Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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DISORDERS OF MENSTRUATION (*continued*).

GENTLEMEN,—The class of cases next to be considered (*a continued*) are those in which the menstrual discharge does not appear, and has not appeared, *because it is not secreted*. The point to be determined, pregnancy and retention having been eliminated from the inquiry by the considerations previously stated, is, *What is the cause of this non-secretion?*

It very commonly happens that the non-secretion of the menstrual fluid in young women who have arrived at the period of puberty is due to general causes, and is connected with a defective condition of the bodily health. This class of cases is one of extreme importance; they present themselves before us with very great frequency in practice; and the imperfect and erroneous ideas which the public entertain respecting them too frequently lead to the adoption of very inappropriate methods of treatment for their relief.

Of the *general conditions* now more particularly alluded to, and operative in preventing the occurrence of menstruation, *chlorosis* is, perhaps, the most important. Respecting the precise relation of this condition to amenorrhœa opinions are somewhat conflicting. The signs of this chlorotic condition are the following:—At the period when the external signs of puberty begin to manifest themselves, the patient usually experiences, at monthly intervals, some of the “*molimina menstruationis*” before referred to, but, coincidentally, she falls into a general state of ill-health. The strength fails, there is extreme lassitude, often great drowsiness and indisposition to exertion of all kinds; there is cephalalgia, often very intense in character; the whole digestive system is deranged; inappetency, or singular depraved states of the appetite, nausea, obstinate constipation, are almost constant symptoms. The skin assumes a remarkable and highly characteristic appearance, being, as the name *chlorosis* denotes, of a greenish-yellow colour more or less intense in degree; a ghostly kind of pallidity is often seen. The lower extremities may become œdematous, and the disturbance of the circulating apparatus is evinced both by this, and by the frequent palpitations, noises in the ears, and the alterations of the sounds of the heart and great vessels, as detected by auscultation. Later authorities almost entirely agree in the opinion that the disease present in such cases is the chlorosis and not the amenorrhœa; in other words, **that the amenorrhœa is an accident or result of the**

chlorosis. Although chlorosis frequently exists without antecedent menstrual discharge of any kind this is not by any means an universal fact; for chlorosis may be and is frequently observed in individuals who have at a former period menstruated, but in whom the menstrual phenomena have ceased to evince themselves.

It does not appear that, in any considerable number of cases, the *tuberculous diathesis* exerts a marked influence in preventing the establishment of menstruation, although it may exercise a powerful disturbing power on that function at a later period, the reason for which appears to be that menstruation generally commences at an earlier age than that at which the manifestations of the tubercular diathesis most commonly occur. Sometimes, however, the retardation is unmistakably due to the presence of a phthisical tendency, and when such is the case, the greatest possible watchfulness and care are necessary.

“The occurrence of *serious illness* of almost any kind a few months, or even a few years, before the arrival of the period of puberty,” will often, as Dr. West remarks (*Lectures on Diseases of Women*, p. 34), postpone the appearance of the menses. This author relates a case in point of a young woman who, at the age of fifteen, had a severe attack of scarlet fever, and at the age of twenty had not menstruated. Dr. West also refers to *cretinism* as a cause of the non-appearance of the menses at the usual age, citing the report made to the Sardinian government to this effect. Such cases would seem also to come under the present category.

The general conclusion to which these facts lead is, that whenever the general health is in any way affected, the absence of menstruation is at once accounted for. The popular belief in respect to such cases is that the patient suffers because she does not menstruate. This is very rarely true; menstruation is absent because of the defective condition of the general health.

If nothing materially wrong be detected in the condition of the general health of the patient, and the signs of puberty previously spoken of be present, while no menstrual discharge is secreted or present in the uterus, and pregnancy has been eliminated from the question, the conclusion to be formed—a conclusion liable to modification according to the age of the patient—is, that the development or formation of the uterus is defective, or that owing to idiosyncrasy the patient does not menstruate.

b. Imperfect Establishment of Menstruation. There is a class of cases also very frequently presenting themselves in practice in which a discharge has occurred on one or more occasions, but very slight in amount, and only enough to show that menstruation is possible.

In most of the cases of this kind the discharge does not reappear, because it is not secreted; but we must not forget the possibility of the occurrence of cases which show that *retention* may be present, although the patient has had a catamenial discharge.

With reference to that large number of cases in which the cause of the non-reappearance of the menses is not retention, it is not necessary to enter into a discussion of them at any length. The circumstances which give rise to imperfection in the establishment of the function are identical with those which have been alluded to—defective

general constitutional conditions—as capable of preventing it altogether. The cases coming under this head are, however, actually far more numerous than those comprehended under the former one.

It may be remarked also that these cases of imperfect establishment of the function are very often set down as cases of suppression, and this erroneous mode of interpreting the symptoms of the case leads to the adoption of equally erroneous and pernicious modes of treatment. Emmenagogues are given with the view of invoking a “return”, and the defect in the general health of the patient, the real cause of the evil, is overlooked.

c. The cases next to be considered are those in which the menstrual function has been *regularly performed at some previous time, but has subsequently altogether ceased*. The “courses are stopped”. The point to be determined is the cause of the cessation in question. The several conditions capable of giving rise to the cessation are the following.

Pregnancy. Suppression of the menses, as a sign of pregnancy, is one to which considerable importance is usually but erroneously attributed. “We are”, says Dr. Montgomery, “quite justified in adopting, as a general rule, that in healthy women, whose menstruation has been established and continued regular, and who are not nursing, conception is followed by a suppression of the menstrual discharge at the next return of its period; but then this suppression may not so occur; and, on the other hand, it may happen from a variety of other causes altogether unconnected with pregnancy.”

In the investigation of a case of suppression of the menses, in reference to the possible existence of pregnancy, the statements of the patient must be received with caution, and especially if there be reason for believing that any motive for concealment of the real facts of the case exists. “Nothing”, says Casper (*Practisches Handb. der Gerichtl. Medicin. Biolog. Theil.* Berlin, 1858, p. 201), “is easier for a person who is desirous of simulating pregnancy than to declare that menstruation has ceased for such and such a time; and it is only by a favourable accident that an examination is made at the catamenial period, and the imposition thus discovered.” In like manner, menstruation is now and then simulated, in order to avert the suspicion of pregnancy; and artificial staining of the linen with blood has even been had recourse to, in order to carry out the deception. In one case related by Casper (*loc. cit.*, p. 201), pigeon’s blood was used for the purpose; the oval form of the blood-corpuscles discovered the imposition practised. This point will again be referred to in another place.

These sources of error having been examined and dismissed, we have next to determine the value of actual menstrual suppression as a sign of pregnancy.

Its actual value amounts to very little. Suppression of the catamenia for three or four months not unfrequently occurs from causes altogether independent of pregnancy. In young women only just arrived at puberty, the interval is now and then as long as this before the function is thoroughly and completely established.

If pregnancy have existed for more than four months, the enlargement of the uterus, and other signs of pregnancy having a much more positive value than the mere absence of the catamenia, can

be detected by examination. In women who have an object in concealing the fact of the existence of pregnancy, the absence of the catamenia for two or three periods is to be regarded as a suspicious circumstance, and should put the practitioner on his guard. If it be cruel and improper rashly to give utterance to suspicions damaging to the fair character of the patient, it is equally damaging to the reputation of the practitioner to allow the existence of pregnancy to escape his notice. Both extremes are to be reprobated. The presence of “morning sickness”, associated with catamenial suppression, would make the suspicion of pregnancy a little stronger; but some pregnant women are never “sick”. As a rule, the suspicion of the existence of pregnancy might be dismissed, if, after four or five months, the physical signs of pregnancy, such as enlargement of the uterus, etc., did not show themselves; but this is a rule to which there are exceptions. It now and then happens that the catamenia are suppressed for two or three months, and the woman *then* becomes pregnant. In such a case, the physical signs just alluded to would not, of course, present themselves at the end of the four or five months from the date of the suppression, and an erroneous inference would thus be drawn. In some rare recorded instances, women have, as a rule, not conceived until after three or four months previous suppression. Again, Dr. Montgomery cites several interesting cases to show that pregnancy may occur even at a somewhat advanced period of life, and when the menstrual phenomena have for some years altogether ceased. The absence of menstruation in a woman over forty years of age, for a period varying from two to nine years, *may*, according to these data, be coincident with pregnancy at the end of that time. (*Loc. cit.*, pp. 88 et sequent.)

More frequently, perhaps, the fact of the menses having ceased is made the basis of the conclusion that pregnancy exists by women who desire to be pregnant, and who, somewhat advanced in life and arrived at “a certain age”, interpret facts according to their own wishes. Here embarrassment is not seldom produced; women at this age are ready with all those presumed corroborative facts with which their own experience or the experience of their friends has made them familiar; and it is only by a rigid adherence to the rule to take nothing which is simply asserted for granted, that the practitioner will prevent himself from being led to form equally sanguine expectations with the patient herself. At the period of sexual involution, as it may be termed, the mere cessation of the menses is therefore of less value as a sign of pregnancy than at any other period of life. It is the fact that, at this period of life, a suppression for two or three months, the discharge then returning perhaps profusely, is not at all unusual.

The absence of the catamenia, then, must never be considered as a proof of pregnancy; but in many cases it is of infinite service in directing attention to the view of its possibility. Examination of the abdomen, the vagina, and the breasts, gives more decisive information; and on the data thus afforded only can anything like a positive opinion be given.

There is a form of pregnancy which is out of ordinary rules, and is rarely met with; viz., when the ovum becomes diseased and degenerated at an early period of pregnancy, and a “mole” results. In a

case of this kind, either the ovum is rejected soon after, when the nature of the case becomes at once apparent; or it is retained for some months. Thus a woman may present herself with the abdomen but slightly enlarged, the uterus but little increased in size, and who has had suppression of the menses for from three to seven or eight months, or even considerably more than this, in which the cause of the suppression is first pregnancy, and secondly the presence in the uterus of the degenerated result of the same. If the "mole" grows to a large size, as is often the case with the "hydatid" variety, the abdomen and uterus are proportionately enlarged; and the attention is so directly attracted by this, that it cannot be easily overlooked; but in a case where the enlargement is neither so considerable nor so apparent, difficulty might occur. Such cases are rare; and, as a rule, it may be taken for granted that, when the catamenia have been absent for several months, and no enlargement of the abdomen or of the uterus occurs, the case is not one of pregnancy.

Lastly, I would remark that exceptional cases of the opposite kind, those in which menstruation, or, at all events, a discharge resembling it, is present for two or more periods, *coincidentally with pregnancy*, are not quite so rare as is usually stated.

Suppression. The diagnosis between suppression of the catamenia of a pathological nature, and the kind of suppression just alluded to, in which there is a physiological reason for it, is occasionally difficult when the catamenia have been absent only for two or three periods; for the pathological suppression is sometimes accompanied with some of the general symptoms of pregnancy, as morning sickness, swelling of the breasts, etc., when pregnancy is certainly not present. This suppression simulating pregnancy is noticed by Denman and Montgomery as frequently occurring soon after marriage; and Montgomery characterises such cases as always liable to great doubt, and extremely embarrassing to the practitioner. In a case which came under my own observation, a like obscurity surrounded the case, but the patient had been married for several years. In such cases, the decision must be postponed, and a cautious opinion given. Another case which is often a source of embarrassment is presented to our notice in young women in whom the catamenial function has only recently been set up; and here we may be in doubt whether the absence is due to suppression, to pregnancy, or to other causes which have been already considered. The absence of a known cause for suppression, the fact that the patient continues in good health, and the absence of signs of pregnancy, would lead to the inference that the case was one of retarded puberty (the age of the patient admitting of this hypothesis), rather than one of suppression in the sense of the word in which it is now used. From retention of the menses, and from pregnancy, suppression would equally be distinguished by the absence of abdominal enlargement and tumour. In cases of suppression, there is frequently a kind of evidence of ovarian activity in periodically recurring pains—the "*molimina menstruationis*".

Retention may be present where menstruation has been previously performed. This form of retention is, there is reason to believe, not by any means common. It is probable, however, as will be shown in

another place, that, in a less degree, retention is more frequently present, as in cases of dysmenorrhœa where there is partial retention of the menstrual fluid. Retention will be easily distinguished from pregnancy by due attention to the facts of the case. The symptoms of *complete* retention in a woman who has previously menstruated regularly do not differ materially from those already described as present in women who from the first suffer from retention. The diagnosis of retention from pregnancy, difficult at first, becomes easy afterwards.

It is extremely important to separate the conditions just alluded to—pregnancy, suppression, and retention of the catamenia—one from the other; endless difficulties present themselves in doubtful cases until the diagnosis has been advanced to this stage. Having made out that it is not a case of pregnancy or retention, the only alternative is *suppression*.

The causes of suppression will next be considered.

AEROLITES. Chladni, a German philosopher, and the first man of science who directed attention to the subject, compiled in 1794, a catalogue of all recorded instances from the earliest times, from which it appears that Plutarch, in the *Life of Lysander*, describes a stone that fell in the Hellespont, about 405 B.C., which stone was afterwards mentioned by Pliny, who says that it was to be seen in his time, five hundred years afterwards, and that it was "as large as a waggon." One of the cases of more modern and reliable date is that of a stone which fell at Ensisheim, in Alsace, in 1492. The Emperor Maximilian being there at the time, ordered an account of the event to be drawn up; it weighed 270 lbs. During the French revolution it was carried off to Colmar, and many pieces were broken from it. One of the fragments still exists in the museum of the Jardin des Plantes, near Paris. An immense mass of malleable iron of meteoric origin was seen in 1794 by Pallas, in Siberia, on a mountain of slate; its weight was about 1,400 lbs. Another vast mass was found in South America, and is described in a memoir in the Spanish language, printed in the *Philosophical Transactions* for 1788, by Don Rubin de Celis. Specimens were sent by him to the Royal Society, and are now in the collection of the British Museum. Barrow mentions a mass of meteoric iron at the Cape which weighed 177 lbs.; another mass found in Brazil, about fifty leagues from Bahia, was estimated at the enormous weight of 14,000 lbs. Many other instances of large masses of these bodies have been recorded; but before the fact mentioned by Mr. Denham, there existed one instance only of a ponderous mass of iron having been actually seen to fall from the atmosphere. That was at Agram, in Croatia, in 1751. On the 26th of May, about six o'clock in the evening, the sky being quite clear, there was seen a ball of fire which shot along with a hollow noise from west to east, and after a loud explosion, accompanied by much smoke, two masses of iron fell from it, in the form of chains welded together. The origin of this remarkable class of natural phenomena is involved in great obscurity; but the theory most consistent with known facts and the laws of nature seems to be that which was proposed by Chladni, and indorsed in 1817 by Sir H. Davy—viz., that the meteors are bodies moving in space, either accumulations of matter or fragments separated from a larger mass of a similar nature. Dr. Halley calculated the height of a meteor at ninety miles. It is supposed that these erratic bodies move with immense velocity, and that they become ignited when they pass through the upper region of the atmosphere.