

The granulations which are sometimes found surrounding the os uteri—which may secrete mucus or pus abundantly, and which may bleed on being roughly handled—are, I have no doubt, the result of inflammation; but they resemble the granular state of the conjunctiva, rather than the granulations of a true ulcer, the granular os uteri offering no edges or signs of solution of continuity, by which we might satisfactorily declare it to be an ulcer. The granular os uteri would be a more correct designation in such cases, than “ulceration” of the os uteri. Some of the so called ulcerations appear to be nothing more than patches of thickened epithelium, or portions of the os and cervix, from which the epithelium has been removed by acrid or irritating secretions. We can imitate this condition of the parts by the slight application of the nitrate of silver—sufficient to affect the epithelial covering, but not sufficient to injure the mucous membrane beneath.

It appears to me that we can neither receive the existence of excoriation or abrasion; granulation; or fungous growths; the secretion of pus or mucopurulent matter; as affording undeniable evidence of the existence of “ulceration” of the os and cervix uteri. We must try ulceration in this part of the body by the same tests which we apply to ulcers in other parts of the economy. We must look for a solution of continuity, with a secreting surface, separated from the healthy structures, having defined edges, everted or inverted,—for an ulcer, in fact, in the common pathological meaning of the term. We find ulcers having these characters in the air passages, mouth, stomach, intestines, bladder, and other mucous surfaces. There is no mistaking an intestinal ulcer after dysentery, and there ought to be no mistake about an ulcer of the uterus. Indeed, in the corroding ulcer of the uterus we unfortunately see that this organ is but too capable of taking on all the qualities of ulceration, in a degree only equalled by its extraordinary vitality, the organ being scooped out, or eaten away, in a comparatively short space of time. Cases are also met with in which the os uteri has been destroyed by the sloughing ulceration, and loss of structure, sometimes following the application of the more powerful caustic agents. We are, however, called upon

by the unlimited believers in uterine ulceration to admit that ulcerative disease may exist for years, in its common form, without any perforation, excoriation, serious loss of substance, or altered configuration. Whether we test the so-called ulceration of the uterus by ulceration occurring in other mucous surfaces, or in the uterus itself, under undoubtedly ulcerative disease, the distinctive characteristics are wanting in the great majority of cases; and they certainly are not found, unless I am most egregiously mistaken in the enormous proportion of 222 cases of ulceration to 300 cases of promiscuous uterine disease.

In all that I have said, I do not wish it to be supposed that I question the frequency of irritation, chronic inflammation, and subacute inflammation, in connexion with leucorrhœa. Recent writers would, however, treat leucorrhœa merely and solely as a symptom, not as an independent disorder. But I am well assured that it is often the disease itself, or at least all of it that we can appreciate; and that the irritable or inflammatory condition is excited secondarily, and mainly, by the morbid leucorrhœal secretion. Some change in the innervation or nutrition of the organ occurs, or it sympathises with a malady in some remote organ, and the secretions are consequently depraved. These depraved secretions irritate the surfaces with which they come in contact, and produce the visible signs of irritation or inflammatory action. We see these discharges sometimes inflame and excoriate even the integument, but we should never dream of saying that the inflamed condition of the skin was the essential part of the disorder. The same observation applies to the uterus. Thus it is not pathological, nor useful, always to consider leucorrhœa as a mere symptom; and the old plan of astringent injections, though sometimes mischievous, cannot quite be dispensed with; for in some, even profuse leucorrhœa, an astringent injection, by arresting the utero-vaginal discharges, does more than any other plan to soothe inflammatory conditions, or rather to suspend their causes.

Notwithstanding the use of the speculum,—notwithstanding the use of lamps and glasses, there is often considerable difficulty in ascertaining the precise