

ART. V.—Report of Diseases occurring at the Wellesley Dispensary for Lying-in Women and Diseases of Females, during the year 1832. By FLEETWOOD CHURCHILL, M. D. Licentiate of the King and Queen's College of Physicians, Dublin; Physician to the Wellesley Lying-in Dispensary, and to the Sick-Poor Institution, Meath Street; Lecturer on Midwifery and Diseases of Women and Children in the Medico-Chirurgical School, Digges Street, Dublin.—*Read at a Meeting of the Surgical Society of Ireland, June 1, 1833.*

THE Wellesley Dispensary is open three mornings in the week for an hour and a half, for the reception of any cases of female disease; and patients too ill to attend are visited at their own houses. It is from observations made under these circumstances that the following report has been compiled; and whilst, on the one hand, the field has, confessedly, been very extensive, it may be found on the other, that its extent has diminished somewhat of the minute accuracy desirable.

Again, in estimating the comparative frequency of different diseases, I must candidly confess the scantiness of my materials. Cases which were slight I may, in the hurry of the moment, have omitted to note. This has made me anxious to be rather below than above the actual number of patients in my estimate.

Although I thus admit the possibility of numerical inaccuracy, I am unconscious of any error in the detail of the diseases themselves. I have confined myself to descriptions of the diseases as they were presented to me, and have rarely referred to those of authors. Upon the lowest calculation, not fewer than 500 patients have applied for relief at the dispensary during the past year. If from this number we deduct the ordinary diseases occurring during pregnancy, with those cases of very slight disorder which so constantly annoy females in that situation, we may certainly state 300 as the number of diseases calling for our notice.

One-half of this number were *disorders of menstruation*. One-third of the remainder *leucorrhœa*. Nearly as many of *prolapsus* and *cancer uteri*. A considerable number of cases of inflammation of the *labia pudendi*,—of inflammation of the *cervix uteri*,—of abscess of the breast,—with several of irritable *uterus* and *puerperal fever*.

The inflammation of the *labia pudendi*, or of the external orifice of the *vagina*, was always accompanied with severe pain,

scalding on passing water, with a sense of bearing down, together occasioning much distress to the patient.

On examination, a deep blush of inflammation, with perhaps a slight ulceration, was all that could be detected, apparently by no means equal to the irritation excited.

The treatment consisted of aperients, with the local application either of black wash or a lotion of sugar of lead. The ulcerations were touched with nitrate of silver.

These cases were all speedily cured.

Inflammation of the vaginal canal, giving rise to *leucorrhœa*, presented itself in females of all ages, from young children to aged women. In some, the symptoms so strongly resembled *gonorrhœa*, as to render the diagnosis difficult, except in those cases where the character of the patient removed all doubt of venereal contagion.

In others, the usual leucorrhœal symptoms were observed,—no increase of heat in the vagina, no pain, and little or no scalding in making water.

With regard to the desideratum so much sought by all writers on this subject,—the distinction I mean between vaginal and uterine *leucorrhœa*,—although the observations I have made do not elucidate every case, yet they apply to a considerable class. In most cases of chronic vaginal *leucorrhœa* which I have satisfactorily made out, no increase of the discharge takes place before or after the recurrence of the menstrual flux; whereas in another and very large class of patients the discharge is doubled or trebled in quantity frequently before, but always after the cata-menia, with an exacerbation of the general distress.

I think, too, that I have found the constitutional symptoms hereafter to be noted mainly confined to this class.

The treatment, likewise, by astringent injections, which succeeds so well in vaginal *leucorrhœa*, almost invariably aggravates this form of disease, and in some cases caused a too early reappearance of the menses.

The above reasons appear to be sufficient ground at least for a distinction between the two classes of cases, and I think also for attributing the latter class to an affection of the mucous membrane lining the *uterus*. In these cases more relief was experienced from blisters to the loins, with rest, gentle laxatives, bitter infusions, and generous diet, than from any other treatment.

Vaginal *leucorrhœa* was treated principally by injections containing sulphate of zinc, alum, or super-acetate of lead, in considerable quantities.

I have also used injections with nitrate of silver; and, as far as my experience goes, I can safely affirm, that it is the best

remedy we possess. I have scarcely met with a case of its failure when fairly tried. It caused no irritation, and the doses may be increased without fear.

I generally begin with a scruple once or twice a-day, and increase it to twenty-five or thirty grains after two or three days.

Of disordered menstruation there were, of course, three varieties—*Amenorrhœa*, *Dysmenorrhœa*, and *Hemorrhagia*, with the irregular discharges which take place previous to the cessation of that excretion.

In several patients who suffered much, the *dysmenorrhœa* proved no bar to conception, contrary to the general statements of authors.

The first object in the treatment of *amenorrhœa* was, of course, to produce or recall the discharge;—in some we were successful, in others we failed. In addition to the cases related by Dr Bardsley of Manchester, of the beneficial effects of *strychnine*, I have to record one to whom I gave it in doses of one-twelfth of a grain, increasing to one-eighth three times a-day. In the course of a week the discharge appeared, having been absent ten months previously. It has since recurred naturally. In most cases there were symptoms present which precluded the use of this remedy. We tried aloes alone, and in combination with *asafoetida*, very extensively, and with great benefit. The menses often returned under its exhibition; and when they did not, the general health was improved.

The various preparations of iron were administered, and often with good effect.

Some cases, however, resisted every remedy that was tried.

The *dysmenorrhœa* was much relieved by the use of opium in grain-doses an hour or two before the expected attack and during the paroxysm. The addition of two or three grains of camphor is often useful.

I found opium in large doses an excellent medicine in *hemorrhagia*. It often stops, or at least diminishes, the discharge, and is not attended with any inconvenience. Preparations of iron were of use, and frequently a blister to the loins.

In two most able lectures published by Dr Addison, of the Borough Hospitals, London, he has described, with great accuracy and minuteness, a train of constitutional symptoms arising from uterine irritation in *leucorrhœa*. In the investigation to which the perusal of his little work led me, I was struck with the great similarity of the symptoms resulting from long-continued *leucorrhœa* with those from disordered menstruation; and now, after noting down accurately upwards of ninety cases of the latter, and half that number of the former, I find them on comparison to present nearly the same aspect.

There are four symptoms common to both, which I have placed in the order of the frequency of their occurrence.

1. Pain of the head. 2. Deep-seated pain across the lower part of the back. 3. Pain under the left breast. 4. *Globus hystericus*, or a sense of tightness across the upper part of the thorax.

The pain in the head is often very severe,—sometimes accompanied with intolerance of light and sound, but very seldom with the same degree of general disturbance which a similar amount of pain from organic disease would occasion.

The pain in the back is deep-seated, and referred by the patient to some part mid-way between the *pubis* and *sacrum*.

The pain under the left *mamma* is often increased by a full inspiration, sometimes by pressure, but may be easily distinguished from thoracic disease by the stethoscope.

Other symptoms, such as disordered stomach and diarrhoea, occur sometimes, though much less frequently than those above described.

The tongue is seldom loaded, though often white. The pulse generally remains quiet, soft, and small.

If the original and originating affection be removed, these symptoms generally soon disappear; but when that is incurable, we have found considerable relief obtained by the use of aloes and asafoetida, with local irritation occasionally renewed. Many patients under this treatment have recovered a tolerable share of health. Other medicines may be given according to the state of the patient. Bitter infusions, air, and exercise, are often beneficial.

Under the term inflammation of the *cervix uteri*,—I do not include that inflammation of the glandular structure described by Sir C. M. Clarke, but inflammation of the substance of the *cervix*. The symptoms observed were, pain referred to the centre of the *pelvis*, a sense of weight, and sometimes a mucous discharge.

On examination, the *os uteri* was found rather lower than natural, the *cervix* swollen, somewhat hard, hot, and tender to the touch.

In most it appeared as a chronic disease. The remedies most useful are bleeding, local and general, hip-baths, or tepid injections, with mild purgatives.

None of the cases were found obstinate.

The cases of irritable *uterus* resembled exactly the description of that disease by Dr Gooch; and the treatment he recommends was found the best; long rest, with the occasional use of belladonna or hyoscyamus, attention being paid to the stomach and bowels at the same time.

The usual course of symptoms was observed in the cases of *cancer uteri*. Severe lancinating pains were felt in the pelvic region

extending downwards to the *anus*, which the patients almost invariably attributed to piles, and a very foetid discharge of variable consistence and colour, sometimes with hemorrhage, took place. On examination, the *pelvis* was more or less filled with a hard irregular mass, glueing together the *uterus* and *rectum*, with greater or less destruction of the *cervix uteri*.

Towards the termination in several cases the bladder became involved, and perforation of that viscus took place.

All these cases proved fatal. Nothing could be done but to afford transient relief to the most pressing symptoms. *Hyoscyamus* and opium in large doses sometimes alleviated the acute pain; and the distressing dyspepsia frequently yielded to a combination of blue-pill with rhubarb.

Great benefit was experienced from keeping the bowels in a state of moderate relaxation, as the pressure of hardened feces caused great torture.

Iodine was tried in some cases, but without more than the usual effect of improving the appetite and digestion.

The cases of puerperal fever were not numerous, nor, with one exception, were they severe. Most of them presented peritonitic characters, and were relieved by calomel and Dover's powder, with fomentations, &c. without blood-letting.

One of them, however, possessed much interest, as exhibiting well-marked *hysteritis*. She had been delivered by a midwife, and the day after exposed herself to cold—was immediately seized with shivering and pain in the belly. The *lochia* stopped.

When I saw her, the pain of the belly was excessive and universal; she could not bear me to touch her; the tongue was foul and dry, with *sordes* about the teeth; pulse 130, small and hard; some thirst and headach.

I prescribed bleeding, fomentations, and gentle purgatives; and on my visit the following day, I was much surprised to find the general tenderness of the abdomen very much diminished, without a corresponding improvement in other particulars. I found now that she could bear slight pressure all over the belly. Just above the *pubis*, by careful manipulation, I could trace the rounded outline of the *fundus uteri*, and pressure over this part did not annoy her until I felt myself touching the *uterus*. If I now increased the pressure, she suffered acute pain.

I do not know whether this peculiarity has been remarked before. If it be generally the case, it will materially assist our diagnosis of *puerperal hysteritis* from *puerperal peritonitis*.

The patient continued to become worse, in spite of the prompt employment of the usual remedies, bleeding, calomel, blisters, &c. A slight discharge of puriform matter took place from the *vagina*, with no relief to the symptoms however. She suffered

great pain in paroxysms. Pulse 110, small, weak, and sometimes intermitting; tongue dry and furred; and she appeared far too much exhausted for further depletion.

I saw, just at this time, Dr William Stokes' excellent paper in the Dublin Journal on the Use of Opium, where antiphlogistics are precluded, and I determined to try it. I ordered, therefore, twelve pills, each containing one grain, and told the patient to take one whenever the paroxysms of pain recurred.

The most beneficial change resulted. In a few days the pain ceased, the pulse became slower and fuller, the tongue cleaner, and gradually the swollen *uterus* diminished in size. The patient is now perfectly well.

During the time she took the opium no other remedies were employed; and, when I prescribed it, she was apparently all but out of the reach of medicine.

Young women after their first confinement appear peculiarly subject to inflammation of the mammary gland, terminating in abscess. Whether or not this may be explained from the analogy of secretion with inflammation, as suggested, I think, by Meckel, future observations may determine. There is one very common fact, which would appear to support this view. Many cases occur in which, after milk has been secreted, the breast continues to swell,—becomes hot, painful, and hard. The secretion is then suspended. Remove now the *excess* in the action going forward, the breast will be restored to its former state, and the secretion reappear.

To obtain this effect leeches may be necessary, or even a general bleeding, with fomentations and purgatives, combined with tartar-emetic in small doses.

When these means failed and abscess formed, it was generally allowed to break spontaneously. None of the cases were tedious. The wound speedily healed, leaving in some, however, a degree of hardness after it.

We did not find the patients more liable to subsequent attacks of abscess than those who had *not* previously suffered from it.

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ART. VI.—*An Account of an Improved Mode of Administering Sulphate of Magnesia (Epsom Salt), whereby it is rendered an agreeable, safe, and efficacious purgative, applicable to almost every case in which a purgative is required.* By JAMES HENRY, M. D. Vice-President of the King and Queen's College of Physicians in Ireland.

SATURATE any quantity of cold water with sulphate of mag-