

GYNECOLOGICAL DEPARTMENT.

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Symptoms and Treatment of Endometritis.

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THERE will probably be nothing new in this paper, but as there are more women who have endometritis than any other disease, it seems to be fitting to give you my experience, with the hope that my time will not be misspent. The symptoms of endometritis are numerous as well as varied. One woman has one train of symptoms, and another has as marked an endometritis with an entirely different set of symptoms. With women who have borne children and others who have had miscarriages and not had the proper care, we expect to have some pelvic disturbance, although much of this could be prevented if they would take proper care of themselves after parturition and miscarriage. Women do not seem to realize that it takes time for the overstretched womb of nine months to resume its normal state, which it cannot do in two or three weeks, in addition to nursing the baby (which is a more or less drain on the system.) It is said that with care the uterus will involute in five or six weeks, but it seems to the writer that it requires a much longer time for the pelvic organs to take on their former tonicity, and the patient to be free from backache or pain in the groins. If a woman aborts she expects to go about her work as usual, instead of having the same care that a woman should have after delivery.

The gynecologist finds more cases of endometritis following abortion than labor, simply because the woman does not have the same attention that she would have had, had she gone to full term.

There are many girls who have dysmenorrhea before puberty and as the years roll on the suffering at the monthly period increases, until at last she becomes nervous and irritable, general health is impaired, suffers with backache,

pain in the ovaries and leucorrhoea, which soon develops into endometritis. She suffers on from month to month, in the meantime taking some patent nostrum that is peddled from door to door, or some druggist gives her morphia which she deals out injudiciously at each period until she becomes addicted to the drug. After suffering for years and by this time probably having a fully developed endometritis, retro-version or retro flexion with or without a prolapsed ovary, she presents herself to some one who has made a specialty of the diseases of women, and on examination the above picture presents itself.

Several girls at the age of eighteen or twenty have consulted me, (and on examination I have found the above state of affairs) who had already been told by Dr. So-and-So that nothing could be done for her on account of her age, or she was advised to marry; and this poor advice is followed until she is an invalid; if the former, she gradually gets worse; if she chooses the latter and marries, it is sure in nine cases out of ten to aggravate the pelvic disturbance and it is much harder to put her through a systematic course of treatment than were she single. The marriage relation does not improve this condition, and after a woman takes upon her the cares and responsibilities of a household she has not the same opportunity of caring for herself as she has under her parental roof. A girl who has pelvic trouble should be entirely well if she expects to become a wife and mother, otherwise nothing but misery stares her in the face, for there is nothing so sad as a woman whose nervous system is a wreck, and pelvic trouble sooner or later makes an inroad on the nervous centers. The following is a typical case:

Mrs. S., aged thirty-three, married seven years, housewife, has one child six years of age, labor instrumental, no abortions, menses first appeared at the age of fourteen, flow scant, duration one to three days, regular, always had severe pain at her periods, so had been obliged to go to bed one or two days, micturation frequent, constipation, slight vaginal discharge, severe pain in both groins, constant backache, bearing down sensation, constant headache, very weak and nervous, palpitation of the heart, faints easily on any exertion, she has been sick since the birth of the child, gradually getting worse, especially the past eighteen months, during which time her child was very ill and she carried him

in her arms. Her family physician put her to bed where she had been for six months, did not sit up any, and was at the end of six months rest, feeling much weaker than when she went to bed, headache more frequent, backache and headache are the prominent symptoms, at times she was very morbid.

On examination found slight laceration of peritoneum and cervix, uterus retro-flexed, enlarged and impacted in the pelvis, very tender on pressure, and a prolapsed right ovary. It was impossible to raise the uterus out of the pelvis because of it being impacted, ordered hot douches daily, tampons of boro glyceride three times a week for six weeks, then a thorough curetting, which was done, after which the uterus was replaced and a hard rubber pessary introduced. This treatment has given relief to date. The patient lives out of the city but comes in regularly every three months to have the pessary taken out, cleansed and replaced. At present she is able to look after her household duties and does all her own house work except the heavier parts of it. Had this woman remained in bed six months longer, her mind as well as her body would probably have been nearly exhausted although no one can prognosticate in those cases. This is only one of hundreds of women who are suffering from this plain but over looked disease of endometritis which seems such a little thing to many physicians, especially those in general practice, but to women and the homes they represent it seems a most serious thing as the effects upon the nervous system are such that a woman may never be strong as she once was, when if the disease had been taken in time, much suffering could have been avoided.

That endometritis is of especial importance in the treatment of diseases of women, and that gynecologists meet with it more frequently than any other disease is a well known fact. Therefore the curative treatment constitutes a large amount of the prophylaxis of other pelvic diseases. If endometritis could always be removed before the inflammation extended to the tubes and ovaries, gynecological work would be simplified, as endometritis is the forerunner of salpingitis and ovaritis. What is most to be feared in every case is that the inflammatory process will extend to the uterine appendages. There is no doubt salpingitis is caused by an inflammatory condition of the endometrium. In many

cases, therefore, chronic endometritis is complicated by metritis and salpingitis, the disease simply spreading to the tubes, for the anatomical structure is nearly the same. It is important to treat it in the early stages. But, as a rule, a woman does not consult a physician until the disease has reached the chronic state, unless it be of specific origin, and in many of these cases even very early the gonococcus has passed into the tubes and ovaries.

The disease may be limited to the cervix, though usually the whole uterine canal is involved. In time the local disease will make an impression on the general health; the patient is easily fatigued, becomes anemic, she loses energy, the appetite becomes impaired [often with nausea]—so-called uterine indigestion—and the woman later becomes nervous, irritable, easily excited and often hysterical.

An easy division of endometritis is into *Simple*, *Specific* and *Septic*.

Simple endometritis is found in girls; especially in cases where there is a stenosis of the cervical canal. A few drops of blood may be pent up at the close of each menstrual period and decompose and thus set up a slow process of inflammation until in time [it may be short or long] the uterus becomes enlarged and we have a metritis as a complication; or the uterus becomes too heavy for the ligaments to hold it in place and we have a displacement, more often a retroversion; in exaggerated cases a retro-flexion, more rarely an anti-flexion. In delicate girls and women the mucous lining of the womb becomes degenerated, resulting in uterine catarrh. Exposure or wet feet may cause an endometritis. When there is no disease of the appendages, the uterus can be examined with a sound, taking care that it is aseptic. If the sound, handled carefully, causes bleeding or pain, there is a diseased membrane which should receive prompt treatment.

Septic endometritis is more common after abortion than after labor. Before the day of antiseptics a large number of patients in lying-in hospitals had a rise of temperature which was due to sepsis or septic endometritis. After abortions, great care should be used to prevent such a condition by removing all membranes. Acute endometritis following childbirth or abortion or when of specific origin must be treated according to the conditions present. If there is retained

membrane it should be removed at once. In cases following delivery there may be retained secundines, or blood clots may not have been expelled; remaining, they become infected, decompose and cause septic endometritis. In such cases one must wash out the uterus after the cavity has been emptied. There are cases where irrigation may have to be repeated daily for several days, others where one washing out will suffice. It depends upon the cause; if debris has been left until the patient has been septic for several days, it will probably be necessary to wash out the uterus more than once. In acute endometritis following abortion one thorough washing and cleansing out is all that is usually required. Why risk a woman's life by having her exposed to the dangers of blood poisoning when we have a safe and prompt relief by curetting? I have been called to cases treated for malaria and found the uterus filled with decomposed membrane. In none of these cases has the curet failed to relieve. I well remember a case where I was called to a hospital to see a woman who had suffered from an abortion six weeks previously. Temperature was subnormal for a week; she was emaciated, with cold extremities and incessant vomiting; she had received nourishment by rectum for two weeks. On examination I found the vagina filled with foul, decomposed membrane. The physician in charge could not understand why the vomiting could not be controlled, as nearly everything in the materia medica had been used! On the tenth day after curetting and washing out the uterus I had the satisfaction of sending the woman home to care for her four little children.

The treatment of specific endometritis is most unsatisfactory, as there is bound to be a recurrence in a large number of cases. In all probability the trouble, regardless of careful treatment, has only been relieved temporarily, yet there is always a possibility that the disease has not only been checked, but permanently cured. These are about the most doubtful and discouraging cases the gynecologist has to handle. In cases of acute specific endometritis, if the patient has a rise of temperature, it is best to put her to bed and use long-continued hot, sterilized douches, with or without an antiseptic. If an antiseptic is used, it is essential to select one of the safer ones, unless the patient has a trained nurse upon whom the doctor can depend. If bichloride of mercury is used it is necessary to be careful that none is left in the posterior fornix, especially if the vaginal douches are given several times a day, as may be necessary in some cases. It is better to use lysol, boric acid, or something else of mild character. The writer prefers Lysol, as it has proven effectual in a large number of cases.

It may be necessary in acute endometritis to apply heat to the abdomen for a short time; it at least gives some relief to the patient.

The acute often leads to chronic endometritis in spite of our vigilant efforts. A large number of these can be relieved, if not cured, by tampons of boroglyceride, ichthyol and intra-uterine medication. If there is retro-displacement complicating these cases, one must replace the uterus after the endometritis has been relieved, and introduce a pessary to hold the organ in place; keeping the patient under observation and making sure that she fully understands that the pessary is to be removed and cleansed thoroughly at least once in three months.

Chronic endometritis of specific origin should be treated by thoroughly curetting with a sharp curet, and the endometrium swabbed with iodo phenyl or carbolic acid, the cavity packed or not as the case indicates.

In fungoid endometritis the curet should be used as well as in many other chronic cases of simple origin. This operation should be done antiseptically and never in the physician's office; it must be either at the patient's home or at the hospital, after first having the patient properly prepared; and she must be kept in bed from one to two weeks after the curettage.

This mode of treatment has been thrown into disrepute in some localities among the laity, simply because some amateur has either in his office or in the patient's home gone through the performance of running a wire curet over the endometrium. Of course the results have not been favorable. Whether this has been done simply for the fee or from ignorance, I am unable to state. The curet should be used properly when indicated, but not when there are contra indications.

In endometritis it is of special importance to secure good drainage. One must treat a chronically diseased uterus as a sinus, keeping up good drainage, and thus securing good results. In uncomplicated cases dilating and curetting give the best results. This little operation requires the same care and as strict asepsis as any operation on the uterus. Many bad results occurring in these cases are due to lack of strict asepsis. A patient should invariably be thoroughly anesthetized before operating.

SUMMARY.

In acute endometritis: rest, hot douches, heat applied when necessary.

Chronic endometritis: hot douches, tampons of boroglyceride, intra-iodine treatment.

Curet all cases that require it, but do the operation thoroughly and antiseptically after having the patient properly prepared.

Rest in bed as long as necessary. By these measures we will undoubtedly get good results in the majority of our cases.