AN INAUGURAL DISSERTATION
ON
Erosion and Ulceration of the Bowels.

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BY
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OF
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Respectfully Inscribed
To
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Professor of Materia Medica and Therapeutics
In the University of Nashville.
Erosion and Ulceration of the Cervix Uteri

General inflammation of the cervix is said to be of rare occurrence, but partial inflammation is frequent and its consequences severe. From causes hereafter to be mentioned, the cervix becomes irritated, an undue amount of blood is invited into the part, congestion supervenes, inflammatory action is set up, the nutritive process is arrested, death ensues, a relation of continuity is effected by absorption, and simple erosion a decided ulceration is the result.

An opportunity for inspecting these cases is rarely afforded the physician until erosion or ulceration has taken place; for only then do the symptoms become so marked as to attract the attention or excite the fears of the patient. When however, an opportunity is afforded for examination, the cervix uteri will be found greatly altered in its physiological appearance. The soft velvety feel of the mucous membrane in its normal state
will have disappeared. The cervix will be swollen and puffy, of a deep red color as if enflamed, and exhibit minute points of excoriating, which enlarge by evagination. The attention of the patient is generally excited by an intense hemorrhoal discharge from the vagina, by an aching pain in the back, diminution of the catamerrnal discharge and disorder of the general health. Enlarging may generally be suspected when the leucorrhoea cannot be arrested by the remedies usually resorted to for its suppression. Under these circumstances it will become necessary to make an examination for vaginamo. And if the finger alone be employed in the examination the disease may be overlooked, or if detected may be mistaken for cancer or some kindred affection. But if in this manner the disease be detected all that can be perceived by the finger will be a roughening of the surface with
more or less incrustation of the edges of the cervix. The speculum, however, will reveal to us the congested state of the cervix with an extremely superficial erosion or peeling-off of the mucous membrane. The symptoms of erosion will vary with the inflammation and duration of the disease. In all cases there is an aching pain in the back, which is aggravated by the upright position.

A whitish or yellowish discharge from the vagina, which is often tinged with blood. In some instances there is a sense of weight in the pelvis, with a bearing down sensation when in the erect posture. If married, the patient will experience more or less pain during the conjugal embrace, which is followed in many instances by slight hemorrhage.

If the disease is permitted to advance, it is almost certain to interfere with the healthy performance of the menstrual function.
At one time it is increased, and at another it is diminished and irregular in its recurrence; but the most common result is the induction of dysmenorrhea. In addition to these effects it may prevent conception, but if the disease is superinduced after conception has taken place, it may, from the irritation and general disturbance which it produces cause abortion, especially where there is a predisposition to it. When Enuresis is not arrested, the symptoms of the disease and the suffering of the patient are far worse, augmented. The pain becomes constant, the discharge abundant, the tongue leaden, the breath irregular. The strength fails and confirmed ill health is the sad result.

The causes of this malady are very obscure. Cold, either local or general may occasion it; but in all probability local injury is the most common cause,
for it is an established fact that the disease is confined principally to the married state, and to those who indulge most generally in the pleasures of love. It is frequent among young married women and but rare among those who live in virtuous singleness; and where it does occur among the latter class it may with propriety be attributed to cold. 

The only disease with which

Ellenis is liable to be confounded is leucorrhoea, from which it may be distinguished by the consistence of the discharge notwithstanding the treatment. When an examination is made the nature of the disease is no longer doubtful, nor to be mistaken or confounded with another.

These are the phenomena which usually characterize the disease or condition of the mucous membrane of the cervix uteri—a disease in which there appears to be no natural tendency whatever to a cure, a remarkable feature when we
consider the stimulating power of Nature in other parts of the system.

Treatment.

In the treatment of this affection we rely chiefly upon local applications, although constitutional remedies are frequently indicated and should be administered when required. But under the most careful and successful treatment, the radical cure is a tedious process and often discouraging to both the patient and physician. Ostipecia, however, is characteristic of all diseases of the mucous membranes and a dose of phthisin is generally indicated in their treatment.

Local affection where the engorgement is great and the inflammation high, is signally beneficial and should never be overlooked. For this purpose recourse may be had to scarification of the cervix or the direct application of leeches. In manner the engorgement is relieved and the abnormal treatment is renewed. This may be repeated as often
as necessary. But the great and only reliable remedy is cauterization. And here there is some difference of opinion relative to the merit of the various cauteries. The most conspicuous, however, nitrate of silver; and nitrate of mercury, nitric acid caustic iodide. I prefer the mildest applications first, and if unsuccessful then the stronger. These remedies should be applied at least twice a week. A blister to the scrotum and astringent injections are good adjuvants. Attention should also be paid to the stomach and bowels; and the improvement of the general health.

When the inflammation has progressed to the state of ulceration proper, we have a much deeper seated disease, with considerable aggravation of the symptoms. This affection does not appear to be influenced by temperament; it may occur at any age after the establishment of the catarrh and the development of uterine activity, although it is much more frequent
after the sexual intercourse has exposed the uterus to additional irritation. The ulceration is chiefly confined to the cervix because this is more exposed to shocks and injuries and the like, than any other portion, and hence it has been observed that prostitutes are particularly liable to ulceration of the cervix. If the disease occur during pregnancy it may give rise to abortion, especially where a predisposition exists. One case known came under my observation, in which the disease neither prevented conception nor induced abortion.

The cause of ulceration are pretty much the same as those of erosion: cold, especially during menstruation, local injury, astringent injections, and the introduction of foreign bodies etc.

The symptoms preceding the inflammatory stage and previous to ulceration are frequent shivering with flashes of heat, dull pain and dragging sensation in the lumbar
regain, and unnatural weight about
the lower portion of the pelvis. The
pain is always increased about the
approach of the menstrual period.
Frequently the patient experiences a
degree of heat, or burning sensation
in the lower portion of the abdomen.
The presence of leucorrhoea, which
in Erysipelas was almost pathognomonic,
is very uncertain—it may or may
not be present. These symptoms are
present in most cases, and no cheap
takes place to mark the recurrence
of ulceration; so far however from being
mitigated, it is found that are
are aggravated.

If the finger be introduced
into the vagina before ulcerative
takes place, the cervix will be
found sultry and spongy with
an increase of the natural heat
and painful under pressure. When
the ulceration is superficial it may
escape detection, unless the finger is passed very lightly and carefully on the surface, when deeper some roughness with slight depression may be perceived, limited by a regular edge, unless the ulceration be syphilitic, in which case the depression will be bounded by an irregular margin.

If the examination be made with a speculum, the ulcerations will be found very numerous and of various sizes according to the stage of the disease. The depth also of the ulcerated points will vary considerably, some being very shallow and others very deep.

From the evidence afforded by the symptoms and vaginal examination at an early period of the attack, little doubt can be entertained of the essential nature of the disease. From the syphilitic ulcer it may
be distinguished by its regular edge and the absence of the yellow discharge so common in menstrual affections. From the breaking ulcer it may be distinguished by the absence of hemorrhage, indurated discharge, and nausea of the constitutional symptoms, whereas in the breaking variety a great portion of the uterus is involved at once and destroyed, alarming hemorrhage occurs and the discharge is purulent and acrid. The simple ulceration may be distinguished from cancer by the softness and mobility of the uterus, the bland discharge, the acute pain, and absence of hemorrhage. Whereas in cancer there is hardness of the base of the ulcer, immobility of the womb, purulent discharge, acute and lancinating pain and frequent hemorrhage. Besides the constitution will betray signs of a much more malignant and deadly invader in cancer.
These are the principal phenomena attending simple ulceration of the neck of the womb, and when the disease is fully and clearly diagnosed, the following treatment will be found most beneficial in its subacute case.

**Treatment.**

When called to a case of this kind during the forming or inflammatory stage, we may reasonably hope by active, energetic measures to subdue the inflammation and prevent the ulceration. The remedies therefore to be employed will depend upon the stage of the disease.

When the inflammation is considerable, great benefit may be obtained by abstracting blood from the limbs and sacrum by cupping or the application of leeches to the vulval by means of the speculum to the cervix uteri. This should be followed by warm hip-bath and
emollient vaginal injections and mild lacations, which will greatly lessen the tenderness and relieve the painful tension of the cervix. This more serious may be made by the application of blisters to the sacred line.

If ulceration has taken place a few emollient injections may with some advantage precede the more active treatment. Where the ulceration is very superficial some advantage may be obtained from astringent injections and astringent ointment applied directly to the cervix by means of the speculum. In this manner the ointment of acetate of lead has been employed with entire success in a few instances.

If, however, the disease has made considerable progress and obstinately resists the milder remedies above mentioned, the only chance of success is the
Cauterization of the ulcerated surface. But previous to the application of the cautery, the inflammatory symptoms should be subdued by the means already indicated, as the cautery will only add fuel to the fire that already exists.

The cauteries generally recommended have been maintained under the treatment of arsenic. The acid nitrate of mercury is probably the most reliable.

Great care should be taken to limit the application to the part affected only, as additional irritation and mischief may be engendered, to the aggravation of the disease and great inconvenience of the patient.

Should the general health be impaired by the progress of the disease, remedies should be administered to invigorate and elevate the tone of the system.

I sed marsupium redi.