

*Cases of Deranged Menstruation, with Remarks.* By HARVEY  
LINDSLY, M. D. of Washington, D. C.

**T**HERE is perhaps scarcely any disease to which the human frame is liable, that has attracted more attention, and the treatment of which at the same time is more unsatisfactory and unsettled than the one on which I now propose to make a few remarks.

From the earliest periods it has justly been considered one of the

“*opprobria medicinæ*,” and although it has since employed the talents, and occupied the attention of some of the ablest men our profession has produced, we are still far from having devised a sufficient and successful mode of treatment.

The two principal varieties of deranged menstruation, viz. amenorrhœa and dysmenorrhœa have always presented great and occasionally insurmountable obstacles to every plan of treatment however varied and well devised. And perhaps no stronger proof could be adduced of the inherent difficulty of managing these forms of disease, than the almost innumerable remedies and specifics, which have from time to time been recommended for their cure, and which after a more thorough trial have lain neglected and forgotten. Doubtless one cause of the discrepancy in the mode of treatment in these cases, as in many other instances in our profession, is the want of precision and accuracy in the description of diseases, and the still more unfortunate defect of observation and close attention on the part of too many practitioners of medicine.

No mistake is more dangerous and sometimes even fatal, and at the same time more common in our profession, than that made by the mere *routine* physician, of prescribing the same medicine, for what he considers the same disease in different patients, without scrutinizing and weighing those nicer shades and peculiarities of constitution and habits, which exert so great an influence in modifying disease; and which, with every judicious practitioner, exert an equal influence in regulating the treatment.

This principle is of peculiar importance to be kept in view in the management of deranged menstruation, for few diseases incident to the human frame, present a greater complication of mischief, or are more apt to be accompanied by general disorder of the system than the one of which we are speaking.

Every medical man must have noticed with pain and mortification, the frequent failure and great uncertainty of the ordinary means for relieving this source of pain and unhappiness to the female sex, when prescribed in the ordinary way. As the difficulty is often one of long standing, (for being attended at first with but little pain, it does not readily attract the attention or excite the fears of the patient,) before application is made for medical aid, is it not natural, that generally speaking, a long-continued and persevering administration of remedies should be required for its relief? And is not the failure so often witnessed of our remedial agents, rather to be attributed to the irregularity of their administration, and the shortness of the time during which they are given, than to any inherent want of efficacy in the

medicines themselves? If instead of continuing a course of medicine a few days, and then giving it up in despair, because it does not accomplish every thing we could wish, we should persevere in its use for weeks, and if necessary even for months, I am persuaded we should more frequently relieve our patients, and have less occasion to complain of the uncertain and variable effects of emmenagogue medicines. If this principle were steadily kept in view, perhaps we should find it of less importance than is generally imagined to make a selection among articles of this class, and probably many of them administered in this way, would be found to answer our purposes, which are now condemned as inert and useless.

So far as a decided opinion could be formed, from the few trials it has been in my power to make, I am inclined to prefer equal parts of aloes and myrrh, (generally premising venesection or calomel, should the state of the system require either or both,) a pill of which should be taken every night and morning, and continued if necessary two or three months. In cases of amenorrhœa I have invariably found this simple course sufficient to bring on the menstrual discharge, except in those hopeless instances, where the constitution is completely undermined, and where pulmonary phthisis or some other structural derangement is rapidly bearing the patient away.

The following cases are subjoined, not from any particular novelty in their symptoms or mode of treatment, but with a hope that they may possibly excite greater attention on the part of some of the profession to a train of maladies, which, in their immediate and remote consequences, are among the most distressing to which the female sex is exposed.

CASE I. The patient was a young lady, sixteen years of age, of rather a delicate constitution, and nervous temperament. When first called to see her, she had been labouring under amenorrhœa for five months. She was troubled with great difficulty of breathing; her general health was much impaired, spirits depressed, and indeed was so ill that her friends were almost despairing of her recovery. She had had medical aid, and had taken a good deal of medicine, but apparently without any benefit. As she had already been bled, and was much reduced by the depletion she had undergone, I commenced immediately with the aloes and myrrh:—R. Aloes, Myrrh, āā. gr. xxx. Ft. pil. No. xv. Of which one was to be taken every night and morning. At the same time I directed her to take as much exercise as her strength would permit in the open air, both on horseback and in a carriage. After pursuing this course for three weeks, she had a regular menstruating period—her general health was restored, and she

has remained free from this difficulty ever since, although this occurred in 1829.

CASE II. On the 10th of February I was called to see E. D. an unmarried woman, aged thirty. Constitution naturally robust and hardy. She had had a suppression of menses for six months. Upon examination, I found a large ulcer on each leg near the ankle-joint. Her general health was much affected by this combination of disease; appetite bad; tongue furred, and whole system greatly debilitated. I directed fifteen grains of calomel with castor oil, and a charcoal poultice to each ulcer.

14th. Ulcers better, but in other respects little alteration. Ordered pills of aloes and myrrh as in Case I. I also directed two blue pills to be taken every day, and some local application to the sores.

20th. Mouth slightly affected. Discontinued blue pills; aloes and myrrh still given. Ulcers improving.

April 1st.—The pills have now been taken with regularity for nearly two months; menstrual discharge has come on in natural quantity; ulcers well, and general health restored.

CASE III. This patient had been married several years, and was the mother of three children. Had been afflicted with amenorrhœa five months. General health greatly impaired. I directed a dose of calomel, and the pills of aloes and myrrh as in the preceding cases, and succeeded in two weeks in bringing on the menstrual discharge.

Various other cases with the same general features might be added, but as they vary is no essential particular from the foregoing, it is unnecessary to insert them.

The *permanent* cure of the more aggravated forms of dysmenorrhœa, especially when of long standing, is perhaps more difficult and of rarer occurrence than of amenorrhœa. We have yet much to learn, both as to the pathology and treatment of this distressing malady—a malady, which perhaps inflicts more pain and suffering on its unhappy victims, than any other “in the whole catalogue of human ills.”

Much has of late been said and written in favour of the vol. tinct. of guaiacum as a remedy in dysmenorrhœa, and indeed by some of our popular writers, its remedial powers are held in such high estimation as to be regarded almost a specific. In the following case a trial was made of it, and the result, with many other instances of the same kind, appears to us to show that too much dependence has been placed on its emmenagogue virtue. Whether the aloes and myrrh, or indeed any other mode of treatment would have been more successful, was not in my power to determine, as the patient left the city in a short time after finishing the course of the guaiacum.

CASE IV. Mrs. H. aged twenty-seven, of a delicate constitution though generally enjoying pretty good health, applied for advice, (November 21st, 1831,) under the following circumstances. She began to menstruate at fourteen—the discharge was in every way natural and free from pain until about six months before her marriage, (which took place at nineteen,) when she had a very painful menstruating period, and from that time has menstruated once in *three* weeks, and has always suffered much pain during the flow. She has never been pregnant. When I was first called to see her, she was labouring under a very severe and exceedingly painful attack of dysmenorrhœa, of which, however, she was soon relieved by venesection, cathartics, and anodynes. I next directed a strict regimen for a week, and then commenced a course of vol. tinc. guaiaci, prepared according to the following formula:—R. Pulv. g. guaiac. ℥iv.; Carb. sod. ℥iss.; Pulv. piment. ℥i.; Alcohol. dilut. ℥i. Dig. To this was added the volatile spirit of ammonia in the proportion of a drachm and a half to four ounces of the tincture. A tea-spoonful of this preparation was taken three times a day.

*December 22d.*—Has menstruated once since the course was commenced, but with little or no abatement of pain. Prescribed a large Burgundy pitch plaster to the loins, on the principle of counter-irritation.

*March 1st.*—This remedy has now been taken regularly for more than *three* months without any benefit, its discontinuance is therefore directed. As remarked above, the patient left the city in a few days, which prevented the trial of any other remedial course.