Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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GENTLEMEN,—We have now considered the diagnosis and treatment of cases in which the menstrual discharge is *less than usual*, or in which it is absent altogether. We have now to consider cases in which the discharge is *greater than usual*.

But, in order to deal with this subject clinically and practically, and therefore usefully, it will be convenient to group together cases in which the *menstrual discharge is excessive in quantity*, and those in which there is *hæmorrhage from the generative organs*; and for this reason, that until the diagnosis is made out, it is impossible to say whether the sanguineous discharge is really a menstrual discharge at all. The case may turn out to be one of miscarriage, or of hæmorrhage of independent character.

I propose, then, to consider together that large group of cases in which there is

UNUSUAL DISCHARGE OF BLOOD FROM THE GENERATIVE ORGANS.

In most of these cases, the discharge of blood proceeds from the uterus; but it is well to be aware that bleeding from the vaginal walls, as in an interesting case related by my friend Mr. Obré, or from the vaginal outlet or urethra, may take place. Sometimes the pudendal veins become varicose, and burst; this rare accident generally occurring in women who are pregnant.

Excluding these possible but rare occurrences, we come to that large class of cases in which the uterus is the source of the discharge.

Now, it may save some possible misunderstanding if we inquire, in the first place, *what is meant by an "unusual discharge"?* To this a very different reply would be given by different patients. One patient would think nothing of a discharge which to another would appear a very serious affair; and it may be that the two are both right. The term "unusual" has two meanings—a relative and a positive one. As regards the diagnosis, this consideration is most important. It is also most important as regards the treatment. It does not follow that, because it has become "usual" for a particular patient to have a profuse discharge at the menstrual periods, it is therefore "right". What may be very usual may also require very decided interference: the meaning of which is, that it will not do to admit without investigation the statement of a patient that the quantity of the discharge is unusual, or the reverse.

Further, before entering on the question of the

diagnosis, it must be borne in mind that the uterus is lined by a membrane, from the surface of which blood is periodically exuded during what may be called menstrual life; and it requires but a small thing to provoke a hæmorrhage from this surface. There is no necessary relation, in fact, between the cause and the effect. A very severe hæmorrhage may occur in connexion with some very trifling alteration in the uterus itself—indeed, in the absence of any change at all. In fact, in the question of the diagnosis of a case of unusual discharge of blood from the uterus is involved the whole pathology of hæmorrhage. Lastly, the functional exercise of the female organs of generation, the processes of gestation, parturition, etc., involve changes and consequences with which discharges of blood from the uterus are very frequently associated.

In considering that large class of cases in which there is unusual discharge of blood from the generative organs, we may advantageously divide our cases into two series—A. Those in which the unusual discharge occurs coincidently with a menstrual period; and B. Those in which the unusual discharge is *not* coincident in point of time with the menstrual periods. The latter series will, of course, include hæmorrhages occurring after menstrual life has ceased.

A.—CASES IN WHICH THE UNUSUAL DISCHARGE OCCURS COINCIDENTLY WITH MENSTRUATION: EXCESSIVE MENSTRUATION.

Under this head we shall consider those cases in which an unusual discharge of blood occurs at the menstrual periods, the patient being in the interval free from discharge of a sanguineous nature.

Two distinct sets of inquiries have to be made when a reputed case of profuse menstruation (menorrhagia, as it is usually termed) comes before us. Firstly: Is the discharge really excessive? and secondly: If it be profuse, what is the cause thereof?

The previous history of the patient alone will supply us with an answer to the first question. Having ascertained what the individual type of the catamenia, so to speak, is, the deviations from that type will be more easily recognised. The catamenial secretion appears to be naturally more profuse in some individuals than in others, as already remarked; the quantity of the secretion being great, or the period during which it is observed being extended; from the presence of what may be characterised as idiosyncrasy, from the influence of climate, age, and the like. All these circumstances must be considered in giving an answer to the question, "Is the catamenial secretion excessive?" In practice, every form and degree of change from the normal individual type will be encountered. The change may be abrupt or gradual; and the degree of importance attached by the patient to the fact of a change having occurred is by no means an indication of its importance, abstractedly considered. In many cases, the state of the general health informs us at once that the secretion is "excessive"; but it is not always so.

Having determined that the quantity is really excessive, we go a step further, and endeavour to ascertain the *cause*. This inquiry is often a very difficult one, the number of conditions capable of giving rise to profuse menstruation being so consi-

derable. The exciting cause is not unfrequently something so trifling as to elude our search. Moreover, having once begun to be profuse, the discharge sometimes continues to be profuse after the exciting cause has been removed and is no longer in operation. Hence it is by no means an easy matter to say, in some cases, whether the general disorder of the health which is present is caused by, or is a cause of, the excessive menstrual discharge.

The menstrual discharge may be profuse because the blood itself is in a vitiated state, or because the general abdominal circulation is in a defective condition, or because there is some actual disease or alteration of the uterus or adjacent organs present. It is probable that most cases of profuse menstruation depend on combinations of various degrees of each of these; the one leading to the other, surely, but imperceptibly. This consideration alone is sufficient to show how difficult it must be to arrive at a true diagnosis of the nature of the case before us; and, in point of fact, it is for this reason impossible to lay down a complete series of rules for forming a diagnosis applicable to every case. The acknowledged difficulty of the subject has led to this, that generally no attempt is made to push the diagnosis further; and the treatment is too often, consequently, one merely directed to the removal of the present evil—the excessive discharge. This was the origin of the old classification of menorrhagia into “active” and “passive”. The treatment on this empirical system often answers very well; but it also often lamentably fails, as, indeed, might be expected; the diagnosis being at fault. In certain cases, the treatment of the immediate symptom—the excessive discharge—is really all that is required; or rather, this consideration is made to supersede all others by the gravity of the symptom itself, as in cases where the discharge is so excessive as to threaten the patient with dissolution.

The mere quantity of the discharge is no indication as regards the diagnosis. This might, indeed, be expected. Neither do the symptoms accompanying the discharge assist us. Our conclusion must be formed from a careful examination of the previous history of the patient; and in many cases a physical examination of the uterus from the vagina must be made before we are in a position for giving an opinion as to the cause of the excessive discharge. In some cases, all the pains we may take are unavailing, and the cause eludes our investigation.

To give a complete account of the different conditions which may, directly or indirectly, lead to profuse menstrual discharge, would occupy more space than can be devoted to it in this place. All that can be done is to indicate, for diagnostic purposes, the direction in which inquiries should be made. There is one general rule which may be usefully kept in view, open, as it is, to numerous exceptions, and it is this: that when the only thing wrong about the discharge is its *excessiveness*, and when this state of things is, or has become, a chronic one, it generally turns out that the cause in operation is a constitutional one, and that the uterus and adjacent organs are free from any actual disease. This distinction often broadly, but by no means universally, serves us in practice to distinguish between cases which do not, and those which do, require a vaginal examination to be made.

The chronic, regular, cases of profuse menstruation,

are such as come more commonly under our notice. It is to be remarked of these cases that they usually arise in connection with what may be termed general causes, though not by any means invariably. Most of the conditions capable of causing this form of profuse menstruation are such as are known to have a debilitating tendency. Such are, Bright's disease of the kidneys, indicated by an albuminous condition of the urine, œdema, etc., excessive lactation, long continued mental depression, etc. Then we have a large number of cases due to chronic disorder of the digestive organs, leading to congestion of the uterus and pelvic organs generally, chronic affections of the great viscera, the heart, lungs, and liver, also giving rise to congestion of the pelvic organs, and, short of actual disease, general derangement of the system produced by luxurious living, and sedentary or unhealthy occupations. Ovarian irritation and over excitation are, probably, causes of this form of profuse menstruation more often than is usually admitted; the most frequent cause of this excessive ovarian irritation being inordinate indulgence in sexual intercourse.

Residence in damp or marshy districts has been shown to be the cause of profuse menstruation in certain cases, and hence menorrhagia is not unfrequently present together with intermittent fever. Residence in tropical climates is, in the case of Europeans, followed, in most cases, by profuse menstruation, dependent, probably, on excessive congestion of the abdominal and pelvic viscera.

According to my own experience, young women in whom there are signs of a tendency to, or an actual development of tubercle, are very frequently the subjects of profuse menstruation, the cause being, probably, the condition of the blood.

Unusual discharge of blood at the regular catamenial periods, and under the circumstances just alluded to, usually arises, as before remarked, in connection with general causes; but not always. If the patient have been suffering for any considerable time from the profuse menstruation, it usually becomes necessary to institute a vaginal examination. Slight local changes in the uterus are often found to occasion profuse menstruation, and the object of the vaginal examination would be to search for evidence of the presence of such local changes?

Cases in which there is an abrupt appearance of profuse menstruation in individuals previously in good health, and in whom the catamenial function has shown no marked irregularity, require a special mention. Of late years, it has been shown that a sudden attack of this kind has, in a certain number of cases, been associated with a most dangerous and alarming accident, the pouring out of blood into the peritoneal cavity, and the production of a series of symptoms of a highly interesting and important character. The sequence and order of the symptoms, of course, vary in each case; but they more usually present themselves in the following order. Previous good health, as regards menstruation, abrupt appearance of a considerable flow of blood from the uterus at a menstrual period, great pain in the abdomen, and symptoms as of perforation, a blanched condition of the patient, and all the other signs of a violent hæmorrhage, syncope, etc. The patient may die from actual loss of the blood effused into the peritoneum, or from the effects of the subsequent change induced in the clot there formed.

These cases of *peri- or retro-uterine hæmatocele*, as they are called, have only attracted attention of late years. Respecting the precise nature of the accident, all are not agreed, even as to the immediate source of the blood poured out.

The practical fact to bear in mind is that a suddenly occurring attack of profuse menstruation may be associated with this dangerous accident. The presence of uterine hæmatocele—that is, of the tumour constituted by the effused blood behind the uterus—is to be ascertained by vaginal and by abdominal examination. The tumour so formed is often of very considerable size.

The uterine hæmatocele is not, it must be recollected, the *cause* of the excessive menstruation. The cause of both the excessive menstruation and the uterine hæmatocele will be found, probably, in some predisposing general condition of the patient.

It is unnecessary here to describe in detail those *local conditions* here referred to, which may occasion *profuse menstruation*, because the conditions in question are all, almost without exception, capable of giving rise to discharges of blood at other times than the menstrual periods. Hence the *local causes* of *profuse menstruation* and the causes of *unusual loss of blood at other than the menstrual periods* will be conveniently considered together.

Most of the conditions with which these irregular hæmorrhages, of various degrees of intensity, are usually associated, are insidious in their mode of origin; profuse menstruation is generally the forerunner of these hæmorrhages, and arises from a similar cause.

A BLOODLESS AGE. "Stomachs and nerves, they say, are growing weaker as the world grows older. Railway travelling, and modes of life and speed of labour scarcely less rapid and exhausting, have reduced us to a condition of melancholy degeneracy compared to the robustness of our fathers. In old times, if men died, it was, so to speak, from excess of life and irregularities of strength. Fulness of blood, fevers, inflammations, apoplexies, carried them off. The lancet was in constant requisition, and the chief labour of a medical man was to prevent his patient from being too hale and hearty. At one time, men and women were bled—not for illness, but simply to repress their redundant vigour—once in the spring and once in the autumn of every year. They knew little or nothing of quinine and steel, and they shunned the seashore as poisonous. And such as their health was, such were their habits. We speak in tones of virtuous reprobation of their debauched and intemperate practices. It is no doubt a gain that we are freed from the dominion of such habits. But it is a cheap morality on our parts. We could not imitate their excesses if we tried. We make a virtue of necessity, and speak contemptuously of three-bottle men; but our dyspeptic, bilious, bloodless generation would no more be equal to indulging in three bottles of port at a sitting than to swallowing the glass that contains them. We live in what is delicately called an atonic age. Medical science is devoted constantly to the task of fanning into a sickly flame the sparks of life which are ever threatening to go out. Every disease is a disease of weakness; and almost every medical prescription harps upon bark, iron, stimulants, and change of air. Philosophers wonder that enthusiasm is dead in England, and that we have fallen upon a grovelling and materialistic age. But enthusiasm is the luxury of well-filled veins and healthy stomachs. A generation that lives on tonics has no strength left for superfluous sentiment." (*Saturday Review*.)

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL, WOLVERHAMPTON.

CASES OF STRICTURE OF THE URETHRA.

By VINCENT JACKSON, Esq., Resident Surgeon to the Hospital, and late House-Surgeon to University College Hospital.

THE following cases of stricture of the urethra I wish to record, on account of their proving the extreme usefulness of a plan of treatment not so generally adopted as it might be. In each and all, dilatation was effected by means of graduated metallic instruments. For my own part, I have been for a long time convinced that the best instrument, as a rule, to employ in these cases is a metal one. To a practised hand, the urethra can with it be more perfectly, more easily, and more safely explored, its condition determined, and the seat and orifice of a stricture most accurately learnt.

It appears to me that one of the great difficulties in curing tight strictures is, in many cases, that the orifice is situated at some point outside the urethral centre. When the aperture of entrance has been found, the future progress of the case is in the hands of the surgeon; and for this purpose I think no instrument equals the metallic one. Yet, with such an instrument as No. 4 (no larger than a large-sized needle), I admit that great delicacy and care is required in its manipulations; for, if the force used in its guidance be too great, a lesion of the mucous membrane is sure to occur. Still I do not regard this as in any way negating the employment of fine metallic sounds, but rather the reverse; for in these cases *arte non vi* ought never to be forgotten.

In one of the examples I record, I had extreme difficulty in finding the entrance to the stricture. I then resorted to a plan of treatment recommended by Mr. Henry Thompson of University College Hospital, which is, I am sure, of extreme utility. On the day when it is intended to attempt the passage of an instrument, the patient should be kept in bed, and desired to hold his urine for about two hours before the visit. A glass syringe, holding six drachms, should now be filled with olive oil, and injected into the urethra. When the syringe is removed, the passage should be well nipped, to prevent any escape. The instrument is then introduced, and carefully passed down to the stricture; and efforts are made to guide it into the bladder. Sometimes no success is obtained for a considerable time; but one case, in which an hour elapsed before the instrument reached the bladder, has emboldened me to persevere, provided the patient do not resist too much. These long continued attempts ought never to be thought of, if the previous history of the patient and the examination of his urine should lead one to suppose that the kidneys are extensively diseased; for it has fallen to my lot to see a man die twenty minutes after a No. 8 catheter had been passed into his bladder by a surgeon. The kidneys, at the *post mortem* examination, were found extensively diseased.

My set of stricture-instruments consists of six, and are thus constructed.

Number 1, made of silver, is hollow. These very