the first time, and thinks she is nearly as strong as ever.

Various theories have been advanced by different writers to explain the causes of abnormal adhesions of the placenta to the uterus. From the last edition of Cazeaux, we copy the following: "According to most authors, they are owing to a fibrous transformation of the cellular filaments which hold the placenta together, whereby they acquire a degree of solidity sufficient to withstand the uterine forces. These adhesions have also been referred to the degenerations of the placental tissue itself, as well as to various osseous and calcareous concretions. * * * The generally received opinion is, that these abnormal adhesions result in consequence of an inflammation of the placenta, or of the uterine wall during gestation, which is terminated by the exudation of plastic and coagulable lymph between the contiguous surfaces."

IRRITABLE UTERUS.

Read before the Quarterly Meeting of the Rhode Island Medical Society, March 20th, 1872, by W. O. BROWN, M.D., Providence, R. I.

Soon after commencing practice, I was employed to treat several cases of vaguely defined uterine affections. From that time to the present, similar cases have been of frequent recurrence in my own practice, and I presume mine is no uncommon experience. A single sketch, which is made from memory only (after a lapse of twenty years), may answer my purpose of bringing the subject before you.

One of the first cases which I recall was that of a widow lady, about 40 years of age, small in stature, thin and of a nervous temperament. She complained of pain and bearing down in the uterine region, with general debility and nervousness. This had been her condition for a long time, and she had been under the treatment of several physicians without permanent benefit. Digital examination revealed considerable uterine tenderness, and the speculum, at times at least, showed congestion of the os and cervix uteri. The uterine sound could be introduced without much difficulty, although there may have been some uterine flexion and want of firmness, or tonicidity in the uterus and appendages. This was about the time when Dr. Bennett's practice and writings had done so much to direct attention to congestion, abrasion and ulceration of the os and cervix, and to ante- and retro-versions and flexions of the uterus.

The patient was carefully examined, and treated for most of these affections, according to the approved methods of the time. Applications were made of solutions of nitrate of silver, and of solid caustic, injections were used and leeches applied to the cervix, and extra- and intra-uterine pessaries and abdominal supporters and bandages, were tried. Tonics were given, and a general supporting plan of treatment was adopted. The most important result was to arrest leucorrhœa, and to afford temporary, or only partially permanent, relief. During the treatment, the benefit of experienced counsel in this city was enjoyed.

Several cases of the general character of the above, which need not be here described particularly, occurred during my first year of practice, and afforded opportunity to try the various methods and remedies then recommended in such cases, and to be much disappointed with the results.

Is there any general misapprehension of the nature, prognosis and treatment of a large number of similar cases which might be classed under one head?

Anatomically and physiologically it will be sufficient to call your attention to the fact that when in a healthy and natural condition, the uterus is held in position in the centre, or axis of the superior strait of the pelvis, by four pairs of ligaments. These are mostly made up of fibrous tissue, containing a few muscular fibres, together with bloodvessels, nerves and lymphatics; and are possessed of tonicidity and elasticity, permitting of limited but free movements of the uterus in every direction, so as to accommodate itself to the variable conditions of the bladder, rectum, small intestines, and to its own extension during pregnancy. So long as the uterus and its appendages retain their normal structure and tonicidity, the organ oscillates within certain not very circumscribed limits, yielding and recovering its position without pain or inconvenience. The uterus and its appendages possess all the elements, as nerves, muscles, fibrous tissue, bloodvessels, &c., which, entering into the structure of other organs, make them subject to neuralgia, rheumatism, painful congestions and the like. Moreover, the bloodvessels of the fundus and body of the uterus, being very numerous and tortuous, and the veins being without valves and subject to such great enlargement after puberty, the liability to all the above painful affections must be greatly increased, and the more so since the uterus is partially detached from the vital protection of the rest of the body, be-

ing in some sense foreign to it, and is at the same time, including the ovaries, the subject of intense emotional and periodical excitement. Is any other organ of the body so completely exposed to the invasion of neuralgia or nervous irritability as this, during the period of menstrual life? Should not a liberal share of the suffering in this region be credited to this source? Is it probable that, in an organ constructed to admit of so free motion, variations in position which the most erudite touch cannot determine to be beyond normal limits, are the most common cause of the suffering which we know to be experienced so frequently in this region? Is not the altered position and flexion usually a secondary result, and due to a loss of tonicity in the organs involved? If the affirmative of these hypotheses be true, neuralgia, or nervous irritability, becomes a very extensive and important division of uterine affections.

If we understand him, this condition is what Prof. Hugh L. Hodge classifies as "irritable uterus," and defines it briefly as "that state of the nerves of the organ in which they are preternaturally susceptible to impressions." This subject was a prominent, if not principal (but we fear little appreciated) topic in his lectures, and makes up a large part of his treatise upon "The Diseases peculiar to Women." It is not because we regard it as an agreeable or a classical subject that it has been chosen as a text for this essay, but because it is believed this condition is often misapprehended and confounded with other uterine affections, greatly to the prejudice of the practitioner and patient, being a fruitful source of error in prognosis and treatment, and too often of empiricism or intentional imposition. It is not designed in this article to enter minutely into an investigation of the causes. It is sufficient to say that they are such as induce neuralgia in other parts of the system, many of which become more effective in the uterus and its appendages because of its peculiar structure, position and functions. It may be well to mention the want of pure, fresh air and the influence of the frequent, but little understood atmospheric changes as common causes of nervous irritability.

If we accept Prof. Hodge's definition of irritable uterus as "that state of the nerves of the organ in which they are preternaturally susceptible to impressions," the diagnosis of uncomplicated cases is very easy and certain; and in those cases which are caused by or are associated with organic lesions, as acute or chronic inflammation,

hypertrophy, displacement, flexion or malignant disease, &c., the particular local lesion may often if not always be recognized and its influence taken into account.

Especial importance attaches to the *prognosis* in these cases, that neither physician nor patient may be lured into disappointment by false estimates or into a too active and mischievous course of treatment. "It is a general truth," says Prof. Hodge, "that neurotic diseases disappear at fifty years of age. The married woman looks forward with pleasure to this period of her existence, when the sufferings of maternity shall cease. The martyrs of neuralgic complaints (always dying but still surviving), whether married or single, whether blessed with children or denied this great privilege of woman, bend their thoughts and wishes to the same important epoch. Far off it may be. * * * Still the hope arises, and should be encouraged, that amid the revolutions of the animal functions, pain and distress will cease, and the blessing of health will be again granted. * * *"

"Happily, however, by attention and appropriate treatment, irritable diseases can often be arrested, and health restored, long before the period of the cessation of the menses. * * * A perfect recovery may be very confidently anticipated in most of the ('uncomplicated') cases, and occasionally the restoration to health is very rapid."

Your essayist does not assume to instruct this audience of learned and experienced physicians in the general treatment of uterine diseases, but there are certain points in the treatment of uterine irritability and its complications which seem to him to be very useful, and it is mainly to these that he proposes to allude.

It is desirable, clearly, to mark the distinction between simple nervous action, constituting *nervous* irritability, and *organic irritability* arising from inflamed muscular or other tissues; in other words, that there is painful nervous, uterine irritation, without inflammation or discoverable organic lesion. The one form requiring, in brief, antispasmodics, the other antiphlogistics; a combination of the two demanding a similar modification of the treatment. An inflamed, irritable and hypertrophied uterus, which may be incurable, may, by rest and a cooling and soothing course of treatment, aided ultimately perhaps by mechanical support, cease to be troublesome. Relaxation of the ligaments, versions and flexions of the uterus, resulting from want of tonicity in the parts, participating, it may

be, in a general want of tone in the system, at once suggest such remedial measures as shall restore firmness and tone where it is deficient—a general tonic and supporting plan, varied according to indications, and adapted to particular lesions. Iron, in the absence of acute inflammation, internally, and the free use of water, both internally and externally, is often of the very greatest service.

Direct applications to irritable or inflamed parts are usually most effectual. A syringe, throwing a continuous stream, which can be made to bathe the cervix uteri and vagina, affords a very complete means of accomplishing this object. When it can be borne, two or three quarts of water, of such temperature as is most agreeable, without leaving an after chill, applied in this manner once or twice a day, may afford great and lasting relief. Mucilaginous injections will often be more useful. Cold, even ice-cold, water, if it does not leave an after-chill, is of course most antiphlogistic and tonic; due precaution always being observed in making applications during the menstrual week. Medicated, astringent or antiseptic injections, as solutions of sulphate of zinc, nitrate of silver, carbolic acid, &c., will be suggested by the conditions of the case, as will warm or cold bathing, antispasmodics, &c.

As illustrations, two cases are narrated, but briefly to avoid the unnecessary prolongation of this paper. During the latter part of the summer of 1871, a middle-aged, married English woman came under treatment. She complained of great pain and tenderness through the lower part of the abdomen. There was old hypertrophy and induration of the uterus, with acute inflammation, pain and tenderness, involving to a considerable extent the pelvic tissues. There were indications of congestion of the portal system, and she was purged repeatedly with protochloride of mercury, and kept at rest in bed. Under use of antiphlogistics, anodynes, and fomentations to the abdomen, she slowly improved. After some weeks, she was put upon the use of liberal vaginal injections of warm water, with benefit. These were changed for cold water with most gratifying effect, and she was soon about her household duties. She informed me recently that she still continues to use the injections of cold water, sometimes ice cold, daily, with a constant sense of refreshment and relief.

A married, middle-aged lady came under

treatment some years since, complaining of pain through the uterine region, with dragging down, and general nervous prostration of the system. She had been treated for so-called ulcerations, displacements, &c., without marked or lasting benefit. Careful digital examination revealed nothing of displacement, to which the symptoms could satisfactorily be referred. She had some leucorrhœal discharge, for which she was directed to wash out the vagina with tepid water, and use the sulphate of zinc injections, and to take the tincture of iron internally. It was evidently a case of neuralgic or irritable uterus; ultimately, she found large injections of warm water, with iron and other supporting treatment, best adapted to her case; and being satisfied that neuralgia may as well invade the uterus as any other organ, she "bides her time" with a good degree of cheerfulness.

Error in many of these cases is believed to be two-fold; it consists in attempting to cure what can only be palliated, and in failing to use the best palliative means.

Dr. Hodge remarks that "there are few patients who will not be benefitted by letting water fall on the spine from a spout or a pitcher; the higher the fall of water, and the more prolonged the time employed, the greater the impression." This is to be succeeded immediately by friction with coarse towels, hair gloves, &c. &c., and, if required, by rubefacients. In some cases he says, "especially in winter, the patient's back being exposed to the direct heat of a fire, and the rest of the person being protected by blankets, the 'douche' may be resorted to with great freedom, and almost a certainty of a favorable reaction." "Cold, when thus employed, merely to the spine, is invaluable." He also recommends sponge baths to the rest of the body, and says, "Perhaps no woman in a non-menstrual condition should neglect the free use of cold water to the pudendum, at least once every day," and except at such periods, "cold-water vaginal injections should be a daily resource."

The following are some of the principal points which it has been the object of this paper to maintain.

1st, From the structure, position and functions of the uterus, it is peculiarly subject to pure neuralgia, or nervous irritability, termed, by Prof. Hodge, "Irritable Uterus," and which is thought to be the most frequent source of error in the diagnosis, and of charlatans in the prognosis

and treatment of uterine diseases, often resulting greatly to the prejudice of the physician and patient.

2d, Uterine irritability is often a consequent of, or associated with, organic disease of the uterus, thus complicating the diagnosis and treatment. The one being an attendant upon menstrual life is usually self limited, requiring an antispasmodic and tonic method of treatment; the other demanding rest, antiphlogistics, and, perhaps, mechanical support.

3d, Not discarding other remedies, water is directly and especially applicable in these cases, internally and externally, at temperatures varying from ice cold to hot; it may thus be made to fulfil various indications as an antispasmodic, antiphlogistic, or as a tonic.

Foreign Correspondence.

LOSTORFER'S CORPUSCLES.

VIENNA, March 20, 1872.

MESSRS. EDITORS,—I wish I could head this letter "Syphilitic Corpuscles" with a conviction of the proper application of the term to the bodies in question; but so much ridicule has been showered upon the new discovery, that the medical community has very generally moderated the fervor of its first reception and now holds its judgment in suspense.

Having neither time nor opportunity for private research, and therefore aspiring only to present a true reflexion of the current opinions about this interesting subject, I must crave indulgence, if the tenor of my communications changes, chameleon-like, from time to time.

A new paper by Dr. Lomotorfer has recently appeared in the "Jahrbuch der Gesellschaft der Aerzte," of which Stricker is editor; but little additional light is, however, thrown upon the subject, either by the article itself, or by the postscript and notes appended by Stricker. I will give a few disjointed extracts that seem not to have been inserted in the paper already transmitted to you.

"By no means all of the corpuscles were spherical, many were irregular. * * * On being kept eight or ten days, one vacuole formed in each of the larger corpuscles, which continually increased in size, until, at length, it was only enclosed within a thin wall of double contour. With this the development of these corpuscles ceased to

be observed, even though watched for month.

"The contents of the corpuscles I have tested by the addition of various fluids, such as a solution of sugar, distilled water, Pasteur's fluid, a one-half per cent. solution of vinegar. These fluids, if added on the first days, had the same effect, despite their different qualities. The corpuscles shriveled up into dark irregular formed masses, and all farther development was arrested; the solution of sugar and Pasteur's fluid acted the most speedily. When added on the sixth or eighth day after the appearance of these corpuscles, the fluids caused in them a shrinking together, but this was much less marked than in the previous experiments. Many of the large corpuscles appeared as though folded, and assumed an irregular outline, others remained spherical, but diminished in size, their contour became more distinct, and their brilliancy faded. A farther development I only noticed on the addition of distilled water (1), of a very weak solution of sugar, and in one case of a one-half per cent. solution of salt. These changes consisted in a quick enlargement of the vacuoles, a formation of sprouts, and, finally, the pushing out of long processes, bearing a close resemblance to micellium.

"Since in no specimen of blood from a non-syphilitic person are the described corpuscles to be found, even with the most minute examination, they must be regarded as characteristic of syphilitic blood."

Here follow the records of thirteen cases of syphilis, in its various stages of exanthema, roseola, pustules, papules, ulcers, &c. &c.

"Finally, I am convinced," he adds, "that a connection between these corpuscles and syphilis is established, but not necessarily that my corpuscles are the bearers of the contagion of the disease."

All of Dr. Lomotorfer's publications are characterized by the same vague, unscientific, and, at times, contradictory descriptions, utterly inadequate to guide others in their efforts to confirm or refute his claims. Prof. Stricker's note and postscript are clear, emphatic and valuable, as far as they go. I will give a translation of the gist of them.

"Since my name has been involved in this not unimportant announcement, I find myself called upon to detail the tests, to which I subjected Dr. Lomotorfer. On the first occasion, twelve numbered specimens were laid before Dr. L., of which two (Nos. VIII. and IX.) were from non-syphilitic, and ten from three different syphilitic patients.