

## CLINICAL NOTES ON SOME COMMON AILMENTS.

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### DYSMENORRHÆA.

Dysmenorrhæa is the name which is given to the condition in which menstruation is accompanied by an abnormal degree of pain.

It will at once be seen that this is purely relative, inasmuch as a degree of pain which one person suffers without complaint, is described by another as agonising. One will neglect the pain altogether, while another will fly for relief to any drug or stimulant which will afford her temporary relief.

It also depends to a large extent on how a woman has been brought up, and on this point I cannot do better than quote a passage from Herman's admirable article on the subject. He says: "If she has been trained to live for others, she will only complain when the pain is so bad as to interfere with her duties. If she has been taught to think much of her own case, and to use words loosely, she will make a great fuss over slight pain, and describe it in inflated and incorrect language. The result of treatment, whatever it is, will then be disappointing."

Still, when we have cleared the ground by eliminating the cases in which pain is more talked about than present, there remains a considerable number of cases in which there is really something wrong with the process of menstruation itself, which shows itself in undue pain at the period.

Now menstruation consists, amongst other things, in contraction of the body of the uterus in order to expel the broken up fragments of its lining, together with the ovum, through its cervix, or neck.

These contractions may be themselves painful, or the congestion of the uterus and ovaries, which is at its height just before menstruation commences, may be accompanied by pain. This latter condition is therefore known as congestive dysmenorrhæa.

Coming back to the uterine contractions, we can have three varieties of dysmenorrhæa from this cause, namely:—

- Obstructive,
- Membranous,
- Spasmodic.

The first two can, for our purpose, be dismissed in a few words, as they are neither of them common, and both depend on the existence of some actual obstruction to the expulsion of the menstrual products.

In the first variety there is some mechanical obstruction in the form of scar tissue, following

an operation on, or laceration of, the neck of the womb, the latter originating most commonly from the—often unwise—application of forceps to accelerate delivery at an unduly early period of labour, before the mouth of the womb is sufficiently open. Or the obstruction may be due to a fibroid tumour, or to a cancerous growth.

In membranous dysmenorrhæa, on the other hand, the fault lies not in the passages, but in the products. Here, instead of the lining of the uterus being broken up into a pulp which can pass easily, it is shed in large pieces, or sometimes in one entire cast, and difficulty in passage, accompanied by pain, is the result.

In spasmodic cases, on the other hand, there is no mechanical block, but the obstruction is due to spasmodic contractions of the uterine muscle, generally in the region of the cervix.

This variety usually dates from the commencement of menstruation, and the pain is characterised by its great severity (as compared with other kinds of dysmenorrhæa), and by the fact that it comes and goes. It is sharp and intense while it lasts, and rapidly disappears, and is quite distinct from the dull aching which is seen, for example, in congestive cases. Another point of distinction is that the pain in the spasmodic variety is not relieved by lying down. It usually comes on at the onset of the period, waking the patient up suddenly in the night, and when the pain is at its height the flow is scanty, and *vice versa*. It is more common in women of the sensitive than of the robust type.

*Congestive Dysmenorrhæa.*—Here the trouble lies not in what takes place during menstruation itself, but in the events which precede it. Though the causes of the trouble are varied and numerous, the essential feature of all cases of this type is that the congestion of, or, in other words, the flow of blood to, the pelvic organs which takes place at this time is increased, and is therefore accompanied by pain.

For purposes of classification, or, in other words, to systematise the knowledge of medical students, it is customary to draw up lists of the various things which are supposed to produce this congestion, but, for our purposes, we need consider two divisions only of the subject, namely, that in which there is nothing abnormal to be found on examination in the uterus and ovaries; and the other class, in which the trouble is due to such gross lesions as fibroids, inflammation, with thickening, of the tissue-connective tissue, which is normally packed round the uterus and ovaries, and helps to keep them in position, or inflammation, or displace-

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