Hewson (A.)

ON THE TREATMENT

OF

FIBROIDS OF THE UTERUS

BY MEANS OF

DRY EARTH.

WITH OUTLINE TRACINGS OF THREE CASES SO TREATED, IN THEIR VARIOUS STAGES OF PROGRESS.

BY

ADDINELL HEWSON, Senior, A.M., M.D.,

PHILADELPHIA, PA.

READ BEFORE THE OBSTETRICAL SECTION OF THE AMERICAN MEDICAL ASSOCIATION, June 10, 1880.

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GENTLEMEN:—

I must first acknowledge the compliment paid to me, and which I highly prize, namely, that of having been asked to make this address before you to-day. As many of you are aware, I have been for more than twelve years most zealously engaged in studying the "Uses of Earth in Surgery." All of the work involved in such study has been done under the bans of ridicule, of malice, and, if *worse*, of assertions of unsoundness of mind, and that, too, by men in the profession who knew such to be untrue. Thank God! I have not only outlived such villany, but can even boast of having been well rewarded in my successes of the treatment in the single subject on which I shall have the honor to address you to-day.

Some eight years ago I was, one morning, in the south of France, and whilst eating my breakfast was commenting on the public spirit of the famous resort in which we then were, on its having a daily paper with a list of the most recent arrivals at its hotels. I had scarcely uttered my remark, when the waiter presented me with a telegram, the direction of which, for me, was correct in every detail. I exclaimed, "why even this is better than what I get at home! They have spelt all my name right!" I immediately opened the message, and to my utter surprise it was from one of the most famous anatomists of America. It was, to come cut his thigh off—he was then over ten miles away from me. I hastened without delay, as I would to any stranger in a strange land who I knew was such a sufferer, as he must be from the wording of his summons. I, how-

ever, had nothing to take with me but my pocket-case and a pound of prepared clayey earth. Such, indeed, had often been my only resources when caught away from home on this side of the Atlantic, travelling, as then, for rest and recreation.

I was not long in reaching the doctor, and in determining his condition, and what was to be done for him. He had an open, suppurating knee-joint of the right side, which had evidently been fully laid open on each side of the patella by the hands of a skilful surgeon. Such an operation, he told me, had been done by one of the best of American surgeons, and the same high authority had told him, some time previous to his leaving home for Europe, that if he should have another attack of suppuration in the joint like that for which he had made these free incisions, he should send to the nearest surgeon and have the limb removed above the knee. I examined it carefully, took into consideration all the details of the case, and then said, *candidly*, "My dear doctor! I am, like yourself, a stranger in a strange land, and have come promptly and honestly to you to see what I could do for you in my desolate state as to instruments. But," said I, further, "even if I had the necessary instruments I would not yet sacrifice that limb." "What!" he exclaimed, "would you still do?" I said I would make still another attempt to save it, and that by covering it with clean earth. "Ah!" said he, "that is just the thing I had in my mind when I telegraphed for you this morning after reading of your arrival in ———. I wanted to try the dry earth treatment." "Hurrah!" said I, "not only for Mother Earth, but for the public spirit of people in the place which sustains a lively enough paper to keep all advised of the most recent arrivals in it. If it had not been for that paper I would have been away in twenty-four hours' time, and *my* whereabouts afterwards discovered too late for *me* to do you any service." I went to work at once, and soon had the joint enveloped with the earth, and he was expressing himself, constantly, *delighted* with the relief it gave him before I got everything properly adjusted about him. The application of the earth was made in my usual manner, namely, that of filling the cavities and suppurating surfaces with clean, finely powdered clayey earth, and retaining this in place by strips of bandage two and a half inches wide, which were spread with a thick paste made of the earth and water. The layer of bandaging was made in the ordinary way of *strapping the knee*, and,

when dried, held everything intact. When I saw my patient the next morning, he reported that he had the best night's rest he had had for many a night, and that, too, without any of the anodynes he had been in the habit of using, and which I *tabooed* at my interview the day previous. He was delighted with the relief he had gotten. Each subsequent day he improved, and at the end of two weeks he was out of doors on *one* of his old crutches, free of pain or suffering of any kind, and confident of his radical cure being at hand.

He then (at the end of two weeks) stated that there was a lady in the town—an old patient of his—on whom he had made an explorative operation for ovariotomy some years previous. He had then made a section in the left side over nine inches long where he found a *multilocular fibroid* involving the uterus, ligaments, and deep pelvic tissues to such an extent as to render its removal absolutely impossible. There was nothing for him to do but to return the mass and close up the wound. Prior to doing this, however, he put the immense mass in scales and determined its weight, as accurately as he could under such circumstances, to be over thirty pounds. He then returned it into the abdomen and closed up the wound. The patient recovered from *this* operation, and then expressed her determination never to let the doctor be beyond her reach.

When he was sent to Europe she was constantly near him, always in the same town where he was. And now, from what she had seen from my treatment with him, she was sure I could cure her, and nothing would satisfy her until I had seen and examined her, and given her a positive opinion as regards this point. I was candid with her, and said one's prognoses in all such cases must always be guarded, but that if I could not make a cure of her I could give her some positive relief. Of this I was sure. For, from the effect observed immediately after the application of the earth dressing, I had learnt long since to make this as a positive promise, not always before or after the first application, but certainly within the time of the first five of them. If there was relief then, we might always look for that being positive and *permanent*.

She readily let me apply the dressing. It was a layer of the paste of clay over the abdomen, made to lay close by smearing it with a wooden spatula, and then retaining this layer in place by a series of bandage-strips well smeared on their inner side

with the paste of clay, and arranged on a broad board so as to overlap each other slightly, just as the scultitus is applied. This dressing of the clay I had originally made a full half inch thick, but soon had learned that a quarter of an inch was sufficient. My purpose of mixing it into a thick paste was to adopt the easiest way of applying it with security for its remaining *in situ* when it became dry. To increase this security I had in the earliest of my uses of the clay, or earth-dressings, resorted to the expedient of laying a piece of tarlatan gauze of loose texture on this layer of earth before applying the *retaining* bandage. This practice I have frequently continued, and have never found a better expedient for the purpose. The four years' experience and experimentation, which I had then gone through with, had taught me, also, that the efficiency of earth as a discutient agent was essentially due to the earth being *dry*, and in that state kept in complete contact with the cutaneous covering of the growth. To make it stick I have mixed it into a paste with water; the rapidity of this drying has been dependent, not only on the locality and the thinness of the application, but also on the intensity of the action almost immediately set up in the dressing. For here, as in every other previous case in which I had applied the earth, heat was quickly generated, so as to make such an increase of temperature readily perceptible in contrast with that of the mixture of clay and water in the bowl.

The details of the preparation, mode of applying, and direct effects of the earth-dressing, which were the same in this as in many other cases familiar to me at this time, must, however, be postponed until I have completed the details of this and some other cases which I think proper to introduce to you as illustrative of the earth's action on fibroids of the uterus.

Dr. ——'s patient the next day, the day after my first application of the earth-dressing, was relieved in every respect. She was not only relieved of pain, but diminished in size in every direction. My plan was to measure her by a tape measure around the chest at the xyphoid; three inches above the umbilicus; at the same; three inches below the same; and across from one anterior superior spinous process to the other. This was done with a strong, unyielding measure, drawn as tightly as possible. Such a method of measuring I have now abandoned for a more accurate one. Its use was, however, definite and accurate enough to show the changes occurring daily in her

case. My present plan of making measurements I will explain hereafter.

The patient's condition steadily improved from day to day, so that at the end of three weeks from my first application of the dressing she was reduced nearly one-half in size. She was full of life and spirits, declaring that she was going to desert her old doctor, and hang on to her *dirty one*. "Oh!" said I, "that won't do. I am no poacher, even in a foreign land. You are Dr. ——'s patient, and it is only with his consent that you will adopt any such plan." "I will make that all right," said she, "the doctor and I are old friends." "Very well," was my reply.

The next day the doctor came to me, and said, "Do let Mrs. —— join your party. You will be the means of curing her." "Very good," was my reply; "I will be most happy to do all I can towards such a result. But it was not to be done in her way without your approbation." "Take her, by all means," said he, "you have already been detained by the two of us over a month, and you must be getting impatient to be moving on with your family." I said, "Yes, it is high time I was moving. I have been here five weeks, but would not, except for the attraction of your cases, have staid here twenty-four hours. I am well satisfied with the relief I have given you both, and would not now be thinking of leaving you, except that I think you can take care of each other." "Oh, no," said he, "you are entitled to the credit in both our cases. Take her with you, and I will be most ready and the first to credit you with our cases."

My party started in a few days, the lady in the same train, and she was always for twelve weeks from the time I began her treatment constantly under my observation. We went through Switzerland, Austria, Prussia, Holland, and the north of France, reaching Paris the Monday of a week made famous by the assembling of a great medical congress there.

Reading over the list of arrivals to my patient, I came to the name of our mutual friend, the doctor; but I quickly said, "this is Dr. —— and *wife*, and it cannot be our doctor, for he was a widower when I left him." "Oh!" said she, "that is all right; you made such a good cure of him before leaving —— that he has got married again."

And so it was. I went immediately to see him, found him *well*, with the joint all closed, and free of osteal and periosteal

pains. His first inquiries were, as anticipated, about the lady. I said she was doing well, and had sent a message by me for him to invite all the great gynæcologists who had seen her with him, and were then in Paris, to come to see her with him on Wednesday. They all came, making a party of eleven. She was ready *in bed* to see them. They were marched in single file, surrounded the bed, and all made their bows, and, as it were with one voice, congratulated the patient on her looking so well. She did look wonderfully well, entirely free of that expression which she wore when I first saw her, and which is universally recognized as so characteristic of the sufferers from these tumors. They all, however, *immediately* cast their eyes to the locality of her tumor. This was done so *instantaneously* that her eyes and mine involuntarily met, and neither of us could restrain a smile. I at once invited the head of the party to examine the patient. He said: "Certainly, if it is the lady's wish." She exclaimed: "Oh, yes! I want you all to examine me." This great surgeon, famous in Paris for the gentleness of his manners, approached closer to the bed, and gently drew off the bed-covering. As he did so, she as quietly straightened out her limbs, which had been previously flexed high up, and removed from off her abdomen a pillow, and then there was no tumor visible. "My God!" said the great man, "what have you been doing here!" "Only practising a Yankee notion," was my answer.

Since then (1873) there has not been a year passed without my seeing or hearing of this lady as a perfect cure. It has certainly been not a mere coincidence or a want of previous care and treatment—she had been thoroughly explored. There was no mere phantom tumor—the doctor had once had it in his hands and found it to weigh over thirty pounds, and that, too, by actual weight. Had it undergone cure by a spontaneity of nature? Strange such did not begin before, and only manifested itself after the first earth dressing! The doubter, still more the denier of a cure here, is, I think, beyond being convinced. Is he to be satisfied by multiplying such cases? That I can now readily do. I can furnish the details of over fifty such cases which I have seen, and but one fatal case, made so by an intercurrent malady, the particulars of which I shall hereafter show were not merely accidental!

Such results must be consequent on what was done for the

cases, and that, too, after they came under my treatment. They had all been under previous treatment; they had all been examined and diagnosed by others; most of this number had been pronounced *incurable*, beyond the reach of the knife, and had tried the muriate of ammonia and the ergotine and hyposulphite treatment long enough to demonstrate that their cases were growing worse under them. No one can expect me to make a comparison of them with a like number of cases of a skilful ovariotomist. I cannot, indeed, follow to their results all those for whom I have chosen this treatment. Many of such have come from the country and have remained but a short time—a week, or ten days at the utmost—and having been quickly *relieved of pain* and feeling confident that they could pursue the treatment without me, have gone home. When they got there they were in a condition easily to be persuaded or ridiculed out of perseverance with it by their family doctor, who, knowing nothing about it, would argue that it was absurd in the very conception of the idea of using dirt to cure anything.

Many men in the profession, who were possessed of a little more courage and liberality than the above, or than those who relied on the *dictum* of their former teachers, have sought information of me, and in doing so, have shown how little they had endeavored to study the subject. One man, a doctor, wrote me a letter that he had tried the *dirt*, in the case of his wife, who had an intra-mural fibroid, but that she could not endure the effect of the *stones* in the *dirt* he had used with her over eight or ten hours. Was that man a competent judge of the value of dry earth in surgery? I think not.

A case of fibroid was once under my care some six weeks, and did not improve as rapidly as she thought she should; she was, however, doing well. She went home, consulted a surgeon on her way, and submitted to his plan, excision of the uterus and all. Forty-eight hours afterward her body was in the hands of the undertaker. Such a case is not to be considered as a fair test of the earth-treatment, whatever it may be as to excision of the uterus. I certainly have the right to ignore it, in making out a list of cases treated by my plan. We might as well saddle on the ovariotomist all the cases which seek his advice, but do not follow it by undergoing his operation.

But I must give some details of cases which I hope will convince the doubter of there being an action in earth of extraor-

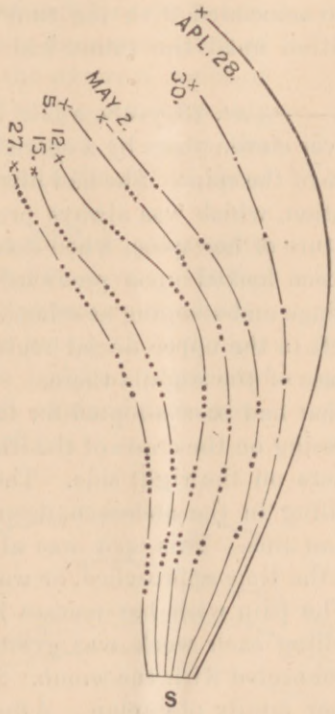
dinary value. I will here rely on my most recent experience; but before giving these details, I must explain my mode of securing the most essential points, the memoranda of the changes in the form and size of each growth. This I have recently done *effectually* by using a strip of sheet-lead, an inch wide, one-eighth or sixteenth of an inch thick, and about twenty or more inches long. This is a recognized means of making tracings. Drawing this quickly and several times through a folded towel, it becomes more flexible, and can readily be adapted to the contour of the patient; and after allowing it, when placed flat on the parts, a few minutes to get cooler, it is easily lifted up, and a tracing of its margin made on a strip of paper. Such tracings I make at each dressing, *always* from xiphoid to symphysis, and across from one anterior superior spine to the other. With these I have preserved accurate memoranda of sensational and other effects of the earth, and the histories of the cases.

With this preliminary point of the mode of preserving records of the changes in cases, from day to day, or a longer period of time being decided, I will pass to the reciting of a few cases, demonstrating more fully than I have done, the effect of the earth on their reduction in size.

Case I.—Mrs. H——, aged 40 years, noticed six years previous, when menstruating, a swelling on the right side of the median line; this was very painful. She had had but one child, then (when I saw her) fourteen years old; and although always regular after that birth, never was so without great pain. When I first saw her, she was a remarkably thick-set person, and looking as though she was near her time of delivery. Then she measured from xiphoid to symphysis full sixteen and a half inches, by a broad steel measure. The same measure, drawn as tightly as possible around her body at the xiphoid, yielded thirty-one inches; at three inches above the navel, thirty-four inches; at the navel, thirty-eight inches, and at three inches below the navel, thirty-six inches. The surface of the abdomen was very painful all over, but especially so in the region of the navel. She was suffering too acutely at this time (when I first saw her) to allow of any explorations per vaginam, or heavy palpations. I applied the dressing at once, and she said it was very pleasant and soothing. I forbade her taking any anodynes, to which she had been accustomed, and I

did not visit her for the purpose of removing the dressing until the end of forty-eight hours. She was then entirely free of pain, with the dressing so loose that I could pass my hand readily between it and the walls of the abdomen, and push it down below the navel. After peeling off all that was adherent of the dressing, and dusting off the surface—I never *wash* it off—I measured her for the effects of this first dressing, and got from xiphoid to symphysis, only thirteen and a half inches; absolutely three inches less than it was two days previous; at the waist, or three inches above the navel, there was the same reduction of three inches; at the navel, the reduction was four inches; whilst at the lowest point below the navel, previously taken, there was a reduction of but one inch. At the end of the next period of forty-eight hours, when I went to renew the dressing for the

Fig. 1.[1]



[1] This and all other figures represent accurately one-fourth the size of the originals.

second time, there was a similar reduction, as you can readily see from my tracing then taken. (See Fig. 1.) Now I could not only handle the abdomen, but knead it everywhere. There was no tenderness about it then; I could isolate a mass extending up the mesial line above the navel; it felt about the size of a child's head, and could be moved to either side; the sound in utero showed this to be growing from the fundus, and fixed closely to it.

The last tracing in this case, taken four weeks after the first, shows what intermediate effect the earth had had on the growth. The third and the fourth set, which you will notice are very close to each other, record the condition during the menstrual flux. This patient, as all I have treated, not only wore the dressing, but had it renewed, if it became detached during this period. Her freedom from pain was constant, and the flux not only healthier than formerly, but more abundant.

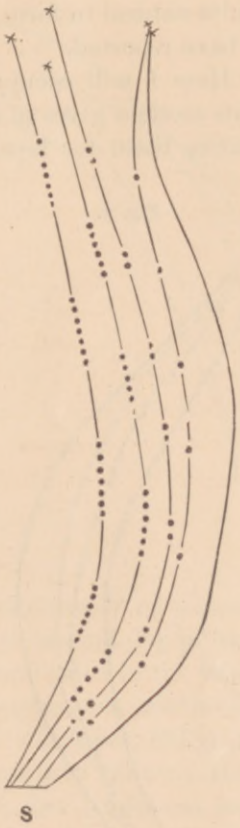
The next case I shall recite briefly is of interest, on account of the complication associated with the tumor, and which prevented its recognition until the tumor had been in existence some time.

Case II. Miss ———, æt. 28 years, a fair brunette, has been under treatment over eleven years by a specialist of great experience for curvature of the spine. She had always suffered much with her menstruation, which was always profuse and too frequent. The curvature of her spine, when detected at seventeen years of age, had been looked upon previously as a sequence of carelessness of carriage and stooping at school. It was a lateral curvature to the left in the upper dorsal region, with the usual projection of the base of the scapula there.

The treatment that had been adopted for this was essentially steel apparatus pressing on the crests of the ilia. Soon she complained of pain there on the right side. Then the doctor discovered some swelling in the abdomen, deep down, and to the right of the median line. This spot was always painful, but especially so when the time approached, or was actually present, for her menses. The pain with her menses had now much increased. The swelling each week was greater, and becoming evidently clearly connected with the womb. She was sent home to be treated by her family physician. After treatment there without benefit for some time, she one day heard of one of my patients, whom she went immediately to see, and then con-

cluded to come on and put herself under my care. This was at the date of the first tracing of Figs. 2 and 3, when I diagnosed an extra-mural fibroid growing from the right side of the uterus, firm in its attachment there, but free elsewhere. Her contour you can form an idea of as regards the abdomen by the continuous line of the diagram (Figs. 2 and 3). There you can see the effects of the earth in twenty-four hours by comparison of it (the continuous line) with that of the single dotted line. The reduction then across from one anterior superior process spent to the other was more marked than that vertically.

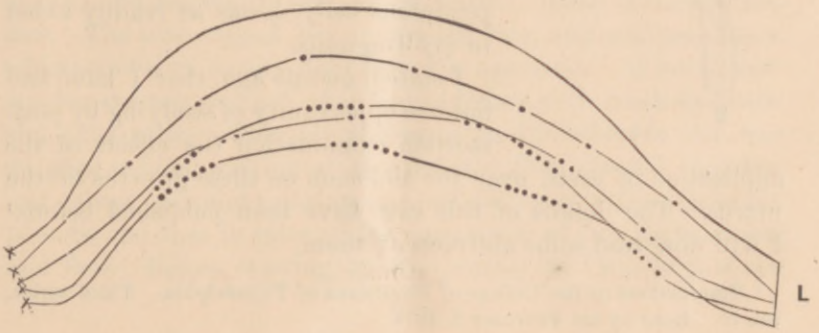
Fig. 2.



This patient was relieved in twenty-four hours of pain, and allowed me to manipulate and thoroughly examine her, so as to complete my diagnosis—that of three fibroids of the external walls of the uterus. The two prominent points on the vertical line and those on the transverse line indicate the site of these fibroids.

She remained in Philadelphia under my care just sixty-five days. During that time the dressing was renewed only seven times, for the reason that the patient was one who had had previously good training, and retained her dressing without difficulty.

Fig. 3.



My purpose in all these cases is, as I have said before, to keep them covered as constantly as possible with an impervious coat of dry clayey earth.

At the end of the sixty-five days the line of the abdomen was quite natural in form, although not as even as in the other cases I have reported.

Here I will occupy a few moments in showing the facilities this method gives of studying the diagnosis of cases, and of preparing them for laparotomy, if such become imminently necessary. In Figs. 2 and 3, 4 and 5, and 6 and 7, as well as in Fig. 1, you can all see the immediate effect of the earth on the tumefaction, in its rapid removal of the cellular infiltration. This allows of better definition of the growth than the removal of tenderness allows of free palpation, and even of thorough reading and internal exploration. I have in these ways been able to determine a growth free of complication (which would be adverse to excision), or define its form accurately. Thus in Case (Figs. 2 and 3) No. 2, the distension was such on the first day, and the tenderness so great that I could not detect the presence of the three fibromas of the uterus, which were readily recognized after that day.

Fig. 4.

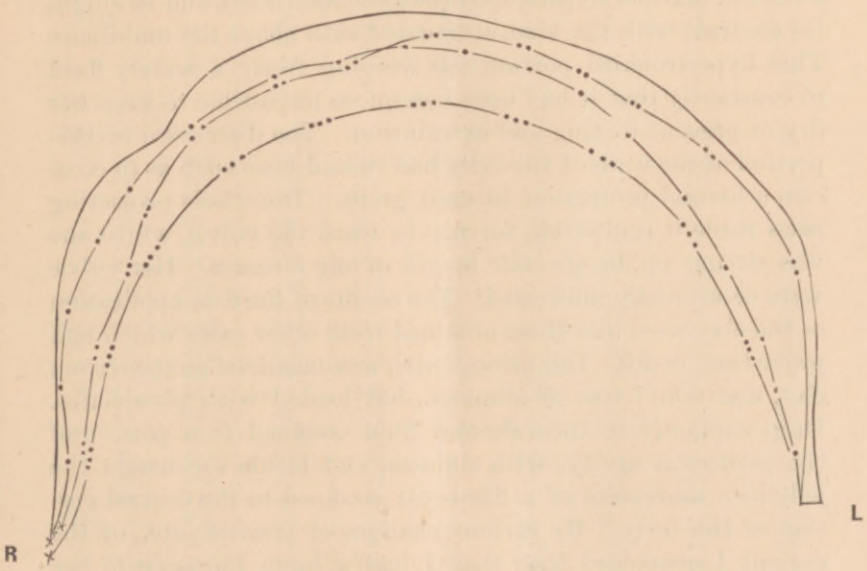
Case III. (Figs. 4 and 5).—In this case the retrocession was so uniform that the diagnosis of an ovarian cyst was quickly made and confirmed, and finally in Case IV. (Figs. 6 and 7), where there was a pendulous belly, I was as readily aided in my diagnosis.

I stated, awhile ago, that I have had but one opportunity of studying by post-mortem examination the effects of the application of earth over the abdomen on these growths of the uterus. The details of this case have been published before.[1] I will now read some abstracts of them.

[1] Transactions of the College of Physicians of Philadelphia. Third series, vol. iv. Read by me February 5, 1875.

"Miss ———, a tall blonde, had been suffering for six years prior to October, 1878, from a steadily growing tumor in her

Fig. 5.



abdomen, which was first detected after suppression of menses then, caused by bathing in the river on the second day of the flow. The suppression was attended by severe pains in the loins and inguinal regions. The pains and suppressions continued until I saw her. When first seen by me in October, 1878, her appetite was very good, and all her functions save menstruation healthy. She was very much emaciated in her limbs and face however. Four years prior to seeing me she had consulted a distinguished ovariotomist in New York City, who proposed operating on her at once, as he said she could not live over a month. Subsequently she placed herself under homœopathic care. The man tapped her in the left side, and got less than a tablespoonful of bloody fluid from the operation. When I first saw her she was propped up in bed suffering with much dyspnœa and exhaustion. The day she came to Philadelphia she was weighed whilst waiting at the depot. This showed that she had gained in weight during the past six years fully fifty-eight pounds, and that in spite of the emaciation of her limbs, chest, and face. Before starting on her journey to Philadelphia she

measured herself around at the navel, and her circumference there was fifty-four inches. The integuments covering her tumor were in this lower portion (from the umbilicus down) in a state of marked hypertrophy (like elephantiasis), and in singular contrast with the blue, attenuated skin above the umbilicus. This hypertrophied portion was weeping freely a watery fluid so constantly that it had been heretofore impossible to keep her dry or prevent itching and excoriation. The distension of this portion of the walls of the belly had indeed been such as to occasion a hernial protrusion in each groin. The whole projecting mass made it impossible for me to reach the vulvæ, whilst she was sitting up, by the full length of my forearm. Her vulvæ were occasionally infiltrated. The results of the first application of the clay were like those obtained from other cases which had proved successful. Her urine, which was examined on the second day, was found free of albumen, but loaded with phosphates. Deep explorations then showed fluid confined to a portion of the peritoneal cavity, with dulness, and feeble succussion the jelly-like movement of a fibro-cyst confined to the central portion of the body. By various changes of position, etc., of the patient I concluded then that I had a large fibro-cyst of the uterus with extensive adhesions to deal with. The patient improved steadily, with the dressing renewed every day, for the first week, and after that period the dressing was renewed every third or fourth day. At the end of the first two weeks all the major measurements (as can be seen by the accompanying table) had each diminished about 4 inches (some of them 3½ and others 4¾). She was then walking about her room, sleeping comfortably on both sides, but most preferably on the left. She was then even dressing herself with a silk dress, which she had not before been able to make meet on her person for more than two years. At the end of three weeks of the treatment she went out and rode in a street car, not going very far however. This did her no harm. On the contrary, she measured (two days after it) much less.

At the end of the fourth week of her using the earth dressing, this lady had got to going out freely every day, generally walking on our chief streets for shopping, interested in the excitement of others who constitute the crowds on such streets. On one occasion she was so influenced as to protract her promenade beyond what was proper, and so caused a syncope on the

This table contains her measurements for over two months.

Date.	Circumferences at		Inches from Umbilicus to				Circumference three inches	
	Xiphoid.	Umbilicus.	Xiphoid.	Symphysis.	R. A. Spine.	L. A. Spine.	Above Umbilicus.	Below Umbilicus.
Oct. 21	36	48¾	12	17	16½	15	48¾	46
" 22	34½	47½	12	16	16	..	47¼	..
" 23	34	45½	12	15	15½	15	45½	45½
" 24	35	46	12	14½	15¼	14	46	45½
" 25	33	46	12	14½	14½	14	45	44¾
" 26	33	44	12	14	14¾	14¼	44	44¼
" 27	34	44¾	11½	16	14½	14	44½	44½
" 28	33½	44¼	11½	14	15	14½	43½	44
" 30	32½	42½	11	14	14	14¼	44	43½
Nov. 1	32¾	43¾	11	14	13	13	44	43½
" 4	32½	43¼	10¼	13½	14	14½	43	42½
" 8	32	44	9	12½	12½	13½	43	43
" 11	32	43	10½	14	13½	14	44½	44
" 14	33	43	10½	12½	13	13¾	43	43
" 18	32	42½	9¼	12½	13	13	42	42
" 21	31½	42	9½	13	12½	13	41	41¼
" 26	31½	43	9½	13	13	13½	41	41½
" 29	31½	42	9½	12½	12	13	40	42
Dec. 2	31½	42	9½	13	13	13	41½	42½
" 7	31	43	9	12	12½	13½	41	42
" 11	31	42½	10¼	13	13½	14	43	43
" 14	31	41½	9	12	12½	12¼	41	42
" 18	31½	41½	10	12	13	13	41	42
" 23	32	42	9½	12	13	13	41	42
" 26	32	41½	10	12	13	13	40	42
Jan. 21	32½	41½	10½	10	13½	14	42½	42
" 27	31½	42	10	11½	12	13	41	41

street. From this she made but a slow recovery, evincing the effects of heart clot; and before they disappeared, a colliquative diarrhœa set in, which caused her death on February 1st, from exhaustion.

Post-mortem revealed no recent effects of inflammatory action in the peritoneum, but numerous extensive adhesions. The tumor was of a fibro-cystic character. It had a firm, jelly-like feeling when handled, and showed numerous rounded projections. It was connected by a short flat pedicle to the fundus of the uterus, and adherent to the abdominal walls on the left of the median line. The womb itself was slightly elongated; a probe passed in its cavity over three inches, a vertical section of the organ showed its peritoneal covering to be thickened and roughened on its serous side, with one or two firm fibroids in contact with the womb. A section of the tumor proper showed

it to be sub-peritoneal, with a thick firm capsule, and the projections, especially on its anterior portion, were partly collapsed, containing a tremulous jelly-like fluid; those which deserved to be distinctly termed cysts varied in size from one to two inches in diameter, down to the size of a pea; none of them contained a positively watery fluid. Many were like shrivelled fibroids. Various sections made through the tumor presented the appearance of a low grade of sponge, with various sized cavities, some filled with solid matter, others empty.

A microscopic examination made by Dr. Morris Longstreth, the microscopist of the Pennsylvania Hospital, showed, in a band of fibrous tissue from the periphery of a cyst of the growth, fibrillæ closely felted, with a few nuclear bodies between them; then, at another point of the same cyst, the fibrillæ appeared swollen and more separated, with greater infiltration of nuclei; and at another point the fibroid tissue was at a minimum; the fibrillæ were widely separated, with the intervening spaces filled with a nearly transparent mucoid-looking fluid.

"A microscopic examination of the firmer parts of the tumor showed, in only very limited areas, an appearance typical of fibroid structure, but still sufficient to establish the undoubted nature of the growth. In general, the picture presented was of short tracts of fibres, of almost a purely fibrous character, ending abruptly sometimes, or sometimes fading out or lost in tissue quite transparent and homogeneous, in which rarely a fibre was distinguishable." In some areas a nearly complete myxomatous degeneration had taken place. This was still more evident in the contents of the larger cysts.

Dr. Longstreth concluded his report by the expressions "*Anatomical Diagnosis.* Fibroma of the uterus undergoing cystic degeneration."

This is what would seem to be, from my experience, the *mode of cure* set up by the continued use of the earth applications, a most positive imitation of the way in which nature effects such *sometimes*. The great frequency of such cures occurring after a prolonged use of this treatment show I think, beyond all doubt, that those results are directly due to it. If time would allow, I could readily adduce further demonstrations of cures than those already brought forward; but I must pass to the consideration of the earth itself, the best kind, its mode of prepara-

tion and application, its points of essential value to those of my hearers who are desirous of trying the treatment.

1st. As to the earth itself. My experiments have included all kinds of earth. I soon learned, however, from such experiments, that the virtue of healing the flesh and that of disintegrating and dissipating morbid products in the flesh, were essentially due to the clayey element—the *double silicate of alumina;* and that the efficiency of this was materially influenced by the state of its ferruginous elements. A clay recently exhumed, and having been exposed to the light and air for but a short time, always was more efficient than one exposed for a long time. So a strata of clay of a light yellow color proved itself far more active than one either of red, blue, or putty color. The pipe clay or the potter's clay are inefficient, and have always shown themselves too strongly alkaline. It is important to get a clayey earth free of grit or sand, for the opposite kind of earth cannot form an impervious cover, and will not hold firmly to the parts. For all these reasons, I have for a long time had prepared a clean article of yellow clayey earth, which, by tasting, can easily be determined to be free of foreign matter. The strata of clay used for making the best red brick furnishes from its uppermost extremity—that immediately below the soil—the best article I have ever been able to find. If one will take some from this region and compare it with that from the lower end of the strata, where it is in direct contact generally with gravel, the difference I am pointing out will readily be recognized. The former will also be found cleaner, more tenacious, and capable of drying more readily when it is wet than the latter, and it will adhere more firmly when well applied to the flesh.

2d. So much for the kind of earth I am in the habit of using, and the reasons for its preference. I will now detail the mode of preparation to which I have it subjected—this is one essentially of cleansing. I have it collected in masses or large pieces and kept in that state, in an open box and in a dry place to prevent its becoming mouldy, covering the box with a thin texture to keep out insects. When about to use it, I have it dried on a board in the sun, crushing it then into small pieces so as to facilitate its drying; it is then rolled between a slab of smooth stone—a piece of marble or the like—and a glass bottle, making the bottle do the rolling; all grit or pieces of foreign matter will then be detected at the first rolling and be removed by

hand or sifting; another rolling will reduce it to a perfectly fine powder, which is to be passed once or twice through a fine flour sieve. The necessity for these last siftings being repeated will depend much upon the weather, a damp day making the particles adhere to each other more than they would on a clear, dry one. This powder I have put in clean boxes on a lining of bibulous white paper—if the boxes are wooden—or in glass jars of a size to hold a single dressing, and closed by an air-tight cover. Samples of the jars and earth in them were here exhibited. A single dressing of an abdominal tumor requires about one pound of this earth. As I have had positive proof that a recently pulverized article of earth is more active than one so prepared for a long time, I have always been in the habit of having it got fresh in lumps, dried, and then pulverized as I was likely to need it, keeping a good stock on hand always in lumps in a dry place. I am thus sure against its getting mouldy or musty.

Finally. As to the mode of making this dressing. It consists essentially in applying the earth in such a manner as to make it adhere in a *dry state* as long as possible, and, at the same time, making an impervious covering from the air to the parts immediately over the growth. Here I have resorted to numerous expedients, but have found the simplest and the best to be that of mixing, for one dressing, about one pound of the powdered earth, with water in a bowl, by the aid of a wooden spatula, made on the occasion out of a clean piece of wood, with one's pocket-knife. This mixing is best made in a deep, wide bowl, and by whipping with the spatula rapidly, so as to get it into a perfectly smooth paste of such thickness as will allow its being easily smeared over the parts to the depth of one-eighth to a quarter of an inch everywhere, save on the margins of the dressing, where it should be as thin as possible, so as to favor its being retained the longest time. I always insist on this application being made *directly* on the skin, and that, too, without any preliminary washing, especially one with soap. Immediately on this layer having been made, I apply either a sheet of thin tissue-paper, some tarlatan gauze, or very thin cotton wadding directly to it, and favor their becoming imbedded in the clay, by passing my hands over the texture several times, in a way to smooth it down into the earth. By this time the surgeon will become aware of a marked increase of temperature in the earth; the patient herself may remark the fact, and will usually state

that her pain is becoming less; that her diminution of pain will steadily go on, reminding one of his school-boy experience of the effect of *mud* in allaying the pains of the bee stings which he had got from his meddling with that industrious little insect.

When the layer of tissue has been applied, a many-tailed bandage—with a gore on its back part to make it fit closely there—is to be put on for the purpose of retaining all the application in place and so completing the dressing. This bandage should be secured only so tight as to give good support to the clay in every direction.

All of this dressing should be made with the patient in her night-gown and flat on her back in the bed. There she should remain quiet for three or four hours to let the earth dry and become firm in its place, when she may be allowed to get up and move about. The first dressing should be made in the forenoon, and, owing to the rapid absorption of fluid in the tissues, calculations are to be made for its removal the next day. The surgeon will then find that his patient has passed a good night, and that, too, without any anodyne even, if she has been in the habit of their use, and in a condition remarkably free of pain. The shrinkage from absorption of the fluid in the cellular tissue will quickly demonstrate the necessity for a new dressing. The old one is to be removed by peeling it off in *its dry state;* a resort to water here, once, will satisfy any one that this injunction should never be disregarded. In its dry state the clay can be easily detached from the surface of the skin by gentle handling with the spatula, and made to come off far more *readily* and *completely* than by any means where water is used. The dry surface now exposed is ready for measurement, and tracing can readily be made of it by the broad tape of sheet lead, which can be preserved on a sheet of paper on which the subsequent tracings are to be preserved.

After one, two, or three daily dressings, made according to the exigencies of each individual case, it will cease to be necessary to make them so frequently; the rule here must be the amount of shrinkage each day—or any specific period of time. The virtue of the earth applications has been shown, according to my experience, to be dependent essentially on the complete contact of such a layer of earth in its dry state with the diseased part, so as to thoroughly exclude the air from such parts. The rule must then be to renew such only when it is not so closely

adherent to the surface as when first applied. The renewal of the dressing must, however, not be made too frequently; we want its contact with the diseased surface or the surface covering the diseased part as constantly and as perfectly in the dry state of the earth as possible. This is, according to my notion, only to be determined by personal inspection every twenty-four hours; if the dressing is then dry, and firmly adherent all round in every direction, let it alone. If it should be wet in the groin or over the pubes—as may happen in hot weather—remove only those portions and replace them by fresh. This is not likely often to occur, unless with patients of marked obesity. Where you have a very large tumor in a thin patient the reduction will be so positive the second day as to enable you to pass your hand under the upper border of this first dressing; then it has all to be removed and reapplied. And remember here, that this removal is all to be accomplished by peeling it off with the spatula or the handle of a spoon, so as to preserve the surface in as dry a state as possible; anyway, by using water one only retards the cure—of this I am very certain. It is the earth in its dry state that has proved the efficient agent, hence I exclude all other use of water than that absolutely required in making its contact complete with the surface. The second and all subsequent dressings are to be made like the first—and are to be disturbed like that—only when they have ceased to afford a perfectly impervious covering to the surface covering the growth. Hence, in my experience, it is imperative for the surgeon to watch the case and make the dressings constantly for a period of three or four weeks, when the patient may have then become so familiar with all the details as to be able, with the aid of some devoted friend or attendant, to make them perfectly herself. Then she will not need the surgeon's care so constantly. His visits once a week may be sufficient, or she may go home, if it is remote, and pursue the treatment without him. The best and quickest cures are, however, always to be obtained where the patient remains faithfully under the care of one who understands his work and perseveres in it.