

**DISEASES PECULIAR TO WOMEN,
WITH A NEW SUCCESSFUL
TREATMENT FOR THE SAME,
WITHOUT
THE USE OF CAUSTICS, PP. 1-135**

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JOHN PATTISON

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NEW AND SUCCESSFUL TREATMENT
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BY

JOHN PATTISON, M.D.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and government operations. The text notes that without reliable data, it is difficult to assess performance, identify inefficiencies, and make informed decisions.

2. The second part of the document outlines the various methods and tools used for data collection and analysis. It mentions the use of surveys, interviews, and focus groups to gather qualitative and quantitative information. Additionally, it discusses the application of statistical software and data visualization techniques to interpret the collected data. The text highlights the need for standardized procedures to ensure the consistency and reliability of the data.

3. The third part of the document addresses the challenges and limitations of data-driven decision-making. It points out that data can be incomplete, outdated, or biased, which may lead to incorrect conclusions. The text also notes that the interpretation of data requires a deep understanding of the context and the underlying factors. Furthermore, it mentions the potential for data privacy concerns and the need for robust security measures to protect sensitive information.

4. The fourth part of the document provides recommendations for improving the data collection and analysis process. It suggests regular training for staff involved in data management, the implementation of clear protocols, and the use of technology to streamline data collection and analysis. The text also emphasizes the importance of communication and collaboration between different departments to ensure that data is shared and used effectively.

5. The fifth part of the document concludes by summarizing the key findings and the overall importance of data in decision-making. It reiterates that while data is a powerful tool, it must be used responsibly and in conjunction with other forms of knowledge and expertise. The text ends with a call to action, encouraging the organization to continue to invest in data management and analysis to achieve its goals and improve its performance.

PREFACE.

FOURTEEN years ago, when I first commenced practice as a Specialist, I intended to confine myself to the treatment of one class of diseases, viz., that of "cancer;" but among my first cases were many of uterine ulcerations of a malignant character, and the success that attended my efforts in treating these brought me many other cases of different forms of diseases of the womb. At that time I coincided with, and paid due deference to, the dogmas and opinions promulgated by a leading accoucheur of Edinburgh, and endorsed by his *confrères* in London. Unfortunately for my faith in these doctrines, many of this gentleman's cases were brought under my care after he had pronounced them to be hopeless. (I may here remark that until recently all the cases that I have

met with have been under the care of other physicians in the first instance, and that they only came to me as a *dernier ressort*.) In all of these cases I found more or less destruction of the cervix and adjacent parts (for frequently there was vesico-vaginal or recto-vaginal fistula to add to the sufferings of the patients) caused by the too free use of caustics. In a word, it seemed to me that all ulcerations or diseases of the cervix were treated by one and the same plan, viz., to burn them out. This practice struck me as being consistent neither with philosophy nor common-sense, for we can scarcely say that destroying a part means curing it. These facts taught me that ulceration could not be cured by the application of caustics. Again, I found that displacement of the womb was usually treated by the use of worthless and dangerous instruments known as pessaries; these pessaries setting up in all cases irritation and causing discomfort, in many cases inflammation and suppuration, and in some few cases I have met with and heard of, mortification and death. This taught me that if I hoped to cure displacement of the womb, I must look for other means than by using the pessary. Again, I

found that many of my patients had been fearfully reduced by what is known as antiphlogistic, or more properly the Sangrado treatment described in 'Gil Blas.' Some physicians imagine erroneously that all these diseases are the result of inflammation, and as our forefathers cured inflammation by bloodletting, blistering, &c., so they follow in their revered footsteps. This I found to be especially the case with those treated at the Institution in Soho Square. At present I have two females who were inmates of that Institution, who, although they acknowledge the kindness they received whilst there, yet deplore the loss of strength and the prostration they have suffered from ever since. This treatment, I found, would not cure patients in the nineteenth century, for if it did, they would not have come to me. I was therefore forced, if I would do my duty to my God and my fellow-men, to think for myself, as I did in treating cancer, and try if there were not other means, by which poor suffering women might be relieved from those dreadful diseases. Having nothing to guide me but my knowledge of anatomy, my knowledge of the nature and character of the diseases affecting these parts, and a