Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

GRAILY HEWITT, M.D.LOND., M.R.C.P.,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

DISORDERS OF MENSTRUATION (*continued*).

GENTLEMEN,—The class of cases to which I wish now to direct your attention are those in which there is *suppression* of the menstrual discharge.

The word "suppression" is here used in a somewhat more extended sense than usual, it being, for various reasons, convenient to include under this general term not merely that acute suppression of the catamenia to which the term "suppression" is more usually restricted, but the more chronic and passive suppression commonly but vaguely designated *amenorrhœa*.

Sudden Form. We may first consider the more obvious and clear case of suppression—that in which, viz., the menstrual period having arrived, the discharge has continued for some hours, and has then suddenly ceased, there being an apparent connexion between the cessation in question and some external or internal disturbing influence known to have been in operation at that juncture. Thus the menstrual flow may be suddenly suppressed by the feet getting wet, or by a chill received in any other way, or by the reception of distressing or exciting news. These are the most common causes of the kind of suppression here alluded to. Sexual intercourse has been known to produce the same result. The first symptom of the presence of one of the exanthematous diseases may be the sudden stoppage of the catamenial discharge. The facts of the case would point to the diagnosis of the cause; and the difference would be obvious between a case of sudden cessation of the menses in a woman in whom the function had been previously regular, and one in which the discharge, having been for several periods less and less, had finally but gradually ceased. Although, where the discharge thus suddenly ceases, conjointly with the application of some disturbing cause, this fact itself would assist us in the formation of the diagnosis, we are not without corroborative evidence to follow the popular axiom of *post hoc; ergo, propter hoc*.

Another variety of this form of suppression is that in which there is no cessation of the discharge of the marked character just described; the discharge continues the regular number of days, but fails to recur at the expected time. This form of suppression, as also that which may be called "suspension" of the discharge, may occur from a variety of causes; and it may be a matter of great difficulty to trace it to its real source. The catamenial function is frequently suspended, according to Sir Ranald Mar-

tin, in ladies on the voyage from India by the Cape. Dr. Tyler Smith states that these effects of a marine atmosphere extend in some habits to a residence by the sea-side. He mentions an instance in point, in which a lady who went to reside at one of the islands on the western coast of Scotland, together with her sister and their two maids, all became amenorrhœal. (*On Leucorrhœa*, p. 182.) Montgomery notices the effect of mental depression in producing this suspension in the case of young girls confined in prison. I have had occasion more than once to observe that women are liable to suffer from suspended menstruation on going to reside in a house the staircases of which are of stone and uncarpeted, their previous residence having had a wooden staircase only.

Sometimes, capriciously, as it appears, and unexplainably, the menstrual function is suspended or ceases for a time. In such cases, we must often be content to rest satisfied with a negative diagnosis only, the most thorough examination of the case affording no reliable data for further determination. It may be that, in the case before us, a natural cessation of the menstrual function has occurred; but it generally happens that the natural cessation does not take place suddenly and abruptly. It must be recollected that the cases of suppression or suspension which have thus far been considered are those in which the discharge, having been regular both in amount and periodicity, has *suddenly* and altogether ceased. Those cases in which suppression has *gradually* supervened belong to a category altogether distinct from this.

Gradual Suppression. Under this head may be considered those cases in which the discharge, having diminished in amount for two or three periods, or the interval having become longer and longer, has finally ceased.

Pregnancy is not entirely out of the question; for now and then conception does not occasion suppression of the menses for the first few months of pregnancy. The possibility of the existence of retention of the menses also must not be forgotten.

Passing over these conditions, the discrimination of which is comparatively easy, we come to that large class of cases in which the menstrual secretion having been arrested in the gradual manner above described, there is a considerable difficulty in arriving at a clear and definite view of the nature of the case. This difficulty in part arises from the unsettled state of the pathology of the subject. When the menstrual secretion is arrested, and the general health becomes affected, which of the two is cause, and which is effect? Is the failure of the general health the cause of the menstrual suppression? or is the menstrual suppression the cause of the failing health? The tendency is at the present day, and amongst the best authorities, to consider that the general indisposition so often coincident with amenorrhœa, both in these cases and in those previously spoken of, is the cause, and not the effect, of the latter. The causes of gradually supervening suppression of the menses may be conveniently classed under three heads—constitutional, organic, and physiological.

Constitutional. Any circumstance, or chain of circumstances, calculated to interfere with the nutrition of the body generally and the due performance of the various processes the sum of which con-

stitutes life, may give rise to suppression or cessation of the menstrual secretion. It very frequently happens that, at the very time when the vital processes are in a state of great activity—when the girl is changing into the woman, and it is more than ever necessary that the body should be duly exercised, well nourished, exposed to the fresh air, and recruited by sufficient rest—these conditions so necessary to due development and healthy growth are wanting. Young women belonging to the lower and middle classes of society, and who are engaged for many hours daily in sedentary occupations of various kinds, more especially suffer in this way. The health gradually fails, and after a time menstruation ceases. Then, and not till then, in the majority of cases, advice is sought. Suppression not seldom takes place in a more acute manner in young women so engaged; a slight cause, and one which in a robust individual would be inadequate, being now sufficient to determine it. There can be no doubt that, in a very large proportion of cases of suppression which present themselves in young persons, the cause is purely constitutional, the failure of the general health having preceded the amenorrhœa. In cases of this description, vain and inefficacious all simply local treatment will necessarily be. An instance this of the importance of a correct diagnosis.

To give an account of the various constitutional conditions, derangements, or diseases, which may lead to or have an effect in the production of gradual suppression of the menses would be an almost endless task. The principal thing to keep in view is this, that when this gradual suppression is observed, it behoves us carefully to scrutinise the bodily condition of the patient generally. The suppression is an important symptom, not in itself, but as indicative of some, perhaps important, morbid change, the early detection of which may be of the greatest service to the patient, if a right use be made of the knowledge thus acquired. The more common of the general constitutional conditions leading to the suppression now under consideration, are:—*plethora, chlorosis, anemia, severe hæmorrhages, or long continued discharges from the various mucous surfaces, deposition of tubercle in the lungs or other organs.*

Premature termination of the catamenia, which may be considered as a form of amenorrhœa, may be caused by chronic disease, by severe and repeated hæmorrhages, etc., or it may occur without any assignable reason. In the case of a woman more than thirty years of age, the amenorrhœa may turn out to be permanent, although, of course, this could not be known at first.

Of the *local causes* of gradual suppression, the following are the chief. *Disease of the ovaries* is often attended from the first with amenorrhœa, but not by any means always. When one ovary alone is affected, the menstrual function may go on apparently as usual. In six out of fourteen of West's cases of ovarian disease in which suppression of the menses took place, it was the first symptom; as a rule, the nature of the disturbance of the menstrual phenomena do not afford reliable data in the diagnosis of ovarian disease. *Chronic peritonitis*, resulting in the formation of constricting bands over the ovaries, a condition to the frequent occurrence of which Dr. Tilt has particularly called attention, may give rise to amenorrhœa of this kind.

Chronic hypertrophy of the uterus is often associated with amenorrhœa, and may be its sole discoverable cause. This condition of the organ is met with in prostitutes; in cases of undue sexual indulgence; or in women who have had frequent and rapidly succeeding pregnancies. *Fibrous tumour* of this organ also now and then produces amenorrhœa. *Uterine hæmatocele* is often attended with amenorrhœa, there having generally, however, been antecedent menorrhagia. *Stricture of the cervical canal of the uterus*, occurring after pregnancy, or produced by the repeated application of caustics to the os uteri, is an occasional cause of this form of amenorrhœa.

We have now considered together that important group of cases in which the menstrual discharge is either absent or less than usual—*minus* forms of catamenial disorder, as I have designated them—and the chief reliable diagnostic distinctions between the several causes of these deviations from the healthy standard have been pointed out.

In the next place, I propose to lay before you some rules for the *treatment* of these different classes of cases of disordered menstruation.

DR. MARSHALL HALL. The following criticism of the late Dr. Marshall Hall is taken from the pages of the *Athenæum*: "With all his faults of temper and discretion, of sensitiveness and egotism, he was not less an amiable man than a scientific inquirer with an intellect of noble proportions and lofty aim. In the world of physiological science he may fairly be ranked as the companion of Harvey and Bell; and if it were not invidious to draw comparisons between the master minds of modern investigation, it might be maintained that in respect of self-dependence and originality of thought, the discovery of the diastaltic spinal system merits a more liberal applause than that of the circulation of the blood, or than that of the division of the cerebral nerves into nerves of volition and nerves of sensation. Of course, the discovery of the true spinal marrow was led up to by prior speculations and observations. The circulation of the blood between the heart and the lungs had been described before Harvey made his splendid advance. Previous to Sir Charles Bell's dissections of the motor and sensitive nerves of the head and neck, Alexander Walker had promulgated the doctrine that the spinal canal sent forth separate nerves of sensation and volition. In the same manner, Marshall Hall was not without precursors vaguely striving after the truth, which he was the first to grasp securely and reveal to his companions. Haller, Whytt, Redi, Blane, and Prochaska, had all directed attention to reflex nervous acts; but until Marshall Hall came to crack the round of the egg, reflex nervous *function* was not even a matter of conjecture. Dr. Hall was, therefore, a great originator, doing for the spinal marrow what Harvey had done for the sanguineous circulation and Sir Charles Bell had effected for the cerebral nerves. Of all the physicians of the present generation, he was emphatically the hero of medicine,—fearless and indefatigable in inquiry, free from even a taint of prejudice, with intellectual sympathies so large and universal that passionate enthusiasm for physiological investigation could not contract them. He was, moreover, a keen observer, a brilliant talker, and a man whose sense of honour was as delicate as his benevolence and piety were sincere and earnest. Such a person deserved no ordinary memoir. As one of the few men of the time who will be of interest in *future times*, his career ought to be fully and worthily portrayed before contemporary evidence is, like his voice, silent in the grave."