

ment, of the uterus itself. We can dismiss this class altogether with the statement that it is advisable to make an adequate examination of any woman who may be suffering from congestive dysmenorrhæa, in order that we may detect and treat surgically any remediable cause for the pain.

Coming back now to the class in which there is nothing abnormal to be found on examination, we notice two points about the pain: firstly, that it precedes the flow itself, often by some days; and, secondly, that it is relieved when the patient lies down. This is intelligible, because in the recumbent position the flow of blood to the pelvic organs is no longer helped by the force of gravity. It has been customary to distinguish two kinds of congestive pain, according as to whether the pain is felt in the region of the ovaries or in the back, but, inasmuch as the cause is an excessive supply of blood in each case, it does not very much matter which organ is most affected by it.

We come now to the treatment of dysmenorrhæa in general, and we at once find one great difficulty, which lies in the fact that pain at the periods always has a certain amount of effect on the nervous system of the patient, which may vary from a slight irritability of temper to the graver forms of hysteria, and even insanity, and we have to be very careful lest we run the risk of unduly attracting the attention of the patient to her genital organs by anything we do in the way of treatment. It is easy to see that the habit of dwelling too much on her own inside once started may be the commencement to the patient of a somewhat rapid progress down the broad way of "nervousness," which leads to mental destruction. It is, for instance, fatal for some persons to learn that they have ovaries at all. So we have to be careful not to treat as a pelvic ailment any condition which is purely mental, and consists in an inability to put up with a small amount of discomfort, combined with a great capacity for describing this discomfort in exaggerated language. Such patients are best treated by attention to their habits rather than to their insides.

Coming now to details, the first essential is that we should make—under an anæsthetic, if necessary—an examination of the pelvic organs, in order that we may detect anything abnormal which can be treated surgically, and not fall, for instance, into the error of administering sedatives for a pain which is due to a displacement of the uterus, or to a tumour or inflammatory mass in the pelvis. Very many women who suffer intense pain every month of their lives can be permanently cured by an operation.

The next point is to ascertain whether the case is one of spasmodic or of congestive dysmenorrhæa. In spasmodic cases of the milder type, relief can often be afforded by antipyrin, phenacetin, and the like, but it does not do to give these for a very long time. In the protracted and severe cases, a better method is to dilate the neck of the womb under an anæsthetic, by passing graduated metal bougies, or "Hegar's dilators," as they are called. This often effects a permanent cure. Pregnancy always cures, for the same reason.

In congestive cases, the obvious remedy consists in enforced rest on a couch while the pain lasts, and this may usefully be combined with the insertion into the vagina, as high as it will go, of a plug of cotton wool saturated with glycerine. This acts by abstracting water from the blood-vessels of the parts, and thus causing a flow of blood from the uterus and ovaries to take its place.

The main difficulty which exists in the treatment of dysmenorrhæa, whatever its cause may be, lies in the fact that sufferers, not unnaturally perhaps, usually treat themselves for some time before they send for a doctor; for this purpose they generally take either alcohol in some form or other, laudanum, or antipyrin or aspirin. In these two latter remedies there is no harm when they are administered by the physician, and the patient does not know what she is taking. But directly she begins to drug herself there is a danger—nay, almost a certainty—of the production of a habit which is worse than the original dysmenorrhæa in its effects on the nervous system. It is scarcely ever necessary or advisable to give opium in any form, and in practice it is found that very many cases of the morphine habit in women originate in its having been prescribed injudiciously for dysmenorrhæa.

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#### LEAGUE LECTURES.

A very interesting Course of Lectures has been arranged by the League of St. Bartholomew's Hospital Nurses, to take place in the Clinical Theatre on February 5th, 20th, and on March 6th. On the first date Mr. Bishop Harman, F.R.C.S., will speak on "Eugenics: What is it?"; on February 20th, Miss Constance Smith, on "The Industrial Position of Women"; and "Some Aspects of Juvenile Labour" is the title of Miss O. I. Dunlop's lecture on March 6th. Tickets for members cost 2s., and for non-members 4s., and can be obtained from Mrs. Andrews, 31, Cotterill Road, Tolworth, Surbiton.

[previous page](#)

[next page](#)