Midwifery.

CHRONIC OVARITIS.

CLINICAL LECTURE, BY T. GAILLARD THOMAS, M.D.

Mrs. Josephine M., a native of Ireland, and twenty-nine years of age. She has been married six years, and has had one miscarriage (five years ago), but has never had a child at full term. This is a very striking case, and I would have you observe the history closely. She says that she has never been well since she has had the miscarriage, though previously enjoying excellent health, and that she suffers all the time from a severe pain in the left side, which runs down the limb as far as the knee. She also has pain in the back, leucorrhœa, and some dyspareunia, though this is not marked. Her menstrual periods occur regularly, but she suffers from the most intense pain for three days after the flow ceases. During the flow she has no unusual pain, and frequently feels better than at any other time; but before it comes on she has a feeling of nausea and of heaviness about the pelvis. About a year ago, while on a visit to Ireland, she consulted one of the most able gynecologists that I know of, either in Europe or America, Dr. Kidd, of Dublin, and he performed an operation for her.

The symptons are perfectly clear in this case: the persistent pain in the left iliac fossa, and the peculiar dysmenorrhœa, which is not really dysmenorrhœa at all, and ought to have some other name. The one which Priestly has given such cases, viz., *intermediate dysmenorrhœa*, is not strictly correct, but it serves to describe the condition. In one case which came under my care this intermediate dysmenorrhœa occurred on the fourteenth day after menstruation, and so regular was its recurrence that the patient always went to bed early upon that day in anticipation of its approach. In another case it always came upon the ninth day. In both instances it was due to the same cause as the present case of post-menstrual pain. The operation which Dr. Kidd performed was incision and dilatation of the cervix, and if it had been a case of obstructive dysmenorrhœa (as he, no doubt, thought it was) it would certainly have been cured by the operation, for the cervical canal is still widely dilated. Unfortunately, however, the patient has suffered just as much since as she did before it.

But I have not told you what is really the matter with our patient. On making an examination by conjoined manipulation, I found the uterus normal in size and position, and the cervix very much dilated, as I mentioned. On the right side of the organ I could detect nothing abnormal, but on the left side I distinctly felt the ovary, as large as an English walnut, and acutely sensitive to the touch. What is the matter with the patient? That ovary. She is suffering from chronic ovaritis, which has continued ever since she had the miscarriage five years ago. For some reason which I do not know, ovaritis is much more apt to follow an abortion than it is labour at full term. This is the condition of the ovary, and no operation, short of extirpation of the organ itself (which I do not recommend), will cure it. It is this which gives rise to all the neuralgia, the engorgement of the uterus and the leucorrhœa consequent upon it, the dyspareunia, the post-menstrual pain, and the nervousness of the patient, to which I have not before called your attention. It is always well at the end of a diagnosis to look back on the case and ask yourself the question whether it is really correct or not. As to the case before us, I know of nothing else than the condition spoken of which would produce just such symptoms. All the symptoms are fully accounted for on this supposition; and the evident presence of the enlarged and inflamed ovary, itself, leaves no room for doubt in the case. The feeling of nausea and undefined distress just before the menstrual flow, of which the patient complains, is entirely characteristic, and is due to the congestion of the ovary incident to the menstrual epoch. If the organ were in a healthy condition we should not be able to find it at al by conjoined manipulation; but it is so much enlarged that its presence is very plain, and so much distress is given the patient by pressure upon it, that I have no doubt that she could easily be thrown into hysterics by this means. By reflecting how uncomfortable one is made by a blow upon the testes, you can form some idea of her sensations when the unsound ovary is engorged with blood.