Pain in Metritis.

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PART II.—(TRANSLATION.)

In acute metritis the pain is deep and diffused, vaguely towards the hypogastrium and lumbar region. In the pelvis it may be severe, and is accompanied with vesical and rectal tenesmus. In puerperal metritis the pain is very obscure, and can only be discovered by direct examination. The painful symptoms do not attain to the acute stage until the adnexa, or the peritoneum have become inflamed.

In chronic inflammation of the body of the womb the pain partakes of the nature of uterine colic, which in some recurs frequently, but is generally connected with menstruation. If there be interstitial inflammation with exfoliation of the mucous membrane the pain is more acute and expulsive in character.

In chronic inflammation of the cervix the pain is of two distinct characters: in the lumbar regions, or "kidney pain," as it is sometimes called, caused by tension upon the utero-sacral ligaments which are attached to the cervix, and which in attachment ramify the sensitive filaments of the lumbo sacral plexus: and the continuous pain with each menstrual period when the cervicitis has reached an advanced stage. This pain is due to sclerocystic degeneration. The distension of glandular cysts in the inelastic sclerotic tissue, with the evacuation of the closed cysts, and bursting of the follicles.

In direct examination the body of the womb may be abnormally sensitive, but not often. This must be distinguished from the sensitive uterus so frequently found in hysterical conditions. The finger upon the cervix will locate a painful area over a deeply placed cystic nodule, and reveal a painful depression—an old laceration of the cervix. The sound indicates a pathological sensibility of the canal or of the internal orifice. Traction upon the cervix produces characteristic lumbar pain by causing tension of the utero-sacral ligaments. Centres of infiltration or parametric effusions also cause similar sensations; a direct local examination is the only method of determining their true cause.

C.—Pain in Retroversion.

Pain in this condition is of different degrees, according to the causes which produce it. If the retroversion is accompanied with unilateral or bilateral inflammation of the adnexa with adhesions, dilata