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The Speculum and its modifications—its importance in the treatment of Diseases of Females, with some cases illustrative. A Lecture delivered at the N. Y. Preparatory School of Medicine, by AUGUSTUS K. GARDNER, M. D., Instructor in Obstetrics and Diseases of Females—one of the Committee on Obstetrics, &c., N. Y. Academy of Medicine, &c., &c.

WITHIN the last few years, a very great change has taken place in the treatment of the diseases of females. Even the nomenclature has been changed, and terms that were once indicative of diseases, are now considered as designating symptoms only. In the same manner that the telescope analyzes the milky way, the speculum has made clear to us what was once hazily considered to be a disease denominated *Leucorrhœa*. The scalpel of the dissector evinces that Dropsy is not a disease, but the symptom—often the fatal one—of other grave, frequently remote, organic changes in the system. Dropsy is no longer known among the educated as a disease. *Leucorrhœa* now shares the same fate; it is but a generally trivial and unimportant symptom of other serious trouble.

The speculum uteri has been found among the ruins of Herculaneum, where it was buried A. D., 79, and where, till recently, it remained, without any account of it left in any manuscript, to lead us to suspect its use, unless we except Morgagni's doubtful allusion to it. It was, however, re-invented in 1816, by Recamier, (deceased in 1852,) and its introduction into practice has shed a flood of light upon the diseases of females. Formerly, I saw it much employed in Paris, not unfrequently upon eighty women a day, and although it was then used very indiscriminately, and, as experience has subsequently shown, often very unnecessarily and sometimes injuriously, I was firmly convinced of its utility in many cases. On my return to this country, I brought with me this instrument, and have never ceased using it in dispensary and private practice, with marked utility to myself in the diagnosis of diseases, and of unquestionable benefit to numerous patients in their treatment.

Since that period, this instrument has come into general use, and I may add, into frequent abuse.

But there are still many who deny its utility,—not in cases of syphilis or cancer, where tumors exist, &c.—cases where generally it is either useless or impossible to be advantageously employed—but in cases of continued leucorrhœa, menorrhagia, abortion, &c. Now, I propose in this lecture, to give my opinion upon the character of cases in which this instrument is applicable, and, as I may chance to remember, will illustrate my remarks by cases from my own experience.

There are several varieties of persons who oppose the use of this instrument. 1. Those who cannot see—and we will not endeavor to convince them of its utility.

It is impossible to view the os uteri with the speculum in one hand, and an eye-glass in the other. So it is also equally impossible, with an ultra-squeamish patient, whose last thought is to accommodate herself to the necessary requirements of the medical attendant.

2. Another class is found in those whose early essays in introducing the speculum, did not result in bringing the os into view. They saw nothing, and think no one sees anything. Not unfrequently where the amount of the disease is greatest, there is most difficulty in “finding the os.” Notwithstanding the familiarity acquired by constant practice, I am not unfrequently compelled, rather than continue too long a sometimes painful manipulation, to arrest the examination without getting the hypertrophied or retroverted os into the field of vision. Indeed it is a matter requiring far more tact and experience than is generally supposed, or than one would imagine was required.

Not a little of the facility of making an examination depends upon the instrument which is employed. The varieties of these are very numerous. That in commonest use—the glass, lamp-chimney species—is almost valueless. It is unpleasant to introduce, being very painful in the commencement of its introduction. This objection is trivial with prostitutes and multipara. When it arrives at the end of the vagina it often passes anterior or posterior to the cervix; but if it displays the womb, if there be any deviation from its normal position, not the os but the cervix only, is visible, and often no means will bring the os into view. Should the os be made visible, often the orifice of the speculum is not sufficiently large to admit a view of one half of the indurated and hypertrophied organ.

The quicksilver lined instruments are open to the same objections, but as they concentrate the light strongly upon the exposed part, they are in some slight cases, of utility.

The old fashioned three valve metallic speculi are an improvement

upon the former instruments, but they have the same disadvantage of distending the external, rigid parts to an equal extent with those interior; which not only limits their use, but also is not unfrequently unnecessarily painful.

The speculum of Ricord, with two blades, which opens widely interiorly, while the size of that portion within the external genitals does not enlarge, but rather diminishes, as the instrument is opened—is the greatest improvement it has yet received. The only fault in this is, that when distended, the lax walls of a flaccid vagina will fall together within the blades, and obscure the vision. To remedy this defect, Charrière, the ingenious Parisian cutler, has added a superior and posterior blade. And this four bladed speculum is without question, the only speculum ever needed, applicable to every case, and of immense importance in treating these diseases. It has the advantage of being of easy entrance—it greatly dilates the posterior portion of the vagina, permitting the os uteri to fall within the blades almost of its own accord; it also draws aside the lips of the os uteri, permitting a limited view of the cavity of the os itself.

The blades of this instrument are generally composed of German silver, sometimes silvered, or gilded. When gilded they are not subject to rust or corrosion, but the altered hue, which by reflection is given to the parts, renders this form objectionable. When silvered, they are less liable to corrosion from the effects of acids, and the reflection is increased; but they are somewhat more costly, and the silver coating is not of permanent duration. It is highly desirable that some convenient method be found for removing the dark stains which soon much injure the utility of the instrument.

Beside these instruments, ivory cones, of formidable dimensions, are used, where the actual cautery is applied, on account of their non-conducting qualities. Herteloup's speculum, intended to allow the sides of the vagina to be seen and operated upon if necessary, is not any more convenient than the four bladed instrument already mentioned. The wire speculum composed of firm strait wires, radiating from a centre, is no improvement upon this instrument. There are various modifications, other than those I have mentioned, but they are of little importance. The instrument is, however, constructed of various sizes to suit the different ages and conditions of life—those for use where the actual cautery is applied, are large and only applicable in the large vaginas of child-bearing women; while those used for virgins, who occasionally at advanced age, or still rarer in youth, require this method of explo-

ration and treatment, are small and delicate in their construction.

In some cases, instead of the speculum, spatulas—much resembling the tongue spatulas—are used to draw down the perineum, and thus to expose an enlarged or prolapsed organ.

Now the cases in which this instrument is of use, are quite numerous. In recto or vesico vaginal fistulas the speculum may be of service, although in general the spatulas are the more serviceable instruments in the hand of an assistant. In a very rare case of vesico uterine fistula, which I lately saw in the practice of my friend and coadjutor, Dr. H. W. Brown,—where the urine flowed through a fistulous opening into the uterus, and thence made its exit through the uterus into the vagina,—the fistulous opening could only be discovered by drawing aside the labia, by means of spatulas, and pulling down the uterus into sight, according to the plan recommended and practised by Jobert of Paris.

Dr. J. Marion Sims, now of New York, and late of Alabama, one of the most distinguished of American Surgeons, has recently shown me a new spatula—if it can have that name—of his own invention, which was invented from necessity, (*ex necessitate rei*) to supply a want in his own unique operation for the radical cure of vesico vaginal fistula. It might perhaps be called a levator perinei, for in his operation, the patient being placed upon her hands and knees, the perineum is raised up by this instrument, in the hands of an assistant.

Beside this instrument, Dr. Sims was kind enough to show me a model for a speculum upon a new plan, possessing some peculiarities of marked utility. In its present unperfected state, I am not justified in making, perhaps, even this casual allusion to it. I do it however, partially, for the opportunity of incidentally giving my testimony to the very elevated opinion I entertain of the man, and the entire success of his operation in one case which I have been permitted to examine.

In prolapsus uteri, the speculum is of service—first, in diagnosing whether this descent is due to a hypertrophied os which by its weight may have dragged down the uterus: if so, then it is useful in subsequent treatment. If it is owing to relaxation of the vaginal tissues, then by pinching up the vagina as it falls in folds through the blades of the instrument with a “serré-fine,” as in cases reported by Marjolin, a cure may be effected by the adhesive inflammation caused thereby, and the consequent contraction of the capacity of the vagina.

In syphilitic ulcers upon the os, or in the vagina, the use of the speculum will be admitted, without controversy at the present day.

In cases of polypi, diagnosed by the finger, the speculum will fre-

quently be of service, although not absolutely necessary, to assist in their removal.

In cases of obstinate and continued leucorrhœa, dysmenorrhœa, menorrhagia, and repeated abortion, the importance and value of this instrument cannot well be exaggerated.

Bennet on the Uterus—the most available and reliable book upon this subject, is in the hands of every one, and has been of inestimable value in the diagnosis and prophylaxis of these diseases. It has gone over the whole ground so thoroughly, that I shall not now do more than relate in this place, a few, from very many corroborative cases from my own personal experience.

Mrs. S——, a lady residing in New Jersey, consulted me in April 1853. She was of delicate frame, about 24 years of age, and of a remarkably healthy family. Her youth was one of health, till at the close of her seventeenth year she began to be affected slightly with dysmenorrhœa. This continued with more or less severity for several years, till in her 23d year she was married. She had one child, but for several subsequent years she was much troubled with dysmenorrhœa. An aggravated dyspepsia however, prostrated her strength, and very much destroyed the pleasures of life.

When I was called, it was with the purpose of engaging me to attend her in an approaching confinement which she said would take place in the course of two months. She attributed her increased indigestion to this cause, which had recently become so aggravated as to compel her to live solely upon stale bread of three days age, salt cod-fish, and cold water. This had been her diet for the three weeks antecedent to my visit. She was astonished that she did not grow any faster, for she could wear all her dresses as usual: moreover her menses appeared regularly every month, accompanied by great pain and hysteria. The total amount of the discharge would not spot a cloth to the size of the palm of the hand. I suggested the idea that she was not pregnant, but it was instantly negatived by the positive statement that she had felt life, and that her husband and mother had both seen the movements in the abdomen. I said that by laying a cold hand upon the abdomen, these movements might easily be excited, and she laid down that I might feel myself, the foetal movement. The uterus was not even discernible, far less any impulse from its supposed contents. It required much argument and positive statement, to convince them that she was not with child, but that she was laboring under some uterine affection and sympathetic irritation. A speculum examination revealed a hypertrophied

and raspberry colored os, denuded of its epithelium, but *without* the least leucorrhœal discharge, or any of the ordinary symptoms of that description. Five or six pencillings with the solid nitras argenti entirely removed this condition—the appetite, strength and vigor were restored; the dysmenorrhœa entirely abated, so that as she expressed herself, she “had never had them so unnoticeably since she was seventeen.” In the September following she actually did become pregnant, and till the present time has had no bad symptoms.

Mrs. W—— came to my class at the Northern Dispensary, some year or so after her first confinement at the full time. She complained of great debility and lassitude, weakness in the back, accompanied by a dragging sensation in the loins, a very profuse leucorrhœa, and great pain in urinating. On examination, the os uteri was so much hypertrophied that it was too large to enter into the opening of the four-bladed speculum, extended to its utmost limits. The os was divided into three lobes, the largest posterior—evidently lacerations occurring during her recent childbirth—all denuded of epithelium, granulated, and bathed in a profuse muco-purulent discharge. The cavity of the os was visible for half an inch or more, and from it issued the limpid, tenacious albumen secreted from the glands of the cavity. In the course of a few weeks she was very much relieved by the ordinary local and tonic treatment, and she did not return again, although entirely well.

Mrs. M——, a stout, plethoric woman, with every sign of health, had during the year 1853, no less than three abortions at about the third month, without any known cause. She had no pain in the back, no leucorrhœa. Knowing no cause, I said that I was certain she had a local trouble. Examination showed a congested cervix, the cavity somewhat fissured, undoubtedly the cause of the abortions. The rationale is as follows: The gestation went on till the growth of the fœtus and the consequent enlargement of the womb, gradually shortened the neck until it encroached upon the fissured portion. As this was done, slight hemorrhage commenced, which gradually increased until the life of the ovum was destroyed, and it was then thrown off.

Mrs. W——, in stepping from her carriage, had a slight jar. She was daily expecting confinement. She went into the house feeling a slight, uncomfortable sensation in the small of the back. That night she was taken in labor, and the next morning was delivered of a large dead child, strangulated by the cord around its neck being tightly drawn by the trip in stepping upon the side-walk. She got up with no bad symptom, and continued perfectly well. Some year or so after, she had an abor-

tion at the third month, without any known cause, and but a year subsequently, when pregnant about the same time, she noticed a very slight discharge of bloody mucus—six months after, this was repeated—means were used to arrest it, and a speculum examination was proposed, and assented to for the next day, with the intention of cauterizing the ulcerations or fissures which were diagnosticated to be present, and the cause of all the difficulty. By day-light a most alarming hemorrhage commenced, followed by abortion seriously threatening the lady's life. A subsequent speculum examination showed fissures, a hardened and granular os, and an extremely vascular and congested condition of the whole vagina. In appearance, this lady was remarkable for her healthful beauty, and was never troubled by leucorrhœa or any unpleasant symptom indicating this serious difficulty.

Mrs. P——, a burly Irishwoman nearly six feet in height, over sixty years of age, whose menses had ceased for many years, complained of great weakness in the back, bearing down, accompanied by leucorrhœa, though not excessive. On inspection, an ulceration of the size of a shilling was discovered, encircling the os. By two cauterizations the ulcer was healed, and the unpleasant symptoms which had defied all treatment for many years, were removed.

To these few cases, scores similar could easily be added. What do we deduce from them? *First*, that fluor-albus is but a symptom of a local disease. *Secondly*, that this same disease may be present with many serious affections, but still unaccompanied by any vaginal discharge. *Thirdly*, that it may simulate pregnancy. *Fourthly*, dysuria is caused by it. *Fifthly*, it is the prime cause by nervous agencies, of dyspepsia.

At some future time, I will in more detail, give you further particulars respecting the protein symptoms of disease, all depending upon disease of the os uteri, and all curable by means of the speculum.

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*Observations on the medical virtues of some of the most prominent
Indigenous Vegetables grown in Vermont.*

NUMBER II.

BY ARIEL HUNTON, M. D.

WE have growing on our hills and vales, medical plants in great abundance, superior to many imported drugs, and potent enough to cure all the diseases of any locality, if applied judiciously, and in season. We