

paniments of sex, because they are reversed in a great many individual cases.

In the same way with character. The female character and the male character, as composites of persons grouped by sexes are undoubtedly different, yet it is not a question of sex but of character. So the course of disease in individuals is a question of constitution, not of sex.

In therapeutics it will be those measures that most tend to overcome the deficiency of general vitality manifested in the circulation, nutrition and blood formation of women that will be most successful in removing the symptoms now so often referred to a trivial local disease that frequently, in itself, requires but little treatment. The result of an impartial consideration of this topic leads inevitably to the conclusion that the influence of sex upon disease has been exaggerated, and that the great fundamental principles of physiology and medicine are the true supports of sound therapeutics in childhood and in old age, in men and in women.

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FALSE LABOR PAINS.

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As I believe there are important points in the diagnosis and treatment of false labor pains which are not mentioned by the majority of obstetric text-books, I desire to present this minor subject and obtain your opinions. As we are called to our dispensary cases as soon as the pains occur every ten minutes, we have seen a proportionately large number of patients suffering from false labor pains. At times calls to such cases have been nearly as frequent as to real labor.

Synonyms.—Premonitory pains, dolores presagientes, and, if you will allow me, threatening premature labor.

Definition.—False labor pains are pains which simulate true labor pains but are not at the beginning the result of compression or tearing of the nerves of the birth canal.

Time.—Generally in the last weeks of pregnancy, but they may occur any time during pregnancy or even in the non-pregnant to a less extent. The pains frequently accompany sinking of the uterus or occur at the time for a menstrual period.

Causes.—Originally the cause is generally intestinal colic or some reflex local or peripheral disturbance. Toothache is a peripheral disturbance that may result even in labor. Rheumatism of the uterus, irregular contractions of the abdominal or uterine muscles, are given as causes. In fact, any of the causes of abortion may produce false labor pains.

Synonyms and diagnosis.—It is said that none of the premonitory symptoms of labor are present. Sinking of the uterus and other premonitory symptoms are often present. A great majority of writers state that in a case of false labor pains the pains are irregular, do not occur at the same time as the painful uterine contractions of pregnancy, that the pains are felt all over the abdomen and do not progressively increase as do labor pains, and that they do not dilate the cervix. Now, this may be true at the onset, but sooner or later the pains may be only in the back or

groins, occur regularly, be as severe as labor pains and often accompanied by painful uterine contractions which may cause from one to three fingers' dilation of the cervix.

These uterine contractions are, however, generally only progressive for a time and disappear when the cause is removed. It is sometimes impossible to differentiate them from true labor pains without waiting an hour or two to note the progress of the dilation of the cervix or the effects of the therapeutic test. To determine if the uterus contracts at the same time as a pain, the text-books say to place the hands very gently to the fundus, but it may be necessary to feel the lower uterine segment per vagina to exclude the possible contraction of the abdominal muscles. The symptoms of threatening premature labor are identical with those of false pains when painful uterine contractions are present. A painless uterine contraction may occur at the same time as the colicky pain in the intestines. The irritation caused by the colic may bring on uterine contraction, at first painless, later painful. Effacement and one to two fingers' dilation of the cervix may occur in multiparæ, with lacerated cervices from relaxation, independent at least of painful uterine contractions.

Prognosis.—The pains generally disappear rapidly if the cause be removed. Rarely premature labor follows. Some cases of tedious labor supposed to be at term and lasting two or three days are probably due originally to the irritation of false labor pains which have produced enough irritation to excite a little prematurely true labor pains, and finally expulsion of the uterine contents. When the false pains have excited threatening premature labor pains and some dilation of the cervix, labor at term is frequently easier as a consequence.

Treatment.—As soon as false labor pains are suspected a four-quart enema should be given at once, and then a fourth of a grain of morphin hypodermically. The morphin may be repeated by the mouth in an hour or two if the pain lessens but does not disappear. Nothing stops the pain so rapidly as an enema. Do not think of cathartics. They take too much time and may increase the irritation. In some cases it is impossible to stop the colic until after hot drinks, as ginger and peppermint, or inhalations of chloroform, and even hot fomentations and flaxseed meal poultices have been used.

ILLUSTRATIVE CASES.

Case 1.—Sinking of uterus and dilation of cervix to three fingers. Physician remained all night because previous labors had only two or three hours' duration. Just three weeks later patient confined, labor lasting only about two hours.

Case 2.—Very severe bearing-down pains, regular in frequency and severity; no dilation of cervix. About one week later patient confined; pain not nearly so severe and bearing-down efforts less.

Case 3.—Patient eight months pregnant, severe toothache last two weeks, last twelve hours labor pains, cervix dilated two fingers. Morphine and chloroform given and tooth extracted. The cervix closed. Confinement one month later.

Case 4.—Cervix dilated three fingers, previous slight pains absent. One week later patient delivered after a few pains.

Case 5.—Severe colic, no dilation or painful uterine contractions; enema, morphine, hot fomentations, flaxseed meal poultice and finally chloroform for over two hours before colic under control.

Case 6.—Colic; enema and morphine not effective. A teaspoonful each of tincture of peppermint and ginger in half a cup of sweetened hot water relieved.

Case 7.—Patient examined at about the eighth month to see if placenta previa was present. (Placenta previa complicated her last labor.) Bag of waters found projecting through the effaced cervix dilated to two fingers.