

OVARIAN DYSPEPSIA.

J. Milner Fothergill, M.D., (*American Journal of Obstetrics*) describes "a form of dyspepsia induced and kept up by irritation arising from the ovary." The irritation, of course, must be reflex. The condition of the ovary affects the stomach very much, as the impregnated uterus may be said to do. It was noticed that patients who presented themselves at the City of London Hospital for diseases of the chest, with the usual symptoms of phthisis, had a good family history. The patient also frequently had a good physique. Closer investigation showed that the two marked features in these cases were dyspepsia, with leucorrhœa and menorrhagia. These conditions unite a defective nutrition with excessive waste, and produce a condition exceedingly favorable to the of tubercle.

The condition of the ovary was found to be the prime cause of this mischief—a state of vascular excitement in one or both ovaries, usually the left.

This condition Barnes calls "cophoria." Patients suffer more or less pain in the iliac fossa much aggravated during the menstrual periods, at which time there is a more or less severe genito-urinal neuralgia. Pressure over the affected ovary induces acute pain during the excitement of the menstrual flow, and, at other times, in a less degree, while the patient "feels queer," as if about to faint. We have, in this condition, an important though small organ morbidly excited, and capable of giving off from its nerve centres waves of nerve perturbation, which will be felt in distant organs. These waves may break at different points. In one case the stomach may be affected, in another intercostal neuralgia may be the prominent symptom. Uterine disturbance is excited—there is frequently menorrhagia present, and always leucorrhœa. Sometimes there is diminished menstrual flow, but then there will be more profuse leucorrhœa. A distressing orgasm, recurring oftenest during sleep, makes the patient still more uncomfortable. This recurrent orgasm affects the bladder through the nerve centres of that organ, and adds incontinence of urine to the already too complicated affection of a certain proportion of the cases. Then, also, the ovary, or ovaries as the case may be, keep the uterus in a constant state of erection, and high vascularity, so that it is not strange that such patients suffer from leucorrhœa and menorrhagia; or, if instead of menorrhagia, there is an increased leucorrhœa, then the starved, overtaxed organism may prove unequal to the periodic hemorrhage.

As for the stomach, which also contains sympathetic nerve fibers, isolated nerve ganglia, and some fibers of the pneumogastric, the case is different. As has been fully proved by M. Bernard, as well as by later experimenters, the effects of a stimulus applied to the sympathetic nerves of the stomach, is to cause a diminution, or even complete arrest, of secretion. As is well known, the action of the sympathetic nerve filaments is to contract the

arteries and arterioles, while the pneumo-gastric filaments dilate them. Hence, it is easy to understand the effect of a nerve current from the ovary, which, traversing the sympathetic nerve fibrils, arrests the flow of gastric juice, more or less thoroughly, and dyspepsia is the consequence.

The etiology of these cases is involved in doubt. Inquiries seem to elicit the facts that a miscarriage, in a few cases marriage; in others who were middle-aged women, nearing the end of their reproductive life—a confinement, were the beginnings of the trouble. A few were made thus miserable by the excessive excitement due to the changes at puberty, and quite a number of the patients attributed their trouble to the excitement set up by the working of the treadle sewing machines.

The treatment for this class of evils is, first, to unload the bowels with a saline, such as sulphate of magnesia; bromide of potassium to control the conductivity in the nerves, and a blister over the region of the ovary. If the stomach is too intolerant of food and medicines they may be given per enema. Also, astringent vaginal injections, hip baths, etc., are important.

The menorrhagia is treated during the flow by quietude, cooling drinks and unstimulating food. The irritable stomach should be supplied with small quantities of food at regular short intervals.

To treat the stomach as the offending organ does no good in these cases, therefore the author begins the treatment of dyspepsia by eliminating the ovarian factor in all females before treating the stomach.

TREATMENT OF STERILITY.

At the meeting of the St. Louis Medical Society, held March 13th, a very interesting paper, illustrated by drawings, upon the treatment of sterility dependent upon endocervicitis and endometritis was read by Dr. A. C. Bernays. The treatment which is advocated he attributed to Dr. G. Simon. The reader held that sterility, and the dysmenorrhœa depending upon it, belonged as much to the domain of surgery as stricture of the urethra or fissure of the anus; that the swollen condition of the mucous membrane of the cervix caused a stricture of the neck, and this stricture was the cause of dysmenorrhœa and sterility.

The operation by which he proposed to cure this stricture is as follows: The patient is placed in the lithotomy position; the neck is split by incisions similar to those made in Sims' bilateral incisions. Now, it has been found that this procedure temporarily cures the leucorrhœa, but that the cut surfaces reunite, and the condition of the patient becomes worse than it was before. In order to prevent this, another step is necessary, namely, a wedge-shaped piece is cut from the anterior and posterior vaginal surfaces of the neck, the cuts running at right angles to the long axis of the uterus, and the base of the wedge being