ORIGINAL COMMUNICATIONS.

ABNORMAL MENSTRUATION.

By W. S. OKE, M.D., Senior Physician of the Royal South Hants Infirmary.

DEFICIENT MENSTRUATION, NOSOLOGICALLY TERMED CHLOROSIS.

This disease for the most part occurs in unmarried females, at any time from puberty to about the age of twenty-eight. It generally arises from want of the open air and exercise; hence, it is more frequently met with in domestics employed in close apartments, and in persons constantly seated at needlework. It is rarely observed in married women.

The aspect of the patient is pallid or pale, and the lips have little or no colour. There is a total absence, diminution, or unhealthy condition of the menstrual secretion; and often leucorrhœa. The pulse is feeble, and the tongue clean and flabby. There is palpitation of the heart upon the slightest excitement; and on placing the stethoscope over the right internal jugular vein, a little above the clavicle, a peculiar humming sound is heard. The respiration is embarrassed by the least exertion, especially on going quickly up stairs. The digestive organs are disordered; there is pain of the chest under the sternum, or of the left hypochondriac region; and there is sometimes giddiness, at other times severe neuralgia of the head or face. There may be also a depraved appetite; but I have not found this a frequent association. The bowels are costive or relaxed; and the urine either high coloured and scanty, or pale and copious. There is weariness and coldness of the lower extremities, and perhaps œdema of the ankles, great inactivity, depression of the spirits, and a disposition to shed tears.

With regard to the pathology of chlorosis, it would appear that the insufficiency of the menstrual secretion, the want of colour of the skin, and, in short, the languor of the vascular and nervous system, are the results of a low condition of the blood, caused by a deficiency of iron in its globules, which is probably necessary to their normal colour and invigoration. That iron is a constituent part of the blood-globules, is shown by Berzelius, in the third volume of the *Med.-Chir. Transactions*. At page 215, he writes: "I incinerated 20 grammes (400 grains) of colouring matter (crassamentum) till the charcoal was completely destroyed, and obtained 0.25 grammes (5 grains) of ashes, having a yellowish red colour. By an accurate analysis, I found it composed of

Oxide of iron	50.0
Subphosphate of iron	7.5
Phosphate of lime with a small quantity of magnesia	6.0
Pure lime	20.0
Carbonic acid and Loss	16.5

100.0"

Liebig also states, "that the leading characteristic of the red globules is, that they contain a compound of iron found in no other constituent of the body, and that they have the power of combining with gases, as evidenced by the change of properties which they suffer when exposed to their action".* And that iron is also conducive to the colour as well as to the vigour of the blood-globules, may be inferred from the fact that no disease can be more certainly and directly cured by the efficacy of medicine, than chlorosis by the internal adhibition of some of the preparations of this metal.

It has fallen to my lot to have had extensive experience in the treatment of this disease; and I can confidently affirm that, where this atonic condition of the system is not complicated with any co-existing organic disease, the fol-

lowing simple treatment has seldom if ever failed of complete success. One of the pills (a) is to be taken every other night, and two of the pills (b) three times a day:—

(a) R Hydrargyri chloridi gr. xij.
Pilulæ aloes cum myrrha gr. xlviij.
Syrupi, q. s.

Misce et divide in pilulas xij.

(b) R Pilulæ ferri comp. 3 iij.

Divide in pil. xxxvj.

If there be diarrhœa, the pills (c) are to be taken instead, leaving out of course the aperient:—

(c) R Pilulæ ferri comp. 3 iij.
Pulveris opii gr. iv.
Syrupi q. s.

Misce et divide in pilulas xxxvj, quarum capiat duas ter die.

It occasionally happens that an individual cannot swallow medicine in the form of pills, in which case (d) may be prescribed with equal success:—

(d) R Misturæ ferri comp. 3 viij.
Decocti aloes comp. 3 iv.

Misce. Capiat 3 iiss. ter quotidie.

If necessary, the bowels may be regulated by the powder (e), taken in jelly:—

(e) R Hydrargyri chloridi gr. j.
Aloes socot. pulv. gr. iij.
Pulv. cinnamomi comp. gr. ij.

Misce. Fiat pulvis noctibus alternis sumendus.

Amongst the better classes of society, the patient is often sent to the sea-side, or some other place, for change of air, without the aid of medicine; but this is at best a tedious remedy, if it be a remedy at all: whilst the treatment above recommended will bring about convalescence in six weeks or two months, without any change of locality.

CASE. A married lady, aged 26, who had never been pregnant, having been for a considerable time deficient in her monthly secretion, and having lost all her colour, was sent to Italy for the improvement of her health. After many months, she returned without the slightest benefit, and as pale as death. Being placed under my care, she was directed to take the mixture (d); and, as her stomach was very irritable, she was restricted to the lightest nutriment, with weak brandy and water as a beverage. Under this treatment she soon began to mend, and in about three months regained her strength and colour.

In chlorosis, the diet should be light and nutritive, with one glass of wine daily. Walking or riding exercise should be taken in the open air; and the warmth of the body, especially of the lower extremities, should be maintained by adequate clothing.

NEURALGIC MENSTRUATION, NOSOLOGICALLY CALLED DYSMENORRHEA.

The menstrual secretion is sometimes commenced and accompanied with severe neuralgic or spasmodic pain of the lower part of the abdomen, back, and hips. The amount of suffering varies in different individuals; and it appears to be caused by a morbidly sensible condition of the uterine nerves, which arise from the sympathetics and sacrales. This disease usually affects the unmarried, and may be excited by moral as well as physical causes. There is generally a deficiency of the menstrual secretion; but, unlike the foregoing affection, it is not characterized by pallor of the countenance, nor is it by any means so readily cured. In some cases, it is true, the pain may be alleviated by the hip-bath, by opiates, belladonna, digitalis, purgatives, electricity, and, especially if it be of an inflammatory character, by cupping over the sacrum; but in others the pain is so severe as to admit of scarce any relief during the period. This at least had been the result of my own experience for many years, till a most inveterate case at length yielded to treatment.

CASE. A lady, aged 26, well formed, and of dark complexion, from a disappointed attachment had become deficient in her menstruation; and the diminution was accompanied with hysterical paroxysms, and the most intense pain of the uterine region, as soon as the secretion commenced.

* As quoted by Brande, in his *Manual of Chemistry*.

This state of extreme suffering continued for some years, and rendered her existence quite wretched. She had consulted a variety of medical men, and many remedies had been tried, to remove or alleviate her pains. She had been locally bled, had frequently used the warm hip-bath, with purgatives, opiates, antispasmodics, etc.; but all these means had fallen short of any permanent relief. The only remedy which had given her any respite was large doses of the liquor opii sedativus, although it always disordered her system. In such a case as this, as all ordinary remedies had been found unsuccessful, and reflecting that the indication of cure was clearly to subdue the morbid action of the uterus, and restore its normal secretion, I resolved to combine some preparation of iron with a sedative which would not contract the secretory cavity of the uterus; accordingly, she was immediately placed under the following treatment:—

Rx Pilulæ ferri compos. 3ij.
Extracti conii 3j.

Misce et divide in pilul. xl, quarum capiat duas ter quotidie.

This plan was steadily observed through the interval up to the next period, after which she wrote to me, stating that it had passed with an increased secretion, and without suffering or hysteria. The treatment was persisted in for some months with complete success; and two years have elapsed without any return of suffering. I considered this an important case; and, as others of a similar character came under my notice, they were placed under the same treatment, and almost always with a successful result. Opium, in one shape or another, will doubtless, in large doses, afford temporary relief to the severity of the pain in dysmenorrhœa; but as it tends to cause contraction of the uterine cavity, and therefore rather restrains than encourages the menstrual discharge, it is not a desirable remedy.

I do not wish it to be understood that the above treatment is recommended for the relief of all cases of dysmenorrhœa. When the symptoms indicate an inflamed condition of the internal membrane of the uterus, manifested by the discharge of fibrinous shreds and febrile disturbance of the system, such treatment is of course inadmissible, and the case must be treated according to its indications by local bleeding, by the warm hip-bath, digitalis, saline aperients, etc.

Dysmenorrhœa, as well as leucorrhœa, may be sometimes also caused by the local irritation of ulcers, either within or near the os uteri; and has been successfully treated by the application of the nitrate of silver through the speculum—an instrument which has brought to light local causes of uterine disease, which had long escaped detection by the ordinary means. When, therefore, in dysmenorrhœa, the symptoms are found to resist general methods of cure, and when the intermenstrual mucous discharge from the vagina is ascertained to be purulent and mixed with streaks of blood, it may be fairly inferred that the painful character of the menstrual period is kept up by epithelial ulceration, too far within to be discovered by common observation, and too superficial to be detected by the finger. In such a case, the speculum should be employed without hesitation, in order to decide the question, and allow of the application of such local remedies as may be required. The speculum is undoubtedly a most useful instrument for the diagnosis and treatment of diseases of the distal end of the vagina and the os uteri; but where the symptoms are derived from induration and enlargement of the cervix uteri, the speculum might overlook what the finger will not fail to discover. Such cases are of no uncommon occurrence. The enlargement is most frequently found on the posterior part of the cervix, and in my experience is very difficult of cure, even when it is not of a malignant character. On the other hand, the practice of frequently introducing the speculum, to have ocular proof of the condition of the os uteri, before a fair trial of other remedies has been made, whatever may be the patient's class in society—whether she be in her own dwelling, or in a public institution—whether in a mansion or in a cottage,—ought, in my judgment, to be

considered an abuse of a most useful instrument, and condemned as a demoralizing procedure.

PROFUSE MENSTRUATION, NOSOLOGICALLY CALLED MENORRHAGIA.

An immoderate flow of the catamenia may occur at any period of menstrual life; but it more commonly takes place at its commencement and towards its termination. It may be caused by a plethoric or a debilitated condition of the system; or by some local irritation of the uterus—such as a polypous growth. The two first causes are manifested by the appearance of the patient; the last is ascertained by a digital examination.

Plethora of the system is indicated by a heavy, sanguine and congested aspect; injected conjunctivæ; drowsiness with snoring; vertigo; misty vision; and a full pulse.

Debility, on the contrary, is characterized by an attenuated and anæmic aspect; by a fluttering sensation of the breast; by faintness; sweating upon the slightest exertion; loss of appetite; pale urine; and a small irregular pulse.

It may be proper here to observe, that the menstrual discharge does not appear to be a specific secretion, but in great measure has the character of blood. Dr. Kirkes makes the following remark on the subject: "The menstrual discharge consists of blood effused from the inner surface of the uterus, and mixed with mucus from the uterus, vagina, and external parts of the generative apparatus. Being diluted by this admixture, the menstrual blood coagulates less perfectly than ordinary blood; and the frequent acidity of the vaginal mucus tends still further to diminish its coagulability. This has led to the supposition that the menstrual blood contains an unusually small quantity of fibrine, or none at all. The blood-corpuscles exist in it in their natural state: mixed with them may also be found numerous scales of epithelium derived from the mucous passages along which the discharge flows."*

It is on this account, that profuse and continued catamenial discharge produces such an anæmic condition of the system, which would not be so produced were the discharge a distinct secretion of the uterus, and not an effusion for the most part of the blood itself.

When menorrhagia takes place in plethoric habits, it is manifestly remedial, and ought not to be hastily restrained. In such a case the plethora is the object to be kept in view rather than the discharge; and it will be best treated by a cooling diet, the recumbent position, and the mixture (a).

(a).—Rx Magnesie sulphatis 3vj.
Infusi rosæ comp. ʒvss.
Syrupi simplicis ʒss.
Acidi sulphurici diluti ʒss.

Misce. Fiat mistura, ejus capiat fluiduncia ter quotidie.

But when the discharge has continued for a considerable length of time, producing an anæmic condition and great debility, the indication of cure will clearly be to restrain the uterine flux as speedily as possible by general and local means.

The system may be strengthened by (b).

(b).—Rx Confectionis rosæ ʒss.
Infusi rosæ comp. ʒijj.
Decocti cinchonæ ʒijj. Misce et cola.

Colaturæ adde,
Acidi sulphurici diluti ʒj.
Tincturæ opii ℥xxx.

Fiat mistura, ejus capiat quartam partem ter quotidie.

Opium, in menorrhagia from this cause, is a valuable remedy, as it is found to increase the force of circular muscles; whilst henbane, hemlock, and belladonna relax them. Hence it is that the former contracts whilst the latter dilate the iris; and hence, also, the great use of opium in restraining profuse and dangerous hæmorrhage after parturition, by causing contractions of the muscular walls of the uterus.

The bowels, if necessary, should be regulated by gentle aperients, such as the following.

R Pulveris rhei,
Balsami copaibæ, aa 3 ss.

Misce; et divide in pilulas xij, quarum capiat duas hora somni pro re natâ.

Turpentine and the secale cornutum have also been found efficacious in restraining menorrhagic discharge.

The best local remedy is the sulphate of alum hip-bath, which may be made in the proportions of twelve ounces of alum to two gallons of water. It may be used daily for about twenty minutes, first tepid, thence gradually reducing it to the normal temperature.

Should the discharge continue unabated, notwithstanding the use of the above remedies, a polypous growth or some morbid condition of the uterus is to be suspected; and the uterus must then be examined.

CASE. An unmarried lady, aged 33, became greatly debilitated and blanched by a profuse flow of the catamenia, which continued every month for about eight days. Various remedies were tried for a considerable time to moderate the discharge; but in vain. As her debility became alarming, the condition of the os uteri was examined; when a small polypus of the size of a nutmeg was found attached by its stem to the internal part of the cervix. This growth was at once removed by ligature, and the menorrhagia ceased.

When profuse red discharge takes place at that period of life when menstruation usually subsides, it is often attributed by unprofessional persons to what is vulgarly termed "a change of life", whilst in truth it is more frequently caused by some organic lesion of the uterus. There is seldom any difficulty in diagnosing such a disease as the cause of uterine discharge. In this case the hæmorrhage is sudden, profuse, clotty and irregular; and when it subsides it is followed by a watery, foul, and offensive discharge. There is almost constant and distressing pain around the pelvic region, extending through the external spermatic nerves half way down the anterior part of the thighs. Sitting upon a hard seat will occasion severe pain of the uterus through the perinæum, as also the passage of the contents of the rectum. Besides all this, the mere aspect of the patient, without a vaginal examination, will at once show the wear and tear of carcinomatous disease. Here nothing can be attempted beyond alleviation; and this will best be afforded by opiates, styptics, and rest in the horizontal posture.

Southampton, April 25th, 1853.

CASE OF SCIRRHOUS CONTRACTION OF THE RECTUM; ARTIFICIAL ANUS: DEATH.

By GEORGE MAY, Esq., Surgeon.

CASE. A widow lady, aged 63 years, of peculiarly active habits, enjoying good general health, performing the animal functions naturally without difficulty, and being totally unaware and unsuspecting of local disease, on March 10th, 1853, felt slight irritation of the lower bowel, with desire for relief, but without result. This induced her to take a dose of pills, to which she had been accustomed to resort occasionally. As these pills did not act, she consulted me March 13th, expressing a desire to have a more active aperient. I prescribed ʒiiss of compound senna mixture, to be repeated after six hours, if needful. As these medicines also did not act, and some sickness resulted, a more extended investigation of her symptoms was made. I examined the abdomen with reference to the existence of hernia, but did not discover any. She was now ordered pills with calomel and colocynth, which also occasioned sickness, and failed to act on the bowels. I made another examination of the abdomen, and detected a small tumour in the situation of a right femoral hernia, but without tenderness or pain; the umbilicus also felt slightly full. Not being confident of the existence of hernia, we determined on an immediate operative exploration of these parts. I divided the integuments on the inner side of the femoral

tumour, with a view to reduce the hernia, if present, without opening the sac. The femoral ring was exposed, without discovering hernia, and the tumour lay above it. I now exposed the external abdominal ring by an incision at right angles to the first, and found the tumour to be adipose, and attached by a narrow peduncle to the inguinal canal; but hernia did not exist. The umbilicus was now explored in a similar way, without discovering hernia. Another small swelling was discovered at the outer edge of the right rectus muscle; but we were satisfied, without incision, that it was also adipose. An examination of the lower bowel was made with the œsophageal tube, which passed twenty inches without obstruction, but was slightly grasped as it was withdrawn. She stated that its introduction did not cause pain. About half a pint of water was injected through the tube, and returned unstained by fæces. The sickness which, for the first three or four days, was frequent, and on one occasion of a dark coffee colour (but not at any time fecal), now subsided. The abdomen was generally full, and moderately tympanitic, without special prominence of either portion of the intestinal tube. She suffered occasional pain, with flatulent distension, chiefly in the centre, mid-way between the umbilicus and pubes; but there was no tenderness on pressure. Flatus passed *per anum* occasionally, but no fecal matter. She had a frequent desire for relief by stool, and felt throughout a strong conviction that she should eventually succeed in obtaining it. From the third day of my attendance until her death, the treatment consisted chiefly of calomel and opium, also a dose (gtts. xxv) of Battley's sedative solution occasionally, when she was distressed by painful flatulency. This always gave considerable relief. Various injections, as warm water, gruel, linseed oil, aloes, etc., were also employed. She experienced comfort from the use of warm water, which was exhibited whenever she desired. Her pulse was frequent, ranging from 120 to 140; her countenance was without marked anxiety. She took and retained small quantities of liquid nourishment.

On March 23rd, being the tenth day after my first visit, and probably the fourteenth day since the last fecal evacuation, it became evident that no medicinal means would prove successful; and the constitutional distress having become more urgent, an operation for artificial anus in some portion of the tube above the presumed seat of stricture was proposed. After a delay of thirty-six hours longer, it was performed. Chloroform was not used, being objected to by the patient.

An opening, three inches in length, was made through the integuments, on the right side of the abdomen, over the cæcum; and the latter was opened to about an inch in extent. The edges of the bowel were attached to the integuments by several stitches, and extravasation of blood and fecal matter into the abdominal cavity carefully prevented. The operation was performed without difficulty, and she expressed herself as somewhat relieved. A small quantity of liquid fæces continued to ooze through the wound for three or four hours.

She suffered considerable pain a few hours later, which was relieved by opiates. The exhaustion, which had existed to some extent before the operation, continued to increase; and she died about twenty-eight hours after the operation.

EXAMINATION OF THE BODY, seventeen hours after death. The small intestines were generally but moderately distended. The descending colon was distended with flatus and fæces. A firm stricture from scirrhus carcinomatous deposit existed in the rectum, about six inches from the anus, scarcely permitting the point of the finger to pass within it superiorly. Its extent was about three inches; it was annular, but was chiefly situated in the anterior wall; it was stratiform, and about one inch in thickness; it closely adhered to the fundus of the uterus. The mucous membrane was ulcerated, and about four inches of the tube above the stricture had overlapped the strictured portion, considerably augmenting the obstruction. The ascending and transverse portions of the colon were less distended.