No. 10

AN

INAUGURAL DISSERTATION

ON

Erosion and Ulceration of the Cervix Uteri

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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OF

Tennessee

1851.

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.

Respectfully Inscribed
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Erosion & Ulceration of the Cervix Uteri

General inflammation of the womb 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 solution of continuity is effected by absorption, and simple Erosion or acute 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 velvetty 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 contused, and exhibit minute points of excoriation, which enlarge by coalescence. The attention of the patient is generally excited by an obstinate leucorrhoeal discharge from the vagina, by an aching pain in the back, diminution of the catamenial discharge and disorder of the general health. Erosion 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 per vaginam. 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 induration of the edges of the erosion. The speculum, however, will reveal to us the congested state of the cervix with an extremely superficial erosion or peeling-off of the mucus 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 dysmenorrhoea.

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 ~~p~~ disturbance which it produces cause abortion, especially, where there is a predisposition to it.

When Erosion is not arrested, the symptoms of the disease and the sufferings of the patient, are, pari passu, augmented. The pain becomes constant, the discharge abundant, the tongue loaded, the bowels 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 generously in the pleasures of love. It is frequent among newly-married women and but rare among those who live in virtuous singleness: and when it does occur among the latter class it may with propriety be attributed to cold.

The only disease with which Erosion is likely to be confounded is leucorrhoea, from which it may be distinguished by the obstinacy 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 erosion or excoriation 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 curative 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. Obstinacy, however, is characteristic of all diseases of the mucous membranes and a dose of patience is generally indicated in this treatment.

Local depletion 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 congestion is relieved and the abnormal excitement is reduced. 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 caustics. The most conspicuous, however, nitrate of silver; acid nitrate of mercury: nitric acid caustic iodine. 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 sacrum 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 catamenia 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 occurs during pregnancy it may give rise to abortion, especially where a predisposition exists. One case, however, came under my observation, in which the disease neither prevented conception nor induced abortion.

The causes 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 during the inflammatory stage and previous to ulceration are frequent shiverings with flashes of heat, dull pain and dragging sensation in the lumbar

region, 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 Erosion was almost pathognomonic, is very uncertain - it may or may not be present. These symptoms are present in most cases, of and no change takes place to mark the occurrence of ulceration: so far have we from being mitigated, it is found that all are aggravated

If the finger be introduced into the vagina before ulceration takes place, the cervix will be found swollen 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 over 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 edges and the absence of the yellow discharge so common in venereal affections. From the corroding ulcer it may be distinguished by the absence of hemorrhage, inodorous discharge, and mildness of the constitutional symptoms. Whereas in the corroding variety a great portion of the womb is involved at once, and destroyed, alarming hemorrhages occur and the discharge fœtid and acrid. The simple ulceration may be distinguished from cancer by the softness and mobility of the uterus, the bland discharge, the dull pain, and absence of hemorrhage whereas in cancer there is hardness of the base of the ulcer, immobility of the womb, fœtid 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 principle 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 subversive cure.

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 loins and sacrum by cupping or the application of leeches to the vulva by means of the speculum to the cervix uteri. This should be followed by warm hip-bath and

emolient vaginal injections and mild laxatives, which will greatly lessen the tenderness and relieve the painful tension of the cervix. This same revulsion may be made by the application of blisters to the sacred bone.

If ulceration has taken place a few emolient 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 ointments 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, or the cautery will only add fuel to the fire that already exists.

The cauteries generally recommended have been mentioned under the treatment of erosion. 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 nunquam redi.