OBSErvATIONS
ON UTERINE PATHOLOGY
AND TREATMENT.

By ROBERT BARNES, M.D.,
late Physician-aCcounTer to the WestmiiT
GEnErAL Dispensary.

Although I do not think that the now-debated questions of uterine pathology and treatment admit of being so easily settled as Dr. Bouillon does, I do not feel myself at liberty to decline accepting his appeal to the result of his observations at the Western General Dispensary. It is a public institution. Like myself, Dr. Bennet conducted his practice there under the eyes of those of his professional brethren who wished to attend; and since Dr. Bennet, whose mode of treatment is the subject of controversy, himself challenges the testimony of those who have witnessed his public practice, it is no breach of professional decorum to record my experience.

In doing this, I cannot but express my regret that these topics should have been discussed with so much controversial passion as to force many observers from stating their opinions lest they should fall under the imputation of partizanhip, and find themselves involved, not in the calm investigation of an abstract scientific problem, but in the unprofitable turmoil of personal discussions. I cannot but think that this circumstance has operated most injuriously in retarding the elucidation of so many interesting and important questions in uterine pathology. One effect is, that almost all testimony bearing upon the points at issue is looked upon with some distrust. It is difficult in pursuing an inquiry into a subject so enveloped in obscurity, by personal disputes, not to be led somewhat astray. On the path of rigid induction, it is, perhaps, still more difficult to obtain credit for having rigorously followed that path in a spirit of candour and independence; but, as I am not conscious of having pursued it in any other spirit, although I should have been willing to continue for some time longer to work in the field of observation before enunciating conclusions, I do not hesitate in responding to the appeal that has been made to me. I feel, indeed, that I have no right to withhold my testimony. The evidence that peculiar opportunities have afforded me of giving upon the effects of the modes of treatment as advocated by Dr. Henry Bennet is, perhaps, more precise and extensive than any one else could give. I was the immediate successor of Dr. Bennet as physician-acconter to the Western General Dispensary, and held that office for four years. A considerable number of patients in course of treatment were transferred to me from the very hands of my predecessor. Many others who had been formerly treated by Dr. Bennet came to me at different periods for advice. Of the majority of cases I took notes, and I was especially careful to examine for traces of injurious effects of former cauterization.

Although I had seen the acid nitrate of mercury, and even the actual cauteret, freely used to the neck of the uterus at the Hospitals St. Louis, by M. Emery and M. Jobert de Lamblalle, I was not without misgiving lest the use of potassa fusa, however cautiously applied, might cause such formidable loss of structure as even to desirous of the name of mutilation. I prepared Dr. Bennet’s patients: to observe carefully the effects of nitrate of silver and potassa fusa cum calce upon the uterine structures, and to determine whether there were any, and what, morbid conditions of the cervix uteri that did not admit of cure without the use of cautierization. The logical order would, of course, have been, to determine first how far cauterization might be dispensed with. But the opportunity of tracing the effect of the cautieret named lay befor me, by observing Dr. Bennet’s patients. I will here state the result of my observations as to the action of potassa fusa. I copy from my notes the conditions of some cases in which I had especially recorded the state of the os and cervix uteri after definitive removal of the uterus and cervix.

D——, June 5th, 1850. This patient had been under Dr. Bennet since the preceding November. He had marked it, “Inflammation and extensive ulceration of neck of uterus; potassa fusa had been applied twice. When I examined, the os was small, cervix not projecting, body of uterus expanded and firm. It contained a fibrous tumour, which accounted for the effacement of cervix. There was some injection of os and cervix; no ulceration, and no mention of cicatrix, contraction, or loss of substance.”

E——, June 29th, 1850. Had been under Dr. Bennet, who had applied potassa fusa. Now: inflammation of os and cervix canal, with profuse leucorrhea. After treatment, including cauterizations with nitrate of silver, os uteri reported “natural, slight reabscess, no abrasion.” Got quite well and became pregnant.

F——, July 9th, 1850. Had been under Dr. Bennet, who had applied potassa fusa. Now: hypertrophy of cervix and hydatid-like growth. Cauterization and hydrometritis. No mention of loss of structure of cervix.

G——, June 25th, 1850. Long under Dr. Bennet; potassa fusa. A tight band stretching from posterior lip of os uteri to introitus vaginae, hardness all round. It was observed on the patient’s last visit, and seems to be a case where the potassa fusa had really destroyed a portion of the cervix: but shortly after this date the marks of cancer of the os and cervix were unmistakable: of this the patient died about a year afterwards.

H——, July 27th, 1850. Potassa fusa by Dr. Bennet since January. Os small, high up, fair back, small projections, feeling like peas on margin; no tenderness, no redness, no breach of surface.

I——, July 18th, 1850. Old patient of Dr. Bennet. Potassa fusa. Os small, firm; redness of os and cervix.


K——, August 17th, 1850. Formerly under Dr. Bennet, and cured. Potassa fusa. Now ill again: os red, inflamed; abrasion; thick yellow discharge from os; congestion; small, irregular. The os became normal when cured.

L——, August 29th, 1850. Under Dr. Bennet six months ago. Potassa fusa; was much relieved. Now: os large, irregular, open, hard, red, inflamed; erosion all round, and extending into cavity of cervix. After local and general treatment this os and cervix remained a natural condition.

M——, August 29th, 1850. Under Dr. Bennet for ten months, two years ago. Potassa fusa. Relieved. Now; os high, small, smooth, inflamed.

N——, January 30th, 1851. Sent to me by Mr. Langmore. Had been under Dr. Bennet a year ago. Potassa fusa. Got better. Now: os in normal position, tender; cervix hard, small; circumscribed redness of os; two or three abraded spots, which bleed; os very small, admitting probe with difficulty.

O——, October, 1852. Under Dr. Bennet two and a half years ago. Potassa, and actual cautery. Now: os very low, projecting; cervix presenting a mere pin-hole, no inflammation, pale, hard, somewhat enlarged, round and smooth. Came to me everiere needed to my opinion on application of cesium. Under Dr. Miller, cauterization, night-sweats, climate of winter. Os, irregular, rough, open; anterior lip prominent; cervix hard, great infection; cavities of cervix, granular abrasions.


Q——, August 29th, 1850. Under Dr. Bennet for ten months, two years ago. Potassa fusa. Relieved. Now, os high, small, smooth, inflamed.

R——, January 30th, 1851. Sent to me by Mr. Langmore. Had been under Dr. Bennet a year ago. Potassa fusa. Got better. Now: os in normal position, tender; cervix hard, small; circumscribed redness of os; two or three abraded spots, which bleed; os very small, admitting probe with difficulty.

S——, August 7th, 1851. Had a child after severe labour, four years ago; has suffered more from uterine symptoms since, but always had leucorrhea and bearing-down; was formerly under Dr. Bennet. Potassa fusa. Got better. Now, pregnant four months. (Remarks on application of cesium.) Under Dr. Miller, cauterization, night-sweats, climate of winter. Os, irregular, rough, open; anterior lip prominent; cervix hard, great infection; cavities of cervix, granular abrasions.

18th.—Profuse hemorrhage. Under cauterization and quinine, the local disease was cured, health rallied greatly, and she was delivered in December by me. Cervix expanded naturally. She did well.

20th., October, 1852. Under Dr. Bennet two and a half years ago. Potassa, and actual cautery. Now; os very low, projecting; cervix presenting a mere pin-hole, no inflammation, pale, hard, somewhat enlarged, round and smooth. Came to me everiere needed to my opinion on application of cesium. Under Dr. Miller, cauterization, night-sweats, climate of winter. Os, irregular, rough, open; anterior lip prominent; cervix hard, great infection; cavities of cervix, granular abrasions.
That it is possible to burn away the cervix uteri by the use of caustic, or to melt it away by potato fusa, no one can doubt. The points to decide are: whether these powerful surgical remedies are useful and necessary for the cure of particular incurable conditions of the uterus as they are found to be in morbid conditions of other parts of the body; and whether they admit of being used with safety, and in such a manner that we may be certain of limiting their action within the exact confines we wish. I have no hesitation in answering these questions in the affirmative. While I have every objection to urge that, unless great care be taken, the potato fusa is apt to extend its action deeply into the substance of the cervix uteri, and to run down in a strong caustic solution, I do not therefore do away with the good name of the operator. Candour calls upon me to state that I have seen no such accidents or mutilations in Dr. Bennet's patients, nor have they occurred in my own practice. On referring, however, to the cases of certain of my contemporaries, I am in no way embarrassed. It is not infrequent to find that the use of potato fusa, which is necessary to guard against. When applied inside the canal of the cervix, an undue contraction or narrowing of the canal is apt to follow. It is necessary therefore to examine the patient carefully at the time of operation, and to check this tendency by the occasional use of a bongie. For my own part, I have but very rarely applied the potato fusa to the cervical cavity—perhaps less frequently than might have been done had I called it to the aid of the surgeon. But when used by the liberal surgeon, when applied to the external surface of the portio vaginalis in certain cases of chronic inflammation, without hypertrophy and obstinate ulceration, I have, from my personal experience, formed a decided opinion. So urgent is that in treating uterine diseases, local remedies being hardly ever resorted to alone, it is by no means a logical sequence that the recovery of patients is owing to the local remedies. The objection is not without force. It must, in very many cases, be a matter of great difficulty to determine whether the recovery was due to the general or to the local treatment, or to both combined, or whether the recovery might not have occurred without it. The uninitiated in gynecology and the uninitiated in the science of gynecology, have felt this difficulty, and still feel it; but it is not so general as to preclude our arriving at certain definite conclusions. For example, I have, as a general rule of conduct, postponed the use of topical remedies, trusting to systemic treatment as carrier of the benefit to be derived; and in a certain number of cases cure has appeared to follow; but when, after sufficient trial, I have found no benefit from systemic treatment, or that no further benefit could be derived from persisting in it, I have had recourse to topical treatment. In numerous cases amendment and cure have immediately or promptly followed. Accumulated experience of this kind has wrought conviction in my mind which no theoretical reasoning can overthrow. Carrying the same process yet further, I have arrived at a positive conclusion as to the value of potato fusa. The following case will both illustrate the use of this agent, and the kind of evidence upon which my opinion is based: O——, Nov. 10th, 1852. Health much reduced by long-standing uterine disease, marked by leucorrhoea, hemorrhagic menstruation, and severe uterine neuralgia; has gone through long courses of general treatment. Portio vaginalis has become congested, enlarged, excessively painful to touch, a velvety, bleeding surface on os, and dipping into cervical canal; has been treated some months by weekly or fortnightly cauteriza-
tions with strong caustic. Os is often bicorn, but never well. Potato fusa to bleeding surface. 17th.—Bleeding surface altered; granulations gone; only redness of spot; no bleeding; feels infinitely less local uneasiness. 18th.—Better. Some redness of os and watery discharge continued for some time afterwards. A second application of potato fusa. Got perfectly well; presented a round, smooth appearance, with-out mark of injury. I have seen this patient recently. She has been quite free from pelvic uneasiness, and continues in excellent health.

I submit that no amount of opinion, of authority, or even of negative experience, set forth by those who have never tried the use of potato fusa, ought to prevail with me in this question to positive prejudice.

Before quitting this subject, I wish to offer another consideration. Patients requiring treatment by the more powerful cauterizers require it on account of severe intractable surgical disease. It is therefore not to be expected that in some cases traces of the action either of the disease or of the treatment should persist. Surgery does not, like medicine, usually heal by the sublimate operation of remedies acting upon every particular of the patient. To a man so situated as this patient was, use of the potato fusa, it is not unreasonable to think that the action of the agent may have been arrested. Nor is it to be expected that in every case the potato fusa will have the same effect. It heals by ruder means, which not seldom leave their mark.

Caution and candour are also required in drawing conclusions as to the effects of treatment upon patients who come under examination after an interregnum, and the cessation of that treatment. Many causes are constantly operating amongst women, especially of the poorer classes, to mar and modify the influence of treatment. Some, the moment they feel a little better, abandon treatment, and the disease returns. Some are unable or unwilling or unable to observe the plainest precautions and most imperative injunctions. No one accustomed to case-taking, no one practised in the difficulties of practice, can be called upon to form an opinion on the subject. In none of these cases is it safe to assume that the case of disease as reported by the patient. Nor is it unsafe alone as a basis of pathological conclusions; it is unjust to our brother practitioners who have devoted their days, their nights and their means to the cure of the patient to make. The hocus pocus argument is the test that transcends all others in the popular estimation of methods of treatment. As Dr. Michell, the popular, I trust not the medical, representative of Bodmin, touches every disease that is not the most universally acceptable, because we are vaccinated so early in life that all our nosological misfortunes must follow that event, so there are women who would attribute the origin of cancer itself to an antecedent castration.

It may be expected that I should also state my experience as to the etiology and intrinsic importance of uterine diseases. To establish whether, in a particular case, a present physical uterine lesion arose as a primary local affection, or whether it was developed as an operation of the general system of the body, or was due to the action of the organ or upon the general system, is often a task of considerable difficulty. But in the course of a careful analysis embracing the histories of many patients, a distinct general conclusion will certainly be demonstrated. Such an analysis applied to my own experience tells me that in the production of inflammation, ulceration, and hypertrophy of the uterus—excluding, of course, those cases complicated with tumours—when a morbid condition of the uterus is brought about by general disease, and other complications exist, it becomes difficult not only to trace out the primary morbid condition, but also to determine what conditions are most active in entertaining the local disease and impairing the general health. We have another query to consider. In general, the local uterine disease is marriage, childbirth, or abortion. In many cases where uterine disease has persisted for a lengthened period, in which the general complaint has been the principal, and other complications exist, it becomes difficult not only to trace out the primary morbid condition, but also to determine what conditions are most effective in impairing the general health. We have another question to consider. In general, the local uterine disease is marriage, childbirth, or abortion. In many cases where uterine disease has persisted for a lengthened period, in which the general complaint has been the principal, and other complications exist, it becomes difficult not only to trace out the primary morbid condition, but also to determine what conditions are most effective in impairing the general health.
to any one. I do not imagine that what I have said will have any weight in the solution of those questions. The questions at issue are not to be decided by authority, but by observation. The conviction that is determined by authority is easily acquired, but it is mere prejudice. The conviction that is determined by observation is of slow growth, the fruit of personal labour, but it is the only conviction that thinking men can value. This everyone must acquire for himself.

Devonshire-square, June, 1856.