CLINICAL LECTURES ON THE UTERINE NEUROSES.

Delivered at University College Hospital.

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LECTURE II.

I PROPOSE in the next place to read brief particulars of other cases of severe uterine sickness which have fallen under my notice.

CASE III.—This was a case of severe retroflexion of the uterus, probably of some years' duration. Intense sickness set in after unusual fatigue in walking, and, after two weeks' continuance, the patient was considered to be in danger of dying from exhaustion. The sickness lessened when treatment to reduce the uterus to its proper position was commenced. She had also suffered from severe hysterical attacks.

CASE IV.—A young lady, aged 20, of active temperament, was affected with violent sickness of ten months' duration. Severe sickness set in soon after a leap from a height. The uterus was found much congested, and acutely anteverted. Cure followed in three weeks after replacement of the uterus by the use of the sound and pessary. The weight lost before treatment was five stone.

CASE V.—This was a severe case of vomiting (seen with Dr. Wilson Fox) in a young lady, so reduced by vomiting as to be in a very dangerous state. The uterus was entirely wanting in tone, falling forwards and to one side. She had great pain in the groin. The sickness disappeared when the uterus was steadied by a pessary.

CASE VI.—A lady, aged 25, had been ill for over three years, suffering first from ulcers of the legs, then severe vomiting, flatus, and obstruction to the action of the bowels. She was thought to be "hysterical." The catamenia were rarely present. Her condition was one of extreme emaciation and feebleness. The uterus was found very soft, anteverted, and displaced to one side a little. There was improvement at first, but the sickness returned in a few days. A pessary was applied. Improvement was very slow, but in a month the sickness left her. The patient's condition was most critical for about ten days, during which, strength was sustained by nutritive enemata.

CASE VII.—A lady, aged 35, who had had several miscarriages and two children, suffered from very troublesome sickness, also frequent escape of puriform fluid from vagina during the last three months. The uterus was anteverted. A cradle-pessary was employed. Relief of sickness followed at once.

CASE VIII.—Miss —, aged 26, had scarlet fever eight years ago, since which she had been liable to "hysterical" fits. She had had almost incessant sickness for two years—sickness occasionally before that. The uterus was much "relaxed" and anteverted.

CASE IX.—Miss —, aged 29, had a fright when 18. The catamenia were profuse at first. At the age of 20, she began to have great pain at the periods; also sickness. About the same time, she began to have sickness every morning. The periods were now acutely painful, and accompanied by severe sickness. The uterus was acutely sensitive, large, much anteverted. The sound was not used.

CASE X.—Miss — was always delicate. Her catamenia began at 12; they were always painful; in the last few months, scanty. For the last three years she had had occasional sickness; for the last four months sickness after every meal. She had frequent faintings and hysterical symptoms; diarrhoea now and then. Emaciation and prostration were extreme. The uterus was acutely anteverted. Sims's operation of incision was performed in this case, and subsequently a cradle-pessary was employed. The improvement was slow; but the patient was ultimately completely restored to health, and continues well now, fifteen years after being first seen.

CASE XI.—Miss —, aged 27, had incessant sickness for three months, and great prostration. Marked relief followed the use of a cradle-pessary; but great difficulty was encountered in dealing with the general feebleness, and from other causes. The characteristic of the case was the extreme softness of the uterus. The patient was ultimately much relieved, and strength fairly restored.

CASE XII.—Miss —, aged 19, was seen first thirteen years ago. She had fever at the age of 15, and had never been well since. The catamenia were generally postponed a little; they had been painful the last two years. For two years she had had sickness, almost incessant;

it almost always occurred on lying down—a very curious feature in the case. The appetite was good. Two or three days a week she had sickness or nausea all day. The uterus was large and anteverted, but there was not much anteversion. This patient was treated with but partial success, notwithstanding rest and careful attention. The sickness was not cured; she left London, and became too ill to return for further treatment. She finally died, I believe, of tuberculosis. It is possible that the stem-treatment would have suited this case.

CASE XIII.—Miss —, at the age of 40, had treatment for anteversion of the uterus. A cradle-pessary was used with great relief. Four years later she applied again. She had hysterical symptoms, severe nausea, and semi-starvation as the result. The uterus was again found anteverted. A cradle-pessary was applied; the symptoms were at once relieved.

CASE XIV.—Mrs. —, aged 28, with no children, had always had dysmenorrhœa. Formerly, she was treated, as was stated, for "doubled" uterus. Latterly, she had had more dysmenorrhœa, and seven attacks of sickness after the periods. The uterus was large and swollen; the use of the sound was difficult. There was much anteversion of the uterus, and the organ was very low down. Partial benefit resulted from treatment. This patient became, later on, affected with tuberculosis, to which she succumbed.

CASE XV.—Miss —, aged 28, had her first illness three years ago—bronchitis. Since then, she had had most severe sickness and headaches, very bad at periods, but rarely absent more than two weeks. She was much emaciated. The uterus was extremely soft, anteverted. Careful feeding and the use of the cradle-pessary were followed by a good result two years afterwards.

CASE XVI.—Miss —, aged 27, of active habit, four months ago had measles, on recovering from which she took a walk. Then began severe sickness, gradually more and more intense. She rejected all food but oysters. She could not walk without support. Her medical attendant said the uterus was displaced. I found acute anteversion. There was pain in the left groin, as if the leg were separated from the body. I advised the use of a cradle-pessary.

CASE XVII.—Miss —, aged 39, formerly used to walk very much. Eighteen years ago she began to have severe headaches. For two years she was unable to walk. Her spine being found affected with lateral curvature, she had worn a spinal support for one year. She had miserable health; exertion was always followed by sickness. The uterus was very soft, anteverted, pushed down. Her periods were regular. A cradle-pessary was employed; and I suggested careful dietary. Cure was slow, but satisfactory.

CASE XVIII.—Miss —, aged 30, two years previously had great exertion in nursing a relative. Since then, severe sickness had followed all attempts to take food, with much retching and straining. The uterus was acutely anteverted, and rotated posteriorly. A peculiarly shaped cradle-pessary effected a cure of the sickness for a considerable time; it then recurred, and was again relieved in the same way. Four years later there was recurrence of symptoms after a great exertion, when it was found that a fibroid had become developed in the anterior uterine wall.

CASE XIX.—Miss —, aged 53, seven years ago, after lifting a great weight, felt very ill. Two years ago she began to have severe long continued sickness, considered to be due to disease of the stomach. No relief was obtained, and she was sent to me. The sickness was severe. There was always dysmenorrhœa, worse since the sickness began. In the last three months, she had had four attacks of insensibility, lasting twenty-four hours on one occasion. The uterus was exceedingly low down, anteverted; its size was considerably increased. There was great tenderness over the right ovarian region. She was treated by a cradle-pessary. In a short time, relief followed. The patient has continued comparatively well, with occasional slight relapses since that time.

General History of Uterine Sickness.—Uterine sickness is a malady which may present itself in all degrees. In its slightest degree, it is present only at certain times of the day, especially on rising in the morning. In more marked instances, it is liable to follow the taking of food at any hour of the day; and, in the most severe cases of all, it is impossible for the patient to retain anything on the stomach, even small quantities of liquid exciting most painful and protracted retching; and this condition may last so long as either to kill the patient, or by its long continuance, even in cases which are eventually relieved, to produce a fearful prostration, and so profound a shock to the nutrition of the whole system, that the constitution is almost irretrievably damaged.

The matters vomited consist of food at first, but mucus in considerable quantity, and bile, are ejected after a time in severe cases; in some few instances, the effect of the continual retching is that hæmorrhage

rhage occurs, and blood is vomited. In a case which I saw some time ago with Dr. Wilson Fox, this symptom had suggested the presence of ulcer of the stomach, but the further events of the case clearly demonstrated the uterine origin of the malady.

Uterine sickness is not unfrequently very severe in cases of dysmenorrhoea, and is, indeed, a distinct part of the dysmenorrhoea present under these circumstances. When so associated with the menstrual period, its uterine origin is more obvious. But it would appear, from observation of cases under my notice, that uterine sickness occurring at non-menstrual periods is more common than it has been generally supposed to be, and that many cases of obstinate and severe sickness are consequently attributed to other causes when the uterus is really at fault.

Taking all cases of uterine disease, my case-books show that marked sickness occurs in 11 to 14 per cent. of all cases of uterine disease applying for relief. It must be pointed out that severe uterine sickness is a symptom which is not one of very common occurrence. In a minor degree, it is not unfrequent. Presence of this severe form of reflex irritation implies, in all probability, a diseased condition, not only of the uterus, but of the nerve-centres; and the reason why it is more intense in some cases than in others is doubtless dependent on the nerve-centres being excessively excitable in some instances, while they are less so in others. This supposition is confirmed by the clinical history of cases.

Secondary Starvation.—The continual presence of this reflex symptom, uterine vomiting, has one effect to which very prominent attention must be directed. I mean the starvation which it induces and brings about. When the food is constantly brought up and rejected, it is of but little advantage to the patient. The condition is practically the same as if no food at all were given. One of the patients had lost 5 stone in weight. Unless in the very severe cases, however, sometimes the food remains long enough in the stomach for something to be extracted for nutrition purposes, or the rejection is not complete, and the starvation is, therefore, in less degree. But in these cases, the actual amount retained is so far below the daily requirement, that a chronic starvation ensues, and a certain, but gradual, diminution in weight occurs from week to week. This feature of the case is often not at first recognised. Further, there is the influence of the repugnance to food, nausea at the idea of taking food, which is a symptom in many cases. This prevents the patient even trying to help herself, and the attempts to take nourishment are finally almost given up. This state of things grows on the patient, so to speak. At first the sickness is only occasional; the nausea and slight occasional sickness go on, perhaps, for six months or a year before the condition is considered grave. Then the symptoms become more intense, medical advice is sought, and the patient is discovered to be extremely emaciated, the natural result of the long-continued deficiency in regard to absorbed nutriment.

The chronic starvation, initiated by uterine vomiting and nausea, becomes a very serious affair when prolonged, ultimately so sapping the foundations of life that, even when the symptom itself has been to some extent relieved, the weakness remains. A weakness so produced and so protracted is, I believe, a not unfrequent cause of tuberculosis. I know, at all events, of two cases, included in the foregoing series, in which the patients finally succumbed to this disease, concerning whose previous history, as regards the presence of uterine vomiting, I was well acquainted.

The diagnosis of the presence of uterine vomiting is usually not difficult, though in some cases circumstances do not attract attention to the uterus as the actual cause. The stomach, the liver, the gall-bladder, and bile-ducts, the intestines, the nerve-centres, etc., may be at fault, and the possible causes of vomiting are almost too numerous to recapitulate in this place. The diagnosis of uterine vomiting requires a careful exclusion, therefore, of many possible diseases, an exclusion not always very easy to substantiate. One of the most common cases met with in practice is the confounding of uterine sickness with "biliousness," as it is termed. I have frequently been informed by the patient that she suffers much from "bilious attacks," which have been traced on inquiry to the uterus. I am in fairness obliged to state that, in one long-standing troublesome case, where the patient had suffered from troublesome sickness, with no particular sign of liver or biliary disease, a large biliary calculus was subsequently evacuated from the bowel. What adds to the diagnostic difficulty of cases of uterine sickness is the fact that, in some cases, the uterus itself may be found devoid of unusual sensibility to the touch, and that the patient makes no complaint directing attention to this organ particularly. In many cases, there is a complaint of pain referred to the uterus, severe pain in the groin, or in the lower part of the back; but I have before my mind some very severe cases, where it was not

imagined by those who had seen the cases before that the sickness was due to the uterus at all. It rarely happens, however, that the uterine functions are carried on in a normal manner; in these cases, menstruation is either irregular or very painful, or menstruation is accompanied by special exacerbation of the vomiting, and it is obvious enough that there is uterine disturbance of some kind present.

In connection with the question of the diagnosis of uterine vomiting, should be mentioned a curious case, related by Dr. Bristowe, of what he terms "hysterical vomiting in a girl, aged 14, in which it was found that the vomiting was due to regurgitation from the oesophagus, and was cured by passing a tube into the stomach. Dr. Bristowe considers there was a spasmodic condition of the oesophagus present in this case, the food never entering the stomach at all (*Lancet*, June 20th, 1885, page 1115).

In one of the cases I have related, the patient eventually died of tubercular meningitis. It is possible that the sickness in this particular case was in part, at all events, due to the commencing tuberculosis. But, in this case, the sickness had been present for a long time, and it is probable that the cerebral complication was of comparatively short duration.

With reference to the precise pathology of uterine sickness, a good deal has been incidentally stated. I purpose to postpone any further remarks on the subject until we have considered the clinical features of another series of cases—the hysterical phenomena associated, more or less, with convulsive attacks. The pathology of the two classes of cases is, I believe, closely allied, and, indeed, we have frequent instances in which the two sets of reflex phenomena are observed together in the same individual.

ILLUSTRATIONS OF EXCEPTIONAL SYMPTOMS AND EXAMPLES OF RARE FORMS OF DISEASE.

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XVII. COFFEE-STAIN PATCHES ON ONE SHIN, DISTINCTLY LUPOID IN CHARACTER AND PROBABLY SYPHILITIC; ON THE OTHER SHIN SIMILAR PATCHES, BUT NOT YELLOW.

A gentleman, whom I had treated for syphilis many years ago, consulted me, in February, 1885, for an ulcer on his tongue, which he supposed to be a reminder of his disease. I found, far back, a small epitheliomatous ulcer, which had apparently not been preceded by syphilitic changes. I inquired as to any other symptoms, and he assured me that he had never suffered anything since my treatment; but, after a little thought, added "I have some yellow patches on my legs." I found, on the front of his left shin a group of yellow spots, covering a space half as large as the palm, and placed very near to each other. They were very conspicuous by their colour, but scarcely raised, and only scaly in the slightest possible degree. On careful inspection with a lens, it was quite certain that the disease spread serpigiously, and left thin scars where it receded. It was therefore clearly a lupous process, and probably it was consequent on his syphilis, though located by bruising of the part. On the opposite leg he had a similar group of scars, leaving patches; but, curiously enough, they were not in the least yellow, but rather livid and dusky. Those on the left shin were almost a bright yellow, brighter than the common coffee-stain.

I use the term coffee-stain as applicable to certain yellow patches which are often seen on the legs. All observers must be familiar with them, but I am not aware that they have ever been described. Patients who have had syphilis often show them, and seek advice in consequence, but they may be seen also in those who have never had that disease. They differ in some cases in tint from lemon-yellow to deep brown. In some instances, mostly syphilitic, they leave exceedingly thin scars.

XVIII.—CASE OF ECZEMA-ERYSIPELAS: RECURRENT ATTACKS ON FACE.

Certainly one of the most important cases, as illustrating the relationships of this affection, which I have ever seen, was that of a gentleman, who was brought to me in 1885 by Dr. Macpherson, of Mildmay Park. Mr. D. G. P., was a collector, aged 42, a nervous man, liable to dyspepsia; but, by dint of his out-of-door occupations, maintaining usually fair health. Ten years ago he had a sharp attack of erysipelas of the face and head, caused, as he thought, by going through the Thames Subway when in a perspiration. After