INGLEBY LECTURES ON SOME FUNCTIONAL DISORDERS OF FEMALES.

Delivered at Queen's College, Birmingham.

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THE late Dr. Ingleby was highly reputed in Birmingham and district as a practitioner of the obstetric art. He was further known to the wider circle of professional students as a lucid and successful author.

His representatives, in 1876, resolved to devote a considerable sum of money to objects which might be serviceable to the poor whom he had so well served, and useful to the profession of which he had been so distinguished a member. And no doubt, in so doing, they desired that their acts might help to keep his memory green. In pursuance of this design they built a very useful nursing home in connection with the General Hospital. By the lever of a very large donation, they brought into independent existence that which had existed previously only in an embryonic state, the Birmingham Medical Institute, the inception of which was due to the foresight of another distinguished member of our profession, the late Dr. G. F. Evans. Not only was the delivery difficult, but the early years of its existence were from time to time endangered by infantile disorders, some of them of a highly inflammatory character, attended with a notable amount of convulsion. Even yet, perhaps, all risks of developmental difficulties have not passed away. But they are passing, and no reasonable doubt remains that the Birmingham Medical Institute will attain a robust, vigorous, and useful manhood.

Dr. Ingleby's representatives also endowed a lectureship for the delivery, annually, of lectures upon some subject connected with that branch of our art which he had loved and adorned. By the favour of the Council of the Queen's College, in whose hands the appointment is vested, I have the high honour of appearing before you to-day as the Ingleby Lecturer for the year 1885.

LECTURE I.

The most unequivocal differences between the two sexes are, unquestionably, anatomical ones, the possession by each of organs of which the other is devoid. These organs are those which are directly concerned in the process of reproduction. This fact suggests that we have here the central point of the human race, that round which all revolves, from which all radiates. But, when we reflect, we perceive that, in this fundamental respect, we resemble not only all the animal, but also all the vegetable, world.

It is not, then, so much the centre which differentiates us from the rest of the organic world; the same *leitmotif* governs the conjugation of the humble alga and the gorgeous ceremonies of imperial nuptials. That *motif* is the impregnation of the passive by the active particle in obedience to the imperious obligation of Nature, "so careful of the type, so careless of the single life." True, the radiations, the surroundings, the accidental accessories as distinguished from the essential elements, do place between us and the highest other grades an immense, and between us and the lowest an immeasurable, gulf. But throughout the whole web of organic Nature, one thread is never broken. Upon a common fabric, the artificer may broder rude patterns in coarse materials, or elaborate and complex designs in fine silk and gold thread, strung with pearls and studded with precious stones. The canvas back is the law of reproduction; the rude design and sordid worsted are the conditions under which, in the lower worlds, this law is operative; the costly and artistic surface represents the grades of civilisation, up to the highest yet reached, which cluster round the same law in the human race. The splendid and fatal Queen of Egypt was fain to confess herself—

"No more, but e'en a woman; and commanded
By such poor passion as the maid that milks,
And does the meanest chares."

Without a just appreciation—much less common than it ought to be—without a minute analysis of the subtle phases of thought and feeling, whose effects pervade the whole female organism, it is impossible to comprehend many of the cases with which we ordinarily meet. Still more is it impossible to advise with wisdom in the rarer, but

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still not infrequent cases, where upon our judgment and discretion hang, perhaps, the lasting happiness or misery of two lives. Only an inane prudery then can refuse to enter into a free examination of the relations of this law to "those delicate vessels in which are borne onward through the ages the treasures of human affection."

The reproductive cycle can, and indeed, for the purpose of study must, be divided into stages. The time at our disposal would not suffice for even a superficial glance at each of these. I purpose, therefore, to confine myself to one, the first or preliminary stage, meaning thereby the transition of the girl into the nubile woman, and the nubile condition up to the time of marriage, which is the conclusion of the first stage. It must be borne in mind that classification is beset by difficulties from which there is no escape. Nature may be said to delight in curves; classification, on the contrary, rejoices in straight lines. "How can two walk together except they be agreed?" Nature refuses to agree to delimitation of territory, or to submit to a scientific frontier. It is as impossible to square the circle of nature, as it is that of the geometer. We shall, therefore, find that much which we have to consider does not exclusively appertain to this "preliminary stage." Though the circumstances and condition of the antenatal period conduce in an eminent degree to the development of certain disorders, yet these are seated deep down in woman's nature and constitution, and therefore the tendency to them is never eradicated.

The mother, within certain limits the most subtle of observers, the nurse informed with maternal instinct, will often point out psychical differences between the male and the female infant: it may be that such are perceptible even to the duller vision of man.

In childhood, the yearning of the girl for her doll, and that of the boy for ruder diversion, presage still more clearly the subsequent divergence of the paths of each. The submission of the girl to the brother's will, her admiration and respect for his greater physical power, her general acknowledgment of his superiority, are not the outcome of an artificial state of society, but the mark of the differences of organisation, which nature has conferred, in order that each may hereafter be in accord with her reproductive laws.

With the advent of puberty, the psychical differences previously foreshadowed become clear and distinct, and there are also added physical differences, which it is unnecessary to specify. The establishment of puberty in the female is, as we know, often not unattended with derangements of the physiological equilibrium. Mothers too often are uneasy at what they consider undue retardation of the special feature of puberty, and this is a matter upon which, as you know, our advice is often sought. These cases may be usefully divided into four categories, namely:—

1. Well developed, strong, healthy girls.
2. Girls in other respects healthy and strong, but of backward development.
3. Well developed, but more or less unhealthy girls.
4. Ill developed, and more or less unhealthy girls.

Before referring more in detail to these cases, let me offer a few words on the menstrual function generally.

We know that much has been written on the differences between the catamenial secretion and blood. That the distinctions made are just from a clinical point of view, I am willing to admit. But I none the less firmly maintain that, from a clinical point of view, this discharge is a veritable hæmorrhage, and that this is a cardinal fact which can never, with safety, be overlooked in practice. That there are cases of menorrhagia which, no one would dispute, are to be regarded as hæmorrhages, I assume. And who, I would ask, is prepared to fix the boundary which separates these from ordinary, or even from what are reckoned as insufficient, catamenia? What, then, are the systemic effects of loss of blood? These depend upon the quantity lost, the frequency of repetition, the state of the individual at the time, and no doubt to some, possibly to a large, extent upon idiosyncrasy. The effect of repeated losses depends, further, on the activity of the blood-making organs, and their power to restore the hæmatic equilibrium. It is consistent with our knowledge of these effects, as derived from examples both of spontaneous and of artificial hæmorrhages, that the loss of a few ounces of blood should be a matter of indifference to a healthy person whose blood-producing apparatus was normally active. It is, therefore, quite comprehensible that an average catamenial evacuation, reckoned at about five ounces, should not produce any very sensible effect on healthy women.

On the other hand, in persons already the subjects of anæmia, whether that be due to spontaneous hæmorrhage, to artificial hæmorrhage, or to some more recondite cause, the effect of further loss of blood, in quantity even less than that of an average menstruation, is often seen to produce very distinct effects. Without going into details,

it may be said that the new hæmorrhage removes the symptoms which had resulted from previous hæmorrhages. This may happen time after time, but with a difference: the difference being, that each time the period of relief is of shorter duration; that is, the symptoms return sooner, and probably with an increased intensity. Ultimately, a time comes when the hæmorrhage ceases to be followed by any relief; or if by any, it is so slight and so transient as to be difficult of discernment.

Now I affirm, after very numerous inquiries, extending over many years, that the effect upon an anemic girl of an ordinary catamenial loss is strictly analogous to that of other hæmorrhages upon similar subjects. There are two standards by which the amount of loss may be adjudged to be normal or abnormal. One is by comparing it with the average loss of women. The other, and the more important, is by comparing it with the usual loss of the individual herself. But I go further, and say that an evacuation subnormal in amount, by whichever standard it is measured, is capable, under certain circumstances, of not rare occurrence, of producing similar effects. This is the case even when, in addition to being subnormal in amount, the loss is subnormal in colour. The accuracy of these observations may readily be tested by each one of you for himself. But the critic must be familiar with the effects of repeated loss of blood, even in small quantities. He must, further, be prepared to make a minute and exact inquiry into the clinical history of his patient. And, lastly, he must enter into the investigation with an unbiased mind, not prepossessed with the idea that, because the periods are apparently normal or even deficient in quantity or colour, it is impossible for them to produce the effects of a hæmorrhage.

But, it may be said, granting the accuracy of my observations, do they prove that the anemia of girls is due to the repeated loss of blood by the catamenia? To this I would answer, in the first place, medical authorities are not agreed to offer us any other explanation, or rather they are agreed to offer us none, and to say that none is known. In the second place, I would ask you this question. If you met with a case of anemia, in which there was habitual loss of blood by hemorrhoids, by epistaxis, by hæmorrhage from any other mucous membrane, would you refuse, because the loss was comparatively small, to admit that it was the cause of anemia, and to base your treatment upon that view? To carry, not my argument, but my statement, a little further, I may add that cases are not unfrequent in which the first period produces anemia. And on this point let me mention a very frequent source of fallacy. A mother, when she brings her child to us under these circumstances, very often says that she does so because she has never been regular: whereas, in a considerable number of instances, minute inquiry will elicit the fact that there has been one, possibly that there have been two or three periods; and what the mother means, is that menstruation has not been "regularly established." Older females will often lead us astray by stating that they have not been regular for so many months, meaning, not that no period has occurred, but that it has been deficient in some respect; indeed, sometimes they will make the same statement when the loss has been, in their own opinion, excessive. Again, we meet with females of all ages who, disliking to be interrogated upon this subject, or upon the state of the bowels, or (perhaps even more frequently) upon the state of the urine, will deliberately try to put a stop to our inquiries, by telling us point blank that in those respects there is nothing whatever the matter with them. These and such like misstatements, prompted no doubt by a sense of delicacy, may, by misleading us, be most injurious to those who make them. To revert to the subject of anemia, that term, and not chlorosis, has been used advisedly. That all cases of anemia in young women are not to be correctly styled chlorosis, may be admitted. But does it necessarily follow that they differ in kind? It is held by some authorities that they do; and we are, by some, told that chlorosis is a neurotic disease. That is a term which, in this connection, does not convey to my mind any distinct meaning. To those who use it, it conveys only, so far as I can make out, the idea that the disorder depends primarily upon some as yet undiscovered aberration of some at present unknown nervous centre. Undoubtedly, attenuation of the blood may arise from other causes than direct loss of it. Amongst these may probably be included mental depression. I do not dispute the accuracy of—

"She never told her love,
But let concealment, like a worm i' the bud,
Wither her damask cheek."

But it throws no light on the *modus operandi*.

As a matter of fact, disturbances of the physiological constituents of the blood-mass do in different persons produce different effects. If the general influences of the blood on the tissues be impaired or interfered with, some tissues or parts will suffer more than others. One

general characteristic of neurotic persons is instability of some nerve-centre. This instability is reputed, and with justice, to be aggravated by innutrition of the unstable centre, due either to local or to general causes.

It is not, therefore, so very improbable that we have here the secret of the reputed dependence of chloranæmia upon nerve-disorder. A formidable objection to this theory will at once occur to many minds; cases of chloranæmia with amenorrhœa, in which a return of the period is followed by an amendment in other respects, which previous treatment had failed to procure.

I pass by the explanation that possibly the flow was the first expression of returning health. It must be kept in mind that the effects of loss of blood are of two classes: one, the depression of the system at the time; the other, the totally opposite condition of "hæmorrhagic reaction."

Probably in no disease would the use of venesection be more unanimously reprobated, be regarded as more inconsonant with modern views, than in long lingering subacute rheumatic fever. Many years ago, a physician, than whom no one was more profoundly acquainted with symptomatology and with the therapeutics of the old school, no one a more acute observer, the late Dr. Eccles, made to me an observation which seemed to me then, as it seems now, a most remarkable one. It was that, in several such cases, which had thwarted his best advised efforts, recovery, speedy and complete, had followed venesection.

Another consideration is by no means unimportant. While a disastrous disappointment may be concealed, so, on the other hand, may be the renovating bud of hope; hope based oftentimes on circumstances so commonplace, or attentions so trivial, as to escape the observation of the most sympathising and watchful relative; hope sedulously concealed from the most intimate and trusted friend; hope almost unconsciously entertained by the patient herself. We are thus constantly left in ignorance of that indisputably most potent factor in the well-being of a girl—the "state of her heart."

It seems to me a truism, the formal statement of which almost requires an apology, that a repeated loss of blood must produce anemia, unless the system be able in the interval to replace that which has been abstracted. Protracted clinical observation has made it appear to me just as true that, as a matter of fact, the system is in innumerable instances unable to effect this replacement; that, indeed, it is not unfrequently unable for a time to replace that which is lost by a first, even if small, menstruation.

The following quotation from one of the greatest clinicists of this century commands at least respectful consideration. "I may add," says Niemeyer, "that, according to my observation, obstinate chlorosis attacks all young girls without exception in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes:" that is to say, before the blood-forming apparatus is sufficiently active to do more than replace blood consumed in ordinary wear and tear.

It will be here convenient to remark that probably race and climate, and also, no doubt, other conditions, have something to do with the development of anemia and the phases of chlorosis. During the first six or seven years of my medical life, I was familiar with the practice of the Derby Infirmary. A notable feature there was the number and severity of these cases. Nor did this circumstance seem to be entirely due to the fact that the patients were many of them employed in the large hot rooms of silk-mills.

When I came to Birmingham as house-physician to the General Hospital, I was struck by the comparative infrequency of severe cases. And although no doubt a good many minor cases applied for relief, these did not seem to me at all proportionate to the difference in the population, and in the number of patients.

It is interesting to observe that the opinion of American writers is very strongly in favour of the neurotic theory of chlorosis. Now, so far as I have had opportunity of forming an opinion, it is that among the inhabitants of the United States are to be found an eminent proportion of neurotic constitutions. There seems, at any rate, reason to think that here, as, elsewhere, the justness of our ultimate conclusions is likely to be proportionate to the breadth of our survey. Indeed, it seems to me to be antecedently probable that the secondary, or more remote effects, should be different in those whom we call neurotic subjects, from what they would be in persons whose nervous system is differently constituted.

It will be convenient here to offer a few remarks upon the meaning and objects of menstruation generally. A superficial glance at the respective phenomena discovers a resemblance, and so suggests a possible analogy, between the periods of the human, and the *œstus* of

lower mammalian, females. It requires but little further consideration to recognise differences as marked as the resemblance. And, upon this latter evidence, it has been concluded, in my judgment prematurely, that no analogy existed between these two physiological processes.

Evolution, though it may not prove to be the highest theory possible in the future, is one which has unravelled many of the mysteries of nature. And no inquiry of the kind now under our notice can claim to be exhaustive, which has not called in this theory to its assistance. In the lower mammalia, intromission is not permitted during the intermenstrual periods, and, therefore, it is only during the *æstus* that impregnation is effected. There is not, so far as I know, any direct evidence to show whether, if permitted, it might be, or could not be, effective.

In the human female, these conditions are practically reversed. It is during the intercatamenial period that congress is permitted, and there is reason to believe that impregnation may occur at any date between two periods. Such an antagonism is certainly formidable. Its force is enhanced by a statement recently made in an article on the Theory of Menstruation, by Dr. Mary Putnam Jacobi, who says: "Neither can any such rhythmic alternation of sexual instinct be demonstrated in women as could lead to the inference that the menstrual crisis was an expression of this," that is, of *æstus*.

This statement, in consequence, probably, of a pardonable euphemism, is somewhat obscure; but if it means what I take it to mean, I am obliged, in the most unqualified manner, to deny its accuracy. It seems to me to be generalised from insufficient data; that is, to be, more or less, a reasoning from the particular to the universal; or, if true in America, it would indicate that there is there a wider departure than in other countries from (what I am about to suggest is) the original type. It is a matter upon which, for obvious reasons, it is somewhat difficult to acquire numerous facts; but no doubt exists in my mind that it is far from exceptional to find that there is an extreme enhancement of consciousness in the immediately precatamenial period. There is also, I believe, a general consensus of opinion that proximity to the period increases the likelihood of impregnation.

I am satisfied that evidence is obtainable that, in some instances, ardour is at its maximum during the actual period, and suspect that cases occur in which it is almost, if not entirely, limited to that time. All this points to the probability that we are dealing with a typical example of evolution; that the period is a partially, though far from a completely effete, *æstus*.

This aberration from the original type is coincident with, and probably correlative to, other changes in the intersexual relations; the continuous affection of the woman for her husband, as contrasted with the intermittent, but, when present, irrepresible attraction of the lower mammalian female to the male; the abiding love of the mother for her child, as contrasted with the ferocious defence of its young by the lower mother during the period of lactation, and the utter estrangement between them shortly afterwards and for ever.

This theory, speculation if you like to call it so, suggests why, in the interest of the perpetuation of the race, the æstual periods should recur at shorter intervals than in the lower animals, where the proclivity to congress, being purely instinctive, is more immediately imperative, and is not impeded or thwarted by the interference of higher psychological centres.

Why the period should be of a twenty-eight days type, instead of any other number of days, is a mystery. The only other twenty-eight days type that we know is that of the moon, and, secondarily, that of the tides. It is conceivable that the catamenial cycle may have originally coincided with the lunar phases, and that the existing noncoincidence is another evolutionary departure from the primitive type.

The ovulation-theory has of late received a serious, perhaps fatal, blow from the fact that, in a number of cases, menstruation has continued after the removal of both ovaries. But we are not, at present, in a position to affix limits to the persistence of an acquired organic habit. It is, therefore, not quite certain that this continuance of the periods may not be an example of such persistence.

I have my doubts whether the ovulation-view is scientifically entitled to rank as a theory. The same remark applies to the salpingeal view. Even were it proved that the first overt act of menstruation is the grasping of the ovary by the Fallopian tube, this would seem to me to be, not a theory, but a fact, though a fact of the very highest significance and importance. I should claim it as strong corroboration of the æstual hypothesis, that the first overt act, and, if it were so, *primum mobile* of the period, should be one so eminently conducive, if not essential, to impregnation.

Any complete theory must explain not only the mechanism of the

period, but its recurrence. Now, in the case of all periodical manifestations, the causes of which we have been able to fathom, we find the cause to be a continuous one. Day and night, the changes of the seasons, the ticking or striking of a clock, regularly recurring phenomena, are each due to a continuously acting force. The theory of Dr. Mary Putnam Jacobi has this claim to attention, that it is based upon systematic changes continuing during the intermenstrual period. One of these—the progressive increase of urea—has not yet, perhaps, been unimpeachably established. Another—the progressive increase of arterial tension—is of great significance. In other recurrent hemorrhages, notably in epistaxis, we find with great uniformity an antecedent state of high arterial tension. The old prognostic of hemorrhage—slow pulse—is really an example of antecedent high arterial tension, followed by outpouring of blood. The immediate or, as it would formerly have been termed, proximate cause of the catamenial discharge, she holds to be an enlargement of the circumuterine plexuses, an enlargement in which the state of the arterioles must needs be a factor. This, commencing early in the menstrual interval, reaches its maximum at the following period. These views are, to me, extremely interesting. Clinical experience has, for a long time, pointed out to me the importance of using such drugs as the bromides and ergot systematically during the interval, when the object is to limit the amount of blood lost at the period. Such treatment appears to me of great advantage, inasmuch as in a large number of persons the amount lost is somewhat in excess of the reproductive capacity of the body. This theory, then, confirms the propriety of this therapeutic method, by explaining its *modus operandi*.

We appear to have wandered somewhat far from the topic immediately before us; but, in the first place, it is impossible to consider the subject of first menstruation, adequately, without a consideration of the subject as a whole. In the second place, it is not conducive to sound therapeutics to draw a too stringent line of demarcation between commencing puberty and the disordered effects of its establishment, or those which may subsequently attend its continuance.

In well-developed, strong, healthy girls, we ought certainly to abide by events without interference. In such, we can only assume that the uterine system is less forward in its development, than the system at large. Statistics show that fifteen years is the age at which, as compared with any other years, a first menstruation is most common. But on the other hand, there are a very large number of persons in whom it is delayed for two or three years, and in not a few even later.

With regard to girls who are healthy and strong, but of somewhat backward development, it is still more imperative not to interfere.

When we come to deal with the next class, that, namely, of well-developed but more or less unhealthy girls, there is room for more doubt. It is certainly a popular opinion, both within and without the profession, that there is no room for any doubt whatsoever. Menstruation, it is said, is a physiological process which ought to have come into operation, and it is our duty to establish it *vi et armis*. When there are repeated but ineffectual efforts, I think we are right in considering that nature is asking for assistance, and should have it. Or, if the disorders distinctly indicate a disturbed balance of the circulation, I think we should interfere; still more, if this disturbed balance manifest itself by hemorrhages. If the blood is to be lost, it is better, probably, that it should be lost in the natural manner.

Some authorities, of admitted repute, refuse to recognise the existence of such a disorder as vicarious menstruation. It does not seem to me to make any exaggerated demand upon our credulity or imagination. If we admit an antecedent progressively increasing arterial tension before each period; if we admit the frequency of such an increased tension connected with other hemorrhages; if we admit that the circulation in various parts of the body, and, consequently, the distribution of the blood, not only may be, but often is, affected by the menstrual nixus,—then, I think that it is not difficult to admit the possibility of vicarious menstruation.

No doubt, it is not correct to assume that in every case where hemorrhage from some other part and amenorrhœa co-exist, we have an example of this disease. For example, it is easy to understand that a girl may have an ordinary loss of blood from a gastric ulcer, and subsequent amenorrhœa in consequence of that loss not having been compensated. That I would admit; but I should ask to have it admitted, on the other hand, that, in a girl with gastric ulcer, it might happen that the disturbance of the circulation, coincident with or due to a menstrual nixus, might determine a hæmatemesis, which otherwise would not have happened. Any careful attention to the prodromata of the period will show frequent instances of the cotemporaneous disturbance of the circulation in other parts.

Sir Charles Locock, not a mean authority, believed in the existence

of menstrual epilepsy. It is now a matter of ancient history, but perhaps worth while recalling, that it was for such cases he recommended the use of bromide of potassium. The use of that drug was subsequently extended to other cases of epilepsy, and we all know with what splendid results. Since then, its use has become widely spread to other cases, often wisely and seasonably, but, on the other hand, too often unwisely and unseasonably. The lungs often afford evidence of the effect of the nîsus upon distant organs. I have seen cases of true menstrual asthma, that is, asthma coincident with the nîsus, passing off with the establishment of the period, and absent in the interval. In persons suffering from a bronchitis, more or less chronic, interferences, if less conspicuous, are infinitely more common; just, indeed, as bronchitis is an infinitely more common disease than asthma. If a bronchitic case, in whom the expectoration is easy and copious, and thick, be exposed to a chill, and the expectoration immediately became scanty and viscid and difficult, we readily accept the view that cold has been caught. We find no difficulty in associating the change of symptoms with a change in the circulation of the mucous membrane. What difficulty, then, is there in conceiving that the circulatory disturbance, attending the nîsus, should disturb the already ill-balanced circulation of the bronchial mucous membrane, in a superior degree to that of other parts whose circulation is well-balanced. If the associated disorders be not very distinctly and directly connected with the state of the circulation, we should be more chary of direct interference; that is to say, more reluctant to attempt to precipitate the advent of the menses.

What applies to the treatment of such cases, applies also to that of the irregularities of a later period, and the attendant anæmia or chlor-anæmia.

It is, doubtless, of advantage that we should be able to take a wide and comprehensive view of any case; that we should plant our therapeutics upon a broad basis, and so avoid trying to adapt our remedies to every little turn and phase. We thus may hope to avoid a tinkering and feeble treatment; to avoid grasping at the shadow, and missing the substance.

But, it is of equal importance that we should retain the power, and, on occasion, exercise it, of disintegrating a case into its compound parts. For it happens, from time to time, that what seems only a part may yet be greater than the whole.

It is especially necessary to bear this in mind, in the case of any disorder for which we have a reputed specific. In the anæmia of girls, both theory and experience combine to show that we have something approaching to a specific in the preparations of iron; but they do not always succeed. It is very likely that these failures may appear, to a consultant, to be more numerous than they do to others. A considerable proportion of the cases which come under their notice are, what we may call, therapeutic misfits—cases in which the diagnosis of the disease, as a whole, has been correct, and the treatment in full accordance with established rules. In such cases it is that we ought to cease to regard the disease as a whole, and look at the details of its compound parts. Two recent examples occur to me; in one, the patient had failed to respond to a routine-treatment skillfully adjusted. On analysis of the symptoms, the most striking special feature was the rapidity of the heart's action, and the deficiency of arterial tension. Treatment, mainly by belladonna, regulated these, and general relief was procured. In another case, which, indeed, has been before me since the lecture was commenced, a well-marked chlorosis had not only not yielded to iron-treatment, but had, under it, become markedly worse. Analysis of this case seemed to show that its special feature was chronic gastric catarrh. Treatment founded on this view, and mainly by ipecacuanha, was followed by immediate and progressive improvement, which has proved permanent. There is nothing very mysterious in such cases. Assuming that anæmia and chlorosis are expressions of the fact that the blood lost at the periods has not been made up, they are very clear.

Without entering into any vexed question as to where new red corpuscles originate, we shall all most likely agree that the integrity of various parts is necessary to their completion. If so, it necessarily follows that imperfection in any one of these parts may be responsible for their insufficient reproduction. Overfeeding, underfeeding, over-exercise, under-exercise, insufficient air, undue exposure, late hours, or too much bed, too much brain-work, perhaps too little, too rapid growth, any one or more of these may prevent the restoration of the blood. They may also prevent that normal plethora of which the first period is the normal cure.

The brunt of any of these unhealthy influences may fall upon any one organ rather than on another. The practical inference from these considerations is that we should, at all events, delay interference in cases of apparently retarded menstruation, or of subsequently de-

veloped anæmia, till we have satisfied ourselves, by minute inquiry, that such causes have been removed; and until we have, at least, made a vigorous effort to rectify any functional aberration of the viscera.

As regards the last class of cases, those in which the girl is not only backward in development, but also in an indifferent state of health, no doubt we do see instances of improvement following, and sometimes apparently due to, menstruation. In some such, it may be that its occurrence is an indication that the developmental forces have made a spring, of which the fresh result and sign is the period. In other cases, it may be that the sudden call upon the blood-forming organs has roused them to a response, a circumstance which, as we have seen reason to believe, may happen from the artificial removal of a portion of blood. But, if we free ourselves from a blind belief in menstruation as a sort of physiological fetish, we see other cases; cases in which the patient is precipitated by a first menstruation, or by two or three repetitions, not into a better, but into a worse state of health, and often into phthisis. One such case of phthisis has come under my notice within the last few weeks. I am quite willing to admit that this is rather a question of interpretation than of fact. No doubt, many who would admit the existence of such a case as the last, and the sequence of events, would regard it from a different point of view. They would consider, not that the menstruation had killed the child, but that a case on which such a beneficial act had failed to act beneficially, was intrinsically hopeless and incurable.

Well, I ask you to study this subject for yourselves; you have plenty of opportunities. Study it dispassionately; lay aside the too common prepossession that a moderate discharge must necessarily be beneficial, and cannot possibly be injurious. Ascertain minutely, and consider, without prejudice, the primary and secondary effects of each such discharge upon the individual patient. Compare these with the well ascertained effects of artificial, or of other natural hemorrhages, large and small. If you will do this, I think that some of you will come to the conclusion that, if I have now overstated the case on one side, you have in your own minds been accustomed to overstate it on the other.

CLINICAL LECTURES ON THE UTERINE NEUROSES.

Delivered at University College Hospital.

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LECTURE I.

GENTLEMEN,—The subject with which it is proposed now to deal, is the "neuroses of the uterus."

As a preliminary, it is necessary to define the term "uterine neurosis."

It may be considered impossible, with the knowledge in our possession, to define, in a conclusive and accurate manner, what constitutes a uterine neurosis. This circumstance, however, is an argument for a discussion of the subject, and for the necessity of an endeavour to arrive at some satisfactory generalisation. At the outset, we are met with the difficulty of deciding how far certain symptoms have their origin in a morbid condition of (a) the nervous centres, (b) the uterus, or (c) the ovaries, or (d) of abnormal conditions of two or more of these elements in co-existence and combination. The facts which are adducible have led different observers to different conclusions, as to the primary or principal and dominant pathological factor. For some, the uterine neuroses are merely evidence of a constitutional or general disturbance. For others, the uterus is the organ affected. And in the estimation of a third set of opinions, the ovaries are the *fons et origo mali*.

There can be little doubt that the mistakes which have been made, and the difficulties which have been encountered in dealing with this really difficult subject, have arisen principally from a too exclusive attention to one or other of the elements, the general and the particular; the general represented by those who regard the uterus and ovaries, as dominated by the other organs of the body; and the particular by those who neglect the general, and explain everything by the local disorder of the generative organs (uterus or ovary).

Careful clinical study of cases leads to the conviction that most cases are of a very mixed kind, and that local alteration or disease is rarely witnessed, unless in conjunction with a more general one. Those diseases which may be included in the term "uterine neuroses," are, as can be shown by anatomising them, very forcible evidences of