusually prolific for several years, having large families, and frequently twins and triplets. The same thing has been observed, on a smaller scale, at other times. Abundant food and easy circumstances are not always favorable to fecundity, but sometimes the reverse, and I believe as a general rule, that a people badly fed, and hard worked, will be quite as prolific, if not more so, than those comfortably situated.

Disparity of age is an occasional cause of Sterility, though not necessarily so. The same may be said of the abuse of stimulants, such as spirits and tobacco, or even strong scents. It should also be remembered that the sterility may be in the male, though by no means apparent. It is true that it is much more frequent in the female, but the *possibility* of the reverse should be borne in mind.

When any of the above causes are discovered, their removal, if it be possible, is all that is required

to effect a cure. All malformations must be corrected, displaced organs must be replaced, diseases of them must be cured, and impediments removed. The diet and habits must be regulated, with a view to increasing or decreasing the ardor of the temperament, according to circumstances, and medical treatment may also be resorted to for the same purpose. It is advisable to say here, however, that though medical science *has* resources in some cases of this disease, and of considerable power too, yet they are nevertheless, *seldom applicable!* No greater imposition is practised on the credulity of the public, than that of announcing *specifics for the cure of barrenness!* The "cordials" and other preparations, so glaringly put forward for this purpose, are all composed of a few well known substances, which merely act as irritants, or temporary stimulants from which no permanent good can be expected. but which often produce irremediable injury.

The diversity of the causes of Sterility, and their frequent obscurity, makes any uniform prescription, or plan of treatment, impossible. It is only by careful investigation that these causes are occasionally discovered, and then they are not always removable. Sometimes, however, the simplest advice will be sufficient. Thus when leucorrhœa exists, the acid discharge appears either to destroy the Spermatozoa, or to block up the absorbents, or tubes, and I have known Sterility of many years standing, from this cause, removed in a short time, by simply using injections of warm Castile soap and water, *just previous!* The sole operation here is, of course, removing the obstructing mucus, or neutralizing its acidity. In like manner in cases of prolapsus, anteversion, retroversion, or obliquity, a mere *change*

of position is all that is required! These are matters, however, that I merely mention to show that relief is often *possible*, and without any great difficulty. I have had numerous cases under my care, requiring almost every variety of treatment, and have frequently been gratified by a successful issue, when there was apparently least reason to expect it.

The opinions of medical men respecting Sterility, in many cases, especially those with no obvious cause for it, have lately been much modified by the new discoveries respecting the ovaries, described in the article on menstruation. It was there explained that an Ovum or Egg was perfected every month, and that none were capable of being fecundated except those thus perfected. Now it is quite possible, and indeed *probable*, judging from analogy, that some females do not perfect their ovæ, the same as some birds do not perfect their eggs! And again, others may discharge them almost immediately, with the menses, so that they are lost before conception can occur! It is asserted, in fact, by M. Pouchet, in his work on this subject, that there is a certain time between the monthly periods of every female when she *cannot* conceive, owing to the ripened ovum having disappeared! This time may vary, of course, from different causes, so that some can only conceive within a few days, or less, after menstruating, while others may do so nearly till the next period. It is certain that the event is more likely *immediately after* the cessation of the menses than later. I have had proof of this, in the case of those whose religion forbids approach till *eight days after*, because the female is thought unclean till then! Many women of this persuasion, who were barren, I have advised to procure a dispensation, which it seems is allowable

under particular circumstances, and they have conceived immediately on removing this restriction! The most favorable time for conception between any two periods, may undoubtedly be indicated, in every case, and also that when it is absolutely *impossible*, though they are both variable in different persons.

In cases where I have supposed the sterility to arise from imperfect action of the ovaries, owing to which the ovæ were not perfected, I have found great success attend the application of *Galvanism*, both externally and internally. In fact, in such cases *it seldom or never fails of effecting a cure!*

It is commonly supposed that *certain feelings* on the part of the female are indispensable to conception. This is, however, a mistake, for they may be totally absent and yet conception occur, though probably not so readily as when they exist. It is sometimes desirable therefore, since they may be assistant in bringing about this event, and also for other reasons, that they should be established or revived, a result which modern discoveries makes nearly always possible.

Too early marriage is a frequent cause of sterility, and it is possible that a marriage against inclination may be so. It is certain at least that indifference is unfavorable to conception, and actual repugnance may be reasonably supposed to be much more so. Intense mental occupation, and depression of spirits have a very unfavorable influence, and so has certain states of the weather, and even certain localities.

Medical men have been till very lately in the habit of shunning this disease altogether, or at best of merely repeating old maxims and dogmas without foundation in truth, and this is the reason why so little success has attended any application to them for its

cure. In fact, neither medical teachers, nor their books, have much information to give on the subject, so that the practitioner who wishes to understand it, must rely mainly on his own experience and careful observation, as I have done myself. This makes the investigation more laborious, but at the same time more satisfactory and useful.

CHAPTER VI.

GENERAL REMARKS ON FEMALE HEALTH, AT EVERY PERIOD OF LIFE, AND ON CERTAIN PECULIARITIES OF FEMALE DISEASE, AND ITS TREATMENT.

PUBERTY AND MENSTRUATION.

Previous to the establishment of puberty the female system presents no remarkable peculiarities to distinguish it from the male system, but when that event occurs a complete change takes place, many new functions being performed which exercise a controlling influence over all the others. The nature and extent of that influence has already been pointed out incidentally, so that we need do no more here, than refer to its importance as connected with female health.

The establishment of the menstrual discharge is an event which every mother should carefully watch for in her daughter, so that no untoward accident may prevent it. About the time when it is expected, the young person should be questioned as to the state of her health, and feelings, and her occupation and mode of life should be regulated in anticipation of the change.

The objects to be accomplished are, to favor the development of the Uterine system, so that its functions may be properly performed, and at the same time to prevent any undue excitement, either general or local. The regulation of the diet is here of the first importance; it should be sufficiently nutritious, but easy of digestion, and not stimulating. Milk, rice, sago, young meats, and ripe fruits, are appro-

priate for food, with milk, water, or weak wine and water, for drink. All heavy meats, unripe fruits, pickles, strong beer, spices, spirits, coffee, and pastry, must be forbidden. Tea may be taken occasionally, very weak, but is better left alone; and a little light sharp beer may be drunk, if there be sinking and debility.

Warm baths should be taken every other day, followed by a cold shower, and by good hard friction of the skin. Bodily exercise, in the open air, must be rigidly enforced, and of the most exhilarating kind. The young person should be encouraged to run, and to ride, to use the hoop, skipping rope, and battledore, or other instrument of sport, as much as her inclination prompts. The body should be warmly clad, but *not confined* in any part, and the shoes should be thick enough to protect the feet from damp. Corsets and paper-soled slippers, if they have unfortunately been adopted, should be thrown aside, and the hair should not be bound in a close hard knot on the head, as that prevents perspiration, and keeps up a constant heat, which is a certain source of headache to many.

It is particularly important that the young person should know the reason for these cares, and that she should be told the nature and importance of the event which is about to occur. She will then be more disposed to observe all necessary regulations, and to communicate any symptoms she may have of its commencement. I have seen so many instances of the evil effects of keeping young persons ignorant on this matter, that I am desirous of directing attention to it in a forcible manner. Many, in their ignorance, are dreadfully alarmed at the first flow, and fancy something dangerous, or disgraceful,

has happened to them; they therefore endeavor to stop it, for which purpose some put their feet in cold water, or put cold wet cloths on their persons; others walk till they are exhausted, and others again even take drugs, which they are told of by older companions. The mischief which may result from such practices is incalculable, serious disease, with a life of suffering, or even *death*, may reasonably be feared. And even when such things are not done purposely, they may be unintentionally, by those who are ignorant of themselves, and with the same evil result.

I once saw a most lamentable instance of this kind. A young lady of a delicate constitution, and retiring habits, entirely uninformed respecting herself, was suddenly surprised by the first menstrual flow. Her alarm was great, but her diffidence prevented her from alluding to the circumstance to her mother, with whom in fact she had but little confidential communication. One of her elder companions however, taxed her with it, and she confessed the truth, saying innocently that she *did not know how to stop it!* Her friend unthinkingly said that *standing in cold water* would stop it, for she had done so one night when she wished to go to a party! The poor victim of ignorance did the same, and was not troubled with another appearance for near six months. During this time she became very unwell. She had a constant head ache, with dizziness, dimness of sight, ringing in the ears, rush of blood to the head and face, with sickness at the stomach, and severe pains in her back, and in her abdomen, which was also much swollen. Her appetite was most capricious, her skin sallow, and her hands and feet almost constantly cold. She became

at last almost too weak to walk, and so low spirited and dejected, that the slightest word made her cry, while her mind was so weak that at times she could scarcely be called sane. Ultimately she became delirious, and raved for about three weeks, when she partly recovered, but similar attacks afterwards occurred, more or less, every month. Many physicians of the greatest eminence had attended her, but no good whatever seemed to result from their prescriptions. I found, on enquiry, that they supposed it to be a case of *non-appearance* of the menses, with chlorosis. Being desirous of ascertaining the actual truth however, I requested a female friend to question her closely, during one of her rational intervals. She did so, and the poor sufferer made a full confession. I then at once recommended a course of treatment, which I thought likely to restore the suspended function. Her diet was made light and nutritious. She was taken to the sea side and bathed regularly, and kept pretty constantly in the open air, on horseback. The only medicine given was a few pills of Iron and Gentian, and occasionally of Iron and Rhubarb, to keep the bowels free. A warm hip bath was administered every other day, and a warm injection at the same time. In addition to this, *Galvanism* was applied to the Uterus, in the manner indicated in the article on amenorrhœa, and also to the Ovaries. No effect was observed for the first month, her delirious spell coming on as usual, and the other symptoms remaining much the same. About three weeks after, however, or nearly seven weeks from commencing the treatment, while she was riding out, the discharge came on quite suddenly and profusely. She was very sick and faint during the whole time it lasted, which was about

four days, but after that she felt much better, and more lively. *No delirious spell followed*, and at the end of a month she menstruated again without any distress. From that time forward she began to improve, her strength returned, her feelings became more under control, and her mind regained its original vigor. A little attention was bestowed, for some three or four months, for a few days before the periods were expected, to ensure their appearance; and a regular mode of life was enforced, beyond which, nothing further was done. She is now perfectly healthy, both in body and mind, though she came so near being a victim, to absurd prejudice, and lamentable ignorance.

It must be borne in mind however, as already stated, that there is considerable irregularity as to the time of appearance, duration, and quantity of the menses, so that it is very difficult in some cases to decide whether assistance is really needed or not. Thus the usual age at which puberty becomes established is *fifteen*, but in some it may be natural for it to commence two or three years earlier, or later. The usual time for the flow to continue is *four days*, though it may be occasionally not more than two, or one, or it may extend to a week, or more, without any injury. The average quantity discharged is probably about *six ounces*, and yet some perfectly healthy females never have more than a mere show, while others may have a pint or more. It should be observed, however, that these irregularities are comparatively rare exceptions, the great majority of females, when healthy, observe nearly the above rule, both as to time and quantity. The only directions therefore, which can be properly given are, *to observe well the general health*;

if that suffers in conjunction with any of these irregularities, it is desirable they should be attended to immediately ; but if the person remains well, it is best to wait a little and observe. With young persons however, it is necessary to be watchful, because many symptoms of disease may either be concealed by them, or pass unnoticed, till great injury is done. The moral condition of young females about the period of puberty is also a matter of great importance. All high wrought excitement, produced by reading fictitious adventures and scenes, and all sickly sentimentality from reading mawkish romances, or listening to romantic companions, are very injurious. I have no doubt but such things produce numerous cases of hysteria and hypochondriasis, if not more serious disease. I need not reprobate those books, or associates, of a still more exceptionable character, as these will never of course be openly allowed, but I would wish to caution against the too frequent contamination, from both sources, which occurs unsuspected. In various ways these books are obtained, and read, by hundreds who are supposed to be totally unacquainted with them, their real character being unknown, except by those who read them. The dangerous excitement thus produced may lead to the most deplorable results, both moral and physical, as every physician of experience well knows. With some temperaments, a too frequent attendance at the theatre, or ball room, may be followed by similar results, and very frequently I have known irremediable mischief produced by the vicious teachings of elder companions, particularly at boarding schools. A more direct allusion to these things is neither necessary nor desirable here, but it was my duty to

give a warning about them! Suffice it to say, that the evil is more extensive than is supposed. The extract from Copland's dictionary, in the article on Hysteria, may be read with advantage in connection with this subject.

The most proper and healthy education is that which fully develops the body, giving it strength and beauty, and which occupies the mind with useful and pleasing *realities*, rather than with mere fictitious dreamings. Bodily idleness, and emptiness, or trifling occupation of the mind, combined with improper food, produce more licentiousness and disease than any other causes whatever! And active employment, with a well regulated diet, will do more towards preventing or removing these evils, than all the drugs in the *Materia Medica*, or all the moral precepts ever promulgated.

It is not generally known that the health of young persons may be seriously affected by too close contact with the old. Such is undoubtedly the case however, and the fact should be stated. On this point Dr. Copland remarks as follows:—

“ A not uncommon cause of depressed vital power is *the young sleeping with the aged*. This fact, however explained, has been long remarked, and is well known to every unprejudiced observer. But it has been most unaccountably overlooked in medicine. I have, on several occasions, met with the counterpart of the following case:—I was a few years since consulted about a pale, sickly, and thin boy of about five or six years of age. He appeared to have no specific ailment; but there was a slow and remarkable decline of flesh and strength, and of the energy of all the functions—what his mother very aptly

termed a gradual blight. After enquiry into the history of the case, it came out that he had been a very robust and plethoric child up to his third year, when his grandmother, a very aged person, took him to sleep with her ; that he soon afterwards lost his good looks ; and that he had continued to decline progressively ever since, notwithstanding medical treatment. I directed him to sleep apart from his aged parent ; and prescribed gentle tonics, change of air, &c. The recovery was rapid. But it is not in children only that debility is induced by this mode of abstracting vital power. Young females married to very old men suffer in a similar manner, although seldom to so great an extent ; and instances have come to my knowledge where they have suspected the cause of their debilitated state. These facts are often well known to the aged themselves, who consider the indulgence favorable to longevity, and thereby often illustrate the selfishness which, in some persons, increases with their years."

It is very important to caution young persons against carelessness, during their periods, particularly against exposing themselves to cold in any way, taking too violent exertion, eating anything indigestible, or giving way to violent mental emotions. A quiet state, both of body and mind, is most favorable, with just as much exertion as feels agreeable. Cold baths may be injurious unless regularly taken previously. I know many who use them *always*, not only without injury, but with benefit. As a general rule it is best to make but little change, unless particular indications point out its propriety.

It should also be recollected that the mind and feelings of young persons at this age are naturally

in a very peculiar and interesting condition, and require the most careful and delicate attention on the part of their parents and guardians. They begin to experience new sensations and wants, and to be troubled by new thoughts and vague ideas, which stimulate curiosity, and excite the imagination to the highest pitch. A forced state of ignorance is very apt to aggravate this dangerous condition by enshrouding with *mystery* everything which is desired to be known. Under such circumstances the most exaggerated and ridiculous fancies are indulged, even if worse consequences do not ensue, and wrong notions are entertained respecting themselves, and their future condition, which may have a most lamentable influence on their health and happiness.

When nature prompts enquiry it is worse than useless to attempt to conceal! The suppression of *useful truth* then, can only leave the mind open to receive *dangerous error!* A prudent parent or guardian will always know what to impart, and when to impart it, and will feel the obligation to instruct her charge to be one of the most sacred duties.

It is neither necessary nor advisable to treat all the vagaries and caprices of a young person with indifference, or deride them, but on the contrary they should be *respected*, and *sympathised* with, or even judiciously *indulged*, rather than rudely condemned. It should be recollected that their fanciful notions are *realities* to them, and that it is not by harshness, but solely by kindness, and obvious interest, that we can so far gain their confidence as to convince them of the contrary. It should also be borne in mind that the female is always subject to certain powerful influences, unknown to the other sex, which modify her whole character, and which make it necessary

to judge her with charity, and treat her with kindness and indulgence. Especially should this be remembered with the young and inexperienced, and with those who have been surrounded by unfavorable circumstances. I have known many an apparently severe indisposition, which had defied all medical skill, yield immediately to the condolence of trusted friendship; and in numerous cases I have seen kindness and sympathy effect a thousand times more than pills and potions! Nor need such a circumstance excite any especial wonder or unjust suspicion, when the peculiarities of the female system are recollected. With them the extensively connected uterine organs are constantly exerting a paramount influence on the nervous system, either from their own functional activity, or by the stimulus they receive through the brain. Woman is therefore essentially a creature of impulse and intense feeling, and in justice should be so treated. With her an unhappy feeling, a capricious fancy, or a wrong idea, should be considered as real a cause of disease as a *Tumor* or a *Cancer*! This is true of women at all ages, and in all conditions, though sometimes more so than at others. With her also *moral* treatment is often more efficacious than medical, and is therefore more appropriate. A kind look, or expression of sympathy will light up the languid eye, send a healthy gush through the veins, and impart a wholesome stimulus to the whole system, while drugs will only produce greater prostration of the vital energies. The *nature* of many female diseases therefore, particularly those of a nervous character, is essentially different from any experienced by the other sex, and their *treatment* should of course be different also.

In regard to *marriage* and *pregnancy*, nothing need be said in the present work, because another is in preparation, as already announced, specially devoted to them, and in which their peculiar diseases and accidents will be fully explained.

THE CHANGE OF LIFE.

The uterine organs eventually lose their preponderance, their functions cease, and they exert but slight influence, either direct or indirect, on the rest of the system.

This great change, called *the turn of life*, does not take place however without a struggle, and before it is fully brought about the female is liable to many serious accidents. The final stoppage of the menses being in fact as momentous to some persons as their first appearance, or even more so, and exerting as powerful an influence on their health.

Many diseases which had lain dormant before, sometimes break out with fatal virulence immediately the change takes place, and many others that had remained comparatively slight, may become seriously aggravated. These evils, however, are by no means necessary or usual results of the change, but mere accidents, resulting from disease or a bad constitution. The cessation of the menses is as natural as their first appearance, and the constitutional disturbance resulting from it is also as likely to be beneficial as injurious. In fact, many females when they fully get over it, seem to become much younger and more healthy. They regain their flesh, their color, and their strength, and actually appear more juvenile at *fifty* than they did at thirty-five or forty!

Much unfounded apprehension exists both as to

the danger at the turn of life, and its effects on the person. Unless the system be much diseased or debilitated, however, there is no particular cause for fear. It is true that every one feels more or less indisposition for a time, which may inconvenience and alarm, but which can nearly always be relieved by judicious treatment, and frequently prevented entirely by timely attention.

The usual age when the change commences is from *forty* to *forty-five*. It is sometimes, however, protracted to *fifty*, and even *sixty*, and in this country it not unfrequently takes place as early as *thirty-five*, or *thirty*! It may come on suddenly, so that the female, after having a period as perfect as usual, never menstruates again. Most usually, however, it is established by degrees, the quantity either becoming less and less, or the time between longer and longer, or both. Sometimes it will stop for a long period and then appear again, as is the case of a lady whom I know. She ceased menstruating when she was *forty-two*, and commenced again when she was *forty-six*, and continued quite regular till she was *forty-nine*, when it ceased again; she is now *fifty-three*, perfectly healthy, and with no signs of its re-establishment.

When any special disease arises, at this period, it must, of course, be treated the same as at any other, always remembering that it may disappear of itself, when the change is fully established. This is particularly the case with many of the slighter disturbances, such as headache, palpitation, dizziness, dimness of sight, and nervousness. We should not be too much in a hurry, therefore, to commence any **strong** treatment, but rather wait and observe, and as-

sist nature when the indications are obvious how to do so.

It is particularly desirable that females should not resort to *medicine*, as many do, to make the change take place safely. Numerous preparations are palmed upon them, by interested persons, which they are told, and believe, will save them from all danger. No specific of the kind is known, and in the nature of things cannot exist. The only precautions that are necessary, and proper, are those which tend to preserve and improve the general health. These should be rigidly observed at all times, but particularly so now.

The body should be warmly clad, and regularly bathed, out-door exercise should be habitually taken, the diet properly regulated, so as to be nutritious, but not stimulating, and the mind should be kept tranquil and cheerful. In short, much the same regulations should be observed in this respect, as those we advised at the commencement of puberty. With women of a full plethoric habit, there is danger, when the excitement subsides in the womb, that it may take place in some other organ. In this way apoplexy is frequently produced, and palpitation of the heart, or various congestions and inflammations. The way to avoid this danger is, for the female to lower the tone of her system, by adopting a spare simple diet, cool acid drinks, and the shower bath, and to constantly exercise in the open air, so that the blood may be equally distributed over the body. She should avoid all intense mental application, or strong emotions, and not think of the change that is taking place. Some persons make themselves very unhappy in this way, and greatly increase the danger of their situation. They cannot help thinking

of their past condition, and dreading the future. Their thoughts, especially when associated with others *peculiar to certain temperaments*, keep up the excitement in the womb, and protract the struggle. Such persons should recollect that the change may be *the very reverse of what they fear*, providing they observe proper precautions, and keep themselves tranquil. As already observed, many females regain their health, and *improve in appearance*, and suffer *no deprivation* but that of fruitfulness! Proper advice, acted upon in time, will effect this desirable result more frequently than is supposed. I have been consulted on this point in numerous cases, and feel no hesitation in giving such assurance most emphatically.

For some time previous to the critical period, or at least as soon as she feels intimations of its approach, the female must be particularly careful of catching cold, or of exhausting herself by late hours, or by breathing a close atmosphere. She should attend carefully to her diet, eat nothing indigestible, and use no spices nor alcoholic drinks. She should also avoid *all kind of excitement*, and accustom herself, in every particular, to a regular and calm mode of life. Cold bathing, followed by good friction with rough towels, should be practised, with sea bathing at intervals, if practicable.

If there should be any congestion, or inflammation, in the uterine organs, it must be subdued by injections, and fomentations, and other means pointed out in the article on Metritis. The headache and dizziness is usually amended by a few purgatives, or low diet and the shower-bath. Constipation of the bowels, which is a very constant and troublesome attendant at this time, should be combated first by change

of diet, and friction over the abdomen, and if these do not relieve it, injections of starch and olive oil may be used, or a seidlitz powder taken every other morning.

In conclusion, I would wish particularly to impress on my readers the fact that this change is not, necessarily, a dangerous one, but that most of the evils usually attending it arise from irregular modes of life, improper diet, and *excesses* of various kinds! A more strict observance of the laws of health would either prevent them altogether, or, at least, much mitigate them.

USEFUL HINTS FOR ALL AGES.

Women are in every way more sensitive than men, and require more precaution to preserve their systems in health. Want of knowledge respecting themselves also makes them more inattentive, and silly fashions often force them to adopt habits of the most injurious kind. Many causes of discomfort to them, and even of serious disease, are apparently so trivial that they remain unsuspected, or at best they are merely acknowledged. Some of these will now be pointed out, and commented upon.

There can be no doubt but that many young females suffer much from being pent up in ball-rooms, and other such places of resort, where the air is hot and unwholesome, and the associations productive either of excitement, questionable as to its good, or of envy, pride and fretfulness. This is not, of course, meant to apply to rational, innocent, and exhilarating amusement, which is most beneficial under proper arrangements, but to those assemblages where amusement is the excuse, and rivalry, jealousy, and all kinds of unhappiness the actual realities.

In leaving these heated rooms, flushed with the exertion of the dizzy waltz, it is seldom that any precaution is taken by females, unless some one else advises it. They rush into the cold air with their arms and bosoms uncovered, drink ices while streaming with perspiration, and walk on the cold damp ground with shoes that afford no protection. The consequences are they take cold; suffer from irregular menstruation, leucorrhœa, metritis, or consumption. All such obvious improprieties might easily be avoided, and are more productive of disease than is usually supposed.

As a general rule females should wear flannel, particularly around the pelvis, to guard against sudden changes. This is particularly desirable when puberty is about being established, during menstruation, and at the change of life. Those who accustom themselves to the shower-bath, however, will not be nearly so liable to take cold as those who do not.

Bad air, and strong odors of all kinds, have great effect on most females, particularly on the nervous. For this reason it is injurious for them to frequent crowded assemblies, or to sleep, or live, in ill-ventilated apartments. In like manner the use of scents, which is so general, is very objectionable, or even the smelling of flowers, if too long indulged. We are told of a lady, daughter to one of the Counts of Salin, who died from inhaling the odor of a rose, and of another who was found dead in her bed from having left a bouquet of lilies in the chamber. A celebrated literary lady also nearly met her death from a quantity of flowers being placed in her bed-room, which her friends had left on her birth-day, as testimonies of esteem. And many instances have oc-

curred of fainting, hysteria, and even *miscarriage*, from similar causes.

The philosophy of this apparently singular phenomenon is easily seen, when the extreme sensitiveness of the female nervous system is called to mind. The olfactory nerves are irritated by the odorous substance, and the irritation is conveyed by them to the brain, which again transmits the disturbance to the uterus and every other part of the body. In short, the odor acts through the sense of *smell*, the same as a disgusting object does through the sense of *sight*, or a disagreeable sound through that of *hearing*.

Too frequent warm bathing is an injurious habit, though a warm bath about once in a fortnight is advisable, and it should always be followed by a cold shower. The plentiful and regular use of *cold water* both on the surface of the body, and by vaginal injections, is one of the best preservatives of female health. By cold water I mean that which is about the temperature of the body, or nearly as we find it when exposed to the atmosphere during summer. *Very cold* water is apt to cause colds, leucorrhœa, and other disorders. This part of the female *toilette* is too much neglected in this country, and many evils arise in consequence of that neglect. In several of the preceding articles it has been shown how excoriations, inflammations, and adhesions, arise from a want of habitual bathing of the parts, especially in young persons; and how these physical annoyances lead frequently to *moral evils*! This subject I wish to direct particular attention to again, and to remind females that the most scrupulous attention to cleanliness, in this respect, should be observed, both in the young and in adults. I have no doubt but that many

cases of leucorrhœa, pruritus, prolapsus, and other evils, are produced by neglect of it. The French article of furniture, called the *Bidet*, should have a place in every lady's dressing room, and will be found a source both of comfort and health. The female syringe should be of tolerable capacity, but small in the part to be introduced, and *curved*, and the end should be pierced with several small holes. These may always be obtained at the instrument makers, or druggists. Napkins used by females should be of soft linen, and never employed roughly, and for particular purposes should always be well aired and warmed.

In regard to female *dress* there are many things merely *absurd*, and which therefore need not be noticed here, though their correction is desirable, but there are others positively *injurious*, and which on that account require to be mentioned. The use of *thin shoes*, particularly at certain times, has already been adverted to, and cannot be too strongly condemned, and also the practice of exposing the bosom and arms to the cold air, after having been in a hot room. Close or heavy bonnets, and those of materials that will not allow ventilation through them, are decidedly injurious, by heating the head, and so is the habit of twisting and tying the hair into a hard knot. The use of *corsets* has been so frequently deprecated, and its evils so forcibly exhibited, that any special notice here is unnecessary. Suffice it to say that there are few more fruitful causes of disease, particularly of prolapsus uteri, hernia, dyspepsia, liver complaints and consumption. The corset, in short, destroys both *health* and *beauty*, by interfering with the functions of the different organs, and by *deforming the body!* It is strongly to be hoped that

a better *taste* is now arising, and that the female body will no longer be thought so *imperfect*, naturally, as to require crushing and squeezing *into shape!*

Around the body the dress should be perfectly loose, and no tight garters, bracelets, rings, shoes, or straps, should be worn. *Tight shoes* frequently cause headache and redness in the face, by preventing the proper circulation of the blood to the extremities, and *tight garters* cause numbness and weakness of the limbs. It is desirable, also, that the dress should not press the breasts too hard, particularly at the menstrual period, or during pregnancy, or nursing, but it is advisable for it to support them a little when relaxed.

In the article on *the causes of disease*, in Copland's Dictionary, I find the following apposite remarks, strongly confirmatory of what I have stated, and containing many valuable hints besides:

“ Dress, even, has a very evident influence in creating a predisposition to disease. Too little clothing, particularly in females, favors the occurrence of difficult and suppressed menstruation, pulmonary disease, and disorders of the bowels. It was remarked, during the French revolution, when it was the fashion to dress classically,—which was almost a state of semi-nudity, and more appropriate to the warmer climates of Athens and Rome than to those of the north of France and this country,—that pulmonary diseases, rheumatism, suppressed menstruation, bowel complaints, catarrhs; and amongst the children, who were exposed with naked busts and thin clothing, croup, and other diseases of the air-passages and lungs, were uncommonly prevalent. On the other hand, *too warm clothing* is a source of

disease, sometimes even of the same diseases which originate in exposure to cold; and often renders the frame more susceptible of impressions of cold, especially of cold air taken into the lungs. The remarks now offered may be applied to over-heated sitting and sleeping *apartments*, and to warm soft beds and bed clothing. These relax and weaken the frame, dispose to disorders of the kidneys, urinary and sexual organs, and render the system much more susceptible of injurious impressions from without. A predisposition is thus produced, not only to catarrhs, inflammations, affections of the lungs, and rheumatism, but to irregularity in the menstrual discharge. It has been remarked, that the females in Holland, who generally use very warm clothing, warm apartments, and warm beds, are very subject to excessive menstruation and fluor albus. Females, also, become disposed to various diseases, particularly those affecting the pulmonary organs and heart, from wearing very tight-laced and unyielding corsets. Indeed, those dressed in this manner can scarcely call the intercostal muscles into action, and can breathe only by means of the diaphragm. The mechanism of respiration being thus impeded, the requisite changes are not fully produced upon the circulating fluid; and congestion supervenes in the lungs, right side of the heart, and parts situated below the seat of pressure. This cause is especially injurious to females during growth and pregnancy; for the chest should be fully and freely expanded, especially at these periods, in order that the circulation through the lungs and heart may be unimpeded; and that the blood should experience those changes without interruption, that are required for the development of the body and of the *fœtus*. The func-

tions, not only of the lungs and heart, but of the liver, stomach, and bowels, are materially interrupted, and even these organs themselves are removed from their natural positions in respect of each other, by this cause. This is more remarkably the case as regards the colon, which, by the squeezing together of the hypochondria and lateral regions of the abdomen, is thrown into unnatural duplicatures; the passage of the fæcal matter along it being thereby impeded, and habitual costiveness, with all its consequences, produced."

Exercise in the open air is as indispensable as proper food, and no female can long remain healthy in body, or comfortable in mind, without it. There are hundreds of women who pass whole days and weeks in the house, and sit, or lie in bed, nearly the whole time. The consequence is they are always sickly, low-spirited, irritable, wearied, and often *wearisome*. They become dyspeptic, sallow, and weak; their hands and feet are cold, and their heads are continually aching, dizzy, or confused. Those who understand the simplest principles of physiology will see the reason for this, and if those principles were more generally understood there would be less of this irrational conduct seen. In my work on the "*Outlines of Anatomy and Physiology*," I have devoted considerable space to this subject, and have known many cases in which my remarks have worked a reform. The exercise of females, however, should be less violent than that of men, and never carried to the extent of producing much fatigue. It should be varied as much as possible, and adapted to the wishes and wants of the individual,

and should invariably be pleasing and agreeable. Tending the flower garden, seeking plants for the study of botany, or rambling in the fields or by the sea-shore, and riding on horseback, particularly in cheerful company, are all excellent. So is dancing, but not in a close hot room, nor late at night, nor when the body is bound up in a tight dress, or the feet pinched in tight shoes. Under these circumstances the mere exercise will not counterbalance the other evils. With young persons real *play*, or even actual *romping*, is required, to exhilarate both mind and body, and send the blood bounding to the utmost extremities of the system.

A celebrated French physician, M. Tronchin, used to command his nervous female patients to *scrub the floors, wash the clothes*, and perform every other menial labor, and such was his influence that ladies of the highest rank would be seen on their knees, and at the wash tub, working like their servants, and eating the same food. Though this treatment was unnecessarily harsh, yet its good effects were so palpable, in numerous cases, that none refused to follow it. In Russia, at the present time, when a fashionable lady is worn out with dissipation, and wretchedly nervous from idleness, it is customary to take her to the cottage of one of the poorest peasants, in the forest, and there she wears the same clothes, eats the same coarse food, sleeps on the same kind of bed, and performs the same labor as the peasant women. This is continued sometimes for months, without any relaxation, and usually effects a complete cure.

Copland's remarks on the influence of external circumstances, of various kinds, on the bodily and

mental health of young females, are very excellent. In the article on "Age" he says :

"PERIOD, OF GIRLHOOD.—From the seventh or eight year to the epoch of commencing puberty, is chiefly characterized by the continued growth of all the structures, and the development of the manifestations of mind. Towards the middle and end of this period, the physical and mental distinctions of sex become more and more apparent. The frame, when free from disease or hereditary taint, evinces a stenic diathesis, a predominance of the sanguine, or sanguinèo-nervous temperament, and a liability to nearly the same diseases, particularly those proceeding from infection and inflammation, that prevail during childhood. There is a greater liability to be affected with idiopathic continued fever, with scrofulous enlargements and inflammations, particularly of the lymphatic glands; with various nervous affections, as epilepsy, convulsions, chorea, &c. ; with cutaneous eruptions; with inflammations of the throat and air passages; with tubercles, especially in the lungs and alimentary canal; with flexures of the spinal column and with verminous diseases. The nervous system possesses great susceptibility of impressions, moral and physical; and inflammatory action has a marked disposition to give rise to new formations, unless when appearing in the advanced stages, or as a sequela, of eruptive or infectious fevers, when it generally occasions serous or sero-albuminous effusions.

"These diseases of this period generally require antiphlogistic remedies and evacuations, especially purgative, either alone or in suitable combination, unless proceeding from depressing causes, particu-

larly those of a specific kind; and even there the necessity of resorting to alvine evacuations, by means of laxatives, or purgatives combined with tonics, is imperative. The vital resistance is usually well marked, excepting in those who have been deprived of wholesome nourishment and pure air, or whose constitutions are radically in fault; and in these, whilst tonics and other means of restoration are required, the due evacuations of morbid secretions and accumulations is equally necessary. Care also should be taken during this, as well as in the preceding period, not to allow the young to sleep in the same bed with the old, nor even with those advanced in age or debilitated, nor with too many—not more than three—in the same sleeping apartment, which ought to be large and well aired. Want of attention to this, is one of the chief causes of disease in early life in London, and other large towns. Academies and boarding schools for both sexes are continually furnishing numerous proofs of this too generally overlooked cause of disease, not only at this, but also at a later stage of life. Attention is also necessary to the exercise of both the mind and the body. Active amusements in the open air are now particularly required. As this period advances, the mental powers acquire such a degree of development as to admit of their further improvement and active exertion,—not only without risk to the organization with which they are related, but with the certain prospect of advancing them nearer to the perfection to which our natures may attain.

“During this and the earlier terms of life, frequent changes of locality and of air, particularly from one healthy and open situation to another, and

especially to one which is more salubrious, where this can be obtained, are extremely beneficial, both in promoting the development of the frame and in removing diseases, particularly those of a chronic kind, or which affect the digestive and assimilating organs. In many of these diseases more advantage has been derived from change of air than from the use of medicine. But, during advanced convalescence from these and febrile diseases, the benefit obtained from change of locality is most remarkable."

"THE PERIOD OF ADOLESCENCE, commences with the first appearance of puberty, and extends to the twentieth year of females, and the twenty-fourth of males. Puberty appears at various ages, according to the climate, the circumstances connected with education, and the constitution of the individual. The usual period in this country, is from the twelfth to the fourteenth year for females; and from the fourteenth to the sixteenth for males. In the northern parts of the island, it is often a year or two later in both sexes. It is often observed earlier in boarding schools, both in respect of males and females. In the latter (in London or its vicinity,) I have not infrequently met with instances of menstruation at ten and eleven years; especially in sanguine and plethoric constitutions; and where the apartments, particularly those for sleeping, have been crowded and close.

"This is one of the most important epochs of human existence; for during it the natural development of the sexual organs imparts a healthy and tonic excitement throughout the economy; bringing to their state of full perfection all the organs of the body and all the manifestations of mind, excepting those that are derived from experience. The organs

of respiration and voice have acquired their full growth and tone, the muscles their due proportion, and the cerebro-spinal nervous system its beautiful organization; placing man, by the exercise of its admirable functions, at the head of all animated creation, the dread of all other animals, the wonder of himself. It is chiefly during this period of life that the mind becomes stored with ideas, derived both from the learning of the ancients, the science of the moderns, and the arts and accomplishments of highly civilized life; and is more particularly and more ardently engaged in decomposing the information thus acquired, and recombining it in new and useful and attractive forms.

“As the functions and destinies of this period are important, so they require the supervision of the experienced and the good. For, with this development and activity of both the physical and mental powers, the instinctive feelings and emotions of our nature have also reached the utmost limits of their activity; and many of them, particularly those which are related to the perfect condition of the reproductive organs, acquire an ascendancy, that both the dictates of reason and moral restraint are required to control. Hence the propriety, both at this and the preceding period of life, of improving the moral affections of the mind; of inculcating sound principles of action and conduct, founded on moral and religious obligations; and of placing them in such relations to the feelings, the intellectual manifestations, and, moreover, to the accomplishments, the elegancies, and the endearments of life, as to render them attractive to a state of mind and constitution which is more easily allured by example than taught by precept.

“The evil practices which both sexes are liable to acquire at this period of life, and to which they more commonly become addicted, when they associate in numbers at seminaries and academies, demand the strictest prevention. They have been too generally overlooked, both morally and medically, from the circumstance of their consequences having been imperfectly appreciated. There is no practitioner of observation and experience,—none even of limited knowledge,—who is altogether unacquainted with the physical exhaustion, the mental torpor, and all but annihilation of existence, which is the ultimate result of indulging them. From this source frequently spring, impotency hereafter ; the extinction of families and hereditary honors—honors which such persons are incapable of achieving ; the infliction, during after-life, of many of the diseases which proceed from debility, and the exhaustion of the nourishment and vital energy of the various structures and organs ; numerous nervous and convulsive maladies, as hysteria, epilepsy, neuralgia, chorea, melancholia, mania, idiotcy, &c. ; the dangerous or fatal visitation of fevers, diseases of the heart, disorders of the digestive organs, premature baldness and old age, the formation of tubercles, and the production of pulmonary consumption ; and, lastly, the transmission of weak and decrepit bodies and minds to the offspring, of scrofula, rickets, verminous complaints, marasmus, hydrocephalus, convulsions, tubercles, chorea, &c. ; the curse is visited on the children to the third and fourth generation, until the perpetuated punishment extinguishes the very name of the aggressor.”

Many of the occupations in which females pass

much of their time are decidedly hurtful to them. Sewing, and other kinds of work which require them constantly to sit, with the head drooping forward, are among the worst. Sad proofs of this are seen in numbers of poor dress-makers and milliners, who are constantly complaining of headache, dizziness, dimness of sight, ringing in the ears, difficulty of breathing, and palpitation at the heart; without enumerating more serious disorders, which, however, are common enough among them. One hour at a time is long enough for any female to sit with her needle, and that should always be followed by some active exertion.

In regard to *food* enough has already been said for general directions, at each period of life. It is advisable to add, however, that women, owing to their comparative inactivity, require simpler and less stimulating diet, and drink, than men, and that they suffer more from excess or impropriety in eating and drinking. Every individual should carefully observe for herself, how she feels after different kinds of food and drink, and by such means she can establish much better rules, in regard to her diet, than any physician can do for her. There are few women that are not injured by the habitual use of spices, and pickles, or strong coffee or tea. In fact both drinks should be used sparingly, and very weak, especially by the nervous, and by those who wish a clear complexion. White bread is neither so wholesome, nor yet so *nourishing* as that with the *bran* in it, though a mistaken notion prevails to the contrary. Bran bread contains more of the elements required for the support of the body than pure flour bread; it also relaxes the bowels in an easy and natural manner, while white bread almost always constipates them.

Constipation of the bowels is a very general complaint among females, and produces the most disastrous results. It should always be attacked by change of diet, exercise, friction over the abdomen, enemas, or Galvanism, rather than by purgatives, with which many women seriously injure themselves.

The state of the mind and feelings has a very important influence on female health. Cheerfulness and contentment keep the nervous current equable, dispose to activity, and favor the proper performance of all the functions, while discontent, fretfulness, and irritability have precisely the contrary effects. Many females, owing to a fault in their education, are constantly tormenting themselves, and displeasing others, by getting irritated or fretting about mere trifles, of no real consequence whatever. Such persons are always nervous or miserable, and constantly disposed to ill health in consequence. They should endeavor to school themselves into a little more indifference about such things, and remember that putting themselves about, over a little annoyance, only makes it greater, without doing any possible good. This tendency to distress themselves about small evils, and to fix their inclinations so strongly on trivial things, is extremely unfortunate, both for their own welfare and for the comfort of others. It arises entirely from the trashy education which most females receive, and from the frivolous nature of their occupations. By directing their thoughts to more ennobling objects, expanding their minds, enlarging the sphere of their observations, and by extending their sympathies, this tendency is removed.

All powerful emotions, as those of anger, envy, jealousy and hate, should be carefully avoided.

They derange the stomach, liver, womb, and other organs, and destroy the equilibrium of the nerves. A fit of anger will cause vomiting, diarrhœa, flooding, miscarriage, fatal apoplexy, and other serious results; and habitual ill temper, envy, and dissatisfaction will produce sallowness of the skin, melancholy, or hysteria.

The celebrated *Tissot* gives us an instance of a female who was taken with convulsions whenever she heard her rival's name mentioned, and history tells us of a French princess who died from jealousy, when she heard that her husband had become attached to another lady. An Athenian lady is recorded to have lost her speech from anger, and another, we are told by Buchan, died from the same cause. Grief has produced similar results, and so has shame, and even avarice, of which we have an instance in the niece of the celebrated Liebnitz. He had left her all his fortune, and immediately on his death she broke open his trunks, which were filled with gold, and died almost immediately from joy at the sight. Had there been nothing, she probably would have died from her *disappointment*. The only way to avoid these evils is, to keep the mind occupied with some useful and pleasing pursuit, and strive to be cheerful, contented, and calm, and never to worry about trifles, or what cannot be avoided.

In regard to the smaller matters connected with the toilette, it may be thought by some that they are unworthy of notice in such a Treatise as the present. I think differently however, and for these reasons: many preparations are used by females which have an injurious influence in various ways, and many others might be used that would have a contrary effect. The objects in view in employing these articles

are, the removal or concealment of defects, and improvement of the appearance, which, in themselves, are laudable enough, and I consider it my duty to assist in accomplishing them. A pleasing appearance is desirable in all persons, but especially in females, and it is advisable, within proper bounds, to encourage their efforts to produce it.

There are few among the thousand and one articles prepared for the toilette that are useful, and very many that are positively hurtful. Among these may be mentioned the different cosmetics for whitening and smoothing the skin, which almost invariably produce the contrary effect. Nearly all these preparations are composed of Oxides of Mercury, Antimony, Arsenic, and other poisonous substances, and they frequently cause eruptions, palsy, convulsions, sore eyes and salivation. The distilled waters are perhaps the least objectionable articles of the kind, though I scarcely think any of them equal to clear soft water alone. The ordinary metallic *rouge*, is decidedly hurtful, and when persons *will* use something of the kind the *vegetable rouge* had better be substituted. This is extracted from the red sanders wood, or alkanet root, steeped in alcohol, and also from cochineal. Instead of pearl powder there is the preparation of *steatite*, or French chalk, which may be used for whitening the skin, and which is not likely to do any injury.

The only real beautifiers of the complexion are a regular life, proper diet, exercise in the open air, and pure water. Health of body, and cheerfulness of mind, will send a healthy glow to the cheek, make the skin clear and smooth, and impart vigor and elasticity to the limbs. When the skin becomes harsh and discolored from dissipation, exposure, the

use of paints and washes, irritable feelings or other causes, there are few external applications that will do it any good. Some preparations will certainly make it appear for a time clear and ghastly white, but they do so by partly destroying its vitality, and eventually leave it discolored, eruptive and wrinkled, *thus accelerating* old age instead of retarding it. M. Colombat De L'Isère gives the following recipe for a lotion, which will soften and otherwise improve the skin without doing it any injury:—Balsam of Mecca, ten drops, sugar one drachm, the white of one egg, rose water, six ounces. Mix all these articles well together, and strain the liquor if necessary. A soft linen rag may be used to rub it on the face at night, and it must be carefully washed off with clear soft water and some mild soap, in the morning. Sweet Almond Ointment is also very good, if fresh and pure; but the best ointment is made from cucumbers. Equal parts, by weight, of thin sliced cucumbers and pure lard, should be boiled together till the cucumbers become crisp, it should then be strained and set aside to cool. This is an excellent application for the skin, and may be advantageously used for various eruptions. It may be colored, if desired, by putting in a little alkanet root while it is boiling, and scented by a few drops of essence of roses. For chapped or discolored lips, there is nothing equal to this ointment.

Many of the soaps sold for the toilette have a bad effect on the skin, from containing too much alkali. Those that become hard and crack, should be particularly avoided. Almond oil soap, properly prepared is tolerably good; but the best appears to be a preparation made by the French perfumers, called *liquid soap* or *oleine*, which I presume may be obtained

here. All those *chemical soaps* for cleansing the skin and removing spots, &c., so much vaunted, should be shunned like the plague. They are chiefly composed of arsenic and other poisonous substances.

The employment of *depillatories*, or preparations to remove superfluous hairs is exceedingly dangerous. These articles chiefly consist of quick lime, arsenic, and other caustic substances, and frequently produce ulcerations, palsy, paralysis, blindness, and various organic derangements. Their use must also be constantly persisted in, because though they remove one crop of hair they cannot prevent others from appearing, so that the use of them must keep the skin continually covered with a paste of virulent, caustic poisons.

Most of the preparations for dying the hair are also poisonous, and sufficient injury has been done by them to warrant us in decrying their use. The hair itself is a great ornament to the head, and most females feel desirous, and very properly, to have it soft, clean, and abundant. There is no doubt but most of the pomatums, greases, and other articles sold for the purpose of making it so, not only fail but even produce the contrary effects. The head and hair should be frequently well *washed*, and when dry thoroughly combed, with a very fine comb. This will not only cleanse it, but also polish it, and make it soft and glossy. A little clear perfumed oil may be used, mixed with Cologne, but no paste or pomatum. If there be dandruff it should be removed with the comb and brush, and after the head is well washed and dried, a little of the cucumber ointment may be rubbed on the scalp occasionally. The chief causes of dandruff are heat of the head,

by study or excited feelings, the use of close bonnets, or the habit of keeping the hair constantly twisted up very tight, and the want of regular washing to cleanse the skin and open the pores. Calmness of mind, regulation of the bowels, and the shower bath, will frequently remove this troublesome disorder, without anything else.

The use of hot curling-tongs makes the hair harsh, and spoils its color, and even disposes it to turn grey. Metallic combs are apt to cut it, and should, therefore, not be used. It is an excellent plan to stroke it downwards frequently with a horse-hair glove, which will soften it, and give it a high polish.

The *Teeth* we need say but little about, if they are decayed, as it would be better for ladies in that case to apply at once to some *good* dentist. I would caution them particularly when needing assistance, not to resort to any of the empirical nostrums advertised, but seek assistance at once from some really scientific man. There is no doubt, however, but that a vast deal of the decay in the teeth, so universally found, might be avoided. General good health, maintained by proper diet, exercise, and other means already pointed out, would prevent much of the evil, particularly if the *inside* of the face was as regularly cleaned as the *outside*! Most persons leave their mouths entirely untouched, so that the decaying food, and the vitiated fluids, are constantly acting on the teeth, and soon corrode them. A soft brush, and clean tepid water, used night and morning *freely*, would prevent much of this decay; and if half a teaspoonfull of *powdered charcoal* were well washed round the mouth and teeth for five minutes, before the brush is used, it would come as near preventing it *altogether* as probably anything can. Many of the

tooth powders used contain acids, and other injurious substances, and none of them are a bit superior to fine chalk, nor nearly equal to powdered charcoal.

The mouth should be carefully rinsed after taking any acids, or medicine, and very hot or very cold substances should never be introduced, as they injure the teeth by sudden contraction and expansion of their substance. *Magnesia* is an excellent substance to use, either as a tooth powder, or to rinse round the mouth at night, as it neutralizes any acid that may be found.

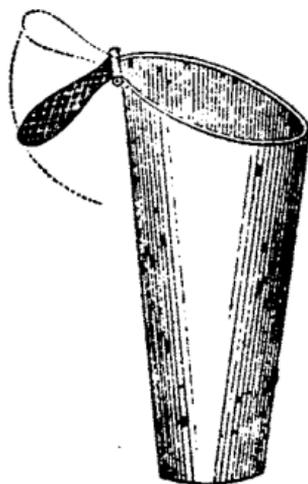
A D D E N D A .

THE SPECULUM.

I introduce this brief description of the Speculum, and explain its use, because so many females are unacquainted with it, and have erroneous notions as to its action and utility. It is now coming much into use, and in many cases is most invaluable, as by its means we can *see* the internal parts, and so become acquainted with their *real* condition, which without such aid is impossible.

There are many forms of the speculum, some advantageous for one peculiar feature, and some for another. The simplest and original form is that of a tube, represented in the following cut.

PLATE VIII.



Tubular, or Conical Speculum.

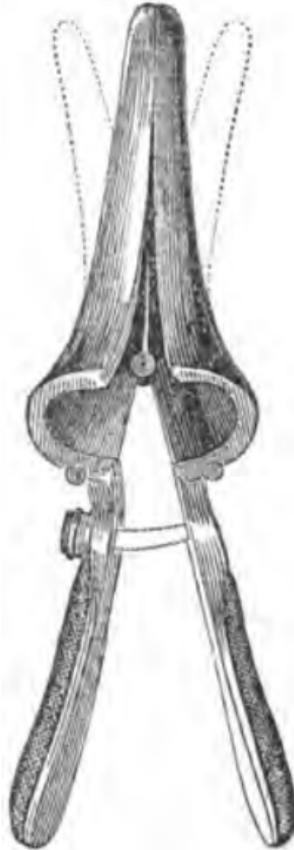
This is introduced into the vagina, (C, plate I,) and carried upwards till it reaches the mouth of the womb. The inside of the tube being quite bright the light is thrown upwards, and the Os Tincæ, (g, plate I,) and other parts, can be seen as plainly as if they were on the exterior of the body. The tubes are, of course, made of different sizes, to suit different ages and conditions.

The introduction of the speculum, by an experienced person, is entirely unattended either with pain or difficulty; and, except on the score of delicacy, need not be objected to, or feared, by any one. No respectable practitioner would, of course, desire to apply it except when absolutely necessary, and then he would inform his patient that he *could not* ascertain the nature, or extent, of her disease by any other means, and must either employ it or prescribe in comparative ignorance. The great benefit may then be considered a sufficient apology for both.

Sometimes the instrument is fitted up with a reflecting *mirror*, by which the light of a lamp may be thrown up the tube, and then we can use it at night. The daylight, however, is always the most satisfactory. Some are made of several parts, which overlap one another, to make it small for convenience in the passing, and then open when introduced. Others are made in two parts, which work on a joint, and also open when introduced. These are called *Bi-valve* speculums, one of which is figured in Plate IX. The instrument is represented closed, as it is when being passed; the dotted lines showing the position of the blades when opened, after its introduction.

The speculum is made of silver, and various other metals, or of glass. The metallic ones, however, are the best. The plain tube is usually filled with

a wooden piston, or plug, which is withdrawn when it is in its place. This is merely to prevent the mucus flowing in, and obscuring the view.

PLATE IX.

Bivalve Speculum.

In the New York Journal of Med. and the Col. Sciences, in an article on Leucorrhœa, by Dr. M. C.

Roberts, the following judicious remarks are made on the use of the speculum :

“ The lesions of the vagina and uterus, with which we have shown that leucorrhœa is so invariably connected, are not sufficiently appreciable, and seldom curable, without the aid of the speculum, an instrument as indispensable in the treatment of the diseases of these organs, as the stethoscope in those of the heart and lungs, and to the non-use of which the errors of our predecessors on the subject of the uterine catarrh are referable. It is not even now—for two very obvious reasons, the disagreeable nature of the investigation, and the natural repugnance of both physician and patient to its use—the custom to employ it in the treatment of leucorrhœa. But if the physician can but become assured of its value and necessity in these cases, he will, in justice to his patient and himself, recommend and employ it. Its use will then become custom, surprise at its proposal will soon cease to be felt; nay, surprise may even be expressed if the *usual* means of full investigation be not resorted to, and the sufferer with leucorrhœa will look to be examined with the speculum with as much certainty as the phthisical one does to be percussed and auscultated. The objections to its use must yield to the sense of its *necessity and utility*; and when conscientiously and properly urged, there will be found, after all, few sensible and right-minded females who will object to its employment; when properly used, few will refuse to consent to a repetition. We trust that no other than a conscientious belief in both, founded upon our ideas of the nature and cure of the affection, and the opinion of others, impels *our* advocacy of it in the disease in question;

and whenever it shall come to be generally employed, much suffering will be speedily obviated, many errors in diagnosis corrected, many a barren woman will become the joyful mother of children, and many a case of ultimate degeneration into incurable malignity will be prevented."

The truthfulness and value of the foregoing remarks will be acknowledged by every one of competent experience.

GALVANISM.

PLATE X.



[This Plate represents a lady undergoing the Galvanic process, for an affection of the Lungs, at Dr. Hollick's Rooms, 47 Warren street, New York.]

In the course of the present work I have frequently recommended Galvanism, in many diseases, as the best agent that could be used. It is one, however, so little known, and so different to any other now relied upon, that perhaps a few words respecting it may be thought necessary. Till very lately Galvanism was only used in a few cases, and chiefly as a matter of experiment, but now it is being employed systematically, in nearly every form of disease, and with such good results that it seems likely to supplant, in a great measure, almost every other remedy. The advantages it possesses over *drugs* are manifold; it is more efficacious, and less objectionable, and produces no evil after effects. Very few persons, however, comparatively speaking, understand its nature, or mode of action, so that though it is much used, in certain routine modes, it nevertheless often fails of producing all the good of which it is really capable.

Galvanism, Electricity, and Magnetism, are three very different powers, medically speaking, though they are essentially the same thing, and the Therapeutic action of *each* should be accurately known, before *either* can be used with propriety or advantage. It is seldom, however, that any practical distinction is made between them, and thus it is, in a great measure, a mere chance what effects will result from their employment. The apparatus usually called the *Galvanic Battery*, for instance, is not a Galvanic instrument at all, but a *Magnetic* one, and has a very different physiological effect, indeed, to a real Galvanic Battery. There are even many practitioners who do not know of this difference, and who, in consequence, fail in producing any good by it.

These remarks I have thought it necessary to

make by way of explanation. I have, for a long time, employed this mysterious agent in all its various forms, in numerous cases of disease, and with a success which justifies me in speaking of it in the manner I have, and which makes me desirous of directing public attention to it as a means of mitigating human suffering. My intention here is not to give a full explanation of this subject, but merely to show certain causes of failure, and to assure my readers that they have a resort in Galvanism when all other means fail, and one too which will not injure, even if it do no good. In my work called "NEUROPATHY," I have fully explained the nature, and medical powers, of Galvanism, Magnetism, and Electricity, and compared them with drugs, and to that work I therefore refer those who wish to see the matter fully investigated.

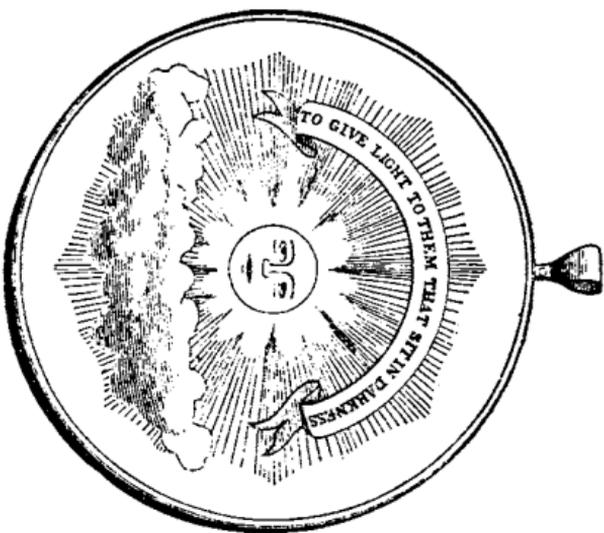
Some persons, especially ladies, are deterred from undergoing the Galvanic treatment from apprehension that it is painful, or unpleasant. They have heard of the *shock*, and have possibly been *Electrified*, and they fear a repetition of the process. I would remark, that all such apprehensions are entirely groundless, and that neither pain nor unpleasantness need be feared. Even with the *Electro-Magnetic Battery* there is no *shock*, when properly applied, and duly regulated, while with the *Galvanic Battery* there is scarcely any sensation at all. The process itself is exceedingly simple, and the feelings induced by it are usually pleasant and agreeable, rather than otherwise. The plate at the head of the present article represents a lady being Galvanized for an affection of the lungs, and it will be seen that she is neither inconvenienced nor hurt by it. In all those peculiar *nervous diseases*, to which females are

so subject, I would direct particular attention to this remedy, and I know that many will thank me for so doing. In the "*Neuropathy*" will be found numerous cases detailed, of all kinds.

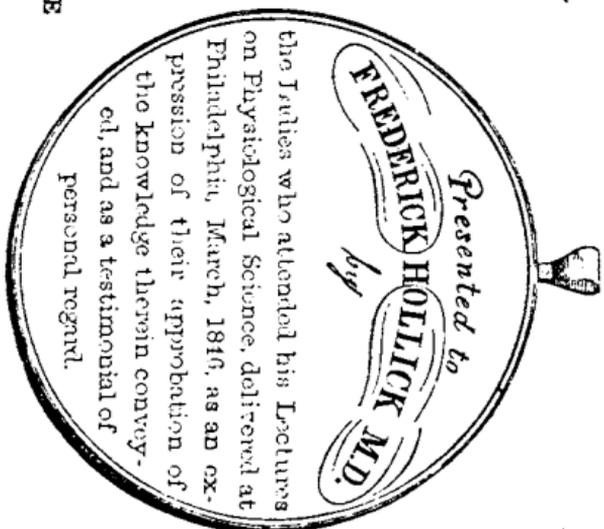
FINIS.

THE GOLD MEDAL PRESENTED TO DR. HOLLICK,

BY



THE



LADIES OF PHILADELPHIA.

USEFUL HINTS FOR ALL AGES.

APPENDIX.

DESCRIPTION OF DR. HOLLICK'S MODELS.

DR. HOLLICK usually lectures on physiology, the preservation of health, and the treatment of disease, to *both ladies and gentlemen!* Many of the subjects, however, on which he treats are not suited to a mixed audience, so that the Lectures have to be given at two separate times. Those to gentlemen treating on the physiology and diseases of the male system, and those to ladies on the physiology and diseases of the female system. The nature and style of the Lectures may be seen from a perusal of this work, the matter of which is essentially the same as that of the course for which he received the Gold Medal. The advantage of the Lectures to those who can hear them, consists in their being illustrated by the *models*, and in the opportunity of asking questions, either verbally or by notes, which are answered at the termination of the discourse.

The following *Notices* will give an idea of the manner in which D. H.'s efforts have been received both by the *Press* and by the *public!*

These lectures will be repeated as often as professional engagements will allow, in all the chief cities of the Union, so that females may have an opportunity of becoming acquainted with their structure, and learn the nature of their peculiar diseases.

BRIEF DESCRIPTION OF THE MODELS.

1st. A full-sized Model of an Adult, exhibiting externally all the *Muscles, Veins, Arteries, Tendons, Glands, &c.*, which are seen when the skin is removed from the hu-

man body. Then the Arms detach, and also the front walls of the *Chest* and *Abdomen*! This brings into view all the internal Organs *in situ*; the Heart, Lungs, Diaphragm, Liver, Gall Bladder, Stomach, Spleen and intestines. These are all removed in detail. First, the intestines detach, showing their course, the juncture of the Ileum and Cæcum at the Ileo-Cæcal valve; the Vermicular appendage, the Mesentery, &c., &c. Next the Stomach is removed, so that its shape and size can be seen; the Cardiac and Pyloric Orifices; the Mucous Coat of the Interior; the Pancreas; the whole of its Arteries and Nerves; and the Duodenum, with the Ducts from the Pancreas and Gall Bladder, in connection. The next piece is composed of the Liver, with the Gall Bladder, and Hepatic Arteries and Veins, &c., in connection; the Spleen; the two Kidneys with the Ureters leading to the Bladder; the Ascending Vena Cava, receiving the Splenic, Renal, Spermatic, and other Veins; the Abdominal Aorta, giving off the Splenic, Gastric, and Hepatic Arteries from the Celiac Axis; the Phrenic, Supra Renal, Renal, Mesenteric; Spermatic, Middle Sacral, Common Iliacs, and other Arteries; the connections and ramifications of all the Arteries are also shown, as the Vasa Brevia, Epiploica Dextra and Sinistra, &c., &c. Next follow the Organs in the Cavity of the Pelvis; the Bladder, Rectum, &c., &c. These all divide longitudinally so as to show the interior of the whole. The Diaphragm then removes so that its insertions can be seen; the ramifications of the Phrenic Arteries, &c. Next come the contents of the Chest, the Heart and Lungs, all of which are removed from the body. The Lungs are first detached from the Heart, and the commencement of the Bronchi, Pulmonary Veins and Pulmonary Arteries are brought into view. Then the *Heart itself is dissected*! Before dissecting, however, the exterior of that most wonderful organ can be advantageously studied; the place of entrance of the Coronary Veins, ascending and descending Venæ Cavæ, &c., &c.; the Pulmonary Arteries; great Aorta; right and left Subclavians; Innominata; Carotids, and other branches, with all the Nerves which ramify about these Organs, particularly the Pneumogastric. The Heart then divides into its right and left portions, and each of these opens so as to exhibit the Auricles and Ventricles; the Mitral, Tricuspid, and Semi-Lunar Vales, and the Foramen Ovale open! The details which are exhibited in this one Organ alone would fill many

pages, if we were to describe them all, while their beauty and surprising accuracy fills every one with astonishment. The next piece removed is the little Psoas Muscle, then the Psoas Magnus, then *the whole of the Bones, Muscles, Arteries, Veins, and Nerves of the Pelvis in one Mass!* Then this divides longitudinally to facilitate the study of its detail; this division takes place down the centre of the Lumbar Vertebrae, Sacrum, Os Coccygis, and Symphysis of the Pubes. This exhibits the Spinal Marrow, with the Nerves given off from it; the Sacral Foramina, upper and lower straits of the Pelvis, &c. Here we see the external and internal Iliacs, with all their branches; the Umbilical, Hemorrhoidal, Obturator, Hypogastric, and other Arteries, the juncture of the latter with the internal Mammary; the Lateral Sacral, and every other Artery in these regions. The Lumbar Nerves, with their junctions to form the Lumbar Plexus; the great Crural with all its branches; the Genito-Crural, &c.; the Sacral Nerves, Sacral Plexus, Sciatic, and all the others in that region; the great Sympathetic Nerve, in its whole course, with all its singular and mysterious connections—its various Plexuses, &c. in short, the whole of the Nervous system found in the Trunk and ramifying on the various Viscera; the receptacle of the Chyle; the Thoracic Duct, with the Lymphatics joining it from all parts; the Intercostal Muscles and Vessels; the Ribs and Sternum, with all their Ligaments, &c. In short, the details are so numerous that it is impossible to enumerate but a small portion of them. The whole of the human structure, as common to both sexes, and all its Physiological phenomena are explained by means of this preparation in the most perfect manner, and with the greatest ease, so that as much information can be gained in a short time, and in a pleasant way, as previously required a long, tedious, and disagreeable course of study.

The other Models, which represent the human being *at all its different stages of development*, are still more curious and important; but their details cannot be here described; to be appreciated they must be seen. Every one who does see them will be ready to acknowledge that they form the most intensely interesting exhibition ever submitted to public inspection; at the same time that the information conveyed by them respecting the origin of human life, &c., is of vital importance, particularly to females.

NOTICES OF DR. HOLLICK'S LECTURES.

DR. HOLLICK AND PHYSIOLOGY.—The second of a series of Lectures, by this gentleman, on human physiology, and the all important truths connected with our physical constitution, was attended by a full house, in National Hall, last evening. The time was well spent, and so appeared to think the audience. On the delivery of the first of these Lectures on Tuesday evening, the speaker in a comprehensive and well-digested exordium, placed himself and the subject right with the public. His manner, language and style, did the first; his sound logic, his argument, his candor and research, accomplished the second. Apart from the interesting and apposite details of the wonders of reproduction, the illustrations of the immutable wisdom of nature, which teem in the animal and vegetable worlds—which

“Grows in each stem, and blossoms in each tree;
Lives through all life, extends through all extent,
Spreads undivided, operates unspent.”

Apart from all this, Dr. Hollick's Lecture was excellent as a defence of truth, a vindication of the right of free and unshackled inquiry, and as a convincing refutation of that silly, but far too prevalent opinion that there are truths of which it is better to remain in a state of ignorance. Had nothing else been imparted in the forcible and well defined exordium of Dr. Hollick than this judicious demolition of that fallacious, silly, but injurious twaddle which would forbid research to pass in advance of the old landmarks prescribed by custom, ignorance, or a spurious morality—even that would well deserve the public patronage. Truths, well set forth, will make an impression, whether their investigation be fashionable or not. There is an affinity between the capacity to learn, and the truths to be learned, which always results, when a fitting opportunity is presented, in a free inquiry, and the gentleman who is bringing, in a judicious and elevated manner, a knowledge of those fundamental principles of our coporeal existence which are abused because unknown, will accomplish more good than half a dozen teachers of higher pretensions, and lower ability. It was gratifying to observe the decorum—the sense of respect for both speaker and subject, that was observed throughout the evening, which evidently shows that those who go there are actuated by higher motives than mere

curiosity ; by desires more ennobling than a passing gratification ; in a word, it was clear that those who composed Dr. H.'s hearers, were men who know and dare to think, and who will profit by these most useful discourses.—*New York Herald*, Aug. 7, 1844.

THE ORIGIN OF LIFE.—We attended Dr. Hollick's Lecturo at the Masonic Hall, on Monday evening, and if we were to say we were delighted, we should but feebly express the gratification we experienced. It was, in fact, a whole series of anatomical lectures crowded into one, and that one so divested of technicalities, and rendered so concise, so intelligible to the most illiterate mind, and withal couched in such delicate as well as perspicuous language, that the most fastidious could find no fault, nor the idlest curiosity go away uninformed. The human figure—a French model, made, we believe, of *papier mache*—is beautifully constructed, and every trifling organ is not only an accurate counterpart of nature, but can be taken apart, opened, examined, &c., with an ease that renders the study as perfect as an actual dissection, without the *desagremens* that attend a scrutiny of the real subject. We advise all who love knowledge, and particularly a knowledge of their physical organization, to attend these lectures.—*Phila. Spirit of the Times*, Dec. 4, 1844.

DR. HOLLICK has just closed a course of Lectures on physical man, illustrating his remarks by most admirable wax models. We had not the advantage of listening to the Lectures, but we learn from some who were in attendance, that the Lectures were highly instructive and pleasing ; and everything was so accurately and delicately developed and explained, as to insure a great amount of valuable information to every class of listeners. Many ladies were present at a part of the course. We see by our paper, this morning, that the members of the class have borne further testimony to Dr. Hollick's excellence as a lecturer.—*U. S. Gazette, Phila.* Dec. 14, 1844.

DR. HOLLICK.—The ladies composing Dr. Hollick's class have presented that able Lecturer with a beautiful writing desk, a gold pen, and all the appliances of such a useful piece of FURNITURE. A resolution of thanks for past, and a request

for future Lectures, was contained in a very flattering and gratifying letter from the ladies.—*U. S. Gazette, Phila. March, 22, 1845.*

DR. HOLLICK'S LECTURES.—Last evening Dr. Hollick delivered another of his Lectures on the "Origin of Life." These Lectures continue to attract much attention, and are commended by all who hear them. During the past week Dr. H. has given a private Lecture and exhibition of his models to many of our prominent Senators and public men, all of whom expressed themselves highly gratified, and desirous that another class should be formed to accommodate their friends who had not attended.—*National Intelligencer, Jan. 30, 1846.*

DR. HOLLICK'S Second Lecture was delivered last Wednesday night at Concert Hall. The Lecture was well attended by many distinguished gentlemen, among whom were noticed Ex-President Adams, several members of Congress, and eminent medical practitioners. The Lecturer seemed to make a very favorable impression upon the audience.—*National Intelligencer, Washington, D. C., Jan. 25, 1845.*

DR. HOLLICK'S LECTURES ON ANATOMY AND PHYSIOLOGY.—We attended Dr. Hollick's introductory Lecture at Gilman's Saloon, last evening, and we take pleasure in expressing our gratification, and commending his Lectures to public attention. We can assure our citizens that there is nothing improper, or in the remotest degree indelicate in the exhibition of his models, or in the manner in which the subject is treated; on the contrary, we are sure that the most fastidious will be delighted with the perspicuity of the Lecturer, and will approve and commend the Lectures and their objects. They will serve to correct many erroneous impressions, and convey much interesting and important information with regard to the anatomy and functions of the human body. We are certain all who attend will never regret it.—*Hartford Daily Journal, July 17, 1844.*

At a Meeting of the Class attendant upon Dr. Hollick's Select Lectures on the Physiology and Philosophy of the "Origin of Life" in Plants and Animals, held at the Lecture Room of the Museum, Wednesday evening, December 1, 1844, George G. West, Esq., was called to the Chair, and Samuel W. Black appointed Secretary.

Resolved, That we have listened with unfeigned pleasure and interest to the Course of Lectures delivered by Dr. Hollick, and now brought to a close, and that we deem it an act of justice to him and the community, to express our entire confidence in his character, ability, and the manner of illustrating his subject, which, to use the words of a daily journal, "is couched in such delicate as well as perspicuous language, that the most fastidious could find no fault, nor the idliest curiosity go away unimproved."

Resolved, That a committee of three be appointed to tender to Dr. H. the thanks of the Class for his courtesy to the members in affording them every facility for obtaining information upon the subject of his Lectures, and that he be requested to repeat the Course at the earliest period consistent with his other engagements.

Published in all the Philadelphia daily papers of December 14, 1844, and signed by *one hundred and forty* of the most respectable and influential inhabitants.

(See similar Resolutions, with *over two hundred names* attached, in the Philadelphia daily papers of March 9, 1844; also of March 16; and on several other occasions.)

From the Philadelphia Daily Papers, Feb. 21, 1845.

At a meeting of the Ladies composing Dr. Hollick's Class, held on Wednesday afternoon, February 19th, in the Lecture Room of the Museum, the following resolutions were unanimously adopted, and ordered to be published in one or more of the city papers:

Resolved, That we have listened with great pleasure and interest to Dr. Hollick's Lectures, and are happy to add our testimony to the many already recorded in behalf of such Lectures: and regarding Dr. Hollick as a benefactor of his race, and especially of our sex, we cordially wish for him abundant success, and ample reward in the consciousness of doing good.

Resolved, That we will exert ourselves to induce our female friends and acquaintances to avail themselves of the great and rare privilege of obtaining the valuable instruction imparted in these Lectures in so chaste and dignified a manner.

Signed on behalf of the meeting by

SUSAN WOOD, President.

SARAH WEBB, Secretary.

☞ With over 50 names attached thereto.

(See also similar Resolutions, with numerous names, on Feb. 27, 1846, March 20, 1840, and on April 10, 1846, with over three hundred names attached.)

ORIGIN OF LIFE.—Dr. Hollick will commence his Lectures this evening at Franklin Hall, which will well repay the attendance. His success in this city, Philadelphia and Washington, make it useless to say anything to induce people to go. His models are very numerous and valuable, and cannot fail to give his audience a clear idea of the subject with which he is so well acquainted.—*N. Y. Express, April 22.* * * He deserves all the praise which the press has heretofore bestowed upon him.—*N. Y. Express, April 24, 1845.*

DR. HOLLICK'S LECTURES.—By reference to an advertisement in another column, it will be seen that a repetition of these useful discourses commences this evening, to be continued during the week. We are happy to state that these Lectures are creating very considerable interest and attention among the intelligent portion of our citizens; and we doubt not that much practical benefit will result from their more general dissemination. Dr. Hollick is a gentleman of no less knowledge in his profession than eloquence in his means of imparting it, and he is certainly deserving of great credit and support for his exertions in a new field of such universal importance. We commend these Lectures with the fullest confidence to the attention of our citizens.—*N. Y. Sun, Aug. 6.*

DR. HOLLICK'S LECTURES.—The course of Lectures given at National Hall, by Dr. Hollick, are worthy of attention. He is in possession of an artificial female figure, which is one of the most admirable pieces of mechanism that we have seen. There was an impression that these Lectures were too delicate and technical, but we can assure our readers, after having attended them, that they are not so, but highly interesting and instructive. Dr. Hollick's manner is chaste, clear and agreeable, and his remarks contain a great deal of sound sense. A lady of high reputation in the world, who has made one of his afternoon classes, informs us that she has been very much gratified and improved by the knowledge communicated.—*N. Y. Evening Post, April 29, 1844.*

A GOLD MEDAL TO DOCTOR HOLLICK.—The Ladies of Dr. Hollick's class have presented him with a beautiful Gold Medal, enclosed in a handsome morocco case. The front of the Medal bears the following inscription :

“ Presented to Frederick Hollick, M. D., by the Ladies who attended his Lectures on Pysiological Science, delivered at Philadelphia, March, 1846, as an expression of their approbation of the knowledge therein conveyed, and as a testimonial of personal regard.”

On the reverse is the Sun, and reflected by the rays of the luminary, a scroll containing the words

“ To give light to them that sit in darkness.”

Phila. Spirit of the Times, March 28, 1846.

“ LETTERS FROM NEW YORK, NO. 11.”

“ * * * * * There have been several courses of Lectures on Anatomy, this winter, adapted to popular comprehension. I rejoice at this ; for it has long been a cherished wish with me that a general knowledge of the structure of our bodies, and the laws which govern it, should extend from the scientific few into the common education of the people. I know of nothing so well calculated to diminish vice and vulgarity as universal and rational information on these subjects. But the impure state of society has so perverted nature, and blinded common sense, that intelligent women, though eagerly studying the structure of the Earth, the attraction of the Planets, and the reproduction of Plants, seem ashamed to know anything of the structure of the human Body, and of those Physiological facts most intimately connected with their deepest and purest emotions, and the holiest experience of their lives. I am often tempted to say, as Sir C. Grandison did to the Prude—‘ Wottest thou not how much *in-delicacy* there is in thy delicacy ?’

“ The only Lectures I happened to attend were those of Dr. Hollick, which interested and edified me much. They were plain, familiar conversations, uttered and listened to with great modesty of language, and propriety of demeanour. The Manikin, or Artificial Anatomy, by which he illustrated his subject, is a most wonderful machine invented by a French Physician. It is made of *papier mache*, and represents the human body with admirable perfection, in the shape, coloring, and arrangement, even to the minutest fibres. By

the removal of wires it can be dissected completely, so as to show the locality and functions of the various Organs, the interior of the Heart, Lungs, &c.

“Until I examined this curious piece of mechanism, I had very faint and imperfect ideas of the miraculous machinery of the house we live in. I found it highly suggestive of many things to my mind.” * * * *

L. M. C.

[Extract from a Letter in the “Boston Courier” of Monday, June 3d, 1844, by Mrs. L. M. Child.]

SCIENTIFIC LECTURES.—Dr. Hollick is now delivering courses of Lectures in this city, to large classes of ladies in the afternoon and gentlemen in the evening, upon the Origin of Life, or the reproductive system in man and the lower animals. We have heard these Lectures; and though our business is not to puff the Lecturer, who can best speak for himself, our public duty is to offer a few remarks upon his subject, as a theme for a promiscuous, or to speak more definitely, a non-professional audience.

The smaller lights of the medical profession will say that such Lectures should be confined to students in medicine with the intention of practice. We say that the subject of such Lectures ought to be understood by every human being, and therefore that lectures upon it, in a proper spirit and manner, are eminently useful. God has placed no interdict upon knowledge. On the contrary, having endowed man with reason, and having placed all things on earth within reason's apprehension, he has made knowledge of all such things man's duty.

Those who enter Dr. Hollick's Lecture Room through morbid curiosity, will be disappointed. However perverted may have been their feelings or thoughts, they will be awed into respect for the works of God,

“And fools who go to scoff, remain to pray.”

We therefore advise our readers to investigate the subject in a reverend spirit, to cast to the winds the mystery which ignorance and impurity have thrown over it, and to approach it with a determination to comprehend its uses and the evils of its abuses; and we can safely promise that most, if not all, will retire from the inquiry both wiser and better.—*Phila. Public Ledger*, Nov. 25, 1845.

DR. HOLLICK.—There seems to be a general feeling of approval among those who have attended his courses, and several modes have been adopted to express their full belief in the utility of the physiological information he imparts. The ladies have presented a very elegant Gold Medal to the Doctor, with a very flattering inscription. His card will be found in another column.—*North American, Phila. March 28, 1846.*

THE PHYSIOLOGICAL LECTURES BY DR. HOLLICK, at the Lecture Room of the Museum, continue to increase in interest with the public. There is, as far as we learn, but one opinion expressed by those who have heard them—that of decided and unqualified approbation, always joined to the wish that the entire non-professional public would avail themselves of their instructions.

To the reader who has given a moment of enlightened reflection to the object and importance of popular education upon a subject which interests, in so direct a manner, every created being, it is needless to say a word as to the claim the Lectures of Dr. Hollick justly lay to public attention and support. So far as the progress of general science, and the determination which the masses evince every day more and more, to possess a knowledge of, is concerned, they challenge the admiration of every one; and regarded as one of the links in the great chain of improvements for which the present day is distinguished, standing, as it does, without a parallel in the history of the world, they occupy no secondary position. No branch of education can transcend their subject-matter in the influence exerted over the minds and actions of men.

From what we hear of the state of the medical art and anatomical science in countries less favored than our own in the blessings of free government and the bounties of nature, it may be questioned whether the millions who dwell under the sway of despotic rulers are not fast reaching, if they have not already reached, a point of advancement equal or superior to the inhabitants of our own in general physiological knowledge. This, of itself, should be enough to arouse them to realize the necessity of proper physiological instruction.—*N. Eagle, Phila. Nov. 23, 1846.*

THE ORIGIN OF LIFE.—Dr. Hollick commenced giving his course of lectures on this interesting topic last evening at

Anatomical Hall, corner of Broadway and Grand street, and will continue it this and to-morrow evening in the same place. He broke away the seal which a churlish profession had placed on the book of nature, and exhibited to his auditors their natural structure and anatomy in all their beauty and perfection. How it has happened that a few men have been able to keep the world so long in the dark respecting the extremely important and interesting subjects on which Dr. Hollick lectures is to us a mystery. A new era has, however, dawned upon the world, and truths of momentous interest to every descendant of Adam can now be investigated and comprehended by every one. The impediments placed by a few pretenders in the way of the multitude acquiring knowledge, are broken down, and the path to it made clear and unobstructed. This has been accomplished by Dr. Hollick, who, unlike the majority of his medical brethren, thinks that nature has no secrets, but what all may know. The models which the Doctor uses in illustration of his Lectures, are fac similes of the different parts of the human system, and give as clear an insight into the wonderful works of nature as could be obtained by attending the dissecting room. The second Lecture of the course will be delivered this evening.—*N. Y. Herald*, May 18, 1847.

From the Republican and Argus, Balt., March 31, 1847.

[Communication.]

SCIENTIFIC LECTURES.

Messrs. Editors:—The most scientific lectures that can claim the attention of man, are now being delivered in this city, on the Physiology and Philosophy of the Origin of Life, and its true means of enjoyment and prolongation. These Lectures also convey a general knowledge of the structure of our bodies and the laws which govern them, and must, if attended (as designed) by the mass of the people, prove an insurmountable obstacle to gross depravity and brutal debasement of both body and mind. The people should bear in mind that their inevitable tendency is to alleviate, or rather prevent the direst miseries that ever afflict humanity—to render many a home cheerful, virtuous and happy, that otherwise might be cursed with vice, misery and incurable diseases—that the truths of science, the beauty, the wonderful power, the wisdom of the Creator of Man and of the Universe, is

presented alike to the rich and the poor, that the ignorant multitude, as well as the professional few, are taught the laws that never can be violated with impunity. With the lecturer's (Dr. Hollick's) past career, I know nothing—I only know the pure, the salutary tendency of the Lectures I have attended, and that the lecturer now professes to be actuated by the purest, the noblest motives, aiming to do good—to disseminate invaluable knowledge among the mass of society, the tendency of which will prevent immorality, vice, crime and *death* among the rising generation. Having heard some, who never attend, ridicule these Lectures, I will simply add that the Pulpit, the Bench, the Bar, and the sons of Esculapius, have been represented and formed part of the large and attentive audience, and I will venture to predict that no one has left the Saloon without being both agreeably entertained and profitably instructed.

A BALTIMOREAN.

☞ DR. HOLLICK commences a new course of Lectures on the Parental Instinct, &c. at the corner of Broadway and Grand street, this evening. We were formerly prejudiced against Dr. H., believing that his Lectures were calculated rather to gratify a prurient curiosity than to impart useful knowledge. The testimony of very many of his auditors, however, including some of the purest and wisest among those we know, has satisfied us that we were mistaken, and we now believe that many must be profited by his inculcations, while none can find food therein for a vicious sensuality.—*N. Y. Tribune* May 11, 1847.

AMONG OTHER MATTERS of public importance it should not be forgotten that Dr. Hollick commences his last course of Lectures to-day. Those who wish to hear them, (and this of course includes all who have not done so,) should therefore avail themselves of this opportunity, the only one they are likely to have for some time. To say anything as to the value and great interest of these Lectures is unnecessary here, because they are so universally known and acknowledged. Neither need we refer to the beauty and life like perfection of the models, or the urbanity, modesty, and superior scientific attainments of the lecturer, they all being equally well known. The thousands of ladies and gentlemen who have attended the Doctor's Lectures, and recommended them so enthusiastically,

are ample guarantee for all this. By-the-by, we see the Doctor wears at his button-hole, with no little pride, the splendid gold medal the ladies presented him with, and which we have no doubt he prizes most highly. We understand he proceeds next week to New York, medals, models, and all.—*Spirit of the Times and Keystone, Phila. April 20, 1847.*

DR. HOLLICK'S LECTURES.—The third and last course of Lectures by Dr. Hollick, will commence this evening in the Franklin Saloon, corner of Baltimore and North streets. This will positively be the last course during his present visit to this city. We cordially say to those who love a scientific treat not to fail to attend. More instruction is contained in those three Lectures, than can be mastered by a twelve month's reading.—*Baltimore Clipper, March 30, 1847.*

From the U. S. Gazette, Phila. Feb. 18, 1845.

DR. HOLLICK.—The first of a course of three Lectures was given by this gentleman last night, in the Lecture Room of the Philadelphia Museum, and it is scarcely necessary to say, was listened to by a large audience with the deepest interest. The doctor not only reasons philosophically, but has the happy faculty of imparting information in an easy and plain manner, so that it may be comprehended by even those not at all conversant with medical science.

DR. HOLLICK'S LECTURES.—*A New Course.*—It will be observed, by the advertisement in another column, that Dr. Hollick has consented to repeat his course of Lectures on Physiology and the Philosophy of the Origin of Life, and that the first Lecture of the new course will be delivered this evening at the Assembly Rooms.

Dr. H. is perfect master of the subject on which he treats, and as he conveys information of a deeply interesting and instructive character in a style at once clear and chaste, we would advise all who desire to comprehend how "fearfully and wonderfully we are made," to attend his course. The models by which the Lectures are illustrated are beautifully constructed, and said to be singularly correct copies of nature.

There are probably some persons who doubt the propriety of delivering public Lectures on this subject before a non-pro-

fessional audience. To all such we would say that if they attend the course of Dr. H., their apprehensions on this point will not only be dispersed, but they will find themselves gratified and instructed.—*Baltimore Patriot*, Jan. 13, 1845.

DR. HOLLICK'S LECTURES.—This evening Dr. H. commences another course of Lectures to gentlemen, the subject of which is the Philosophy of Re-production. These Lectures have given so much satisfaction to those who have attended them, that Dr. Hollick finds it impossible to bring them to a close in consequence of the numerous solicitations for their repetition. The models by which this important branch of human knowledge is illustrated, must be seen to be properly appreciated. His advertisement will be found in another column.—*N. Y. Evening Post*, Sept. 3, 1844.

DR. HOLLICK'S LECTURES.—Dr. Hollick will give another series of Lectures, commencing on Monday evening, on Physiology, and the Origin of Life. Dr. Hollick treats the subject well, and imparts valuable information, without confusing the memory by the useless repetition of purely scientific or technical terms. The first Lecture will be given on Monday evening, in the Lecture Room of the Museum.—*U. S. Gazette*, Phila., Dec. 7, 1844.

A CARD.—At a meeting of the ladies (numbering 247) attending Dr. Hollick's first course of Lectures, ending Feb. 27th, 1846, the following resolutions were *unanimously* adopted:

Resolved, That they desire him to accept their warmest thanks for the important and interesting knowledge imparted in the same.

Resolved, That they express their ardent desire that he will persevere in his endeavors to communicate the scientific information of which he is possessed, so highly calculated to benefit the human race.

Resolved, That they use their *utmost influence* to aid him in his laudable undertaking; and also, that these proceedings be published in two or more of the daily papers of this city.

Signed on behalf of the meeting.

A. W., *President*.

E. W. M., *Secretary*.

MEDICAL INTELLIGENCE.

DR. HOLLICK'S PUBLICATIONS AND LECTURES.—This gentleman is about to commence a series of his Lectures in this city, we understand. The first one will be given on Tuesday next, before which time due notice will be given to the public of the part of the city where they will be delivered. The Doctor is already well and favorably known to our citizens, many of whom derived much satisfaction and instruction from the Lectures he delivered last year. It would be well, perhaps, for every man, woman and child to become acquainted with at least the general principles by which these, their earthly tabernacles, are sustained in life, health, and strength; as they could then with some degree of certainty seek to avoid the various morbid agencies which are at present not counteracted at all. Sound health is the greatest blessing which can be bestowed on a person, and he who has it, can easily preserve it by due attention to the laws of nature; but when once the various functions have become deranged, how difficult is it to restore them to their healthy condition! Dr. Hollick's Lectures are well calculated to give the requisite information, and we have no doubt he will have crowded audiences to listen to him. The little work of the Doctor's, entitled "Neuropathy," &c., &c., is a very interesting little volume, containing a concise summary of all that is known up to the present time regarding the application of electricity, galvanism, and magnetism, in the cure of disease.—*N. Y. Herald, May 10, 1847.*

DR. HOLLICK'S LECTURES.—We attended the Lecture of Dr. Hollick last evening, and were highly gratified. His manner of delivery is good, chaste and elegant, and he took particular pains to illustrate to his audience the great mystery in Physiology, by drawing comparisons between the lowest and highest grades of creation, proving thereby conclusively that the origin of life is the same in each.

We say to those who are fond of a rich intellectual treat, go and hear Dr. Hollick, and our word for it, they will be amply paid for their trouble and expense.—*Madisonian, Washington, D. C., Jan. 25, 1845.*

DR. HOLLICK'S LECTURES.—*Invitation to Members of the Legislature.*—We have had the pleasure of attending two of

the Lectures of Dr. Hollick, and do not hesitate to say that they were highly entertaining and instructive. The knowledge of the human system imparted by Dr. H. to his hearers, in such as ought very properly to be in the possession of every full-grown person; and we are sure if the citizens of Richmond generally were aware of this fact, they would fill the Lecture room to overflowing.

We have been requested by Dr. H. to say that he will deliver another Lecture to-night, to which he respectfully invites the members of the Legislature.—*Republican and Times, Richmond, Va., March 3, 1847.*

[For the *Baltimore Clipper.*]

Messrs. Editors :—If I am not intruding too much, I should like to address a few words to my fellow-citizens, through the medium of your paper, respecting Dr. Hollick's Lectures, now delivering in this city. From the novelty of the subject which those Lectures treat upon, and from the fact that it has hitherto been almost *forbidden* to non-professional persons, they are apt to be regarded with distrust, or shunned as improper, by those who would be delighted with them, did they know their real character. From personal acquaintance with the Lecturer himself, and from having heard his Lectures, I can testify to the respectability and gentlemanly deportment of the one, and the perfect propriety as well as great utility of the other; I therefore unhesitatingly recommend them both to my fellow-citizens, and advise them to hear these discourses, feeling assured that they will gain from them much valuable information on a subject of deep importance, particularly to parents.

Dr. H. has delivered these Lectures to highly respectable audiences, both of ladies and gentlemen, in many of our chief cities, as well as to private classes of eminent persons, all of whom have testified their approbation in the warmest manner. He has received several public votes of thanks, numerous signed, and many handsome presents. At his last course in Philadelphia, attended by *nearly three hundred ladies*, he was presented with a beautiful *Gold Medal* of great value, with a most flattering inscription upon it, and accompanied by a request that he would speedily return. His practice, particularly in Philadelphia, has been very extensive, and his means of acquiring information, on the peculiar subject of his Lectures, perhaps unequalled.

Being acquainted with these facts, and knowing the Doctor to be a worthy man, held in esteem by all who know him, I have thought it my duty to state these things as a matter of justice to one whom I consider a public benefactor, and for general information.

March 24, 1847.

Respectfully, yours,

A. CITIZEN.

From the Philadelphia Daily Papers, March 20, 1845.

"The ladies who have composed Dr. Hollick's class, during the present week, beg leave, on his departure from this city, respectfully to present to him the cordial expression of their high regard for his past services, and their appreciation of his generosity, manifested toward many of his auditors, and on behalf of those women of Philadelphia who have had the pleasure and benefit of listening to him, they earnestly invite his return to this city as soon as other engagements and duties will permit him to do so; pledging themselves that, in the interval of his absence, they will endeavor to excite, in the community, such an interest in the important subject of which he treats, as will secure the attendance of a larger audience at his future lectures. Signed for the class, by

E. H. B."

At a meeting of the ladies composing Dr. Hollick's class, 17th, 18th and 19th Dec., 1844, the following resolution was unanimously adopted, and presented to Dr. Hollick.

Whereas, We are deeply convinced that the subjects treated of in Dr. Hollick's Lectures to ladies are of immense importance, on account of their bearing on some of the dearest interests of our sex, and whereas we believe that this knowledge cannot be so well communicated in any other way, as by the exhibition of models, accompanied by the explanations of a person thoroughly acquainted with the subject, therefore,

Resolved, That we offer to Dr. Hollick the expression of our heartfelt satisfaction with the manner in which he has treated these subjects, and our earnest thanks for the benevolence which has prompted him to impart to non-professional audiences, knowledge too generally regarded as belonging exclusively to the lecture-room of a medical university; and that we cordially recommend to ladies who may have it in their power to attend some future course, to avail themselves of such an opportunity of benefiting themselves and their race.

M. G., *Sec'ry.*

H. W. E., *Pres.*

WRITING DESK AND GOLD PEN PRESENTED TO DR. H. BY ONE
OF HIS LADY CLASSES.

DR. HOLLICK—Dear Sir: The members of your class, desiring the gratification of offering you some testimonial of their personal regard, and grateful appreciation of the benefits which you are conferring upon them and their sex generally, respectfully request your acceptance of the accompanying writing desk.

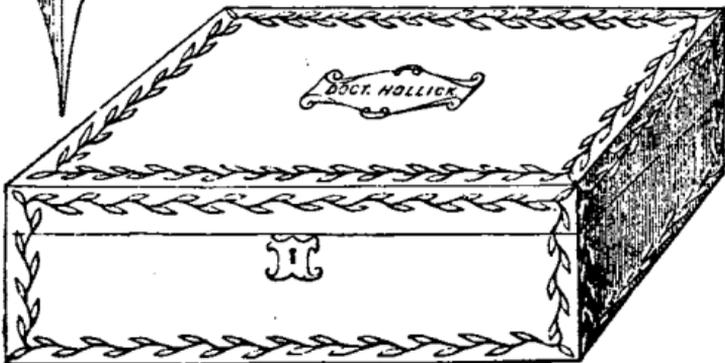
Were it necessary, we might repeat our assurances that your services to humanity will be, by us, long and gratefully remembered. The women of this generation have reason to rejoice that, by your efforts, a new and extensive field of information has been opened to them, whence they may derive treasures of knowledge, of immense importance to themselves and their posterity, hitherto concealed within professional enclosures.

Wishing you health and happiness, we beg leave to subscribe ourselves,

Truly your Friends,
Signed on behalf of the class by,

M. G.
O. W. B.

Phila. March 20, 1845.



NOTICES OF BOOKS.

From the Baltimore Republican and Argus.

OUTLINES OF ANATOMY.—The celebrated Dr. Hollick has published a work in Philadelphia, entitled "Outlines of Anatomy and Physiology for Popular Use," which brings the study of those important sciences home to every reader. It is accompanied by an ingeniously arranged plate, which opens by pieces, exhibiting the anatomy of the human structure, with explanations in English, and is thus divested of all technicalities and mysteries by which the ordinary study is shrouded. Dr. Hollick seems determined to do his part in a medical way towards affording that knowledge to the people embraced in the axiom, "Know Thyself."

From the New York Herald.

OUTLINES OF ANATOMY AND PHYSIOLOGY, WITH A DISSECTING PLATE OF THE HUMAN ORGANIZATION, by Frederick Hollick, M. D. New York, Burgess & Stringer; Philadelphia, T. B. Peterson. We regard this as one of the most valuable works issued in a long time. It is a complete general treatise on anatomy and physiology, and the dissected plate answers the purpose of a model of the human frame. Dr. Hollick is entitled to great credit for his laudable desire to disseminate a knowledge of subjects that are of such vital consequence to all, but which hitherto has been monopolized by the medical profession. We commend it to all as a work of great merit and usefulness.

From the Boston Times.

OUTLINES OF ANATOMY AND PHYSIOLOGY FOR POPULAR USE, by F. Hollick, M. D.

An excellent work, illustrated by a profusion of plates, views, &c.

Extract from an article in the Phila. Spirit of the Times, Dec. 1845.

"**NEUROPATHY, or the True Principles of the art of healing the Sick,**" &c. by Frederick Hollick, M. D.

Dr. Hollick may be looked upon as an innovator, and he

will doubtless be tabooed by the whole faculty, but we are convinced that he is a man of probity, as well as of learning and sagacity. * * * Nor do we jest, though to speak of expelling a disorder by NEUROPATHIC means, i. e. by applying the remedy to the *Nerves* instead of to the *Stomach*, may seem too absurd to some minds for reality. It is so much easier to laugh at, than to controvert a novel position. Galileo was laughed at, so was Harvey, and so were Fitch and Fulton. Laughing at Dr. Hollick, therefore, or *persecuting* him by legal process, for choosing to add to the stock of general intelligence, and refusing to bleed, blister, and purge suffering humanity, when he conscientiously believes that he can produce the same amount of relief, by less debilitating, less disgusting, less injurious, and less expensive means, is certainly not likely to overthrow his doctrines. It is just as certain to beget *him* a sympathy, and likely to render *them* as popular, as in his most sanguine moments his sanguine nature could desire.

From the Patriot, Baltimore, March 24th, 1847.

OUTLINES OF ANATOMY, &c.—Dr. F. Hollick, whose history as the great *simplifier* of the human anatomy, so well known throughout the country, and whose public Lectures have won for him so high a reputation, has just published a work which he designates “*Outlines of Anatomy and Physiology for Popular Use.*” This book contains a very curiously and ingeniously arranged plate, which opens by pieces, so that the different parts of the organs of the human system may be seen in all their variety, all of which are fully explained in English. The second part of this invaluable work gives a general description of these organs and parts of the system under the division of bones, muscles, arteries, veins, &c., &c. This work should fall into the hands of every family, while it is offered for sale here. Dr. Hollick is now at Barnum’s, where he can be consulted.

From the Republican and Argus, Baltimore, March 23d, 1847.

OUTLINES OF ANATOMY AND PHYSIOLOGY.—The celebrated Dr. Hollick, the author of this work, which simplifies the important study on which it treats, and exhibits the human system by means of a well contrived engraving, being now in our city, persons anxious to learn something about the human physical construction would do well to secure the book, and at the

same time acquire from the author's Lectures the additional knowledge they afford. All who hear his Lectures on this subject, should possess themselves of the "outlines," as the information derived is invaluable in regard to a proper understanding of the subjects discussed. Dr. Hollick has just closed a short series, and will resume again on to-morrow evening, at the Franklin Saloon, his subject being, for the first time, "The Parental Instinct." This course is to be delivered only to gentlemen.

From the New York Tribune, January 8, 1847.

NEUROPATHY.—This is a new work from the pen of Dr. F. Hollick, and from the casual glance we have given it, should judge it was of much interest and real worth. It treats of the real origin of Disease and the true principle of Medical Treatment; explains the action of Galvanism, Electricity and Magnetism; contrasts Homœopathy and Allopathy, both in theory and practice; in short, the work is full of interesting and valuable information. We will have more to say of it, however, in a short time.

From the New York Argus, January 9, 1847.

NEUROPATHY.—This is a new name, but a good one, being the title of a work by Dr. F. Hollick, whose excellent Lectures on various subjects will be remembered by many of our citizens. In this work is explained the action of Galvanism, Electricity and Magnetism; Homœopathy and Allopathy are contrasted in theory and practice; Mesmerism is discussed, and other subjects "too numerous to mention," treated in a manner at once novel and instructive. Dr. Hollick has also published a work on "Anatomy and Physiology for Popular Use," illustrated with a new dissected plate of the human organization, of most ingenious construction. Of this work we shall have more to say anon. It is no ordinary production.

From the New York True Sun, Jan. 8, 1847.

DR. HOLLICK.—We are glad to hear of the success of this gentleman in the various cities he has lately visited and delivered Lectures in. We know of no one more thoroughly conversant with his profession, both in theory and practice, than Dr. Hollick, and having just received a new work from his pen, on what is called *Neuropathy*, have laid it aside for an early reading, of which we shall soon speak.

From the New York Atlas, January 10, 1847.

AN INTERESTING BOOK.—Dr. F. Hollick, already favorably known to our citizens, has lately published a work on "*Neuropathy, or the real Origin of Disease, and the true principles of Medical Treatment.*" In this work is explained the action of Galvanism, Electricity and Magnetism, forming a mass of information exceedingly entertaining and instructive. We understand that Dr. Hollick has a new work in press, of very unusual interest, *Outlines of Anatomy, &c.*

From the New York Sunday Mercury, January 10, 1847.

DR. HOLLICK'S NEW WORK.—Among the various volumes lately issued from the press, none have struck us more favorably than a treatise on *Neuropathy* by Dr. F. Hollick. This gentleman is known to many of our citizens from his instructive Lectures, delivered here some months since. The work alluded to contains numerous facts of great importance to every one, regarding the real nature of disease and the true mode of effectual treatment, together with a comparison of Galvanism, Electricity and Magnetism, as remedial agents, which at this time possesses unusual interest.

This work should be in the hands of every one, and, as its merits become known, such will be the case.

From the New York Sunday Times and Messenger, Jan. 10, 1847.

DR. F. HOLLICK.—Our readers will probably remember the eloquent and instructive Lectures of this gentleman about a year ago in this city. Since then, these Lectures have been repeated with very great success in Washington, Philadelphia, and other cities. Our attention has been directed to this gentleman, from having lately received two of his works, which have struck us as peculiarly worthy of notice. One of these is what is called "*Neuropathy, or the real Origin of Disease, and the true principles of Medical Treatment,*" in which is explained the action of Galvanism, Electricity and Magnetism. This work is by far the ablest on these subjects we have seen. In it *Homœopathy* and *Allopathy* are contrasted, both in theory and practice. *Mesmerism* and other nervous influences are discussed, and the honest opinions of many eminent men given regarding the real value of their art. The other work is called "*Outlines of Anatomy and Physiology, for Popular Use,*" illustrated by a new dissected plate of the

human organization, and by separate views. The work is designed either to convey a general knowledge of these subjects in itself, or as a key for explaining larger and more complete works. These Outlines should be in the hands of everybody; and Dr. Hollick, or any one else, is a public benefactor who furthers the publication of such able, interesting, and truly important works.

[From the *Pennsylvanian*, (Philadelphia,) Jan. 26, 1847.]

☐ The following in regard to two works from the pen of Dr. Hollick, of this city, was copy from the *Washington Union*, of the 20th inst:—

OUTLINES OF ANATOMY AND PHYSIOLOGY FOR POPULAR USE: *By Frederick Hollick, M. D., Lecturer on Anatomy, Physiology, &c.*—We regard this as an eminently useful publication. It gives in a form far more condensed and intelligible than we have before seen, a very comprehensive view of the human organization. The dissected plate of the human anatomy, which forms an interesting feature of the work, is to us at least a novelty. The explanations are drawn up with great simplicity, and cannot be misunderstood by the general reader, while they, with the illustrations, will often serve to render more clear and precise the views of scientific and professional students.

Accompanying this work, we find a small volume, written by the same author, to illustrate the application of the galvanic principle to the cure of disease. It will repay an attentive perusal.—*Washington Union*.

DR. HOLLICK'S LECTURES.—We would remind the public that Dr. Hollick commences the short course of Lectures which he proposes to give in this city, this evening, in Military Hall. The subject of these lectures is fully set forth in his advertisement in another place, and it is one of a nature to arrest the attention of every inquisitive and scientific mind, without a word from us. We all know, indeed, that “we are fearfully and wonderfully made,” and we know and adore the Power by which we “live and move, and have our being;” but a knowledge of the means—the delicate mechanism and mysterious agencies, by which it is accomplished,—though vouchsafed to man, has heretofore been withheld from the multitude, and confined to the learned few. To diffuse this

knowledge, or to place it within the reach of every intelligent class in the community, who have not had the opportunity of acquiring it by a course of professional studies, is the object of Dr. Hollick's lectures; and therefore, we learn his system, which appears to be simple and readily comprehended by minds of ordinary intelligence, has been eminently successful. His "Outlines of Anatomy and Physiology," with a dissecting plate of the human organization, which is an accompaniment of his lectures, and must be regarded as a very valuable work, embraces his plan of instruction.—*Norfolk Herald, Va.*

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