Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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TREATMENT OF CASES OF UNUSUAL DISCHARGE OF BLOOD FROM THE UTERUS, DUE TO GENERAL CAUSES.

GENTLEMEN,—Respecting the treatment of that important class of cases now under consideration, it must, in the first place, be remarked that the essential thing is that the diagnosis be right, that the loss of blood, which is the symptom—and it may be a very alarming one, too—be traced to its true cause. The principal indications for treatment become self-evident if the diagnosis be carried far enough.

If the case be one of *excessive menstruation*, our object is to remove the condition of things giving rise to the excessive loss. If the blood be impoverished, the patient must be strengthened, the general health improved by careful hygienic measures, administration of good food, pure air, exercise, etc. Any special predisposing cause must be detected and removed. In cases where there is great torpidity of the system, so to speak—congestion of the abdominal viscera, a loaded state of the bowels, and unhealthy state of the secretions generally, what may be termed a derivative plan of treatment, consisting in administration of brisk purgatives, and such medicines as are known to excite action of the liver and chylipoietic organs generally, is the most effective. In cases of great debility, iron is necessary. We frequently meet with the two conditions, great debility, from long continued but perhaps slight loss, and sluggish, overloaded, congested condition of the digestive organs and apparatus generally. These cases require careful management. Tonics and purgatives must be given together. For such, a colocynth and rhubarb pill twice a week, with iron and sulphate of magnesia in small doses two or three times a day, may be recommended. To promote the action of the skin, to ensure regular action of the bowels, and to improve in every possible way the general health of the patient, is to do pretty nearly all that can be done in the general treatment of ordinary cases of profuse menstruation not dependent on some physical derangement of the uterus.

In the Turkish bath recently reintroduced, we have a powerful instrument for effecting derivation to the skin; and although, as yet, there has not been sufficient time or opportunity to form an opinion as to its precise value, there is reason for the belief that, in cases such as those now under consideration—cases of debility, with an inactive sluggish state of the viscera generally, and excessive menstruation—

the judicious use of the bath will be found of great service.

Such are the general principles of the treatment of such cases having regard to the removal of the cause on which the profuse menstruation depends. But it is necessary to say a few words respecting the precautions to be used at the catamenial period itself. The patient must be directed to remain as quiet as possible, and chiefly in the recumbent posture. The clothing must be light, and the room cool. The bowels must be kept regularly open, and stimulant articles of food, as well as excessive eating and drinking, must be avoided.

By adopting these simple precautions during the days of the catamenial flow, much will be done to moderate the excess of the discharge.

But there are cases in which something more than this requires to be done, when the loss of blood has been, or continues to be so profuse that it is necessary to arrest it in a more summary manner. Sometimes, the patient is found to have been the subject of profuse menstruation, of what has been termed the *passive* form, for many months, and has become so reduced in consequence that a further loss of blood is likely to be attended with grave inconvenience. For the treatment of this form of profuse menstruation, the general preventive means hitherto spoken of are applicable, but there is something more necessary. In extreme cases, it has been, and may be, found necessary to mechanically arrest the further flow of blood by plugging the vagina. This will be best effected by inserting, by means of a speculum or otherwise, a sponge or piece of lint dipped in infusion of matico or tincture of sesquichloride of iron, in the vagina quite close to the cervix uteri, and retaining it in its place by means of an India-rubber air-pessary, the latter to be distended by inflation so as to completely close up the vaginal canal. The patient should be kept in the recumbent posture; cloths dipped in cold water laid over the pelvic region, and removed and reapplied from time to time; or, what is perhaps better, a cold wet napkin suddenly flapped upon the abdomen, so as to produce a sudden shock. Injection of cold or iced water into the rectum is also a valuable means of arresting the flow of blood in bad cases of this kind. The object in these cases is to produce contraction of the uterus; for that organ is relaxed, congested, and, in a certain sense, in a condition resembling that which obtains after labour.

The internal remedies to be made use of are, firstly, those which are known to induce contraction of the uterus; secondly, those which are known to have the power of arresting hæmorrhage—styptics, as they are termed. Ergot of rye and ipecacuanha have been found serviceable in cases of *post partum* hæmorrhage; and they are applicable in the treatment of the severer forms of profuse menstruation also. I have myself had great success with the ergot, when all other remedies had markedly failed. The styptics most recommended are: a combination of matico and gallic acid, by Dr. West; a combination of matico and diacetate of lead, by the late Dr. Rigby. Tannin and sequichloride of iron have been spoken highly of also. Of late, attention has been directed to digitalis administered internally as of peculiar efficacy in the treatment of profuse menstruation, but the results obtained by practi-

tioners do not appear altogether encouraging. It is not to be expected, in fact, that any one drug should be possessed of the power of removing a symptom dependent on such a variety of causes as menorrhagia.

In these severe cases, while measures are being taken to arrest the discharge of blood, to prevent further hæmorrhage, we have to support the patient by administering stimulants and nourishment internally. The requirements in individual cases will, of course, vary according to the urgency of the symptoms. Brandy and beef-tea must be given frequently, but in small quantities at a time. It is possible to conceive a case—indeed, such are on record—in which transfusion might be necessary, and where the patient's life may be prolonged, if not saved, by a timely recourse to this procedure.

The application of certain substances, such as tincture of iodine, to the interior of the uterus, has been recommended in certain obstinate cases of menorrhagia. Dilatation of the os uteri, and scraping of the interior of the uterus, following this up or not by injection of iodine, is a plan of treatment which has been recently recommended for the cure of menorrhagia. Allowing, however, that these methods of treatment are safe in all cases, and admitting further their utility, both of which points are open to question, the effect can only be palliative; the discharge of blood may be there and then checked, but such a mode of treatment cannot be looked upon as the best, and it may be seriously questioned whether other more general and more simple measures would not have succeeded in the very cases where these injections and scrapings are said to have effected a cure. It cannot be too often stated that the hæmorrhage is the symptom, not the disease; and it is only in very exceptional cases that the symptom becomes, by its intensity and severity, necessarily the exclusive object of treatment.

TREATMENT OF CASES OF UNUSUAL DISCHARGE OF BLOOD DEPENDENT ON ORGANIC OR OTHER DISEASE OF THE UTERUS, ETC.

Here there are usually present both excessive menstruation and interperiodic discharges of blood. If the patient have ceased to menstruate, this is, of course, not the case.

The treatment is palliative, or curative; one or both, according to circumstances. The case may or may not admit of absolute cure. When not curable, much may often be done to diminish the loss of blood at the menstrual periods, by giving the patient directions as to her conduct during the time in question. Thus, in cases of cancer, cases of fibrous tumour, cases of flexion, etc., where it may not be proper, for a variety of reasons, to resort to more radical measures, rest, the horizontal position, careful diet, and the systematic application of this system of treatment at and during each successive menstrual period will do much to lessen the amount of the loss of blood. It is in these cases, also, that we occasionally find it necessary to apply measures for at once arresting the discharge of blood, and which have been already spoken of. The discharge of blood may, under such circumstances, be such as to amount to a regular hæmorrhage, and must be treated as such. The amount of the discharge may be then very considerably reduced by the preventive and

palliative measures which have been already alluded to.

But we have next to speak of the *curative* treatment of these cases of unusual discharge of blood from the uterus, and which are connected with the presence of organic or other disease. This is a very difficult subject on which to lay down general rules. The proper radical treatment of the various pathological conditions of the uterus, etc., will be discussed hereafter. At present, some general observations only will be made in reference to the treatment of these cases so far as the hæmorrhage is concerned.

The loss of blood produced by the presence of organic or other disease of the uterus is often such as to necessitate the absolute removal of the cause of the discharge in order to save the patient's life. This is more particularly the case where polypus uteri, generally removable without any great amount of difficulty, is present. Here it is to be remarked, that the most severe hæmorrhage is not seldom occasioned by a very insignificant amount of disease; a minute mucous polypus growing just within the os uteri may occasion more hæmorrhage than a large polypus the size of the fist; and hence, operations are demanded on account of the symptom hæmorrhage, with varying degrees of urgency in different cases. Respecting the treatment of diseases of the uterus, giving rise to hæmorrhages, and to profuse menstruation, one or both, it must be stated that the hæmorrhage is not generally the only reason for endeavouring to remove the same.

Then, again, in many cases, our decision as to treatment will be affected by this consideration. The patient may be fast approaching the end of menstrual life, and it may be expected that the hæmorrhage, with the profuse menstruation, will disappear at the end of a short period. Such a view of the case may come before us where there are fibrous tumours in the uterine wall, projecting, perhaps, into the cavity of the uterus, and giving rise to the symptoms now under discussion. In many such cases, symptoms which, during menstrual life, are of great severity, grow less, and the patient, while retaining her disease, finds the inconveniences for the most part vanish with the arrival of the last menstruation.

In cases where the unusual loss of blood follows the occurrence of abortion, or in cases where there is reason to believe that abortion has or may have recently occurred, the first thing to be done is to ascertain whether any portion of the ovum, or of its membranes, remain in the uterus, and if anything be there found, to remove it. Experience has shown that the retention within the uterus of a very small portion of membrane is sufficient to give rise to considerable and continued loss of blood. Where the os uteri is so closed that the finger cannot be easily introduced, it must be slowly and carefully dilated by the finger, or by a sponge-tent, or what would be still better, the caoutchouc bladder capable of being distended slowly and equally by water-power. The consideration of the treatment appropriate in such cases, however, falls more properly within the province of midwifery. It is sufficient here to insist on the necessity for completely emptying the uterus to check the hæmorrhage proceeding from this cause.