

like them are accompanied by tenderness or soreness on pressure.¹⁷ Occasionally there is a sense of weight in the loins or pelvis, and when erect, the patient often cannot resist the constant desire to bear down, as in the tenesmus of dysentery.¹⁸

The Bladder, Urethra, and Rectum.—These are apt to be really affected by extension of the inflammation. Pain in the bladder in such cases becomes increased, or comes on after micturition;¹⁹ and when not properly attended to, may induce nephritis.²⁰

Hyperaesthesia.—The whole or any portion of the body may become so tender as not to endure the least pressure without pain.²¹

Anaesthesia.—Occasionally a loss of sensitiveness, or a numbness of particular parts, is complained of.

Spasms.—Hysterical convulsions, and spasms of the muscles of the extremities or abdomen, are frequently to be observed, and are confined in particular cases to certain limbs.²² Hysterical convulsions may be brought on by fatigue, or occur at the time of menstruation, and may be syncopal in character, and be accompanied by frothing at the mouth.²³

The Circulation.—We are frequently consulted by patients for heart disease, when the womb alone is the organ affected. The palpitations complained of are often attended with pain in the region of the heart, which occasionally shoots upwards to the left shoulder, and down the left arm, and the suffering experienced is sometimes so great as to fall but little short of angina.²⁴ Cold extremities, with the head warmer than usual, with flashes of heat in the face and head, and down the back, are also very common in affections of the womb.²⁵ Faintness from slight causes, and globus hystericus are likewise enumerated as symptoms of inflammation of this organ.

Respiration. A nervous cough is also a frequent accompaniment, and is likely to be mistaken for a sign of incipient phthisis. To uterine inflammation, he tells us, is also due that peculiar nervous barking cough, so accurately described, but unaccounted for, by Dr. Elliottson.²⁶

The Mammae.—Congestion is the general sympathetic condition produced in the breasts, but sometimes these organs become really inflamed.²⁷

After entering fully into the mental derangements accompanying disease of the womb, he says that all the sympathetic evils he has mentioned, fall far short of the number which should justly be attributed to them. And, although he admits that they may exist in cases in which the uterus is healthy, still he says they are frequently present as the proximate and remote effects of uterine inflammation.²⁸

He notices the fact so often observed by all those who pay attention to affections of the womb, that the amount of suffering bears no relation to the extent of the disease,—that this may be but slight, and yet the patient suffer severely from sympathetic symptoms; or the ulceration be extensive, and the inflammation very considerable, without producing any inconveniences whatever.²⁹

Notwithstanding the fact, that in uterine disease leucorrhoea is a common and significant symptom; it will not do to base an absolute opinion on its absence in any given case.³⁰

He objects to the term "irritable uterus," and says that this organ is never irritable, unless it is congested or inflamed.³¹

The pain complained of in uterine inflammation is a continuous soreness, varying in intensity in different individuals.³² And when the uterus is touched and this species of pain is complained of, it is an evidence, not of mucous, but of sub-mucous or fibrous inflammation of the womb.³³

The menstrual flow may either be increased or diminished by chronic inflammation, but its periodicity is not generally affected.³⁴

Although some women, with extensive and long-standing ulceration of the womb, bear children as frequently as those in health, still there is no doubt that many are rendered sterile by it; or that abortion is also a frequent accompaniment of such a state.³⁵

Instances are not uncommon of patients being entirely cured of ulceration by the effects of gestation and labor.³⁶

In his chapter on etiology, our author remarks that a fruitful source of this disease is sexual indulgence, and the reading of lascivious books, aided by living in heated rooms, and partaking constantly of stimulating diet, which is particularly injurious at the menstrual period. Improper clothing, and the application of cold to a large portion of the surface he gives also as a great exciting cause of uterine inflammation.³⁷

Continued constipation predisposes to uterine congestion, and is a condition the most deleterious to female health.

Severe exertion, a jolt, or a lift, may render obvious pre-existing inflammation of the womb; which is generally aggravated, and may be originated by this circumstance.³⁸

The too speedy assumption of the erect posture after labor frequently causes disease of the womb.³⁹

Congestion about the rectum, vagina, or bladder may extend to the womb, and become chronic. Vaginitis, and especially gonorrhoeal vaginitis, may thus affect the cervix, and extend to the body of the womb itself. But vaginitis is also liable to be produced by disease of the womb, either by extension or by the acrid secretions passing through it for weeks or months together. It is sometimes attended by a vesicular eruption of the labia, with intolerable itching or burning of the parts.⁴⁰

In his remarks on prognosis he says, the tendency of the womb, without treatment, is to go on from bad to worse in all menstruating and child-bearing women; but in the former it may not increase if the cause which aggravates it be avoided.⁴¹

When the inflammation is confined to the mucous membrane outside the os uteri, the prognosis is most favorable, if it exist in that of the cervix it will be more obstinate, and especially difficult to eradicate when the deeper tissues are involved. The most unfavorable, however, is when infiltration has altered the shape, size, and consistence of the neck; this, when indurated, enlarged, and nodulated, will require much time and patience to even partially restore to its original softness and evenness.⁴²

Time required to effect a cure.—From three to twelve months should be the latitude taken in most instances for the removal of uterine inflammation; recovery in a shorter period than three months is uncommon.⁴³

The young get well sooner than the old, and the robust and stirring quicker than the delicate and inactive.

In very many cases the patient experiences benefit from the beginning, and continues to improve