

AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

I.

BY HORATIO R. STORER.

[Read before the Society, June 1, 1869.]

NOTHING seems yet to have been done towards collecting materials from which to judge of what America has done in the past towards establishing the foundations of gynæcology as a science. We are all of us accustomed to consider what we know as borrowed from authorities abroad, and to ignore the fact, even if conscious of it, that, just as in general medicine and surgery, so in the diseases of women, there has as good work been done on this side of the water, by purely American practitioners, bred such, and such in originality, as by any elsewhere. It will not be uninteresting to gather together, for other hands to use to a better purpose, what we can of these buried histories.

We shall be pardoned if we first present the gynæcic records of New England. To set forth in this connection all that New Englanders have done for the diseases of women will be impossible; for many of them, especially of late years, have, for a local reason, been constrained to publish their communications in distant journals. An abstract of such contributions, however, we shall trust in due time to restore to the place which should first have known them.

Previous to the establishment of the Massachusetts Medical Society, in 1781, little or nothing seems to have been done, in this direction, of a scientific character. We had hoped that the literary and historical researches of the present worthy Mayor of Boston, Dr. N. B. Shurtleff, and those of Dr. Oliver Wendell Holmes, during the preparation of his late lecture upon "The Medical

Profession of Massachusetts," for the Lowell Institute Course of the Massachusetts Historical Society,* might have discovered many facts worthy our notice; but such seems not to have been the case. Barring the wild vagaries of Cotton Mather and other medico-religious enthusiasts, themselves the excitors in great measure of the hysteria they attributed to Satan's devices, we find but a barren field. Bold, indeed, would the practitioner have been, who, in the early colony times, had dared to make a vaginal examination save during the progress of childbirth. Hardly even could the clergyman's gown have saved him from the fate that befell so many Boston and Salem patients.

"Not for the sake," says Dr. Holmes, "of degrading the aspect of the noble men who founded our State, do I refer to their idle beliefs and painful delusions, but to show against what influences the common sense of the medical profession had to assert itself.

"Think, then, of the blazing stars that shook their horrid hair in the sky; the phantom ship, that brought its message direct from the other world; † the story of the mouse and the snake at Watertown; ‡ of the mice and the prayer-book; § of the snake in church; || of the calf with two heads; ¶ and of the cabbage 'in the perfect form of a cutlash,' **—all which innocent occurrences were accepted or feared as alarming portents.

"We can smile at these; but we cannot smile at the account of unhappy Mary Dyer's malformed offspring; †† or of Mrs. Hutchinson's domestic misfortune of a similar character, ††† in the story of which the physician, Dr. John Clark, of Rhode Island, alone appears to advan-

* Delivered January 29, 1869.

† *Magnalia*, book i., chap. 6. Winthrop, *Hist. of New England*, vol. ii., p. 328.

‡ *Life and Letters of John Winthrop*, p. 108.

§ Winthrop, *Hist. of N. E.*, vol. ii., p. 20. || *Ib.*, vol. ii., p. 330.

¶ *Mather Papers in Hist. Soc. Coll.*, 4th Series, vol. viii., p. 614. ** *Ibid.*

†† Winthrop, *Hist. of N. E.*, vol. i., p. 261. ††† *Ib.*, p. 271.

tage; or as we read the Rev. Samuel Willard's fifteen alarming pages about an unfortunate young woman suffering with hysteria;* or go a little deeper into tragedy, and see poor Dorothy Talby, mad as Ophelia, first admonished, then whipped, at last taking her own little daughter's life, put on trial, and standing mute, threatened to be pressed to death, confessing, sentenced, praying to be beheaded, and none the less pitilessly swung from the fatal ladder. †

"The cooper's crazy wife — crazy in the belief that she has committed the unpardonable sin — tries to drown her child, to save it from misery; and the poor lunatic, who would be tenderly cared for to-day in a quiet asylum, is judged to be acting under the instigation of Satan himself. ‡ Yet, after all, what can we say, who put Bunyan's 'Pilgrim's Progress,' full of nightmare dreams of horror, into all our children's hands, — a story in which the awful image of the man in the cage might well turn the nursery where it is read into a mad-house?" §

Even obstetric cases, previous to 1750, were seldom attended by male practitioners, and many, doubtless, were the avoidable deaths at the midwives' hands. Drs. James Lloyd and William Douglass, of Boston, and Dr. Holyoke, of Salem, seem to have been the first accoucheurs with any pretensions to skill in New England. Dr. Lloyd studied in the mother country under Smellie, Hunter, and other eminent teachers, and it is to be regretted that no records are left of a practice which must have done so much towards influencing that of his contemporaries and successors. He died in 1810, aged eighty-two.

Dr. Douglass, a native of Scotland, but educated

* Case of Elizabeth Knapp, *Hist. Coll.*, 4th Series, vol. viii., p. 555.

† Winthrop, *Hist. of New England*, vol. i., p. 279.

‡ *Ib.*, vol. ii., p. 65.

§ Lowell Lecture, p. 35.

partly at Paris and Leyden, came to Boston in 1717, being then about twenty-five years of age. He lived till sixty, dying very suddenly, but not until he had made such a mark upon the profession as might have been expected from one whose Scottish shrewdness and natural intelligence, enhanced by his life on the Continent, had come in unpleasant contact with native Boston physicians, whose provinciality even at that early day had, doubtless, considered this metropolis the hub of the universe, even though their conceit had hardly gone to the pitch of introducing the term themselves. Hear how pleasantly he describes the brethren: "There is frequently more danger from the physicians in Boston than from the distemper." And again: "In the most trifling cases they use a routine of practice. Bleeding, vomiting, blistering, purging, and anodynes; and, if the illness continued, there was *repetendi*, and finally *murderandi*." That such an emphatic man as this used the obstetric forceps even at that early day, and received praise for it from Smellie, is no more than might have been expected.

Dr. Holyoke died in 1828, reaching the remarkable age of one hundred. As with Dr. Lloyd, in his early professional life, obstetric cases were wholly in the hands of ignorant midwives, and he was only called to them in extraordinary emergencies, or to rectify blunders which had been made. Indeed, he had been six years in practice when, in 1755, he had the first opportunity of taking the sole charge of a patient, and it was not till five years afterwards that he makes record of "the first common easy birth which ever came under his management."

In the year 1790 there was issued the first of the medical papers communicated to the Massachusetts Medical Society, and from that time to the present, for a period

of more than three-quarters of a century, there have appeared, through the channel referred to, occasional articles upon gynæcological subjects, their very existence unknown to many of our contemporaries, for the volumes containing them have long been out of print,* but which would do credit, some of them, to writers of any nation. It will be perceived that for many years the articles were upon points connected with gestation and delivery, probably from the cause already referred to.

The first number of the Society's Communications contains an abstract of Dr. Edward Rigby's classical essay upon unavoidable uterine hemorrhage. This is preceded, however, by papers of much greater interest to us.

The first of these is "An Account of a Preternatural Obstruction in the Vagina," by Dr. Joseph Osgood, of Andover.

The case was one of pregnancy commenced and completed in spite of an atresia vaginæ, dating from an injury seventeen years previously. Upon consultation with Dr. Brickett, of Haverhill, it was decided that the complication was such as to prevent delivery. Dr. Osgood, therefore, proceeded to operate, dividing the adhesions, which extended from the perineum to the urethra, and were of considerable thickness. Living twins were delivered, and the patient subsequently had four other children without any difficulty.

In the same volume, 1780, is an article by Dr. Joseph Orne, of Salem, detailing "An Experiment for determining the Expediency of the Sigaultian Operation for increasing the Pelvic Diameters by division of the Symphysis Pubis."

*I have been enabled to consult a full series of the Communications of the Massachusetts Medical Society through the courtesy of its owner, Mayor Shurtleff. Strangely enough, there is as yet no copy in the Public Library of the city of Boston.

Dr. Orne commences his very interesting communication, by stating that his experiment was instituted in the hope that Sigault's proposal, now long since condemned, might prove a "comparatively gentle substitute for a terrible process, that could be suggested only by the prospect of immediate death, and never practised but in circumstances bordering on absolute despair."

An opportunity had presented itself of making an autopsy in the case of an eighth-month patient who had died undelivered, the attending physician hoping to discover some local cause of the convulsions from which the patient had deceased. There remaining a few moments after the examination was completed before the gentlemen present would be disturbed, Dr. Orne had the patient's thighs forcibly separated, and so far as possible the connecting ligaments of the symphysis. He then divided these with a bistoury. "The instant," he says, "that the division was effected, the parts flew asunder nearly two inches, with the violence of a bow suddenly cut in two when very forcibly bent. By separating the thighs still further, the ends of the bones were made to recede at least two and three-quarters inches, and I think, if necessary," he continues, "that another quarter of an inch might have been obtained, which, I presume, would have been quite sufficient to remove any such difficulty as might make this operation on a living subject ineligible." The doctor allows, however, that the performance of symphyseotomy upon the living subject would be attended with immediate danger, from the fact that the sudden separation of the ilia, while the knife was pressed down in the act of dividing them, might allow it to forcibly slip and do irreparable mischief.

The second part of the first volume of the *Communications* was published in 1806. It contains an account

of a case of ruptured uterus, by Dr. Oliver Prescott, of Groton.

The subject was a multipara who had had two dead children at maturity and five abortions, and the lesion occurred in the course of a protracted labor, just as the employment of instruments had been decided upon, but before they were applied. The fœtus escaped into the cavity of the abdomen. This accident "imposed the disagreeable task," to quote the language of the reporter, "of giving a frank and unequivocal opinion that it was absolutely out of the power of art to afford any essential relief. It was unanimously agreed to give no additional pain by a fruitless attempt to deliver her, but to keep her as easy as possible, and wait the tragical event." At the post mortem, there was found antero-posterior contraction of the pelvic brim.

Too many patients with ruptured uterus are sacrificed, in these latter days of advanced obstetrical knowledge, to the miserable let-alone policy pursued by Dr. Oliver Prescott.

A remarkable case, were it not for the fact that it must have been one of malingering, is that of the passage of winged insects from the female bladder, reported by Dr. Joshua Fisher, of Beverly, vice-president of the Society. The possibility of imposture does not seem to have entered the worthy doctor's mind; indeed, he states that the woman's veracity was unquestionable.

Vesical entozoa doubtless exist, but they are not like bots in horses and the larvæ of flesh-flies, and do not progress to still further transformations. Had such been, however, the case, the imago would not have been hatched prior to its discharge, as the impostor persuaded Dr. Fisher.

The observations on the lymphatic distension of the

lower extremities of women, while in the puerperal state, by Dr. Edward Wyer, of Halifax, N. S., and afterwards of Cambridge, an Honorary Fellow of the Society, give an excellent resumé of what was then known concerning the pathology and treatment of crural embolism. The paper is replete with good sense; but with regard to the most prevalent theories concerning the causation of the malady, Dr. Wyer "could not think there was a shadow of reason to support an opinion that either of them had the smallest influence in producing the disease." He had studied it in his own wife, among other patients; "to them he was very attentive, though, he feared, but of little use." Out of nine hundred and eighty-nine obstetric cases that he had attended, but five had been attacked by phlegmasia dolens. His views fall far short of those held by most scientific accoucheurs of the present day; but the paper is well worthy perusal, if for no other reason, for the wisdom of the remark, that "the profession may be benefited in some degree by knowing what has been found useless, as well as what is useful, in particular diseases."

Immediately following Dr. Wyer's paper, comes "The History of a Retroverted Uterus," by Dr. Edward Augustus Holyoke, of Salem. The patient, four months gone in pregnancy, had previously borne two children. She was suddenly seized, after a fright, with the symptoms usually attending retroversion during gestation. Suffering thus for a week, she finally consulted Dr. Holyoke, who at once made a correct diagnosis from the history of the case, but deferred for three days confirming it by an examination, in deference, probably, to the spirit of the time, meanwhile purging freely, and bleeding from the arm. On the tenth day an unsuccessful attempt was made to reduce the dislocation, by combined bimanual manipulation through the vagina and rectum.

This was finally accomplished upon the day succeeding. The patient went her full time, and was delivered of a living child. The conduct of the case seems in many respects to have been admirable.

We come next to a second paper by Dr. Joseph Osgood, of Andover. It is an account of an extravasated tumor on the labium pudendi, soon after delivery. It was the first case of the kind occurring to Dr. Osgood, in the course of forty years' practice, and the tumor reached the size of a child's head, not making its appearance till the labor had been completed. The case was left to nature, and on the third day spontaneous rupture occurred, with the escape of many coagula. Recovery ensued.

A similar case, similar in its result, though different in its causation, is recorded in the paper immediately following the communication by Dr. Osgood. It is entitled "The History of an Hemorrhage from a Rupture on the inside of the Left Labium Pudendi," and is by Dr. Nathaniel W. Appleton, of Boston. This is the first of the papers published by the Society upon any gynecological subject unconnected with the puerperal state.

Dr. Appleton was called to a woman near the climacteric, but still menstruating, who had strained herself the day before when carrying a tub of water upstairs, and was now flooding profusely. Though she was apparently moribund, the doctor made no examination at first, as he was under engagement to another woman in labor, and contented himself with merely administering a stimulant, supposing, indeed, from the patient's statement of a large pudental tumor, that this was simply a hernia, and that the bleeding was from menorrhagia. A few hours later, being then at leisure, he took occasion to make an examination, and was undoubtedly surprised

upon ascertaining the true state of the case. The doctor acknowledged that "such a deliquium existed as might have terminated in death," but does not refer to the fact that in such an event, he himself would have been culpable for having subjected the patient to such a frightful risk by so long delaying physical examination, which might so quickly have been made, and for neglect of which his engagement by another patient afforded no excuse.

In the same volume there is communicated "A Remarkable Extra-Uterine Case," by Dr. George Osgood, a son of the Dr. Joseph to whom we have already honorably referred, and also of Andover.

The patient, who had previously had two children, became again pregnant in October, 1784. Five months subsequently, without any warning, there occurred profuse vomiting of pus, and upon examination a tumor was found occupying the left hypochondric region. At the full term, the parturient molimen took place and continued for twenty days. Motion in the fœtus then ceased, but it was not till a month later that Dr. Osgood became convinced that the pregnancy was extra-uterine. She was subsequently delivered of five mature children, and had many abortions. Death finally occurred in 1802, more than seventeen years after the mal-conception took place. At the autopsy there were found in the Fallopian tube the bones of a full-grown fœtus.

Dr. Osgood also gives the abstract of a very similar case, which was first reported in the "American Magazine," printed at Boston in 1746.* This patient, a resident of Gloucester, missed labor at the expiration of her second pregnancy, in 1730, the pains commencing, but ceasing. She subsequently had six children, by two husbands. The bones of the retained fœtus commenced

* There is no copy of the above work in the Public Library of the city of Boston.

discharging themselves through the umbilical region sixteen years subsequently to its conception. Most of them were thus spontaneously gotten rid of, but a portion were removed by incision, in the presence of the Rev John Lowell and the doctor's two sons, by a surgeon, whose name I have, as yet, been unable to discover. At the autopsy, death occurring four days after the operation referred to, it was found that the foetus had been contained in the left Fallopian tube, which was adherent to the peritoneum at the point of discharge.

In a paper upon crural hernia, contained in the volume now under consideration, Dr. John C. Warren published the following important statement concerning its importance and frequency in women:—

“Many suffer from hernia without suspecting it, especially females, numbers of whom, affected with a small, almost imperceptible tumor in the groin, are little aware that it constitutes a derangement which, if neglected, may produce a painful disease and death. It is here well known that females supposed to be affected with bilious colic, have often concealed the existence of an abdominal tumor till too late, and perished miserably from a strangulated hernia.”

The second volume of the Medical Communications of the Society covers the period extending from 1809 to 1813, and commences with “Observations on the Lymphatic Swelling of the Inferior Extremities of Puerperal Women,” by Dr. James Mann, of Wrentham, read in February of the former year. This paper is not, we think, to be compared with that of Dr. Wyer, already referred to, upon the same subject.

Dr. Amos Holbrook, of Milton, reports in the same year, 1809, a case of ovarian dropsy, tapped repeatedly, and fatal at the end of eleven months, well illustrating the wretched practice still so prevalent among us, and

the report is evidently made, as often still, with an ignorant pride.

Dr. Matthias Spalding, of Amherst, N. H., communicates, through Dr. Holyoke, of Salem, a case of obstinate tonic spasm cured by electricity. It was, we cannot but think, of an hysterical character, although the girl had not quite reached the usual period of puberty.

Dr. Joshua Fisher, of Beverly, again communicates a paper; at this time upon "The Use of Sulphate of Copper in Uterine Hemorrhage," a very brief statement, unsupported by corroborative evidence; and Dr. James Mann, of Wrentham, also a previous contributor, follows this gentleman with another article upon menorrhagia and leucorrhœa. The paper is a very interesting one. Several cases are detailed, in not one of which was the slightest physical examination made; but the therapeutics, employed empirically, resulted at times in success. Particularly is this true of calomel and the employment of blisters to the sacrum, both of which there is reason to believe have, in certain cases, been too much neglected by ourselves.

Dr. Mann's explanation of the theory of cure is in both instances sufficiently old-fashioned. "Does calomel," he inquires, "produce its salutary effect by exciting a mere morbid action? Upon this principle a dose of tartrate of antimony, imprudently taken by a person with dyspeptic symptoms, which had for a great length of time resisted common remedies, after operating with so much severity as to cause life to be despaired of, cured the disease. Upon this principle, an injudicious exhibition of digitalis to a man laboring under a dropsy, and which operated five days incessantly, removed every symptom of complaint. Upon this principle, a person just beginning to recover from the lowest stages of typhus fever, and who had wholly lost the power of

articulation, immediately recovered his speech in consequence of severe pains induced in his stomach and bowels by eating a cucumber which was inconsiderately given him by his nurse, and did not relapse again into his speechless state upon the removal of pain."

At the present day the unequivocal advantage gained in some cases of menorrhagia by the use of a mercurial, is ordinarily explained by the relief of portal congestion; and so that from blistering the sacrum is attributed to a reflex contraction of the uterine capillaries through irritation of the sacral plexuses; a more reasonable inference than that of Dr. Mann, which was that the uterus was stimulated to contraction from its propinquity to the bladder, specifically affected by the cantharides.

In the third volume there is a well-written paper by Dr. Oliver Prescott, of Newburyport, read in 1813, upon *secale cornutum*, in which occurs the following paragraph: "The healthy, unimpregnated uterus, having nothing within its cavity, will not be affected by the ergot, neither is it calculated to restrain menorrhagia, proceeding from increased arterial action." These statements are, we believe, in accordance with fact, conflicting though they are with very much of the belief and the practice of the present day.

In 1816, a dissertation was read by Dr. Richard Hazeltine, of Lynn, upon *phlegmasia dolens*,—the third communication, it will be recollected, upon the subject published by the Society. It is a pretentious affair, and illustrative of heroic treatment. In the course of his remarks the doctor casually speaks well of a method of treatment that has now fortunately been relinquished. The patient had heard of the efficacy of a draught of one's own urine in relieving *phlegmasia*. "She gave it a trial, drinking for several weeks, perhaps half a

teacupful at a time almost every morning, fasting, and derived some real benefit from it."

Vol. IV. of the Communications, from 1822 to 1829, contains material worthy our notice.

We quote a few words upon the differential diagnosis of mammary tumors, from the dissertation by Dr. Nathaniel Miller, of Franklin, upon "The Detection of Deep-seated Matter":—

"Within a few years three female patients have been sent to me for the extirpation of their breasts. On minute examination I found that the tumors contained a fluid. They were situated in the centre of the breast, and rather under the gland, which gave them a formidable appearance. . On making an incision down to the tumors, they were found to be sacculated, and were healed in a few days by adhesive inflammation.

"It would have been very unkind, through inattention to the true nature of the complaint," Dr. Miller continues, "to have subjected these young ladies to painful operations; and, what would have been more to be regretted, to have lost these useful and beautiful organs."

Among the manuscripts of the venerable Dr. Holyoke, of Salem, published by the Society after his death, is one upon "The Use of Acetate of Lead in Menorrhagia," wherein this agent is largely extolled.

We now quote some very excellent remarks upon the "Prescription of Stimulants to Females," from the prize dissertation by Dr. William Sweetser, of Burlington, Vt., Professor of Theory and Practice in the University of Vermont, published in 1829. Dr. Sweetser's statements are no less true now than then.

"Females, especially, are sometimes insidiously seduced into the habit of intemperance by the use of tinctures, stomachic elixirs, etc. Their nerves are weak, their stomachs feel faint and unpleasantly, perhaps from

improper diet and want of exercise, from keeping late hours, or from other causes, or they may be subject to hysterical affections; for all which complaints spirituous tinctures are very likely to be advised. And as they are disguised under the unmeaning and often ill-applied name of medicines, conscience is quite at ease. That they are drinking rum, and often in considerable quantity, is a thing far, very far, from their thoughts. They are taking medicines for their nervous weaknesses, or some other weaknesses, taking them very likely under the direction of their physician, and surely there can be no danger in following advice from such a source! Their physician, the guardian of their health and life, would certainly never advise to that which could endanger the safety of either! But they may learn their sad and fatal error when it is too late to correct it. In a little while they begin to perceive the necessity of increasing their pernicious medicines to gain the desired effects; the apparent demand for them, too, is progressively increasing till they get to take daily considerable quantities of distilled spirits in this form. At length, however, light breaks in upon them, and the mournful truth is manifested to themselves and friends. The dreadful habit of intemperance has taken such deep root that, laying aside all disguise, they now crave alcohol in its most vulgar forms. They have been so surely and insidiously beguiled into its use that the ordinary energy of human nature cannot oppose the unnatural appetite. All other enjoyments are sacrificed to it. The society and love of husband and children, of kindred and friends, everything, even virtue itself, yields before the force of this one consuming and enthralling desire. I by no means intend to assert that such medicines as have been alluded to are never required in disease; it is their abuse of which I have been speaking. They ought to be em-

ployed only occasionally, and then as medicines to effect some definite intention. It should always, too, be borne in mind that, though cordials and medicinal tinctures may, and often do, excite a healthful and pleasant feeling while their influence lasts, yet such relief must be often paid for, dearly paid for, by the sacrifice of future welfare. That the habit of intemperance may be acquired through such means is no creation of a licensed fancy, brought forward to produce effect, but a reality which observation teaches.

"Now, ought not our profession, whose motives should be those of benevolence, and whose business it is to save, not destroy,—ought not we, I ask, to be particularly wary, particularly guarded in bringing temptations in the way of weak and erring mortals, trusting to us for guidance, that may ever so remotely endanger their well-being and happiness? Could we but advance our view a little into futurity, and witness the distressing consequences that in some instances are to ensue from the hazardous practice I am alluding to, there would be little danger of our advising to it."

The "Observations on Abortion," communicated in 1829 by Dr. Enoch Hale, Jr., of Boston, constitutes an admirable paper. Its consideration, however, we must reserve to a subsequent number of the Journal.

(To be continued.)

AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

II.

BY HORATIO E. STORER.

[Continued from the August Number of this Journal.]

WE were showing what has been done for Gynæcology by the Massachusetts Medical Society in its publications, and had reached the year 1829.

Dr. Hale, in his "Observations on Abortion," recognized to a much fuller extent than has ever been done by some of his contemporaries, still living, the frequency of the accident, considering that it occurred in at least one pregnancy out of every ten or fifteen in the most healthy towns in the State, and in one out of every four or five in Boston. In enumerating the many accidental and so-called natural causes of miscarriage, Dr. Hale does not even hint at the possibility of its ever being of a criminal character, nor was attention called by any one to this fact till many years after, though there is reason to believe, from the confessions of elderly patients now made, that the practice referred to was as well known to females, and as constantly resorted to, then as at the present time. Concealment was then, however, very much easier, so much was it the custom for physicians to imperfectly study their uterine cases. Dr. Hale was a very accurate observer, as we ourselves well recollect. He recognized the disastrous effect of abortions, as compared with completed pregnancies, upon a woman's health. "Many

a woman," he says, "has traced the beginning of a course of ill-health, which has attended and probably hastened her to the grave, to a miscarriage. And when the tendency to abortion has become habitual, the constitution is almost always undermined, and the patient sooner or later sinks into a consumption. It is not necessary to go into a consideration of the particular diseases, whether prolapsus uteri, menorrhagia, fluor albus, or only a general debility of the constitution, which are induced by abortion."

As regards treatment: "In every case of threatened abortion," says Dr. Hale, "the physician is bound to consider distinctly the question of the possibility of being able to prevent a miscarriage. If there are reasonable grounds for such a probability, then prevention must be his first object."

Would that such doctrines as these were held by all practitioners, even of the present day! There would be far less tendency on the part of the public to believe that the profession tacitly endorses a disregard for foetal life. Dr. Hale was unaware of many of the therapeutic procedures of our own time. The application of heat to the sacrum for checking uterine activity, and of sponge tents for getting at and removing retained foetal debris, were then unknown; but his paper is a model of thoughtful research and suggestion, in many respects, indeed, superior to the celebrated treatise by Whitehead.

From 1830 to 1836, in Vol. V., there were several gynæcological papers published. Under the title of "A Variety of Paruria Retentionis peculiar to Females," Dr. James Jackson, of Boston, distinctly describes cases of the dysuria so frequently attending inflammation of the pelvic cellular tissue in the neighborhood of the vesico-uterine reflexion of the peritoneum.

He, however, shared in the general ignorance of the

time as to the exact character of the disease, and while the symptoms of the patient are very accurately stated, he gives no detail of the condition found upon vaginal examination, although the following quotation shows that such must have been made: "The expulsion of urine was often attended by strong bearing down of the uterus and great pain. In such cases some benefit was derived from pressing the fingers firmly against the uterus. The uterus did not, however, so act as to present any mechanical obstacle to the evacuation." As often occurs at certain stages of the disease under consideration, "the return of the catamenia after some weeks did not afford any relief, and for the time even aggravated the suffering."

We have said that Dr. Jackson did not understand the character of these cases; he himself frankly avows the fact. "Nor was I able," he says, "to satisfy myself in my first, nor in any subsequent case, to what cause the retention of urine was owing; yet I had all the opportunity for this purpose which I could wish in the living subject." And again: "At the time when my first case happened, I sought assistance from my elder brethren, but did not find them acquainted with the disease. I consulted many books also, but with as little advantage. Since that time I have never seen the disease described, except in the 'New England Journal of Medicine,' and that by persons who had derived their knowledge of it from me, in conversation or in my lectures. Until the Massachusetts General Hospital was opened, I very rarely saw any cases to be compared as to severity with the one I have described. Among the patients there, especially in young women living at service, I have had many severe cases."

Despite this acknowledgment, Dr. Jackson had unconsciously put upon record what might have given him

the key to these cases. "A symptom that I have often noticed," he remarks, "was a swelling just above one of the groins, within the parietes of the abdomen. The swelling was not exactly defined, and was somewhat painful, and quite tender to the touch. A less common symptom was referable to some collection of matter in or about the uterus. First the patient suffered great pain in the pelvis for some days, and then there took place a sudden discharge of bloody matter by the vagina, with relief."

The medical treatment pursued by Dr. Jackson shows that good judgment so characteristic of the man. No attempt at surgical treatment seems to have been made. There is no suggestion made as to the detection of pus by the vaginal touch or exploring trocar, and none as to its artificial discharge.

Dr. Enoch Hale, of Boston, contributes an article upon "The Sore Mouth of Nursing Women;" and Dr. Walter Channing, also of Boston, one upon "Inflammation of the Veins, with Remarks on the Supposed Identity of Phlebitis and Phlegmasia Dolens." The latter paper gives one a much truer idea of our old teacher's erudition and mastery of his subject than do most of his later writings.

Dr. A. L. Pierson, of Salem, in a communication upon the general features of Puerperal Fever, discusses the question of its contagion, taking a position at variance, we have long believed, with the fact. The mass of evidence, even at the time Dr. Pierson's paper was written, was against him; but he writes so dispassionately that all must respect his opinion. "The very great importance," he says, "of this subject to every practitioner, must be my apology for introducing matters of personal concernment. Having candidly and fairly stated the fact, I may be allowed to offer my opin-

ion, which can easily be separated from my statements by those who do not agree with me. After the best examination I have been able to make, I have settled my own belief that the disease is not contagious. The facts and considerations upon which I rest this belief cannot all be brought up in this brief communication. But I cannot reconcile to a belief in the contagiousness of the disease, that consulting physicians and attending nurses have never happened to communicate the disease; that minute dissections made in the presence of several practitioners have never spread the contagion; that women who have been confined in the same houses and the same rooms with those who died have not had the disease; that long intervals elapsed between my cases, in which many births occurred without the disease appearing; that I had cases occur when I took the most minute precautions, as to change of dress, etc., and the reverse when I neglected all precaution. Still, however, the facts are remarkable, and I leave them to the explanation of more experienced practitioners. It is certainly true, that in the history of almost every epidemic of puerperal fever, we learn that most of the cases were attended by one practitioner."

In 1833, Dr. Walter Channing, now become Professor of Midwifery in Harvard University, read a communication upon "Irritable Uterus;" a term then, as now at the hand of Hodge, exceedingly vague and unsatisfying. This paper of Dr. Channing's may be considered as the first comprehensive monograph published with us upon the general subject of gynæcology. "Erroneous diagnosis," writes the professor, "has led to evil. The illustration of this remark is at hand in much that has been written on mimotic diseases, so called; and also in certain views concerning a pathological state of the spine, which have been so strongly urged by

those who first advanced them, and which have found here, as well as abroad, strenuous advocates."

We have objected to the term employed by Dr. Channing, as too vague. This fact is seen upon every page of his article. Even at the present day practitioners and authors alike are too indiscriminating in their diagnosis, and accordingly in their treatment. Dr. C. opens up the discussion of those questions concerning true and pseudo-inflammation, which have since so agitated the gynæcological world, and he quotes, with an enjoyment equal to that of Tilt, the remarks of Sir Charles Bell, concerning the influence of the so-called irritation of the ovaries.

"All the subjects of these odd cases, which we do not understand, get well. This is consolatory to the patient, certainly, but not very satisfactory to ourselves. Ought it not to be a question, what nervous affections are consequent on trivial irritation? Without entering on the question, whether disordered health be followed by the imperfect and deranged action of the uterine system, or whether the latter be the primary disorder, — the ovaria are the source of irritation; and the consequences are exhibited through the most susceptible system of nerves, the respiratory system. Hence the disorder of the stomach, the spasms, globus, the difficulty of deglutition, the aphonia; hence the affections of the countenance, the tears, the sobbing, and spasms of the eyes and face, and throat, and chest, and stomach." *

The reflex causation of many distant pains and disturbances in uterine disease is fully recognized by Dr. Channing, and the fact that treatment, to be successful, must be directed to the seat of the malady. "The dis-

* *Exposition of the Nervous System.* By Charles Bell, F. R. S. Appendix, p. 122.

ease," he says, "bears a very close resemblance to other diseases. The treatment of such diseases does not answer any good purpose in irritable womb; but, on the contrary, may aggravate it, and prolong its continuance."

He insists upon the propriety of a careful physical exploration. "An examination will always settle the diagnosis, and should never be omitted, not only in this, but in all serious affections referable to the uterine system. A physician can know nothing of this class of diseases in any other way than by examination per vaginam. One of the very best writers on female diseases declares he would not consent to undertake the management of any such affection, but upon the condition that an examination were allowed to him. No objection should stand in the way of making one."

It is disgraceful that while such statements were officially published in Boston, thirty-six years ago, and a copy thereof placed in the hands of every member of the profession, there has yet existed and still exists so much charlatantry in the highest quarters, so far as concerns the means taken to decide upon the existence and the differential diagnosis of uterine disease.

Dr. Channing recognizes among the exciting causes of pelvic disease one that plays an even greater and more frequent part now than then, the use of pessaries. "I have known," says he, "a very obstinate form of disease to follow the use of a pessary, introduced to obviate uneasiness in the pelvis, accompanied by slight displacement of the womb. It has also followed the long-continued use of the same instrument, which has been allowed to remain, and, becoming foul from neglect, has produced disease."

The speculum was then almost unknown, its early use having been forgotten, and Dr. Channing makes no

reference to it in the whole course of his paper. Many of the evils of injudicious local treatment, now so rife, were accordingly escaped.

The pernicious doctrine of spinal irritation, so called, as a distinct disease, was generally held, as it still is to altogether too great an extent. Dr. Channing is alive to the error, though he is unable to give a satisfactory explanation of its reason. "I regard the diseases (spinal and uterine irritation)," he says, "as so much alike in kind, that the diagnosis is resolved into the simple question of the seat of the disease. Now, the symptoms are very often those which characterize true hysteria; in fact, it is hysteria in its most perfect and sometimes most alarming forms. We have here either a conversion of the disease, or an unexplained but original manifestation of it in a new situation."

As to treatment. Many valuable suggestions are given, improvements upon the empirical practices then in vogue. Indiscriminate blood-letting is heartily condemned. "If we have tried this, especially venesection," says the doctor, "much caution is to be used in its repetition. Partial relief at first, with speedy return of suffering in the old place, is no good reason for continuing blood-letting as a part of the treatment. This becomes of much stronger obligation in the advanced periods of the disease, when exhaustion is manifested everywhere. Let the local symptoms be as severe as they may, it is questionable if the loss of blood will give even present relief; and it will surely be followed by increased suffering."

It must be recollected that direct uterine depletion was then practically unknown. Rest was the panacea. "Rest," says Dr. Channing, "forms an indispensable portion of the treatment of all cases. It is the condition on which the success of the whole treatment

depends. Of its importance the patient should be fully informed; and especially of the hazard she runs of aggravating the disease in all its forms by neglecting this condition, and of reviving the disease when it may be about wholly to disappear. Am I asked of what kind, and how long shall rest be insisted upon? I answer, it is the recumbent position, on a bed or a sofa; and as to the time, certainly so long as the erect position produces uneasiness, and while this has associated with it the sympathetic affections which have been described as belonging to the disease."

Rest, unaccompanied as it was by the modern methods of treatment, was formerly carried too far. The patient often became permanently confined to her bed, as we have often had occasion to see, in cases from the country of many years' standing.

Upon the whole, as we have endeavored to show by our extracts, Dr. Channing's paper is the most valuable contribution to gynæcology up to that time made in New England, and much of it would do credit to a writer of the present day.

In May, 1836, Dr. Andrew Nichols, of Danvers, delivered the annual discourse before the Society, selecting as his topic "Irritation of the Nerves." It was an interesting and able paper, full of practical suggestions. Speaking of the benefit to be gained from counter-irritation, and especially dry cupping, Dr. N. makes use of the following language:—

"The cramps that are often so troublesome in the latter months of pregnancy, and during parturition, will yield readily to this treatment. The true pains of parturition even may be much mitigated, and the preliminary and subsequent pains arising from uterine irritation may often be rendered comparatively trifling, by cupping over the lumbar and sacral portions of the spine."

In the appendix to his paper, Dr. Nichols again adverts to the subject, and reports cases confirmatory of his views; and in speaking of the neuralgic pains so often observed in connection with pregnancy and parturition, he ventures the assertion that "the severity of after-pains in the same individual often bears some proportion to the number of previous accouchments." He does not, however, seem to have recognized the fact that imperfect contraction or sub-involution have anything to do with the retention of coagula; or the irritation of these, with post-puerperal clonic contractions and consequent pains.

In Vol. VI., from 1837 to 1841, there is no paper bearing in any way upon gynæcology, nor in Vol. VII., from 1842 to 1848. In 1846, it is true that a communication was made, the annual discourse of the year, by Dr. John O. Green of Lowell, upon "The Factory System in its Hygienic Relations;" but, as was perhaps to be expected from a physician who, from the place of his residence, was so likely to be dependent upon the influence of factory owners and managers for a great portion of his daily bread, the whole tone of the address is that of complete satisfaction, even to adulation, with the present method. There can be no doubt that, in so far as concerns certain points, the factory system is favorable to a woman's mental, and, accordingly, to her physical health. The becoming able to defray the expenses of her living, engenders an honest pride. The laying by from her wages, of money that may go to her bridal outfit, tends, perhaps, to render more certain the coming of that day to which all women look with so much pleasurable anticipation. The escaping from a home discipline which to many is a species of irksome servitude, and the becoming enrolled as a member of a sisterhood, which, like all other organizations of either sex, has its

own laws, customs, and esprit de corps are all of them favorable elements, although they were not referred to by Dr. Green. On the other hand, in a large city and an extensive association of persons engaged in kindred utilitarian pursuits, there obtains, to a still greater extent than in boarding-schools, those tendencies to actual immoralities, social and solitary, and, still more, to a license of thought, which directly or indirectly lay the foundation of positive bodily disease. Add to this the confinement, even under the eight-hour system, the wearying and constrained positions, and the close atmosphere, even where rooms are heated by steam and tolerably well provided with air inlets and exits, and withal a certainty of its constantly being kept in motion by revolving machinery, and we have agencies causative of additional physical disturbance. It is as it is with school-mistresses and other working women, whether laboring with mind or body. They are compelled to keep at their toil month in and month out, and this entirely without reference to the times of their catamenial discharge. As regards these matters, those of us who live in the metropolis and attend to such cases, see many patients from the factory towns who attribute confirmed ill-health to the above and similar causes, which Dr. Green had not taken into consideration.

From 1849 to 1855 no gynæcological communication was made to the Society. This neglect, however, was made amends for in the latter of these years by the admirable paper by Dr. James Deane, of Greenfield, on "The Hygienic Condition of the Survivors of Ovariectomy;" the more remarkable from the fact that, at the time of its appearance, every surgeon in New England, with one or two exceptions, was practically, and as a general rule emphatically, opposed to the operation.

From a peculiar circumstance attending the publica-

tion of Dr. Deane's communication, namely, that his name does not appear in the table of contents printed upon the title-page of the yearly publication, nor on that of the bound volume containing the publications of several years, nor at the head of the paper itself, as had previously been the custom of the Society, it would seem that the same unnecessary and ungraceful timidity was felt by the publishing committee as was shown by it upon another and similar occasion.

There is reason to believe that the paper referred to has been seen by but very few physicians outside this State. Though written nearly fifteen years ago, it aptly expresses what most good surgeons now believe. We shall take pleasure, therefore, at an early day, in reprinting it entire, and only regret that its talented author could not have lived to see his views appreciated by a more generous profession.

In 1856, Dr. John G. Metcalf, of Mendon, under the title of the "Study and Practice of Midwifery," gave an epitome of his own extended experience, and in the same year there appeared the exhaustive prize essay, by Dr. George H. Lyman, of Boston, upon the "History and Statistics of Ovariotomy, and the Circumstances under which this Operation may be regarded as Safe and Expedient."

At the time it was written, Dr. Lyman's monograph was undoubtedly the most complete that had ever appeared upon the subject. The medical records of every country were carefully searched, and the utmost pains were taken to ensure the most perfect accuracy of statement. Strangely enough, all reference seems to have been omitted to Dr. Deane's valuable paper upon the hygienic condition of the survivors of the operation, published by the Society only the year before, to which allusion has already been made. Dr.

Lyman gives not merely the history of the operation and of every palliative procedure that has been selected as an alternative, and fairly and impartially balances them in the light of such evidence as was then possessed, but he adds a very valuable chapter upon the differential diagnosis of abdominal tumors, which it would be well for every practitioner to peruse at least once a year.

Dr. Lyman's conclusions are still entitled to much weight, and though we do not accept entirely his views, we do not hesitate to present them in their entirety.

"The objections," he says, "to this operation, on the one hand, and the arguments in its favor, on the other, must be qualified more or less, according to the value which the reviewer may attach to statistical results. Could we be quite sure that all unfavorable cases were as promptly and honestly reported as those which result happily, we might soon arrive at something like definite notions on the subject; but, unfortunately for the honor of the profession, it is only too true, that, of those who are known to have devoted much attention to this operation, some have been more eager to blazon forth those successful cases which may redound to their glory in the eyes of the public, than to give to their professional brethren their unsuccessful attempts, which, if conscientiously undertaken, would not lessen respect for their skill, and would so greatly benefit their suffering fellow-creatures. If the profession were a trade, this might perhaps be considered as fair and honorable; but if we are, as we are proud to consider ourselves, only God's instruments for the alleviation of human suffering, no man, in any view of the subject which ingenuity can suggest, has a moral right to withhold his experience from his co-worker in so righteous a cause. 'Can

there be a more flagrant violation of a solemn duty than the practice of keeping in the background what experience has taught may be unfavorable to any peculiar plan of treatment or unwonted operation? What is it, when a man knowingly lets his fellows carry away a false impression on such subjects, but to violate every law of truth, — to indorse a lie? * Prof. Dohlhoff, in confessing an error of diagnosis, † says, 'Happy are they who can say they were never deceived. As for myself, I have not been so fortunate, but I am sufficiently sincere to acknowledge my mistakes, for there may be those who will benefit from their narration.' This objection, however, does not apply to ovariectomy alone.

"If, then, in view of the foregoing statistics, we may claim for the operation, that it is, in certain cases, justifiable, which are these cases? or, in other words, 'Under what circumstances may the operation be regarded as safe and expedient?'

"In view of the fact that the tumor is occasionally of very slow growth, and that the general health of patients suffering from cystic disease of the ovary is ordinarily good, unless inflammation of the cyst supervenes, or some accident causes its rapid development, we should say that it was neither safe nor expedient to put in force any operative procedure, before constitutional symptoms are excited by the suffering from distention, and the consequent disturbance of the functions of digestion, respiration, etc.

"The fear of adhesions, or other future contingency, does not render an operation safe or expedient, as has been often urged; for those contingencies may never arise.

* Brit. and For. Med. Chir. Rev., Jan. 1852, p. 230. † Synopsis, case 162.

"If any operation is contemplated, the above period (that is, that in which serious constitutional disturbance begins to show itself) should be selected; farther delay diminishing the chances of a favorable result, by the progressive loss of health and strength, and the liability to repeated attacks of subacute inflammation of the cyst, and the formation of adhesions.

"It is neither safe nor expedient to operate, if there be any signs of a malignant diathesis.

"The safety of the operation is greatly diminished by the coexistence of uterine or other visceral disease; and hence it is neither safe nor expedient to operate until every known method of diagnosis has been exhausted, — as the touch, the use of the uterine sound, auscultation, percussion, etc.; after which, no case, no matter how positive apparently the diagnosis may be, should be operated upon until after previous tapping, that every certainty, short of actual sight, may be possessed.

"This preliminary tapping should be followed by moderate pressure, in the hope of checking the refilling of the cyst, as such favorable results have occasionally followed; and the patient is in no worse condition for ulterior measures, even should the tapping prove useless.

"If, after the removal of the characteristic fluid, it again accumulates, no 'bold incisions' are justifiable until the smallest possible exploratory incision has shown that no adhesions exist, so far as this can be ascertained by the introduction of a finger or probe.

"Under the above conditions alone do we think that ovariectomy can be considered both safe and expedient. But the farther question now presents itself: Is not this operation expedient, even though it may be less safe, in many of the remaining cases?

"The answer to this depends entirely upon how far it

is justifiable for a surgeon to assume the risk of cutting short a life, which, at any rate, must terminate in a few weeks or months at most, in the very uncertain hope of prolonging it by operation. This is a question of medical ethics which each individual conscience must answer for itself, and upon which an honest difference of opinion may, and in fact does, exist. If, however, we take as our guide the surgical practice in many malignant diseases, — the treatment, by amputation, of inveterate cases of necrosis, articular disease, etc., the operations of embryotomy, or Cæsarean section, — we should say, without hesitation, that very many of the more desperate cases of ovarian tumor were legitimate subjects for operation. Has the surgeon a right to say to one, who, with death staring her in the face, urgently demands, as her last hope of life, such relief as his art may perchance afford, 'I dare not assume the responsibility'?

"We think, then, that, if the facts are as stated in the foregoing paper, the following conclusions are deducible from them: —

"1. The mortality attendant upon ovariectomy is no greater than it is after other capital operations.

"2. The mortality resulting from extensive incisions of the peritoneum is generally overestimated.

"3. Fully developed cystic disease of the ovarium tends rapidly to a fatal result.

"4. No method of treatment heretofore devised for it, is so successful as extirpation; excepting, possibly, that by injection with iodine, of the results from which we have, as yet, insufficient statistics.

"5. The operation is unjustifiable in the early stages of the disease.

"6. After active development has commenced, with the supervention of constitutional symptoms, the sooner

the operation is performed the greater the chance of recovery.

"7. No rule can be laid down as to the length of the incision, other than the general one, — that, the shorter it is, the less the mortality; and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case.

"8. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed.

"Although, from the statistics given, the conclusion has been formed, that, under given conditions, extirpation is the safest remedy which can be used for the radical cure of encysted ovarian tumors, it must be confessed that many elements to an entirely satisfactory decision are still wanting, — such as the natural history of the disease; uninfluenced by surgical treatment of any kind, and the results of tapping and spontaneous rupture, as shown by a larger number of cases than have yet been collected. As a contribution to this end, it was originally intended to append, in addition to the following section upon diagnosis, a table of some fifty cases each of tapping and spontaneous rupture, together with a considerable number of cases, resulting fatally, in which no surgical treatment was adopted; but other avocations have delayed the fulfilment of this design; and, as they are not called for by the question proposed, the idea is, for the present at least, abandoned, and this portion of the essay concluded in the words of Mr.

Walne,* who, after recommending that the operation be undertaken only in well-selected cases, says, 'Still less let me be supposed to advise that any surgeon should engage in its performance who has not, by habits of operating, — yet more by long habits of careful observation and treatment of disease generally, and by very considerate and studious examination of the nature and connections of this particular disease, and the tendencies of the viscera, which may be involved in mischief by an ill-judged operation, or ill-conducted after-treatment, — qualified himself to cope with difficulties, from which it is unreasonable to expect an exemption.' Words of sound judgment, which are commended to the careful consideration of that numerous class of individuals who look upon ovariectomy as a very simple operation, requiring no particular surgical skill."

From 1856 to 1864, there were no contributions on gynæcology. In the latter year, a paper was read by Dr. H. R. Storer, of Boston, upon "The Employment of Anæsthetics in Obstetric Medicine and Surgery," in which an attempt was made to do what had never before been done, and that is, to explain the comparative rarity of deaths from chloroform in midwifery. It was referred to the Committee upon Publication, Drs. Putnam, Shattuck, and Morland, but containing, as it did, doctrine very unfashionable in Boston, namely, an endorsement of chloroform in midwifery in preference to sulphuric ether, the committee refused to permit it to be printed among the Medical Communications of the Society according to the usual custom, and it was subsequently published elsewhere.†

(To be continued.)

* Ashwell on Diseases of Women, p. 698. † Boston Medical and Surgical Journal, 1863.

AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

BY HORATIO ROBINSON STORER.

[Read before the Society, Nov. 21, 1870.]*

III.

IN our last paper we stated that from 1856 to 1864 there were no communications made to the Massachusetts Medical Society, of a gynæcological character. Though this was the case, so far as concerned any direct articles upon the subject, it may be proper somewhat to modify the statement, in view of a casual allusion, to which we shall now refer. In 1860, Dr. John Ware's essay upon "Hemoptysis as a Symptom" appeared, being issued, as that of Dr. Lyman's upon Ovariectomy† had been, among the so-called "Publications" of the Society, as contra-distinguished from the

* Continued from this Journal, August, 1860, p. 103, and November, 1869, p. 292.

† See this Journal, November, 1869, p. 303.

less pretentious, but often as valuable "Medical Communications." Dr. Ware, whose skill as a general practitioner has never been surpassed in New England, did not lose sight of the intimate relation between the thoracic and pelvic organs in women, although at that time very little was known of this interdependence, and, still less, its importance appreciated, in comparison with what obtains at the present day. Our lamented teacher thus discourses upon the subject:—

"While we are uninformed as to the real causes which determine the occurrence of this symptom, there is no want of disposition on the part of patients themselves to find a sufficient account for every attack. The state of the stomach, and 'being bilious' are often referred to; but 'taking cold' is that to which it is most commonly attributed. Now, although there is hardly anything in the causation of disease of which we know more than of the *general* influence of cold in this respect, there is, on the other hand, hardly anything of which we know less than of the laws and mode of its operation in *particular* cases. We know very well that the continued cold of winter produces a tendency to a certain class of diseases; but there is seldom an individual case of these diseases in which we can satisfy ourselves how, where, or when, the patient was exposed to those special operations of this cause which have developed it in the particular instance.

"Very much the same line of remark may be followed in respect to the connection of hemoptysis with the function of the uterus. It is common to speak of it as vicarious of menstruation. A truly vicarious menstruation—that is, where blood appears from the lungs instead of the natural flow from the womb, and from no other cause—I have hardly seen. Nearly all, if not all of the cases called vicarious, where the subsequent history

of the patient has been known, have proved to be tubercular in their essential character. Yet that the condition of the uterus has a decided influence in the production of this symptom, I cannot doubt, nor of the intimate connection which exists in many respects between the state of the lungs and that of this organ. The very general suspension of the catamenia as phthisis advances, sufficiently shows this, for it can hardly be attributed to the simple exhaustion of the system. It often takes place while the patient is still in comparatively good general health, while it does *not* as often take place in cases of similar exhaustion from other causes. It is quite common also for hemoptysis, in young females, to be preceded, accompanied, or followed, by disturbances of the catamenia. Hemoptysis will sometimes take place instead of them, or with them, or before them, or after them; but experience has strongly impressed upon me a melancholy foreboding in such cases, and it has too often proved to be well founded. That there are cases of vicarious hemorrhage from the lungs I cannot doubt, but the belief in its frequent occurrence, I greatly fear, is due to the readiness with which we yield ourselves to the most favorable explanation of unfavorable symptoms. The most exact expression of the fact in these cases I apprehend to be this, that hemoptysis does not often take place in such cases except in those who are predisposed to phthisis, and the disturbance in the function of the uterus rather determines a symptom than produces a disease.*

In 1864, Dr. J. Mason Warren delivered his address before the Massachusetts Medical Society, upon "Recent Progress in Surgery." In the course of it he incidentally alludes to the treatment of several of the diseases of women.

* Publications of the Massachusetts Medical Society, 1860, Vol. 1., No. III., p. 314.

In speaking of vesico-vaginal fistula, Dr. Warren makes a remark which he subsequently echoes in the work published shortly before his death, but with which we cannot coincide. "For a time," he says, "metallic sutures were held in high estimation, and were employed in almost all departments of operative surgery; but a more extended trial has failed to demonstrate that superiority which was claimed for them over silk or linen threads, and the greater inconvenience which attends their employment has already led to their abandonment by some of the best surgeons."* He fairly, but very briefly, speaks of ovariectomy, the removal of large fibrous tumors, and amputation of the cervix uteri for longitudinal hypertrophy.

In 1865, Dr. H. R. Storer read papers to the Society upon his "Clamp-Shield for the Operation of Removing the Uterus by Abdominal Section,"† and upon "The Abetment of Criminal Abortion by Medical Men."‡ In view of the treatment his former communication to the Society, upon Anæsthetics in Obstetric Medicine and Surgery, had received,§ Dr. Storer refused to allow these papers to appear in the Publications of the Society, although he was requested by a formal vote to permit it. The articles, as stated above, were published elsewhere.

In 1867, Dr. John Homans, Jr., of Boston, contributed an article upon the "Pathology and Treatment of Vaginal Cystocèle;" this paper, as well as those by Drs. Lyman and Ware, and the one next noticed, being printed in the so-called Publications of the Society, as distinguished from the Medical Communications.

* Med. Com. of the Mass. Med. Society, 1864, p. 312.

† New York Medical Record, 15th October, 1866, p. 385; and Transactions of the American Medical Association, Vol. xvii., 1866, p. 207.

‡ New York Medical Journal, September, 1866, p. 422.

§ See this Journal, November, 1869, p. 309.

Dr. Homans gives an excellent resumé of the methods of operating employed by Jobert de Lamballe, Baker Brown, Marion Sims, and Emmet, and details a case of his own, illustrating by a wood-cut the condition of the patient prior to the operation.

In 1869, Dr. A. D. Sinclair, of Boston, read a paper before the Society upon "Myxoma, or Hyperplasia of the Villi of the Chorion," detailing an interesting case.* As the article is short, we shall copy it entire.

"Myxoma, or Hyperplasia of the Villi of the Chorion, are terms expressive of a morbid condition which has hitherto attracted but little attention from pathologists. Hypertrophy of one or more villi of the chorion has been occasionally noticed. Nothing like extensive growths, however, of this nature are mentioned in works on Midwifery or Diseases of Women. The ordinary hydatidiform or vesicular mole is familiar to all of us, either from the description of writers, or the actual observance of specimens which are not very infrequent in their occurrence. A condition of things resembling the specimen to which I am about to direct the attention of the Society, is described by Virchow, in his work on the Pathology of Tumors, under the title of fibrous myxoma of the placenta. But the extraordinary specimen described and figured by this learned pathologist was comparatively limited in extent, for it was confined to one of the cotyledons of an otherwise healthy placenta of a seven months' fœtus; whereas in the specimen now under consideration all of the villi of the chorion are implicated in this remarkable hypertrophy. The distinguished pathologist, already referred to, attributes abnormal conditions of the chorion villi to an endometritis of the de-

* Publications of the Massachusetts Medical Society, Vol. III., No. 1., 1869, p. 3.

cidua; and has observed, in several instances, inflammatory thickening in the *caduca*, or *membrana decidua* of the vesicular mole.

"Mrs. —, aged forty, mother of seven living children, youngest about four years old, aborted after her first and fifth conceptions, about the third month. She married at the age of nineteen years, since then has suffered, more or less, from indigestion and constipation, but has had a fair appetite and continued moderately fleshy. *Catamenia*, regular, with some pain, were last present on Jan. 27th, 1868. Not long afterwards I was called to visit her, and found her suffering from nausea, heart-burn, and general discomfort of the stomach and bowels; no vomiting. Having experienced similar sensations after former conceptions, left little doubt in her mind that she was again pregnant. Except the discomfort already alluded to, nothing remarkable occurred until the 10th of May, when she noticed, for the first time, her linen slightly stained with a somewhat bloody matter, which appeared at intervals, for the next four days, with a slight pain occasionally felt in the uterine region.

"Near midnight on May 14th, she was suddenly seized with an alarming hemorrhage, causing her to faint and become pale, as if dead. She had recovered her senses before I arrived, but the pallor which remained, together with the appearance of the bed on which she lay, bore evidence of a frightful loss of blood.

"On examination, the uterus felt like that of a woman in the fifth month of pregnancy; the os rigid, though sufficiently dilated to admit the index finger. Hemorrhage had ceased. Careful examination of the clots discovered only a small foetus, having the appearance of

full three months' growth. Restoratives were used and the vagina plugged to prevent further hemorrhage. The uterus remained quiet during the remainder of the night, and on the following morning the tampon was replaced by a fresh one and ergot administered. The uterus appeared to partake of the general physical prostration consequent upon the profuse hemorrhage, and it responded more feebly to the influence of the means employed than might be expected in an organ so largely developed. A large sponge tent was then substituted for the tampon, and the ergot continued. This dilated the cervix and excited uterine contractions, expelling large quantities of bloody fluid, and opaque, flattened, flesh-colored bodies, irregular in size and form, many of which looked like pieces of decidua, generally longer than they were wide, and measuring from about three to ten or twelve lines in length; others consisted of tuberosities strung together by more or less elongated and constricted portions. Many of these strings measured from two to five inches in length. All of these bodies were covered with a thin membrane (exochorion), from which sprung numerous bud-like processes, varying from one to three lines in length. Nowhere did these growths present the vesicular appearance which characterizes hydatidiform degeneration of the chorion villi, and when placed in a basin of water they sank to the bottom like pieces of flesh. Sponge tents and ergot were repeated at intervals, followed by discharges similar to that described, though gradually lessening in quantity, but the last of these bodies were not expelled until the eighteenth day from the time of the first hemorrhage. No membranes were found, although these might have escaped notice among such masses. The quantity of these bodies discharged would more than fill a quart measure.

"On microscopic examination of these bodies, which had been in alcohol for more than twelve months, they were found to consist, essentially, of mucous tissue, or more literally, cells, with here and there an indistinct fibrous appearance. Fatty metamorphosis had commenced in the tissue. The largest tuberosities contained masses of blood corpuscles and granular debris. No blood-vessels were found, though searched for diligently.

"Since the time of Aristotle, some writers have asserted that degeneration of the chorion villi is consequent upon the death of the embryo, while by others the contrary of this is maintained. Without entering into discussion, this one fact may be pointed out for the benefit of those who do not believe pathological changes of the chorion villi the result of the death of the embryo; viz., that before us is a fœtus of full three months' development, accompanied by one of the most remarkable conditions of the chorion villi perhaps ever observed."

In the same volume of the Society's Publications, that for 1869, is a very scientific and sensible paper by Dr. Robert T. Edes, upon "The Formation and Significance of Renal Casts," in the course of which the albuminuria of pregnancy and that attending puerperal convulsions, is discussed in a manner exceedingly lucid and satisfactory, as will be seen.

"One of the most practical questions," says Dr. Edes, "in this matter is, whether the presence of casts, of any or all kinds, indicates irreparable lesion of some portion of the kidney; and another, supposing the tubes from which the casts actually come to be disabled from further action, whether it follows that the process must go on until too little of the kidney is left to perform its func-

tions. I think we may give favorable answers to these questions on various grounds.

"As to the first question: on anatomical grounds we know that many casts are formed inside of the epithelium, this remaining attached to the tube. The size often shows this, and I have seen, in a diseased kidney, a solid mass filling the inside of many tubes, the lining cells, although present, being thin and small.

"It is a question whether this atrophy might not be produced by the pressure of the effusion within the tube, somewhat as atrophy of the lung is caused by pressure from effusion in the pleura.

"Casts formed in this way must principally consist of effusion, and not of the natural contents of the tube. They are hyaline, but sometimes include a little epithelium, a few granules, or fat globules.

"The most conclusive answer to the first question, however, comes from clinical experience." . . . "Possibly the discharge of renal epithelium into the urine is analogous to the desquamation of the cuticle, and goes on just as normally and physiologically as the former process, being undetected because not looked for, and harmless unless other circumstances interfere with its proper course, or unless excessive in amount.

"The condition of the kidney when casts occur may be and probably is usually but little more than that of congestion."

"A class of cases," he continues, "in which a less favorable prognosis attaches to the presence of casts in the urine, occurs in the puerperal condition. The connection of puerperal convulsions with albuminous urine and a certain amount of disturbance of the kidneys, is a generally admitted fact, though all the steps of the causation are by no means satisfactorily made out.

"How large a proportion of puerperal women would

show a deposit of urinary casts at some time or other, whether there were cerebral symptoms or not, is a subject as yet but little investigated, and demanding much time and patience.

"A case or two will illustrate their occurrence without symptoms so severe as might have been anticipated, and one of them under peculiarly unfavorable circumstances.

"A hard-working Irish woman, the mother of ten children, had a severe attack of erysipelas extending up the right arm from the thumb, and the hand with a considerable part of the forearm became gangrenous. On the sixth day the urine was slightly albuminous and contained a few casts. That evening she was delivered of a five or six months' fœtus. Two days after, her urine contained no albumen, but casts, granular and transparent, containing each a few epithelial cells. Here were apparently three conditions having very perilous relations to each other.

"In the first place, erysipelas has been considered very closely allied to some forms of puerperal fever. Then the condition of the kidneys usually supposed to be connected with the presence of casts makes the prognosis of erysipelas unfavorable in the highest degree.

"Erichsen says, 'The most dangerous complication of erysipelas, and one which, when it exists, almost precludes the hope of recovery, is a granular state of the kidneys, with albuminuria. I have never seen any patient laboring under this disease and attacked with erysipelas escape with life; the sloughing and suppuration running on unchecked by any treatment that could be adopted.'

"The same condition also is one of the last which the surgeon wishes to see in a patient on whom he is to operate.

"The sequel of this case was that there was never a bad symptom, or, in fact, any symptom at all worth mentioning, on the part of the uterus or the peritoneum, that the arm was amputated, the stump healing quite well, and that the patient is now a healthy, strong-looking woman.

"I presume the recollection of those here present would furnish many examples of the occurrence of albumen and casts in cases of puerperal convulsions, the patients afterward recovering.

"I have several times examined, for a friend, specimens of urine which have been albuminous and contained casts, from a patient who had puerperal convulsions, but who is now about, and considers herself nearly well, the abnormal constituents having been detected long after her convalescence and up to the time of the last examination." . . .

"Does it follow," again, "if these views are correct, that the occurrence of casts is a symptom of no consequence, and that it is a waste of time in such cases to spend it over the microscope?"

"I think it is rather the contrary; since a diagnosis at a stage when good results may be looked for from judicious treatment, is of more importance than the confirmation of an already sufficiently unfavorable prognosis.

"These data must be taken into the account just as others derived from excreta are, and a diagnosis and plan of therapeutics founded on them, together with all other symptoms of the special case." . . .

"The importance," once more, "of the discovery of casts in a puerperal case is somewhat similar to that which might be attached to the occurrence of viscid bloody sputa in a case of some serious chronic disease, or after an operation. They indicate a condition calling

for watchfulness and care, but one which may be perfectly recovered from.

"In idiopathic chronic cases their meaning might be compared to that of the shreds of lung tissue which have occasionally, by patient search, been found in the sputa of phthisis. Their occurrence is then a more serious matter, but as we know that a tubercular cavity may heal and leave only a scar or hard nodule, so we may hope that only a part of the kidney may be destroyed, and the remainder be sufficient, if carefully treated, for its duties. . . .

"The practical lesson of what I have said may be expressed in a very few words.

"Look early and thoroughly for casts, but do not despair of your patient if you find them."*

It was in 1869, also, that Dr. Alfred Hitchcock, of Fitchburg, the Society's orator for the year, and no less known for his wisdom in political affairs and his earnestness as a Christian, than for his medical skill, recalled attention to the influence of Criminal Abortion in producing uterine disease. Dr. H. thus rivets attention upon this one of the "organic and parallel relations of Christianity and medical science."

"Clairvoyance and spiritualism, or the practice of invoking the souls of the dead to cure the bodies and guide the morals of the living; inebriety as a sin and a disease; and pre-infanticide, not an imitation, but a forestalling of the work of Herod, together make a tripod of crime which in this nineteenth century not only permeates with leprous poison the heart of American society, but already, like a huge melanotic cancer, deforms its body and threatens to make it loathsome to sight and touch. . . .

"Pre-infanticide, the last named, but not the least of

* Publications of the Mass. Med. Society. Vol. III., No. 1, 1869; p. 22.

the trio, in producing immense physical and moral damage to society, is an evil demanding the united influence of both professions for its abatement. Wherever or on whomsoever rests the responsibility for the modern increase of this evil, the principles of religion and medical science in their bearing on this subject should all be used to educate the people, and expose the enormous physical, intellectual and moral depravity which this crime induces.

"This home crime in Christian America, this concealed skeleton around the domestic hearth, shatters the female constitution, destroys physical and moral health, perverts natural affection at the fountain, lowers the general sense of individual virtue, and the sacredness of human life, and is a barbaric stain and disgrace to Christian civilization.

"Some bold and honest spirits in both professions have not feared to sound the slogan and wield the claymore against this monstrous and degrading evil; while many more Doctors in Divinity and Medicine, who doubtless in their consciences timidly approve of aggressive war in the quarters of this vice, have as yet only courage in the *gristle*, waiting for ossification to enable them openly to preach and practise against this pagan crime.

"This is an evil demanding the enlightened vigilance and energetic opposition of every intelligent and reasoning Christian, whether clergyman, layman, or physician.

"In this connection it is but justice to say, that the Catholic Church, in reference to Pre-infanticide and Spiritism, is less derelict of her duty than the Protestant Church. Why it is so, I will not here inquire or attempt to explain, but the fact is patent and undeniable, and Protestantism, especially in America, must bear

the disgrace or rouse itself to resist and overthrow the crime and the delusion.

“Every city and almost every village in this Commonwealth has its Herod, its Simon Magus or Elymas, with their premature killings, magic, and sorceries, but lamentably few John the Baptists, or Peters, or Pauls, to denounce them as ‘enemies of all righteousness,’ and warn the people against their iniquities.”*

The direct work of the Massachusetts Medical Society towards developing gynæcological science is thus brought down to the present time. We shall now refer to the several collateral publications under its auspices, comprised in the “Library of Practical Medicine.”

(To be continued.)