PREFACE.

authors cited. The copious index of authors will bear testimony to my diligence in this way. This index and the titles of the works referred to will supply a fairly comprehensive bibliography of the subject.

For useful aid in correcting the press, and in otherwise lightening the labor incidental to the preparation of a work of this kind, I am indebted to my son Dr. Fancourt Barnes.

ROBERT BARNES.

15, HARLEY STREET, LONDON, June, 1878.

vi

CONTENTS.

CHAPTER I.
Introductory: Anatomy of Pelvic Organs: the Ovaries; Fallopian Tubes; Uterus; Douglas's Pouch; Axis and Movements of Uterus; Changes under Menstruation; Vagina; Vulva
CHAPTER II.
Conditions indicating Necessity for Local Examination: Disorder of Function— Distant and Constitutional Reactions—the Subjective Signs of Local Disease indicate Appeal to Objective signs—Comparison of Study of Disease of Pelvic Organs with that of Skin and Eye—Disturbance of Functions of Ovaries, Uterus, and Vagina—Amenorrhæa, Real and Occult; Menorrhagia; Dysmenorrhæa—Abortion—Discharges: Leucorrhæa, Mucous, Albuminous, Watery, Gaseous, Purulent, Hemorrhagic, Fleshy, Membranous—Nervous Phenomena: Pain, Lumbo-Dorsal, Inguinal, Pelvic; Irritable Ovary; Irritable Uterus; Mastodynia; Neuralgia, Spinal Irritation, Paraplegia, Mental Disorder, Reflex Nervous Phenomena, Vomiting, Convulsion, Epilepsy, Hysteria—Dyspareunia, Vaginismus—Sterility.
CHAPTER III.
Significance of Symptoms Connected with Bladder and Urinary Disorders in relation to Uterine and Peri-uterine Affections:—Retention of Urine; Ischuria; Partial Retention; Incontinence; Cystitis; Abnormal Matters in Urine:—Blood, Pus, Fæculent Matter, Hair, Fat, Bones, Albumen—Significance of; Malignant Disease of Bladder, Primary and Secondary; Dysuria. Significance of Symptoms connected with Rectum and other Bowel-disorders in relation to Uterine and Peri-uterine Affections, Hemorrhoids, Fissure, Dyschezia, Constipation, Retention of Fæces; Copræmia; Blood, Pus, Mucus in the Fæces; Hair, Teeth, Bones, Fætal Elements in the Fæces
the Fæces
CHAPTER IV.
The Instruments Serving for Diagnosis and Treatment

CO			

	۰		
	1	3	v
	з	82	١

CHAPTER V.	CHAPTER XIV.
he Diagnosis of Diseases of the Pelvic Organs. The Touch—The Sound— The Speculum	The Fallopian Tubes: Absence of; Separation of; Inflammation (Salpingitis); Catarrh; Hemorrhage; Hæmatoma; Occlusion, Cystic Dilatations; Dropsy; Fibroid Tumors; Tubercle; Cancer—Broad Ligaments: Cysts; Terminal Tubal; Parovarian; Fibroid Tumors; Phlebolithes
he Pathology of the Ovaries—The History of Menstruation and its Disorders 170	CHAPTER XV.
CHAPTER VII.	Natural Course and Terminations of Ovarian Tumors
Disordered Menstruation (Paramenia, W. Farr).—Amenorrhœa, Chloro-anæmia, Primitive, Secondary; Arrested or Suppressed Menstruation; Retention of Menses or Occult Menstruation; Atresia Vulvæ, Vaginæ, Uteri . 189 CHAPTER VIII.	CHAPTER XVI. Treatment of Ovarian Cystic Disease: Historical Note; Medicinal, Local Medication, Surgical. Tapping by Vagina; by Abdomen; Tapping Combined with Iodic Injections; Incisions in Cyst; Electrolysis; Ovariotomy 375
Dysmenorrhœa—Neuralgic; Congestive; from Obstructed Excretion; Inflammatory; Ovarian Dysmenorrhœa; Dysmenorrhœa Membranacea, or Exfoliativa	CHAPTER XVII. Special Pathology of the Uterus; Developmental Faults; Unilateral Development; Uterus Bicornis; Uterus Bipartitus; Bilocularis; Hypertrophy; Atrophy
The Menstrual Irregularities of the Climacteric Epoch	CHAPTER XVIII. General Observations on Uterine Pathology; Effects of Labor and Lactation; Involution in Defect and Excess
The Relations of Menstruation to Various Diseases—The Influences of Ovulation and Menstruation in Evoking Morbid Influences	CHAPTER XIX.
Ovary: Absence of; Abnormal Conditions of; Displacement: Prolapsus; Hernia; Hyperæmia; Hemorrhage; Anomalies of Corpus Luteum; Inflammation (Oophoritis); Tubercle; Cancer; Solid Tumors; Fibroma . 264	Conditions marked by Altered Vascularity or Blood-supply: Fluxion; Hyperamia; Congestion; Inflammation; Metritis; Endometritis or Uterine Catarrh; Tubercular and Syphilitic Endometritis; Intra-Uterine Medication; Cystic Endometritis; Softening and Induration of Uterus; Senile Catarrh
CHAPTER XII. Ovarian Cystic Tumors; their Nature—Simple; Multiple; Proliferous; Cysto-Sarcomatous; Tubo-Ovarian; Dermoid Cysts	Pelvic Cellulitis (Parametritis): Pelvic Peritonitis (Perimetritis): General Discussion on Pathology and Causes; Perimetric Inflammation (Peri-Uterine Inflammation); Metro-Peritonitis
CHAPTER XIII. Ectopic or Extra-Uterine Gestation: Tubal; Ovarian; Tubo-Ovarian; Abdominal; Interstitial; Cervical; One-Horned Uterine Gestation 300	CHAPTER XXI. Perimetric Hæmatocele; Retro-Uterine Hæmatocele: Pelvic Hæmatocele; Blood-Effusions in the Neighborhood of the Uterus; Pathological Discussion; Groups of Cases:—1. From Rupture of Uterus, Gravid; 2. Rupture

CON	TITLE	IN	me

37.1	
λ	

PAGE	
of Ectopic Gestation-Cyst; 3. Rupture of Diseased Ovaries; 4. Effusions	CHAPTER XXVII.
attending Abortion; 5. Effusions from Menstrual Obstruction; 6. From Altered Character of Blood: 7. Other Causes; Symptoms and Diagnosis; Course; Treatment	Cancer: Definition; Degrees of Malignancy; its Local Origin; Hereditary Transmission; its Frequency. Is it Contagious? Causes; Forms of: Medullary; Epithelioma; Sarcoma; Scirrhous; Myxoma; Corroding Ulcer. Duration of Cancer. Cancer and Pregnancy. The Course and Terminations of Cancer; Diagnosis; Prognosis. Treatment: Question of Curability; Total Extirpation of Uterus; Amputation of Vaginal-Portion,
Prolapsus Described; Hypertrophy of the Vaginal-portion; Oblique or Lateral Displacements; Elevation; Depression; Elongation by Stretching and Pressure; Dislocations of Uterus by External Pressure; Versions and Flexions; Anteversion; Anteflexion; Retroversion; Retroflexion 539	Selection of Cases for; the Operation; Cautery, Actual and Potential. Treatment of Cancer of Body of the Uterus. Palliative Treatment; Local and Constitutional
CHAPTER XXIII.	THE DISEASES OF THE VAGINA.
nversion of the Uterus; Definition: Acute and Chronic; Causes, in the Parturient and Non-pregnant Uterus; Symptoms, Course, and Terminations; Prognosis; Diagnosis; Treatment	Colpitis (Vaginitis): Simple, Infectious, Acute, Chronic; Displacements; Wounds; Dilatation; Atrophy; Contraction; Syphilitic, Tuberculous, Cancerous Ulcerations; Sloughing; Cicatrices; Lacerations of the Cervix Uteri; Vesico-Vaginal and Recto-Vaginal Fistulæ; Ruptured Perineum; New Formations: Fibrous Tumors; Sarcomata; Cystic Tumors; Hæma-
	toma; Calculi
Structure of Uterine Tumors; Seat; Shape; Density; Vascularity; Law of Growth; Conversion of Muscular into Fibroid Tumors; Process of Expulsion, Formation of Polypus; Fleshy and Fibro-Cystic Tumors; Recur-	CHAPTER XXIX. THE DISEASES OF THE VULVA.
rent Fibroid; Erectile; Development and Decay of Fibroids; Fatty Degeneration; Softening; Cretification; Influence of Fibroids on Uterus, Surrounding Organs, and System Generally; Enlargement, Deformity, Displacement of Uterus; Dysmenorrhæa, Metrorrhagia, Sterility; Atrophy of Uterus; Ulceration, Perforation; Pressure upon Surrounding Organs; Pain; Phlegmasia Dolens, Peritonitis; Symptoms and Diagnosis; Treatment	Inflammation: General or Partial; of the Vulvo-Vaginal Glands; Abscesses; Ulcerations; Sloughs; Hæmatoma; Varicosity; Pruritus; Eczema; Folliculitis; Hypertrophy of Labia and Clitoris; "Endermoptosis;" Neuromata; Cysts; Syphilitic Warty Excrescences; Lupus; Cancer; Melanosis; Vascular Excrescence and other growths of the Meatus Urinarius and Urethra; Fissure of the Vulva. Coccygodynia
CHAPTER XXV.	INDEX OF AUTHORS
POLYPUS UTERI.	INDEX OF SUBJECTS
Definition; Forms of; Fibroid or Myoma; Glandular or Mucous; Hypertrophic; Vascular; Placental; Fibrinous; History of Fibroid; Fibro-Cystic Variety; Symptoms; Terminations; Intra-uterine and Extra-Uterine Polypi; Diagnosis; Treatment; Slow Strangulation, Dangers of; Torsion, Crushing, and Excision by Scissors; Removal by Polyptome, Écraseur, Galvanic Wire Cautery	
CHAPTER XXVI.	

LIST OF WOOD ENGRAVINGS.

FIG					PAG
1.	Pelvic Organs, in section (Sappey)				. 1
2.	Genital Organs, in sità (Savage)				. 1
3.	Adult Parovarium, Ovary, and Fallopian Tube (Kobelt)				. 2
4.	Right Fallopian Tube laid open (Richard)		. 100		. 2
5.	Ovary enlarged under Menstrual Nisus (Raciborski)	A STATE	The state of		. 2
6.	Menstrual Corpus Luteum and Ovary (Raciborski)		. Terry	C CYL	. 2
	Bulb of Ovary (Savage)				. 2
8.	Ovary in Old Age (R. B.)				. 2
9.	Three Winglets of the Broad Ligament (Sappey) .				. 3
10.	Longitudinal Section of Pelvis (Breisky)				. 3
11.	Uterus and Appendages of an Infant (A. Farre) .			i de la	. 4
12.	Vertical Section of Uterus (A. Farre)	1,000			. 4
13.	Virgin Os Uteri and Vaginal-Portion (A. Farre) .				. 4
	Os Uteri in Old Age				. 4
	The Uterus in Old Age (A. Farre)				
16.	Shrinking of the Walls in Old Age (A. Farre)				. 4
17.	Cervix laid open (Hassall and Tyler Smith)			•	. 4
	Multiparous Uterus (Sappey)			•	. 4
	Virgin Uterus (Sappey)	•		•	. 4
	Section of Uterus, above entrance of Fallopian Tubes (A	Tame			. 4
21.	Section through centre of Cavity of Uterus (A. Farre)	. rarre)	•	. 4
22.	Section through centre of Cervical Canal (A. Farre)	•	•	•	. 4
23.	Cast of Cavities of Uterus, Virgin, æt. 17 (Guyon)	•	•	•	. 4
24	Cast of Cavities of Multiparous Uterus, et. 25–30 (Guyo		•		. 4
25	Cast of Cavities of Multiparous Uterus, æt. 25–50 (Guyon)	n)	•		. 4
26	Cast of Cavities of Multiparous Uterus, at. 42 (Guyon)	•	•		. 5
27	28 20 Changes of Museus Membranes 35				. 5
~.,	28, 29. Changes of Mucous Membrane; Menstruation ju	ist ende	d; Thi	ee days	
30	after Menstruation; Just before Menstruation (John V	Villiam	s)		. 5
21	Section through Mucous Membrane of Normal Virgin Ut	erus (E	Lundrat) .	. 5
20	Section of a Maiden Menstruating Uterus (Kundrat)				5
22.	Villi of Os Uteri, Epithelium removed (Tyler Smith and	Hassall)		. 5
24	Extremities of Villi of Os Uteri (Tyler Smith and Hassa	11)			. 5
94.	Villi of Os Uteri, covered by Pavement Epithelium, a	nd con	taining	looped	
95	Bloodvessels (Tyler Smith and Hassall) .	•	•		5
90.	Mucous Discharge from Healthy Cervix Uteri (Tyler Smi	th and	Hassall		7.
90.	Cervical Leucorrhea (Tyler Smith and Hassall) .	•	•		7.
91.	Epithelium in Vaginal Leucorrhea (Tyler Smith and Has	sall)	•		. 7
20.	Situation, Direction, and Relations of the Uterus when Bla	adder is	full (8	sappey)	120
	Fergusson's Speculum	•			14
	Cusco's Speculum	4			14
	Sims's Speculum	-			14
	Barnes's Speculum (R. B.)		. He was		14
43.	Simpson's Uterine Sound				14

 45. Küchenmeister's Metrotome Scissors
 149

 46. Simpson's Metrotome
 150

 47. Simpson's Tenaculum Hook
 150

 48. Improved Wire Ecraseur (R. B.)
 151

88, 89, 90. Diagrams: Diagnosis of Ascites and Ovarian Dropsy (R. B.) . 364, 365
91. Microscopic Character of Ovarian Fluid (Thomas M. Drysdale) . . . 374

97. Transverse Section of Vaginæ of preceding figure (R. B.)

59, 60, 61. Diagrams showing High Tension preceding Menstruation, High Tension in Ninth Month of Gestation, and Ordinary Tension after Menstruation (Fan-

T.T	ST	OF	WO	OD	ENG	B. A	VIN	GS.

XV

FIG.				1	AGI
100.	Representing Bulk of Uterus arrested in its Involution after	Pregnar	ncy, an	d	
	also the Bulk it ought to attain (Simpson)		•	•11	418
	Congestion of Vaginal-Portion of Cervix after Labor (R. B.)		•		427
102.	Showing Loss of Epithelium, leaving Villi of Os Uteri bare (Ha	assall ar	nd Tyle	r	
	Smith)	•			428
	Epithelial Abrasion after Labor (R. B.)				429
	Marion Sims's Curette				485
	Récamier's Curette			9	488
106.	Collar of Hard Inflammatory Effusion encircling Cervix Uteri	(R. B.)			504
107.	Remains of a Retro-Uterine Hæmatocele (Guy's) (R. B.)				517
108.	Retro-Uterine Hæmatocele from a Diseased Ovary (R. B.)	. 75			521
109.	Retro-Uterine Hæmatocele (R. B.)				528
	Sectional View of the Parts in Retro-Uterine Hæmatocele (R.		. Hazy		524
111.	Illustrating Relative Position of the Uterus and Rectum and In	nterven	ing Cys	st	
	(R. B.)				538
112.	Complete Procidentia Uteri (R. B.)		. ILLIA		549
113.	Illustrating Successive Stages of Prolapsus of Uterus (R. B.)	(Linear)	. 30.009		54
	Prolapsus Uteri (R. B.)		11-10-		544
	One Form of Hypertrophy of Vaginal-Portion of Cervix Uteri	(R. B.)		546
	Appearance of same after Complete Cicatrization from Amputa			1-	
	vanic Cautery (R. B.)				547
117.	122 183 184 185				548
	Prolapsus of Uterus, with Hypertrophic Elongation and Compl		ersion o	of	
	Vagina (London Hospital) (R. B.)				549
119.	Hypertrophy with Procidentia of Vaginal-Portion of Cervix U	teri (R	B)		550
	Early Stage of Hypertrophic Elongation of the Cervix Uteri (I			•	551
	Advanced Hypertrophic Elongation of Cervix Uteri (R. B.)	u. D.)			552
	Hypertrophic Elongation of both Supra and Infra Vaginal-Por	tions of	Convi		90%
	Uteri (King's College)	mons of	Cervi	A	558
193	Great Hypertrophic Elongation of Supra Vaginal-Portion of C	ownia II	tom (9)		996
120.	Bartholomew's) (R. B.)	GIVIA U	cerr (s)	b.	
194	Hypertrophic Elongation of Uterus (St. Thomas's) (R. B.)	•	•		554
195	Diagram showing how Hypertrophic Elongation of the Anterio	T :			556
120.		or rib o	i the O	S	~~
196	Uteri is caused by Pressure under Retroflexion (R. B.) The Cup-and-Stem Pessary (R. B.)	•		•	558
		•	•		575
	Scott's Pessary		•	•	576
	Diagrams Illustrating Versions and Flexions of the Uterus (R.	. в.)			585
	Graily Hewitt's "Cradle-Pessary" (R. B.)		•		592
	Extreme Anteflexion of Uterus (R. B.)	•			594
	Anteflexion of Uterus (R. B.)		•		595
	Diagnosis of Anteflexion of Uterus (R. B.)		•	•	596
133.	Mode of applying Hodge or Lever Pessary for Retroversion	or Retr	oflexion	n	
101	(R. B.)		•		602
	Second Stage in Application of the Hodge (R. B.)	•			603
	Third and Final Stage in Application of the Hodge (R. B.)	•		•	604
	Extreme Retroflexion of the Uterus (R. B.)				607
137.	Diagnosis of Retroflexion by the Vaginal Touch (R. B.)				611
138.	Diagnosis and Reposition of the Retroflected Uterus by the Sou	and (R.	B.)		612
	140. Reduction of Retroflected Uterus by Finger (R. B.)		. (313,	614
	Reduction of Retroflected Uterus by Sound (R. B.) .				615
142.	Occasional Vicious Action of the Hodge in Extreme Retroflex	xion of	Uteru	s	
	(R. B.)		. 14 11		618
	Combined Action of Intra-Uterine Pessary and the Hodge (R.	B.)			619
	Tilestati mi D of i office				621
	Extreme Inversion in Section (Crosse)				0.24

-	r	H	T

	PAGE
16.	622
46. Specimen of Inverted Uterus (Crosse)	. 637
47. Barnes's Operation for Inversion of Uterus (R. B.)	3
47. Barnes's Operation for Inversion of Certais (In 29) 48. Barnes's Elastic Pessary for Reduction of Chronic Inversion of the Uterus	. 639
(R R)	. 643
49. Structure of Fibroid of Uterus (H. Arnott)	. 646
a to of Fibroid Tumors of Ulerus (St. 110mas S)	. 646
51 Sub-peritoneal Fibroid Tumor of Oterus (Hondon Hospital)	647
THE THE ATTENDED OF THOMAS (R. B.)	. 649
The Utamic with two large Fibroid Tumors (St. George's) (11. D.)	651
The same of the Uterns (St. (reorge's) (1. D.)	652
155 Fibroid or Muscular Tumor of Uterus (St. Homas s) (11. 21)	. 655
	. 657
	A Comment of the Comm
158 Large Fibroid Tumors, one in the Anterior, the other in	. 679
	. 682
cuing Comity of Herns (College of Surgeons) (16. D.)	. 683
100 Fibroid Polynus extruded from Oterus (Contego of Sanger)	. 686
det Mariana on Clandular Cervical Polypus (R. D.)	. 686
	100
162. Section of a "Channelled" Grandmar Pospea (St. Ba 163. Uterus with Fibroid Polypus attached to Upper Wall and ligatured (St. Ba	. 693
	. 695
Operation for removing Polypus Uteri by Wire Ecraseur (R. B.)	. 700
165. Tubercular Disease of Uterus (Guy's) (R. B.)	. 701
1cc Phthicis Uteri (Carswell)	. 708
167. Cancer of Uterus (St. Bartholomews) (R. Br.) 168. Uterus enlarged from Infiltration with Encephaloid Matter (St. Thomas	. 709
thirds destroyed by Ulceration (St. Bartholomew s) (16. 1	. 711
170 Concer esting away lower hall of Cterus (St. Homes)	712
181 Peroment Enithelioma of Uterus (Lancereaux) .	713
Melionant Disease of Uterus (St. George's) (11. D.)	714
173 Cauliflower Growth of the Cervix Uteri (Arnott)	. 715
174 Spindle-cell Sarcoma (Arnott)	737
10% Intro Uterine Speculum (R. B.)	747
D a Disaline Oc Literi of V90103 (D. D.)	
176. Cicatricial Band Binding Os Cierro Vaginal Caracteristical St. Thoma 177. Showing the Relations of Ureters to Vesico-Vaginal Fistula (St. Thoma	. 749
	. 755
" (Poringal Body" (modified after Inomas) (R. D.)	The state of the state of
170 Popusanting the Split Sphincter Ani and the Course of the Saturd	saly
180 Showing the Ring of Sphincter Am nearly restored by drawing up and	. 75
d as in preceding figure (Inomas) .	
181. Showing Wound and Application of Sutures in Restoration of Perin	. 75
(Thomas)	

DISEASES OF WOMEN.

CHAPTER I.

INTRODUCTORY: ANATOMY OF PELVIC ORGANS: THE OVARIES; FALLOPIAN TUBES; UTERUS; DOUGLAS'S POUCH; AXIS AND MOVEMENTS OF UTERUS; CHANGES UNDER MENSTRUATION; VAGINA; VULVA.

It may seem superfluous to state that a clear knowledge of anatomy is the antecedent condition of a correct understanding of disease, diagnosis, and treatment. All sound medicine is based upon this proposition. But it is more strictly true of the diseases of women than it is of disease in general. For example, it is quite possible to imagine a satisfactory diagnosis to be made of a fever and to treat it successfully, without any precise knowledge of anatomy; but in the diagnosis and treatment of morbid conditions of the female pelvic organs it is hardly possible to move a step without precise knowledge of their anatomy and physiology; that is, without imminent risk of falling into error in practice.

It therefore becomes especially desirable to introduce the study of the medical and surgical diseases of women by an adequate description of the organs specially concerned. It might be thought to be sufficient to refer the reader for this to any one of the many admirable works on anatomy which we now possess; but this, it would quickly be found, would very imperfectly answer the purpose. Anatomical text-books teach pure anatomy only, certainly as far as the diseases of women are concerned. What we want is the applied anatomy of the sexual system.

Almost every physiological or pathological condition of the pelvic organs is attended by variations more or less marked either in their tissues, in their shape, size, or in their relative positions, and often in all. Hence the necessity of keeping constantly before us the normal standard by which we may estimate the abnormal deviations and understand how these are to be corrected.

The principal organs we are concerned with are all contained within the true pelvis. They are further inclosed or packed between the peritoneum above and the perineum below.

These organs are the ovaries, the Fallopian tubes, the uterus, the vagina, and vulva. The rectum and bladder, also contained within the