citement or depression of blood-vessels and nerves, and all its Pains!

And, indeed, one has now and then seen all this accomplished. One has seen a hard and bounding pulse laid hold of as the sole indication of treatment, and an heroic bleeding brought to bear upon it as the sole remedy. And, forthwith, an acute Inflammation, just emerged, with its many formidable accompaniments, has been summarily swept away. Here surely a great deed has been done; enough to make a man proud of the power of his Art, and a little vain, perhaps, of his own skill in wielding it.

But disease in its progress, *after it has some time emerged*, is apt to split itself into fragments, and each fragment to become a several centre for new morbid actions and suffering, to radiate from, and to present a several scope, at which new remedies must take their aim. Pain is one of these fragments and one of these centres.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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PAIN REFERABLE TO THE GENERATIVE ORGANS.

[Continued from page 645.]

We may now consider,

2. Cases in which there is pain, but apparently no difficulty, attending the discharge.

There are a variety of circumstances capable of giving rise to the presence of pain during menstruation, in cases where there is no evidence of the existence of menstrual retention. The rheumatic diathesis predisposes patients to suffering of this kind, as was particularly insisted on by the late Dr. Rigby. The patient suffering from this "rheumatic" dysmenorrhœa is liable to migratory pains in different parts of the body, more especially in the joints, a loaded condition of the urine, from excess of urea, lithic acid, and lithate of ammonia, together with flatulence and hæmorrhoidal congestion (Dr. Rigby). Then, again, the presence of a congested, overloaded condition of the abdominal viscera, in which the pelvic organs always participate more or less, is frequently associated with painful or uncomfortable performance of the function of menstruation; and in nervous, hysterical subjects, the degree of the evil is likely to be magnified. As a rule, the diagnosis between cases in which the painful sensations are due to these general causes, and those in which there is partial or temporary retention of the secretion, is not difficult, the character of the pain being different in the two cases, as will be presently shown.

We may now consider, with the aid of the foregoing conclusions, the diagnostic indications of the

several varieties of pain, etc., present during menstruation.

The diagnostic distinctions between cases of dysmenorrhœa in which there is partial menstrual retention, and those in which there is no such impediment to the escape of the menstrual fluid as to produce this state of things, are the following:—In partial retention, the pains are situated in the uterine regions; they may be, and generally are, very severe, more or less paroxysmal in character, resembling, though on a small scale, the pains of labour, and often go on increasing in intensity until relieved. The pain differs from that present in the other description of cases, in that it is more severe and more limited to one spot. When there is no retention, the pain may be situated in the uterus, but more generally, perhaps, in the ovarian regions, in the thighs, back, etc. In menstrual retention, there may be pains in back, thighs, etc.; but it is not limited to these parts, and there is also pain in the uterine region.

Then, again, in menstrual retention, the pain which is present is of a peculiar *kind*. It more or less closely resembles the pain of labour. Coming on suddenly, lasting for a certain time, and then going off, to return again after a few minutes or after a longer interval,—such is the character of the pain. The patient may not be entirely free from pain throughout; but the occasional, it may be periodic, exacerbation, this it is which characterises it. When the pain is excessive, it may induce disturbances of the nervous system of various kinds—hysterical convulsions, agitation, anxiety, palpitations, tenesmus, pain in micturition, etc.

As long as the menstrual discharge continues persistently, the presence of pain need not generally give rise to uneasiness, although it by no means universally follows that, because there is a discharge, the size of the outlet is sufficient. It is the absence of the discharge coincidently with presence of the kind of pain above alluded to, that should make us suspicious of the existence of some obstruction, and more especially when the symptoms in question have been present for any considerable time, or have shown themselves recently in an individual who previously menstruated easily and regularly.

When, from the nature of the symptoms present, we are led to believe that there is a mechanical difficulty of some kind, in order to ascertain the nature of this supposed difficulty, it will be necessary to make a vaginal examination, and in certain cases to use the sound.

In those somewhat rare cases in which the dysmenorrhœa is connected with the discharge of a membrane from time to time from the interior of the uterus, the presence of the membrane itself will so far remove all obscurity from the diagnosis.

When there is painful menstruation, the discharge appearing scantily, disappearing for a time, then reappearing, perhaps in gushes, and again ceasing, when this condition of things is noticed at successive menstrual periods, it gives ground for the suspicion that there is some difficulty in the escape of the fluid. When coagula having the form of casts of the uterine cavity, or a portion of it, are passed under such circumstances, this is also in favour of the presence of mechanical obstruction. Fibrous tumour, polypus, flexion or version of the

uterus, pressure of ovarian tumours, hypertrophy of the cervix, etc., may be the cause of this obstructive form of the affection.

It is important not to mistake abortion for dysmenorrhœa, or *vice versa*. In the case of abortion, there has been suppression of the menses for one or more periods; but in dysmenorrhœa there have been usually preceding attacks of similar character, and no suppression of the menses has been (usually) observed. When there has been partial retention of the catamenial fluid, clots may be passed, accompanied with contraction of the uterus and pains quite identical with those of labour; and in such cases very careful examination of the substances discharged may be necessary to enable us to distinguish their nature.

Treatment. Whatever be the cause of the painful sensation experienced during menstruation, certain general rules are applicable as regards the treatment.

The first element in the treatment is *rest* during, and for a short time previous to, the period of the flow. The patient must be directed to remain more or less constantly in the horizontal posture during the period in question. Means are to be taken to ensure the regular and proper action of the digestive organs. The food should be plain and simple; and aperients are to be administered, if necessary, to produce regular action of the bowels, and prevent congestion and fullness of the pelvic organs.

We are often called upon to prescribe remedies calculated to relieve the pain actually present. When the pain is very severe, opiates may be necessary; and these are most efficacious in the form of enemata. We are generally able, however, to do without opium; ether, of which the best and most efficacious preparation is unquestionably the compound spirit of sulphuric ether of the *Pharmacopœia*, combined or not with camphor, henbane, or sal volatile, one or more of these are medicines very satisfactory in their effects, when given for the purpose of alleviating temporarily the pain present in menstrual retention, or for more simple cases. Cannabis Indica is a valuable medicine in certain cases. An objection to it, stated by Dr. West, is the varying and uncertain strength of the preparations obtainable. Chloroform inhaled, or given internally in the form of chloric ether, is often employed with advantage. Opium, in doses of half to one or two grains, may be necessary in extreme cases. Opium and camphor combined I have frequently found very serviceable. When we have reason to believe that the sufferings of the patient are connected with the presence of a tendency to gout or rheumatism, it will be proper to give colchicum internally, which may be advantageously combined with a little blue pill, every night or every other night; and saline laxatives twice or thrice a day.

The warm hip-bath, in which the patient is to remain for half an hour or so, is perhaps the most effectual of all remedies in affording relief from the extreme pain sometimes present, while it is occasionally not less effectual in directly causing the discharge to appear. It is, in fact, both palliative and remedial in its effects.

Although I have been all along advocating a mechanical theory of dysmenorrhœa, it does not follow from this that I am an advocate for an universal mechanical treatment.

The urgency of the symptoms and other circumstances must determine whether, in a given case, it is necessary or advisable to adopt other than the general treatment now described. The presence of sterility, associated with dysmenorrhœa, may be mentioned as a circumstance which would show the necessity for having recourse to other measures directed specifically to the removal of the cause; and, if the canal of the cervix were found too small, it would be desirable to enlarge it. A careful examination of the cervical canal, the manner of effecting which will be explained in its proper place, will generally give the observer a knowledge of the cause of the disorder, and what is the proper remedial treatment will in most cases forthwith suggest itself. In many cases, even where there is evident narrowing of the cervical canal, it is not judicious to attempt and at once to dilate the same by cutting or otherwise, as more good may result from the treatment of the condition leading to the narrowing in question.

Means of Procuring Enlargement of the Canal of the Cervix Uteri.

There are two methods by which the calibre of the cervical canal of the uterus may be increased—incision and dilatation.

Incision. The hysterotome of Dr. Simpson is an instrument by which the cervix may be incised from within longitudinally, and the canal thus enlarged. In using the instrument in question, it must be recollected that the part of the canal which it is desirable to affect by the operation is situated high up; and under ordinary circumstances, therefore, the instrument must be introduced more than an inch before the blade is projected and the cutting effected. Moreover, it is desirable to make two slight incisions, one opposite the other, rather than one deep one. In cases where the instrument of Dr. Simpson cannot be introduced, the internal os uteri being too narrow to admit it, Coghlan's probe-pointed metrotome will be found applicable. (See *Med. Times and Gaz.*, June 1st, 1861, p. 573.) After performing the operation, it is advisable to introduce one of Dr. Simpson's solid round metallic bougies, of which graduated series are sold by the instrument-makers, in order to maintain the patency of the canal; otherwise the effect of the operation is lost by the healing of the cut surfaces. The metallic bougies are less objectionable than sponge-tents. Little tubes of rolled lead have been recommended for the same purpose (Coghlan).

Dilatation. The dilatation method consists in the gradual enlargement of the cervical canal by means of bougies or other instruments gradually increased in size, one instrument being worn for a certain number of days, and then replaced by another a little larger; or a speedier method, but one not quite so easily carried out in the particular kind of cases now under consideration, is to dilate the canal by means of sponge-tents; and, having obtained the necessary enlargement, to leave an instrument in, to maintain the patency of the canal.

Incision and dilatation are not equally applicable in all cases, and incision is open to certain objections which do not apply to dilatation. The danger of purulent absorption and pyæmia is greater when incision is performed; and, although the operation is more speedy, it is, unless conjoined with

careful subsequent treatment, less certain than the more tardy dilatation process. Care should always be exercised in dilating the cervix uteri; for although, as a rule, the organ is capable of bearing a tolerable amount of rough treatment with impunity, it is not by any means always so; fatal peritonitis has followed want of attention to this rule. If sponge-tents be employed, very great attention to cleanliness is essential. It is proper always to allow a day or two to intervene between each insertion of the tent, and it is better not to leave the tent in the cervical cavity more than four or six hours. After removal of the tent, tepid water should be very gently thrown up the vagina.

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT
OF SKIN-DISEASES.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to the
Hospital.

[Continued from page 647.]

Erythematous Eruptions. The next group of affections I propose to examine are those which are characterised essentially by hyperæmic afflux to the skin—in fact, inflammation just stopping short of effusion, or attended with very slight. Roseola and erythema are the typical members of this group; but it may include also the slighter forms of erysipelas.

Commencing with the last, we must notice the justice of Mr. E. Wilson's remark that erysipelas serves to establish a link of transition between eruptive fevers and cutaneous exanthemata without constitutional affections of a specific kind. The graver forms resemble the eruptive fevers in their transmissibility by infection and contagion, and their being attended with fever often of a very low type; while the slighter approach very much to the common skin-eruptions in the great obscurity of their causes, their great liability to recur and to become chronic, the absence of fever, and the partial affection of the skin. Now, whoever reads over the lists given by authors of the causes of erysipelas (*Vide Copland's Dictionary*, art. Erysipelas, p. 826) must, I think, admit that the disease cannot be supposed to depend, like small-pox, on the introduction of a definite poison into the circulation. Evidently a certain state of system, a peculiar predisposition, goes for much more. With this, "the most trifling irritation" will cause the disease, which without it has no such effect. Foul atmospheres and depressing causes are potent in generating this predisposition. Erysipelas may be of the most sthenic or æsthenic type, and require the most opposite treatment. In the one, free bloodletting and purgation may be necessary, and little else. In the other, quinine, iron, and stimulants must be poured in lavishly. In London, at present, a sthenic case would be a *rara avis*; but I have heard of very marked ones in the country, on the best authority.

The general bearing of the above facts certainly tends to show that the state of the vital powers is the main thing to look to in endeavouring to appreciate the phenomena of erysipelas. The conception of a poison seems subordinate to that of a predisposition. It is the

latter that we have to deal with practically. As therapeutists, we renounce all idea of eliminating the poison, if we suppose there is any, seeing that in the worst cases all our exertions are directed to supporting the strength, and arresting the spread or obviating the effects of the inflammation. The phenomena in the æsthenic form have much resemblance with those of vaso motor nerve paralysis, and are modified very beneficially by a stimulant and tonic treatment calculated to raise and sustain nervous power. In a case of frequently recurring erysipelatoid inflammation of the face in a feeble old lady under my care, the only measures that do good are fresh air, good living, and citrate of quinine and iron. Certainly, at any rate, in the milder forms of erysipelas, we have little reason to believe in the existence of any definite poison, and still less to think that we have any power to eliminate it by treatment.

Roseola and Erythema are two minor skin affections, which it requires some artistic power to separate, and which, for all useful purposes, need scarcely be separated at all. They are mere hyperæmiæ of the skin, often of no great extent, and for the most part of transitory nature. Erythema intertrigo and erythema paratrimma are cutaneous congestions occurring usually in young children under slight irritation of the surface, aided by heat and moisture. Roseola infantilis is more dependent on general causes, which probably induce some amount of vaso-motor paralysis. I have seen this affection very marked in a child affected with malarious disorder. Roseola cholericæ is no doubt produced in the same way. Roseola æstiva and roseola autumnalis are in all probability the mere results of heat, or atonic relaxation of the vessels. They are just such transitory congestions of the outer integument as often befall in the same season the inner, and give rise to diarrhœa. Roseola æstiva is a very little step from eczema solare. Roseola variolosa, roseola vaccina, roseola rheumatica and arthritica, are minor results of the direct irritation of the poisons whose name they bear. Erythema nodosum is interesting as an example of a local inflammation invariably, according to my experience, of æsthenic character, and yielding readily to tonics. It is a like case to the cure of eczema by arsenic. The varieties of erythema are mostly associated with some catarrhal or febrile disorder, bronchitis, enteritis, etc.; and may be regarded as cutaneous irritation produced by the same cause that gives rise to the internal. Erythema fugax, by virtue of its fugaciousness, must be ranked as a neurosis; it is without example that any true tissue-inflammation should appear and disappear in an apparently causeless manner. This is the sole appanage of nerve-inflammations. Erythema papulatum and erythema tuberculatum are evidently related to urticaria, to lichen urticatus, and more remotely to lichen. The marginate and annulate forms of erythema and roseola are simply examples of that curious tendency in many skin-eruptions to spread excentrically, while they heal more or less completely in the middle. It is not at all clear on what this depends, nor why it is so often absent. The mode of distribution of the nerves does not seem in any way to explain it. So far is certain, that it is not a peculiarity belonging to any single form of eruption, and therefore probably depends on something in the skin itself. Erythema læve seems to me to have no claim to be considered as an eruption; it is for the most part a mere co-result of the condition that gives rise to anasarca.

Roseola and erythema are well described by the synonym given of the latter by Mr. E. Wilson; they are truly inflammatory blushes, and, like all blushes, are very often dependent on a nerve-paresis giving rise to arterial dilatation. In some cases, as in malarious and choleric roseola, this paresis directly affects the vaso-motor nerves of the part itself. The same doubtless