

Clinical Lecture

ON THOSE

SYMPTOMS IN WOMEN WHICH POINT TO
THE EXPEDIENCY OF INSTITUTING
LOCAL EXAMINATION.

By ROBERT BARNES, M.D. LOND.,

OBSTETRIC PHYSICIAN TO ST THOMAS'S HOSPITAL, AND EXAMINER IN
MIDWIFERY AND THE DISEASES OF WOMEN TO THE UNIVERSITY
OF LONDON AND THE ROYAL COLLEGE OF SURGEONS.

Disorder of function—Distant and constitutional reactions—The subjective signs of local disease indicate appeal to objective signs—Comparison of study of disease of pelvic organs to that of skin and eye—Disturbance of functions of ovaries, uterus, and vagina—Amenorrhœa, real and occult; Menorrhagia; Dysmenorrhœa—Dyspareunia—Retention of urine—Sterility—Abortion—Discharges, sanguineous, mucous, purulent, albuminous, watery, fleshy, membranous—Pain, lumbodorsal, inguinal, pelvic.

THERE is nothing special in the mode of studying the diseases of women. Just as the ophthalmic surgeon is led to examine the eye because the patient complains of loss or disturbance of its function, or because he feels pain in it, or has some other subjective symptom referred to that organ, so by disturbances of function or some other subjective sign are we led to the discovery of disease of the sexual organs. When the function of an organ is disturbed, the *primâ facie* inference is that the organ itself which constitutes the mechanism by which that function is performed is out of gear. This is not indeed always absolutely true; because an impaired state of the blood, or disordered innervation, or derangement of a different organ, may entail the functional disorder which arrests our attention. The genital organs are no exception to this proposition. The functions of the ovaries, uterus, or vagina may be seriously deranged by a state of anæmia or blood-poisoning, by disease of the nervous centres, by disease of the heart, lungs, or liver. These functions may be even more seriously affected by mechanical pressure in contiguous parts. Still the fact remains that we can hardly appreciate rightly or successfully treat these primary or correlated diseases if we do not take into careful consideration the state of the genital organs themselves. The general or distant affections require to be investigated and treated; but it is not safe to overlook the organs that may be secondarily involved.

It is needless to say that every woman who is ill and seeks advice does not suffer from disorder of the sexual system. She may labour under various constitutional disorders, and under disorders of parts of the body quite independent of the sexual system. On the other hand, general or local disorders may in their course react upon, and induce disorder in, the sexual system. And there are disorders of this special system, commencing in it, and in their turn reacting upon, and inducing disorder in, distant organs or in the general system.

These inter-reactions are exceedingly frequent. Indeed, it may be affirmed that no severe constitutional disorder can long continue in a woman during the predominance of the ovarian function without entailing disturbance in this function. And the converse is also true, that disorder of the sexual organs cannot long continue without entailing constitutional disorder, or injuriously affecting the condition of other organs.

These facts point to the necessity of guarding against the error of fixing our attention too specially upon one particular class of symptoms or upon one organ. Whilst searching out the part which is more especially the seat of diseased action, we must be careful not to overlook possible disease elsewhere, and not to neglect to observe the mutual reactions. The clinical physician, although led by the intuition of experience to seize quickly upon the offending

part, will not omit to pass under review the state and working order of the other parts. In this manner most important complications are often brought most unexpectedly to light; and in every case some useful indication in treatment is discovered. The late Professor Chomel, a man of admirable skill, sagacity, and judgment, never failed, when a new case of disease came under his care, to interrogate successively every function. Thus, I have seen him in a case of pneumonia, the signs of which at once arrested attention, proceed nevertheless to explore the abdomen, the uterus, and the rectum. This may look like carrying out a principle to extremes. Yet who shall say that Chomel, as a clinical teacher or as a physician, was wrong?

It is not, indeed, necessary, in ordinary practice, to follow out in rigorous completeness the plan which to the clinical professor may seem desirable. It will therefore be useful to ascertain *what are the leading symptoms which, alone or grouped, indicate such disorder of the sexual organs as to call for direct exploration.*

This is the question we have set before us: When a woman presents herself, complaining of certain symptoms, chiefly subjective, some, or perhaps none, referred to the pelvis, how are we to act? Will these subjective symptoms enable us to refer them to their cause, to establish a diagnosis, to give satisfactory indications for treatment? Hardly. We must therefore call to our aid the objective signs; we must weigh and determine the significance of these before we can arrive at a conclusion at all precise or trustworthy as to the underlying pathological condition. The whole tendency of modern medicine is to subject every organ which manifests functional disorder to direct physical exploration, in order that it may solve the question presented obscurely by the subjective signs. The sound, the probe, the stethoscope, the laryngoscope, the otoscope, the ophthalmoscope, the various forms of speculum, are only so many contrivances for enabling us to project or extend the senses of touch, sight, and hearing into the internal structures. In the case of the skin, all is at once exposed to direct observation; and, as Alibert remarked, we should be glad to have the same advantage in investigating and treating the diseases of the heart, lungs, liver, kidneys, and nervous centres. Why is it that the study of the pathology of the skin and of the eye is invested with such fascinating interest? Those who devote themselves with the greatest zeal and success to this study will tell you that it is because the skin and the eye reveal their condition directly to the senses, and thus furnish not only positive objective signs which the patient can neither suppress nor misrepresent, but also because in this direct observation of the skin and eye they can read and follow as on a map or on a telegraphic dial the working of distant organs and of many affections of the general system. Here, then, you see how the reputed special practitioner, turning to account his special experience, often acquires an insight into general pathology denied to those who neglect the lessons they might read upon the visible organs.

This advantage we possess to a great extent of perfection in the case of the pelvic organs. It is by the proper use of this advantage that so great a degree of precision in knowledge, and of success in treatment of diseases of women, has of late years been attained.

And there is one property in a high degree characteristic of the instruments employed in the investigation of the diseases of women of such singular value that it ought to completely silence the objections at one time so passionately urged against them. It is this: the instruments have a therapeutical as well as a diagnostic application; the speculum, for instance, revealing a lesion of the cervix uteri, enables the surgeon at once to apply his remedy. Thus treatment follows upon the track of diagnosis, one sitting and one operation serving for both.

Here then, as in medicine generally, our first indication of the direction in which we have to look for the disease which causes the patient to complain, lies in the disturbance of function. We have then to consider what these functions are. The first in importance, because it is continued with occasional interruptions throughout the period of active sexual life, is *menstruation*. The other functions are incidental to married life only; these are *the relation to the other sex, pregnancy, and lactation*.

Most of the diseases which attack the ovaries and uterus, whether primary or secondary, entail some disturbance in

the menstrual function. The flow is diminished or in excess, or its periodicity is deranged. It is attended with pain in the pelvic organs and other nervous phenomena.

We shall discuss the history of amenorrhœa, menorrhagia, and dysmenorrhœa hereafter. Our object now is simply to determine the conditions which suggest local examination. In the great majority of cases of amenorrhœa in single women, no local exploration is necessary; but in some cases it becomes imperative: for example, amenorrhœa is sometimes presumptive only—that is, the secretion takes place, but owing to some imperfection of structure it is retained in the cavity of the uterus or vagina. This may be called *occult menstruation*. The suffering becomes urgent in the highest degree, and nothing short of an operation which shall liberate the retained secretion will save the patient. Some cases again of suppressed menstruation, leading to effusion of blood behind the uterus, setting up circumscribed peritonitis, and displacing the uterus so as to press upon the bladder, may cause retention of urine. Here again local examination is imperative. This may be said of every case of retention of urine. In almost every case of retention of urine in women the cause is external to the bladder, and in the great majority it is due to some disease or displacement of the uterus.

Menorrhagia is a relative term; that is, some women lose much more than the average without suffering in health; but whenever the loss continues profuse, obviously entails anæmia and general debility, and persists in spite of internal remedies, local examination is clearly necessary. We shall often find a sufficient local cause in polypus, tumour, inflammation, congestion, hypertrophy, displacement, or malignant disease, all of which conditions require local treatment.

When we come to study the history of *dysmenorrhœa* we shall find abundant proof of the almost constant association of this disorder with a mechanical condition of the uterus impeding the easy performance of the function. So long, however, as the distress does not clearly affect the general system, so long as it does not exceed endurable bounds, and if it appears to be moderated by general remedies, it is not necessary to examine; but, in the contrary event, examination should not be long postponed. To postpone examination is to postpone discovery of the cause and effective treatment. This is more especially imperative in the case of a married woman in whom dysmenorrhœa is complicated with dyspareunia and sterility. Abortion, if not primarily depending upon some local disease or displacement of the uterus, is so very likely to be followed by some such condition that an examination should be instituted. If a sanguineous discharge, even periodical, resembling menstruation, goes on during lactation, especially if it be excessive in quantity and attended by leucorrhœal discharge, it may be almost confidently predicated that there exists some uterine disorder requiring local treatment.

I have used a new word, "*Dyspareunia*." It is incumbent upon everyone who coins a new word to explain its meaning and to justify the innovation. Just as the word "*dysmenorrhœa*" has been coined in order to express compendiously the condition of difficult or painful menstruation; just as "*dyspepsia*" is used to signify difficult or painful digestion,—we want a word to express the condition of difficult or painful performance of the sexual function. Such a word would be convenient in many ways. It would enable us to avoid the longer and coarser forms in use, by substituting a single word at once euphonious, expressive, and in harmony with medical language. After consulting with my colleague, Dr. W. H. Stone, whose high classical attainments give authority to his advice, I have determined to adopt the word "*dyspareunia*." It is derived from *δυσ-παρευνος*, a word used in this sense by Sophocles. However disagreeable the topic may be, it is impossible to escape reference to a function so important. *Dyspareunia* in the female is perhaps the most absolute of all the indications of local malformation or disease. It calls the most imperatively for local examination as to its cause. In its milder forms it may make the sufferer's life a course of physical and mental wretchedness; in its severe forms it virtually unsexes her; and in any form it may lead to the most disastrous social calamities.

Taking this condition, *dyspareunia*, as a symptom of disordered function, we shall be astonished, when we proceed to direct examination of the organs concerned, at find-

ing how many those causes may be, and what a wide field of pathological inquiry is associated with it. For example, there may be original defect or malformation; there may be obstructing tumours or growths, inflammation, dislocation or altered form, disordered innervation,—in short, almost every disease to which the sexual organs are liable may entail dyspareunia for one of its consequences; and in not a few of these diseases disregard of this symptom may entail positive danger.

The existence of *certain discharges*, such as blood, under conditions of quantity and times of occurrence which distinguish it from normal menstruation, mucus, pus, albuminous, aqueous, fleshy, or membranous, if at all protracted, point clearly to some local disorder as their origin which requires direct exploration.

Then there are some subjective signs, as pain, lumbodorsal, iliac, pelvic, or crural, and a sense of bearing down or pressure upon the rectum or bladder, entailing disorder in the function of these organs. These, especially if connected with abnormal discharges and other symptoms, call distinctly for local investigation.

Then we must observe the constitutional or remote effects of the foregoing conditions. Disorder of the pelvic organs seldom goes on long without entailing anæmia, disordered digestion, hyperæsthesia, neuralgia, or other manifestations of nervous derangement or prostration. Where these conditions are observed in association with marked signs of derangement of function of the pelvic organs, the necessity for exploring the physical state of these is as clear as is that of examining the state of the heart or lungs when these organs perform their function with distress, and the whole system suffers.

Such, then, is a summary view of the conditions, chiefly subjective, which point out to us the desirableness of instituting direct observation of the pelvic organs. This direct observation commonly enables us to analyse the groups of subjective symptoms; to determine the cause and significance of each, separately and collectively. It always brings to our assistance the discovery of other symptoms, entirely objective; and almost always puts it in our power to apply the proper treatment.

The study of the significance of the several symptoms of pelvic disease, subjective and objective, we shall enter upon on a future occasion.