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Observations on Dysmenorrhea. By WILLIAM CAMPBELL, M. D. Fellow of the Royal College of Surgeons, and Lecturer on Midwifery, &c. &c. &c. Edinburgh.

"Non faciunt solùm artes magnas qui inventis de illis loqui satagunt: sed illi quoque qui, quidquid in unâquâque verè inest, vel curiosum vel historicum, vel novum repertum, dare valent."

DISEASES of the Uterine System, from the importance of the organs involved, have in all ages commanded the particular attention of practitioners. The accuracy with which many of these affections are described in the earliest records of medical

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practice, sufficiently confirms this position. There is no system of organs whose functional derangements are succeeded by a more numerous and distressing train of complaints than those of the uterus, which led Democritus, not unaptly, to declare his sentiments on this subject as follows: "Huic autem vicina, mater puerorum, vehemens illud malum, infinitarum serumnarum in muliere causa, uterus ipse latitat *."

Dysmenorrhœa *is the most harassing of all these complaints.* In many instances this condition of the menses is coeval with their primary appearance; in other cases, the secretion shews itself from the first with scarcely any pain, and for many months, or even years, continues to recur in the most natural manner. After some time, however, the duration of which is various, the sufferings of the patient progressively increase, and a state of excessive pain precedes and accompanies every recurrence of the effusion. This affection, though limited by Moschion and others †, almost exclusively to the unmarried, is occasionally also met with among matrons. The Father of Medicine merely alludes to it in his book *De Virginibus*, but he makes particular mention of it in his works *De Sterilibus, et Morbis Muliebribus* ‡. Of the unmarried who are most liable to this functional derangement, we may particularize females strongly stamped with appearances indicative of the various modifications of struma, more especially phthisis; individuals of originally feeble stamina; those of exhausted bodily strength from previous disease, long continued mental distress, or laborious occupation in an impure atmosphere. In this list we must include persons of a plethoric habit of body, those of acute feelings, and such as follow a sedentary occupation.

Some modern writers consider painful and scanty secretion as conditions of the catamenia, which generally coexist §, but this is diametrically opposite to my own observation, and is even denied by an author of the seventeenth century, who says: "At non omne stillicidium est cum dolore, nec semper dolor cum stillicidio. Interdum enim menses suo tempore et copiosè, sed difficulter et cum labore erumpunt ‖." Cases are frequently met with in practice where the menses, though of the usual quantity and duration, are, nevertheless, secreted with severe pain; while, on the other hand, many instances occur where the secretion is so limited that the only evidence we have of an individual being under its influence, is a mere show, or a few in-

* Democritus, Epist. xxiii.

† Moschion, cap. ii. Sebizius Man. p. 1564.

‡ Hippocrat. Morb. Mul. lib. ii. sect. 2. Lib. de Sterilib.

§ Denman and Burns. ‖ Primerosius, lib. i. cap. 4.

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significant stains on the patient's linen, yet it is unattended by any considerable degree of suffering. It may certainly be admitted, that diminished, is oftener accompanied with great uneasiness than copious menstruation; but assuredly, *pain is not the invariable attendant of scanty secretion.* Most females have the catamenia with such regularity, that they can foretel the very day on which they are to be indisposed; but when the expected period is at all protracted, even for a few days, it is sure to be preceded or accompanied by unusual pain.

Many of the symptoms of this functional derangement resemble those of suppression of the catamenia, of which dysmenorrhœa, more especially when the secretion is limited in quantity, may, in many instances, be viewed as the primary stage. The pain, which is the source of incredible torture, is referred chiefly to the hypogastric region; thence it extends particularly to the sacral portion of the spine, to the loins, groins, and along the back part of the thighs. The intestines and urinary organs participate in the derangement, as appears from the presence of obstinate constipation and retention of urine. In many females these excruciating sensations precede the menstrual discharge by a day or two, in other cases they accompany it; but whether as precursors or concomitants, the severity of the patient's sufferings are indescribable. Occasionally these symptoms are ushered in by one or two rigors, or a feeling of chilliness of several hours duration. To the foregoing phenomena succeed an intolerable headache, deep seated pain in the eyes, occiput, and, in the course of the region of the cervical spine, which, with frequent syncope, and the most violent efforts to vomit, completely incapacitate the sufferer from the most trifling domestic occupation, and compel her to remain in bed for days together. Where these complaints precede menstruation they are more or less mitigated when this effusion declares itself, and more especially when it is of the natural quantity; but when they accompany the secretion, they continue for two or three days, or subside when it ceases. The matter rejected from the stomach, in some of those cases, does not consist of the ordinary contents of this organ; sometimes the vomiting it resembles haematemesis. In 1819 and 1820, I met with two cases of this nature; both the ladies were unmarried, the one about thirty-five years of age, rather full; the other about twenty-four years, spare, but plethoric. In the younger patient, though the catamenia were always copious, her sufferings were very great at each period; and, contrary to what is insinuated by Celsus in the following passage, she vomited a larger quantity of blood than the elder lady, in whom the secretion was remarkably sparing: "Sæpe fœminæ, quibus sanguis per menstrua non respondet, hunc expuunt *." In the patients al-

* Liber iv. cap. 4.

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luded to, the catamenia and hematemesis appeared at the same time, and regularly ceased together. The function of digestion was greatly impaired in both cases, especially for some days before the menses appeared. The younger lady is now the mother of a family, which change has been followed by the complete removal of all her complaints. The elder patient still continues indisposed: occasionally she has no vomiting of blood; but when this is the case, she is subject to an obstinate diarrhoea. Hippocrates alludes to patients in whom a vomiting of blood seemed to supply the place of the catamenia *. In M. Planque's translation of Van der Wiel, some cases of a similar nature are related. In one of these, a servant to the father of this author, a large quantity of blood was brought up at each menstrual period, yet the individual suffered scarcely any thing. The same writer also mentions the case of a married lady, aged forty, in whom, for about two years, the menses were suppressed, and their place was supplied by a hematemesis, which caused her severe suffering †.

Dysmenorrhea is sometimes attended, for a day or two previous to any other mark of indisposition, particularly in spare irritable females, with feelings in the abdomen and pelvis, which equal in violence, and imitate completely in sensation, the most powerful parturient efforts. This straining, in some cases, is only present to a slight extent, for a day or two, until the menses appear, when it becomes violent; while, in other instances, its approach and cessation keep pace with the catamenia. This variety of diseased menstruation is frequently attended with an unpleasant rumbling noise in the intestinal canal, which is sometimes so obvious as to compel the sufferer to confine herself to her apartment.

We sometimes find dysmenorrhea complicated with other organic affections, such as phthisis and hepatitis. In many instances these precede the uterine derangement; in others, they supervene to it. There is not a more frequent complaint attendant on painful menstruation than an obtuse, or an acute pain in the region of the liver, with flavid colour of the countenance. From the peculiarly excruciating sufferings of the patient, and consequent general excitement, the vascular and nervous systems present considerable evidences of derangement. Within a few days of the period when the secretion should appear, the patient is either peevish, watchful, and most susceptible of impression; or there is universal torpor, indicated by want of animation, indifference towards surrounding objects, even of the most interesting character, and an unconquerable aversion from exercise. The countenance is flushed, the temporal arteries

* De Mulieb. Morb. lib. iii. cap. 5.

† Tom. ii. pag. 188.

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beat with unusual activity, the heat of the body increased, thirst is troublesome, and the paroxysm is closed by general perspiration.

Dysmenorrhea presents other peculiarities besides those already noticed. With the secretion coagula are sometimes extruded; of which phenomenon, perhaps, one explanation only can be offered, viz. during the violent action of the uterus the extremity of one or more vessels may be ruptured or forced, and pure blood is thrown out. In other instances, there is in the uterus of some females, married as well as unmarried, a disposition during the interval between the menstrual periods, to the formation of a membrane, of which the faithful Morgagni, though not the discoverer, appears, however, to have been the first who offered a proper description. It would seem, by the following passage from his writings, that the existence of the production in question was not unknown to Ætius and Platerus. "Habes quæ initio, et postea fuerat mea de hoc morbo opinio: qui in eo quidem mihi, Plateri aliorumque observationum, vel Ætio olim non incognitarum, minime novus videbatur, quod stato menstruorum tempore cum his concretio aliqua, idque diutius ejiceretur; sed in eo, quod concretio singulari ista forma esset, quam apud alios legisse non memini; quin Platerum memini diserte scripsisse, *nullam* se *cavitatem* in sua *potuisse cognoscere* *." Although, from some manifestations in the writings of Ætius and Platerus, it may be admitted that these writers were not ignorant of the existence of this membrane; yet, their account of it is so brief and unintelligible, that it is doubtful whether their allusions refer to it or to a totally different production †. Of the moderns, Dr Denman offers the best description of this membrane; it corresponds almost verbatim with that given by Morgagni, but with whose article on this subject Dr Denman does not appear to have been acquainted ‡. Morgagni, in speaking on this subject, says: "Tunc enim abortis partus doloribus, et primo, aut altero die, sanguinis cursu incipiente vel uberius quam pro consuetudine effluentis, in medio fere eo cursu ex utero ejiciebatur corpus, ut apparebat, membraneum, idque ea forma, eaque magnitudine quæ triangulari uteri caveæ satis responderent, modice convexum exterius, qua facie erat inæquale, nec sine plurimis filamentis, quæ ab sedibus ad quas adhæsissent, abrupta esse videbantur, cavum autem interius qua facie erat læve, et madidum quasi ab aqueo humore, quem antea continuisset, in exitu autem per amplum foramen, quod in uno erat angulorum, a distractione facile apertum, emisisset."

The productions so accurately described by Morgagni must be

* Epist. xlviii. Art. xii.

† Ætius Tetrabil. iv., Serm. iv. cap. c. Platerus, Molæ Excretiones.

‡ Introduction to Midwifery, edit. 5. p. 161.

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more or less familiar to practitioners. I have witnessed many, and have several of them in my possession; but, in my whole practice, I cannot call to my remembrance a single instance, where they were furnished by unmarried females. They have invariably been produced by matrons, and always after having missed one or two menstrual periods. I never knew any thing similar to the membrane described by Morgagni, to be thrown off in the unmarried. In them we may often observe small thin portions of something of a cutaneous texture, seldom larger than a finger nail; at other times, what is ejected has the appearance of distinct fibres. In the case of a young married lady, at present under my care for dysmenorrhœa, where the secretion is *irregular*, *copious*, and attended with *coagula*; these fragments are regularly expelled. In her the most violent pain precedes the effusion by two days; in four days from the commencement of her sufferings, this membranous production appears; and then all her sufferings gradually decline. The extrusion of this cutaneous-like texture takes place during the bearing down efforts,—seldom earlier than twenty-four hours after the appearance of the catamenia; but more generally towards the middle of the menstrual period.

It is said that sterility is an invariable attendant in all cases where these productions are evolved; and although we cannot set bounds to the operations of nature, yet the case already quoted from Morgagni is, so far as I am aware, the only one in refutation of this assertion. It must be familiar to the profession, that, when a female passes but one period even, without voiding these productions, conception may immediately afterwards take place, and this is a fact which I have repeatedly known to occur in women recently married; and which, no doubt, has often led to a most erroneous opinion, viz. that matrimony would, in such cases, invariably effect a salutary change, as it is well known this morbid condition of the catamenia ceases when an individual has once become a mother. Young females are often met with, who, for a long period before marriage, years even, and for many months after this change, have been passing shining substances; but they have no sooner missed a period without doing so, generally speaking, than impregnation has been the result.

The formation of the membrane in question may be accounted for on the following principle. When the catamenia are prematurely suppressed, whether from exposure to cold, or any other cause, calculated to have this effect, congestion and ultimate excitement of the villous membrane lining the uterus are the results. The extremities of the secerning vessels, terminating on this villous lining, suffer a degree of contraction, and give rise, from their having become less permeable, to excruciating pain at the ensuing menstrual period. From the resis-

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ance which must be thus opposed to the transmission of the catamenia, increased action of the capillary vessels ensues, followed by an exudation of coagulable lymph, which is converted into a crust or membrane lining the inner surface of the uterus, and constitutes another impediment to the flow of the secretion, by blocking up the mouths of the secerning vessels. When the catamenia are again about to manifest themselves, the uterus is excited into violent action to accomplish the detachment of the new membrane, the subsequent ejection of which explains the nature of the cutaneous like fragments observed in the catamenia. By the frequent repetition of these sufferings, a thickening and chronic state of excitement of the inner membrane of the uterus is produced, which must act as a permanent obstruction to the free transmission of the menses.

There are many other causes which conduce to this condition of the catamenia. Some may be considered constitutional, since they seem to operate previously to the evolution of the menses; they act on the uterine system indirectly through the medium of other organs. The other causes are acquired, and exert their influence, in the first instance, on the genital organs alone. Under the first head of causes may be specified, more particularly, affections of the lungs and liver; and sometimes diseases of other organs, such as the pancreas and kidneys. In cases of young females, in whom, about the age of puberty, there is a tendency of one or more of these organs to take on some morbid change, the uterus and ovaria frequently, in consequence of the determination to the diseased organs, are impeded in their developement, their vascularity less, and their secerning vessels smaller and less permeable. Hence, in such cases, the cause of limited or diminished secretion; and hence, also, the source of pain from the uterine arteries being contracted in their caliber, and the resistance which they must consequently oppose to the exudation of the menstrual effusion. In the winter of 1820–1, I was consulted in the case of J. C. æt. 19, an unmarried female, of spare habit and delicate constitution, for pains in the abdomen, and obstinate constipation. The catamenia had never appeared but once, and then merely a scanty show, which state was ascribed to her having been for several years brought up in a sedentary occupation in learning to make straw-hats. At this time, she was recommended some of the ordinary remedies, and matrimony, should an opportunity offer. I heard no more of her until June 1823, when I was again requested by Mr Christie, surgeon, to visit her. I was informed she had been married four months, that, for some little time after marriage, her health continued as favourable as it had been at any former period of her life, but that it afterwards declined daily. She complained of incessant pain in the loins, sacrum and pubes;

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a diarrhea was almost always present; the urine was frequently voided in small quantities of a milky appearance; she had rigors every evening, with a feeling of great coldness, though to another person her skin felt warm. The menses had not been seen except three times: they were always attended with great pain, and so sparing in quantity, that the patient's linens were but slightly tinctured by them. From the period of her second application, until the 3d of July following, a variety of remedies were used. She was once bled at the arm to ℥xii.; twelve leeches were applied to the groins; some aromatics were ordered for her; the arsenical solution was given, but it disagreed with her, and she had occasional laxatives. Some days before dissolution, an examination was made *per vaginam;* but, with the exception of a general narrowness of the pelvis, and a diminutive size, and unusual hardness of the cervix uteri, no further information was elicited. On the 4th of July, the day after her decease, she was examined by Mr Lizars, in presence of Professor Duncan *junior*, several other gentlemen, and myself. The arteries of the small intestines were minutely injected; the uterus and ovaria were not only of much firmer texture, but considerably smaller than usual; the urinary bladder was contracted, much thickened, greatly inflamed, and cancerous; the ureters were traced towards their origin, and appeared as large as the small intestines of a young child; the kidneys were much diseased; when an attempt was made to disengage the left from its connections, it burst, and a large quantity of pus escaped; when its internal structure was examined, the infundibula appeared to have been converted into sacs of matter; and the substance of the kidney was scirrhous at many points. The right kidney was not so much diseased as the left; but its infundibula formed pouches of pus. The liver and spleen were enlarged. The pelvis, in all its principal diameters, was smaller, by half an inch, than one of the usual standard.

In April 1824, I visited, at the request of Mr Craig, surgeon, now of Ratho, a young unmarried female, aged 19, of a spare strumous habit, in whom the catamenia were, from the period of their first evolution, scanty, irregular in appearance, and attended with pain. She applied to Mr Craig, about two years previously, for an enlargement of one of the cervical glands, and at that time she was labouring under general cachexia. I saw her but a few times before she died; the face and lower extremities, for two or three days before dissolution, having the appearance of being edematous. On examination after death, the uterus and ovaria seemed smaller and firmer than they are generally observed in a state of health; the liver presented a pale yellow aspect, and was greatly enlarged; and the pancreas formed a mass of nearly four pounds weight; it was

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very firm throughout, and of a cartilaginous texture at many points.

Bonetus relates many cases where diseases of other organs produced either dysmenorrhea or amenorrhea *.

Organic lesion, on the other hand, not unfrequently results from diminished or obstructed menstruation; and, it would seem that no organ is more susceptible of disease from these causes than the liver. On 6th May 1823, I was requested by Mr Kennedy, surgeon, to visit a young lady, aged 22, unmarried, who was labouring under severe irritability of stomach. She was naturally of a full plethoric habit; had for several years suffered much at the menstrual period, though the secretion was by no means scanty. When I saw her, she had troublesome thirst, and short dry cough; and the irritability of stomach was so severe, that a spoonful of fluid occasioned the most violent efforts to vomit. She died at the end of a week from the time I first visited her. There was nothing remarkable in the structure of the uterus; it was of the natural size. The left ovarium was smaller than usual; the right was much larger than a walnut, and contained a quantity of aqueous fluid. The liver formed a pale yellow mass, about one-half larger than its natural size; the spleen was also much larger than natural, and both organs felt remarkably firm in their texture.

Under the head of acquired causes, we may specify general or local debility, exposure to cold, continence, excess in venery, abortions, and passions of the mind. Dysmenorrhea and scanty menstruation may be induced in the unmarried, by causes which, in matrons, have little or no influence. In married females, we find the uterus, in most instances, perform its functions regularly to the last, even under circumstances of great prostration of the system, of which we have a good illustration in phthisis. In the unmarried, the uterine system is much more susceptible of functional derangement. This condition of the catamenia does not often result from debility of the uterus alone; it far more frequently happens in consequence of this organ sympathizing with the state of the general system. The system may be reduced by disease requiring long confinement, by sedentary occupation, and more particularly when the individual breathes an impure atmosphere, and subsists on unwholesome nourishment. In the autumn of 1819, I witnessed the examination of a young woman, aged 19, who died from anasarca. She resided in an apartment under the level of the street, where she had been long confined from *necrosis* of the right *tibia*. Her catamenia became gradually diminished in quantity, and this led to the disease which was the more immediate

* Anatomia Practica, tom. ii. p. 1347.

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cause of death. How often do we find diseased menstruation in young females, who pass the greater part of the twenty-four hours in the vitiated atmosphere of ill ventilated manufactories, or even in well aired warerooms, although, for the first few years after the manifestation of the secretion, it was of the natural quantity, and elaborated without pain!

Exposure to cold, either in consequence of light clothing damp feet, or the mere immersion of the hands in cold water, while the individual is under the influence of the catamenia, has often been known to lead to premature suppression of the secretion, and severe pain at the next period, unless the patient receive timely and proper attention. The pain must be ascribed to spasm or constriction of the extreme vessels; whereby, as formerly explained, their extremities are rendered less permeable.

Widows who, during their conjugal life, have enjoyed perfect health, often become gradually affected with much pain at every menstrual period, and frequently the secretion itself is diminished in quantity, or ultimately suppressed. Continence, therefore, may be supposed to act on the system in two ways. In the first place, it leads to irritation of the genital organs, from the sudden subtraction of a peculiar stimulus; and, in the second place, to insensibility and torpor, the usual results of protracted irritation. Excess in venery is a frequent cause of painful and scanty menstruation in recently married females, and its influence on the uterine system is similar to that of continence. From too frequent intercourse, a great degree of irritation is first induced, to which torpor or exhaustion succeeds, and hence diminished secretion. Individuals of this character continue barren for a long period of years.

Of all causes to the superinduction of dysmenorrhea, cases resulting from abortion are the most obstinate; for, independent of individuals suffering severely at each menstrual period, they continue barren for a long course of years. When the secretion reappears, after the abortion, it is both sparing and painful. After some time, the pain is diminished, and the catamenia also become still more limited in quantity; at last both cease entirely; and the place of the menses is supplied by a profuse and continual leucorrhea. I have been consulted in many cases of this character, and have at present under my care a patient who, between fourteen and fifteen years ago, aborted when in the sixth month of her second pregnancy, in consequence of her having tumbled down a flight of steps. Ever since this accident, her catamenia have been very sparing, and secreted with great pain, although very regular in their appearance. She is now thirty-five years of age, and has not conceived since the date of the abortion; and she is the only matron I have met with, who,

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during the menstrual period, expels substances of a cutaneous texture. She now labours under scirrhus of the uterus, and still continues to pass shining substances.

Dysmenorrhea is sometimes induced by passions of the mind, the elevating as well as the depressing kind. Eros, of the eleventh century, is among the first who makes particular mention of the influence of such causes; he observes, "Aliquando deficiunt menstrua ex nimio dolore, vel ira, vel motu, vel timore." Baudelocque relates a most extraordinary fact, in reference to the influence of the passions:—"On se souvient encore à Paris des êvénemens facheux qui furent la suite de l'explosion de la Plaine de Grenelle au commencement de la Revolution. Dans les huits premiers jours qui la suivirent, M. B. fut appelé pour donner des soins a soixante-deux femmes atteintes des pertes ou menacées d'avortement †." Diminished and painful secretion may be caused by the elevating passions exerting their influence on the uterus, through the medium of the nervous system, by producing spasm or constriction of the secerning vessels of this organ, and consequent irritation; or they may affect the uterus in another way, that is, by first occasioning a determination and consequent disease of other organs of debilitated constitution, such as the brain, lungs, or liver. On the 27th of December 1825, I was called to a widow lady, about forty-two years of age, of full habit, in whom, owing to some trivial domestic grievance, while she was under the influence of the catamenia, the effusion became suddenly checked. I found her quite delirious, and was informed in confidence by her niece, that she had repeatedly seen her in the same state. The mental aberration continued for five days; and, on the 7th January following, I left her in her usual state of health. The distressing passions, such as anxiety, fear, and grievances resulting from disappointments in life, must act on the uterus by producing diminished energy of the whole system.

In France, where the sex, I believe, surpass, or at least equal, those of *any other European country in freedom of thought and action, and in affability of manners*, they use, during the winter season, as a luxury, what, in my humble opinion, who have witnessed this indecent practice, may lead to diseased menstruation. This is a small earthen vessel, something like a flower-pot, filled with live cinders, which every lady has carefully placed under the lower part of her under garments, and even causes the servant to bring sometimes to church for her. And, while on this topic, it may be mentioned, that they have borrowed from the ancients a precept ‡, which, in former times, was resorted to as

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* Prologus, qui est de natura muliebri, et mensium fluxu.

† Gardien, vol. i. p. 334. ‡ Ibid. vol. i. p. 267.

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a remedy; but which, from its too frequent use among the present generation, more especially in certain countries, may assuredly be considered as the cause of the evil. Some notion may be formed of the practice to which I allude, by the following passage from Eros, who says, "Aut fiat aliud pessarium in moduma virgæ virilis," &c *.

From various manifestations throughout the writings ascribed to the Father of Medicine, and those of several other authors who flourished shortly after his time, it would appear that dysmenorrhœa was by them viewed as a formidable affection. Hippocrates says, "Si quidem a natura pauci menses prodeunt, incurabilis est †". Galen observes, "Sin autem nimis oblæsæ sint, aut plane retentæ, nullum ejusmodi eas sanare potest ‡." Modern writers have entertained similar sentiments regarding the prognosis of this affection. Primrose says, "Malum grave est, curatu difficile, periculosum, nam febres, hydropem, mortemque, inferre potest," &c. ‖

For a few periods after the primary appearance of the menses, the quantity secreted is, in many instances, limited, and accompanied with pain; but this condition is generally exchanged for a more copious and less painful state of this function. Where this change, however, does not take place, and where the individual can be said to have suffered from painful and scanty menstruation from the first, I should think the experience of every practitioner must tend to confirm the sentiments of Hippocrates. Equally obstinate have I found this functional derangement, when complicated with other organic affections, as those of the lungs, liver, &c. I have never, except in one instance, succeeded in bringing about a salutary change, when the characters of phthisis have been strongly marked. The patient in question was a lady, aged about twenty-five years, tall, narrow chested, slightly disposed to asthma, with pain in the region of the liver; dark hair and dark eyes, with a spare delicate habit of body. She was about seven months married when I was consulted in the spring of 1819. She informed me that, for a series of years previously, she had suffered severely, at every period, from painful and scanty secretion; and that, at one time, she had been bled and blistered, upon the supposition of her having diseased liver. Six weeks from the time I first saw her, she became pregnant; and she is now, I believe, the mother of five children. I did not attend her as an accoucheur, but I have reason to know that, from the time of her first pregnancy, she has ceased to have pain during her monthly indispositions. My opinion has also been occasionally asked in the case of an unmarried lady,

* Liber mulicbrum, cap. i.

† Liber de Sterilibus.

‡ Liber x. cap. 5.

‖ Liber i. cap. 8.

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aged about thirty-five years, under circumstances somewhat similar to the last case. She has all her life had painful, scanty, and irregular menstruation. Her catamenia have often disappeared for months together; on their return they have exhibited themselves as mere stains on her linen; and, although she has been thought, more than once, to be affected with diseased liver, and been repeatedly threatened with pulmonic affections, yet she has struggled through. She enjoys, at this moment, a great share of good health; and the catamenia still continue scanty and irregular, but not painful. In cases like this last, I should be inclined to ascribe the want of due secretion to some imperfection or want of development of the genital organs, especially the ovaria.

Cases of diseased menstruation supervening to abortion, though very obstinate and vexatious, from the circumstance of their being invariably attended with sterility, are not, however, of fatal tendency, unless scirrhus uteri supervene. My practice, in such cases, with a solitary exception, of which I shall speak presently, has been uniformly unsuccessful.

When dysmenorrhea supervenes to organic affections of other parts, such examples are often unfavourable; and cases of long standing, under most circumstances, are extremely obstinate.

Painful but copious menstruation is easily remediable; recent cases much more so than examples of a chronic character; and, when dysmenorrhea appears to have been accessory to the superinduction of affections of other organs, such examples are more tractable than those in which diseases of other parts precede derangement of the catamenia.

Dysmenorrhea may terminate in suppression of the menses, phthisis, hepatitis, anasarca, and cancer uteri.

Although there are certain disordered conditions of the catamenia, which require prompt and serious attention, yet there are others where the powers of nature are alone sufficient; but of this the sex themselves, and some members of the profession even, cannot be convinced, as the following case will show. In 1822, a young lady, nineteen years of age, of tall stature, healthy constitution, and void of every complaint except a voracious appetite, was, by the advice of a surgeon in high estimation, *first*, heartily ducked, once daily, on the sea-beach for a summer season, to strengthen her; *secondly*, stewed in a warm-bath for several months, to relax her; and, *thirdly*, made to swallow for some time daily, such a proportion of the carbonate of iron, as would almost have led one to think that she was compelled to use it as a substitute for oat-meal. Why all this professional purgatory, because the lady's catamenia had not made their appearance? To show that the lady had an excellent constitution, and could therefore require no medicines, she withstood these violent at-

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tempts on her person, without any injury to her health. In the variety of functional derangement under consideration, however, the sufferings of the patient are too frequently so excruciating as to demand immediate and powerful means of relief.

In the treatment of this affection, the object must be; *first*, to diminish pain and local irritation during the presence of the catamenia; and, *secondly*, in the interval between the periods, to adopt such means as are calculated to remove that condition of the uterine or general system on which this functional derangement depends. It is scarcely necessary to observe, for it is a circumstance which must be obvious to every one, that this is a complaint in which the patient herself can greatly promote our views by avoiding the exciting causes; and this, in cases arising from particular circumstances, it may be necessary to represent to the sufferer through the medium of a third person.

On the immediate approach of pain, from two to four leeches should be applied to each groin, and the effusion from their bites promoted by means of warm fomentations. The ancients recommended, among many other remedies, that steam should be directed into the vagina; and the moderns have been in the habit of using injections of warm water, or the hip warm-bath, and both modes of fomenting the parts have no doubt been found most beneficial in many cases; but, as might be expected, there is frequently great opposition to the practice. In a certain description of patients, however, particularly those of a spare irritable habit of body, this need not be regretted, for in them the sufferings are aggravated by warm fomentations; whereas in full plethoric females, the practice invariably affords relief. The tinctures of opium and hyoscyamus are administered to diminish pain; but the former in some cases must be hurtful, and the latter so inert as to be next to useless. In cases of irritability or torpor of the nervous system, and of those of scanty menstruation, opium, from its possessing the power of increasing these conditions of the nervous system, and of diminishing the secretions, would be injurious. For relieving pain, I have found camphor in ℥ss doses very effectual; and with this medicine, I have been in the habit of conjoining as an enema in cases of severe pain, a solution of ℥ij of assafœtida in ℥viij of warm water. These means should be repeated when the pain becomes urgent, or whenever the paroxysm is renewed. When the catamenia begin to cease, about 8 oz. of warm water should be thrown into the vagina, three or four times daily, with a view to support the secretion and render the secerning vessels more pervious. It must be on the principle of the uterine vessels being rendered more permeable, and the vascularity of the uterus being increased, that dysmenorrhœa ceases to exist after an individual has conceived, and been once delivered at the full time.

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The cases in which spasm most generally constitutes the origin of pain, are those of individuals of a full plethoric habit, and females in whom the catamenia, though attended with severe suffering, are almost always sufficiently copious. In the absence of the secretion, such patients should clothe warmly, use the hip warm-bath morning and evening for several days, antecedent to the appearance of the catamenia, refrain from violent exercise during the same period; and take every third or fourth day as an aperient, three or four grains of submur. hyd., followed in an hour after, by ʒiv. to ʒviij of the phos. sod., which will be found to act with great mildness. A gentle sudorific should be administered at bed-time, begun for two or three nights before, and continued during the menstrual period. The diet should be of the mildest nature. From ample opportunities, I have no hesitation in asserting, that the order of patients just described, are the only cases which can be benefited by matrimony. In all other examples, and more especially where there is disease of other organs besides that of the uterus, this new state of life has proved, as far as I have been able to ascertain, useless or injurious;—see case of J. C. page 100 of these observations.

In dysmenorrhea, produced by unusual irritation of the uterine system, as may be met with in recently married individuals, and after an abortion or premature labour, the conjugal embraces must be scrupulously avoided, as well as every other cause calculated in the slightest degree to occasion excitement of the genital organs. With the exception of the sexual intercourse, these examples must be treated exactly as the variety last spoken of.

When general debility, or prostration of the uterine system alone, or torpor of these organs, as it has been styled, appears to have produced this affection, such means are to be adopted as are calculated to recruit the powers of the system, or restore the vigour of the prostrate organs in particular. I may be accused of scepticism, or want of faith in the powers of some medicines, and this character I should certainly prefer to that of excessive credulity; but I must observe, that in patients under the particular circumstances of which I am now speaking, I have never derived much benefit from the medicinal stimuli of the mineral kingdom. Nay, in some cases, I have thought them injurious, with the exception of the mineral springs. Of the vegetable productions, I can speak much more favourably. From colombo in powder simply or combined with cinchona; the canella alba in a similar form; and an aqueous or a vinous infusion of gentian, quassia, or cinchona, I have seen much advantage accrue. To individuals of this character, a moderate proportion of claret or Madeira, may be allowed. With these means, there are several varieties

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of exercise, which may be most advantageously conjoined, such as walking, riding, dancing, particularly that form of it termed waltzing; but excess in either should be carefully avoided. Patients of this description should be prevailed on to visit places of public entertainment, such as dancing assemblies, theatres, and some of the resorts for mineral waters. In some instances it has been thought that chronic cases have been much benefited by the sulphureous waters had alone, when all other remedies failed. But all circumstances considered, I must agree with those who think that the relief experienced by the patient must be ascribed more to travelling, change of air, scene, and society, than to the use of the waters. Frictions upon the hypogastric and sacral regions, and electricity, have been found useful. In cases of diminished action, whether local or general, I have found aloes, combined with assafoetida, the best aperient, exhibited in form of pills once in three days.

In cases occurring in strumous constitutions, and in those where, from there having been a paucity of the secretion from its first evolution, there is reason to apprehend a want of developement of the genital organs, the whole of the treatment in the last section is perfectly applicable. And although, to the best of my recollection, I cannot speak from personal observation, yet I am of opinion, owing to the profuse state of the catamenia in females living under the torrid zone, that, to the description of patients now considered, a residence in a warmer climate than ours, such as that in the South of France, or the Azores, would prove most beneficial.

I cannot conclude these cursory observations without noticing two new remedies, which the learned Dr Good has introduced into his chapter on *Paramenia difficilis*, in his justly celebrated work; I mean *Iodine* and *Ergot*. Of the former I know nothing except from report; and as, at present, it seems to be recommended chiefly by the junior members of the profession, who extol it as a remedy for almost all diseases, I must defer its exhibition until its virtues shall have been better determined. I can speak with greater confidence of the ergot, which I have exhibited in three cases. By Dr Good, the ergot is styled an Emmenagogue; but certainly it has no claim to be so denominated, since, as may be seen in Dr Hosack's observations on this medicine, as well as in the remarks of Dr Stearns on the same subject, in No. 20. of the American Medical Recorder, it has been found *not to promote, but rapidly to restrain, discharges of blood from the uterus, in the unimpregnated, gravid, and puerperal states.* Dr Hosack remarks, that in two of three cases where he administered the ergot during delivery, the patients had not conceived, when he published his remarks, though several years had elapsed; that, in one of *these two*, the catamenia were rendered scanty, and in the second entirely suppressed. Should future

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experience prove, that the exhibition of this medicine will be attended with the complete suspension of the procreative function, as happened in Dr Hosack's two patients, it should certainly be proscribed, except in cases where there exists such serious organic lesion as shall preclude all hopes of the individual realising the endearing promises of the conjugal union. One of the patients to whom I exhibited ergot is already alluded to in page 106 of these remarks, and the result certainly astonished all concerned. This woman sent to my friend Mr Lizars, when he was absent on professional duty in the country, and the charge of visiting his patients having devolved upon me, I called on her, and found her in the state already detailed. Considering her case irremediable, I left her under the care of Mr Adam Hope, who was then assisting Mr Lizars and myself. On the arrival of Mr Lizars he suggested the administration of the ergot; and the following are its mode of exhibition, progress, and result. On the 6th of October, she commenced to take ℥ss daily, of a decoction of ergot prepared as follows: ℞ Secale Cornutis ℥j, decoque in aquae ℥iv. ad dimidium, et cola. October 8th, no perceptible effect from the medicine; decoctum repet. 10th, Thought her pains slightly mitigated; remed. ut antea. 12th, Felt sensibly relieved; secale cornutis contin. 14th, Had no pain whatever; decoctum adhuc adhibet. She menstruated on the 16th, the day she expected to be indisposed. The secretion was more limited than formerly, but perfectly free from pain. This patient, from having been for four or five weeks confined to bed, is now able to sit up, and, to a great extent, attend her domestic concerns; and, except a slight bearing down *inclination*, while she is in an erect posture, with a sensation of weight in the pelvis, and inability to lie for any length of time on her back, she has no complaint.

Edinburgh,
4. Picardy Place,
October 31. 1826.

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