AN INAUGURAL DISSERTATION
ON
Dysmenorrhoea

SUBMITTED TO THE
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DOCTOR OF MEDICINE.

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Dysmenorrhea

This disease is common to our climate, and is more or less very painful, sometimes not very much so, but not uncommonly, so much so, as to give great distress, through the whole course of her menstrual life. How many ladies feel a dread of that approaching day, when they expect a return of their menstrual period. The pains resemble an intensity, that of labour, or abortion, properly so called, for to either the case may be said to have a strong analogy; a woman who suffers with
Dysmenorrhoea, is unhealthy, as to the womb, and are not likely to be fruitful, in the married bed. It is true, that dysmenorrhoea, may last for many years, in certain individuals, without material injury to their constitutions, notwithstanding the invariable return of the pain at the menstruation term. The pain, the irritation, the imperfect performance of the functions, and state of the tissues that lead to it, are well calculated to excite the solicitude, both of the patient and the physician.
a slight menstrual discharge, which is pretty suddenly arrested, pain now almost constantly ensues. This described by some women, to be of a forcing, bearing down kind, returning at longer or shorter intervals until
a membranous substance or small coagula are discharged, after the expulsion of this substance, the woman enjoys ease, unless there be a fresh production, in which case it requires for its expulsion fresh contractile ejections of the uterus. Besides the alternate or labour like pains, just mentioned, there is always
a permanent one in the back, hips, and loins, which continues until the alternate pains have ceased, indeed this aching pain sometimes proceeds the other, and announces the discharge to be at hand.

The quantity discharged is very various. Sometimes it is small, and at other times, very abundant. The degree of suffering is not always in proportion to the quantity of substance discharged, indeed the pain would rather appear to be less, when much is discharged. The duration of the period, are also very variable.
in some it will last but a few hours, when it will require several days, for others. It would perhaps be very difficult to assign all its remote causes. The most common are the application of cold during the flow of the menses, taking cold after parturition, and abortion, especially those of a rheumatic disposition, and it is nothing strange that the female suffer from rheumatism at her menstrual period, when custom and fashion has caused her to clothe the pelvic region, and thighs, in such a way as to be constantly exposed to the
influence of cold and damp, applied to the lower extremities. The menstrual alterations of the reproductive organs, which allows them never to continue in one even tenor action, exposes them more particular than other organs to the morbid influence of cold, and damp, which are admitted to be the most provocative of rheumatic disorders.

But there are many causes, beside rheumatic arise, which give rise to pains in menstruation. The womb may be the seat of neuralgic sensibility of the nerves of the tissues.
In such a case, the announce cannot be suspected. A displaced flour, in such a case, cannot be suspected. A displaced flour, in such a case, cannot be suspected. A displaced flour, in such a case, cannot be suspected. A displaced flour, in such a case, cannot be suspected.
traction of the nervous fibers, which render the organ liable to suffering under changes of its sanquine circulation, and its innervation. A womb that is maintained in its proper attitude, and height in the pelvis, will be less likely to suffer from dysmenorrhoea, than a displaced one. If the uterus be free, propped up, with the os uteri resting upon the floor of the pelvis, and resting there for a long time, the neck of the womb is likely to become bent, and thereby placed in the condition
of a structural canal, and if we have a structural canal of the cervix uteri, will not imitation of the bodily
and fundus superficem, from the difficulty which must ensue, in the evacuations.
I do not pretend to say, that all the cases of structural cases cervix uteri
are caused from anteflexion or retroflexion of the neck of the womb, although those flexions and angulations,
are among the frequent causes. In a number of other instances, the causes appear to be so hidden as not to be cognizable.
The married and the single women, are alike subject to it. The treatment of dysmenorrhoea are as various as the causes for which we would consider the treatment, temporary, and permanent. The first, consist in the administration of remedies to relieve pain at the commencement of the attack. And the most efficient and certain, for this purpose by Dr. Pease is Camphor, and opium, in their various preparations, and as far as my experience extends, I have witnessed very soothing effects from their use.
The ergot, also, are recommended, also warm baths, and resection. And for the permanent cure, the volatile tincture of quackum stands very high as a remedial agent, especially those of a rheumatic disposition. I have witnessed the use of this tincture in several cases, with the happiest effects. Two of them since conceived and brought forth healthy children.

As a remedial agent, Dr. Meigs, recommend the golden sulphurnet of antimony, combined with
Camphor + Opium or morphia, the acetious tincture of colchicum + magnesia with some distilled aromatic water.
Blue pill or calomel before lying down at night, and the colchicum mixture in the morning which is in three drachms acetious tincture colchicum, one drachm magnesia, and three drachms sulphate of magnesia, with four ounces of any aromatic distilled water, a wine glass full close to be repeated every two or three hours, until the bowels are well evacuated for it is important to keep the tincture fresh from
all irritating substances. Such as hard and feces, we may relieve the rectum also by putting enemette.

When we are satisfied that dysmenorrhoea is caused from a structural canal of the cervix uteri, which we can only satisfy ourselves by a minute examination, which examination we should in all cases insist, after a failure of the other remedial agents. So Mackintash and others has given numerous cases of females in which the orifices of the canal of the cervix uteri were so small as scarcely to be
Perceivable to the touch, for which he would first introduce a small bougie through the canal into the cavity of uterus, and by successive operations, every day using still larger and larger bougies, until the passage is sufficiently restored, the effects of which in most cases restores health to the patient.