CUMSTON (C. G.)

Neuralgia and Uterine Affections.

CHARLES GREENE CUMSTON, B.M.S., M.D.
BOSTON, MASS.

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NEURALGIA AND UTERINE AFFECTIONS.

A CLINICAL LECTURE DELIVERED AT THE SUFFOLK DISPENSARY

BY CHARLES GREENE CUMSTON, B. M. S., M. D.

Instructor in Clinical Gynæcology, Tufts College, Member of the Société Française d'Electrothérapie, etc.

GENTLEMEN: — To be a good surgical or gynæcological diagnostrician is entailed the necessity of being most familiar with general medicine, and the nervous system with its pathology is certainly closely related to existing pathological conditions of the genital organs in many cases.

Today I would invite your attention to the subject of neuralgia depending on lesions of the uterus, a subject which has not received the attention that it deserves, and without going into details I would recall to your minds the fact that early in the history of medical science physicians have recognized and recorded the near relations uniting genital disorders with the most varied morbid phenomena.

Of late gynæcologists have called attention to certain gastric symptoms and neuropathic disorders in patients affected by some lesion of the uterus or adnexa. It may be said, taking into consideration the former and present records, that there is not one system, one organ, that may not offer some pathological condition of greater or less duration, but which is always capable of amelioration in direct relation to the progress of improvement of the uterine affection.

Among these various disorders those of the nervous system are foremost. They are first marked by a change of character, while sensitive or motor symptoms of every description may also be present, and here, as in the case of intoxication, the reaction of the nervous system is all the more pronounced the greater the hereditary or acquired stigmates of the subject.

Besides the major nervous troubles,

which are clearly hysterical or neurasthenic, you will frequently meet patients who complain of severe periodical pains seated in the nerves and having all the classical characters of neuralgia. The neuralgias are of two orders; one type depends on a propagated lesion, as for example sciatica produced by compression or invasion of the nerve by a uterine or ovarian tumor, and here the pathogeny is clear. But the other type is neuralgia of nerves situated at some distance from the genital organs. In this type the relation which unites them to the pathological condition of the genital organs is not hardly evident and may even go by unnoticed.

It is these distant neuralgias that I wish to particularly treat in this lecture. I, however, include in this class certain pelvic neuralgias, which in spite of their proximity to the diseased genital organs do not show upon examination that the pathological condition has any *direct action* on the painful nerve.

These neuralgias are so frequently met with in gynæcological practice that it is almost impossible to think that they may be passed over unnoticed. The recent text books have little to say on the question, but there are some publications which have treated it, and Debove, in his recent and very excellent *Manuel de Médicine*, volume three, particularly calls attention to the genital origin of many neuralgias.

In the great majority of cases your patients will consult you for the pains, never suspecting any uterine trouble, but if you proceed with care in your questioning and examination you will not be long in drawing your conclusions as to the probable factor of their production.

The following types of neuralgia are probably the most frequently met with when produced by a lesion of the uterus. (1) Facial neuralgia; (2) Intercostal neuralgia; (3) Sciatica; (4) Abdomino-lumbar neuralgia.

As to the genital lesions that have produced them I will mention endometritis, polypus of the cervix, ulcerations of the cervix, fibroids, retroflexions and carcinoma. I think that the facial and intercostal types are perhaps the most frequent.

Facial neuralgia is in direct relation to the anatomical distribution of the trijeminus, the pain being seated in one or all of its numerous branches, or in a part of a branch. It could be bilateral, although I am not acquainted with any record of such a case.

Generally speaking, the situation of a neuralgia depends on its cause. In the greater number of cases neuralgia of the inferior and superior branches of the maxilliary is produced and kept up by alveolo-dental lesions; when the ophthalmic branch is affected the cause will generally be found in the eye or nose. In the first-mentioned type the teeth may be found in a perfectly normal condition, but Prof. Duplay has pointed out that a lesion in a tooth may not exist, the pain being due to lesions of the alveola that have been aggravated by some dental operation.

But there is a type of facial neuralgia whose factor should be looked for, not in a local lesion, but by some

distant influence; such is the superorbital neuralgia that you will frequently meet with in syphilis, gout, chlorosis, dyspepsia or constipation. It is also frequent as a symptom of malaria and still more so of acute gastritis, but especially is this true of a poor general condition. Now, when you have eliminated the above etiological factors of your neuralgia, turn your attention to the genital organs of your patient, and very likely you will discover the cause of the trouble there.

Intercostal neuralgia appears to be one of the most frequent forms depending on lesions of the reproductive organs. According to Bassereau utero-ovarian affections are the most ordinary cause of the intercostal form, and Valleix, in his statistics, found this neuralgia more frequently in the female. But as is pointed out by Desnos, it would appear that in many cases there are intermediate affections existing between the genital trouble and the intercostal neuralgia, which is most often a gastro-intestinal lesion, and if you consider this fact for a moment you will recollect that these gastro-intestinal affections are often directly dependent on some genital lesion. Of fourteen gynæcological cases suffering from neuralgia, reported by Villian, seven, or fifty per cent., were affected in the intercostal nerves.

Sciatica, according to many writers, is extremely frequent in diseases of the genitalia, although Villian only found two out of his fourteen cases suffering from this very painful affection, and he states that from other observation besides his own cases he is of the opinion that it is not very frequent in gynæcological affections.

It is to be remembered that I do not allude to large pus tubes or abdominal tumors pressing upon the sciatic nerve or invading it by metastasis, for as a matter of course these lesions produce alterations in the nerve that would provoke severe pain.

Villian reports one case of abdomino-lumbar neuralgia produced by a salpingitis, which had been present for a considerable period, and which after removal of the diseased adnexa was completely cured. When you think of the frequency of renal pains complained of by patients suffering from gynæcological affections you must remember that this is not a neuralgia of the lumbar nerves. These pains are nothing like a neuralgia of the lumbar plexus, which is a very rare complication of uterine disease.

I have now put before you the principal painful phenomena which are met with in uterine affections, and it now remains for me to endeavor to explain their nature and outline the means of their cure.

I shall not insist on the differential diagnosis of these pains, as I think you will easily arrive at a correct conclusion in a given case, now that I have shown you that the fact exists.

But you may ask, are these pains really a neuralgia? In reply I would recall to your minds that a neuralgia should present the following fundamental symptoms, as has been pointed out many years ago by Valliex, viz.: The seat of pain must follow the track of a nerve, it must be paroxystical,

and lastly, it is greatly increased by pressure over the point corresponding to the exit of the nerve trunk. These latter are known as *Valliex's points.*

In the fourteen cases reported by Villain, these three symptoms were well-marked, and the pains sustained by his patients were not the vague type, seated in the muscles or in the viscera, such for example as lumbar pains, dull, continuous and not increased by pressure, which are so frequent in the case of uterine disease; it was along the track of the nerve that these patients felt the pain.

This character is common to both true and pseudo-neuralgia, which has been so well described by the regretted Charcot, and which depend on an intra-rachidian irritation of the nerve roots. As you know, in these cases pressure on the nerves produces no pain, and still more a painful anæsthesia is observed; and lastly the pains are usually *bilateral.*

All these symptoms are wanting in cases of neuralgia due to diseases of the female genital organs.

You may also ask if these pains are not due to a neuritis rather than to a neuralgia? The frequency of these pathological changes in the various infections, intoxications or cachexiæ, might lead one to suppose that it is a neuritis, but the term neuritis, that is to say a *material lesion* of the nerve, implies that it is a durable affection which *must* follow the cause which has produced it, as is seen in lead or alcoholic intoxication, severe infectious diseases, or following prolonged compression of the nerve trunk itself.

Then on the other hand, independently of the pain which is usually not very severe, a neuritis produces a series of trophic troubles, either of the skin or muscles.

Now in the cases reported of neuralgia due to gynæcological affections, no trophic troubles have been noted, and what is to be particularly borne in mind is, that the nervous symptoms have quickly disappeared when the genital disease has been cured. Consequently, gentlemen, I believe it safe to profess that neuralgia, using the term in its full understanding, is a complication that is met with in women having lesions in the uterus or adnexa.

Now what is the origin of these neuralgias and in what manner are they connected with the pathological conditions of the uterus?

In the first place, every neuralgia is dependent on some *local* or *general* cause. The local causes need not be considered here, as in the beginning of this lecture I said that I should not take up those cases in which the nerves were directly influenced by the morbid condition of their neighborhood. The general causes may be considered under four groups, viz.: (1) the intoxications; (2) the diatheses; (3) the infections; (4) the various neuropathic conditions.

Of the first group I have nothing to say, as it is a subject rather foreign to this lecture.

Various dyscrasic conditions produced by anæmia, pregnancy, labor, etc., are in no manner infrequent in genital diseases of the female. The many forms of nervous diseases are often factors in the pathological con-

ditions of the female, as many reported cases demonstrate.

Let me first speak of the neuropathies. These may be divided into two classes, viz.: hysterical and neurasthenical. As you know, hysteria is a frequent cause of neuralgia; this is true of neurasthenia, but there is a distinction to be made between the two forms.

You will often have patients whose neuropathic heredity is marked, but who appear to have a perfectly normal nervous system, or nearly so. Other than a few peculiarities of character, and perhaps an occasional syncope, they can be considered as well. But when an infectious disease, a physical or moral strain attacks them, the equilibrium of their nervous system is broken, and the *nervous subject* becomes a true and complete *neuropath*.

This is a phenomena similar to the toxic or traumatic hysteria, and what is true of hysteria is true of neurasthenia, only the former appears to more often accompany the more serious lesions, while the latter is a complication of slighter ailments. In genital pathology more or less severe nervous troubles are the general rule.

The nervous system of woman, being more delicate and impressionable, re-acts with greater intensity, and let me state that all gynæcologists have remarked that especially slight affections, such as metritis, are more prone to produce hypochondria and digestive troubles, which are so often connected with neurasthenia.

But a disease of the uterus or adnexa may occur in an hysterical or neurasthenic subject, in which case the genital lesion will exaggerate the pre-existing neuropathic condition, and this latter state will itself re-act on the genital affection, rendering it and its treatment more complicated.

At any rate the question is not simple. From the fact that a patient with some uterine trouble is a hysteric or a neurasthenic and suffers from a neuralgia, a frequent symptom of both these neuroses, it does not necessarily follow that this neuralgia is of an hysterical or neurasthenical type. When you witness the simultaneous development of a uterine affection and a neuralgia in a *nervous subject*, who never before has suffered from the pains, and when you perceive that this neuralgia improves in direct relation to the amelioration of the genital lesion, I think that you will be forced to admit that the lesion of the latter organs certainly plays a part in the genesis of the neuralgia.

The important question for you is, if the neurosis is the real cause, it must be treated, but remember that the treatment directed against it may be bad for the uterine disease; or you may be persuaded that the neuralgia depends on a genital affection, and by a proper treatment the pains will disappear.

Under the term anæmia, I only understand that condition which has been produced by *loss of blood*. Prof. G. Sée has studied the question in detail, and only considers anæmia as present when due to a loss of blood. You all know how frequent neuralgia is in anæmic subjects, and as Romberg has truly said, "neuralgia is the cry

of distress of the nerves, asking for a richer blood." The exact manner by which anæmia produces painful phenomena in the nerves is as yet not completely demonstrated, although it may be surmised, given the results of experiments. An animal which has been freely bled will have convulsions, which is nothing more than a symptom of an irritation of the motor nervous system. But the animal gives no clue as to the sensations that it experiences; but it is most probable that the sensitive nervous system is also irritated, although in a lesser degree.

Considering now those patients who do not present any former neuropathic taint, and who have not had metrorrhagia sufficient to produce anæmia, it is evident that their neuralgia should be considered as *sympathetic*, providing that this term is employed scientifically, in other words a reflex phenomenon.

It is by this supposition that may be explained the sciatica of women suffering from uterine affections. The irritation is first produced in the collateral branches of the sacral plexus, and from there extends downwards into the sciatic nerve.

But it is not possible to give such an explanation for painful symptoms occurring in nerves far from the genital organs, such as the trijeminus for example, or the intercostal nerves. In neuralgia of the latter, gastric disturbances may serve as an intermediary, as in a case reported by Villian, of a woman who had suffered for some time with dyspepsia, and whose intercostal neuralgia disappeared when the uterine affection (a fibroid tumor) was relieved, although the condition of the stomach remained as before.

The only explanation that I am able to give you is, that these distant neuralgias are of a reflex nature, the nerve attacked by reason of the habits or antecedents of the patient, having become a *locus minoris resistentiæ*. That they do depend upon a lesion of the genital organs is beyond a doubt, as many cases show.

As to the prognosis I have little to say, other than that a proper treatment directed to the true factor of their production will surely put an end to them. This will be accomplished when you have eliminated all the ordinary etiological factors of neuralgia in general, and an examination of the reproductive system will show you that it is the seat of some pathological condition.