

ON MENORRHAGIA.

A Clinical Lecture.

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GENTLEMEN: It is a matter of course that I shall go over this subject as we have seen it illustrated in "Martha," or as I see it illustrated in my own practice; and I say this, because, if you look into the books, you will see descriptions of menorrhagia as divided into two kinds—active and passive. I know nothing of this distinction. You will find also a distinction drawn according as the discharge is of menses or of blood; but I know nothing of this distinction. I know of menses, and I regard slight losses of blood from the interior of the womb as the same thing as menses in physical characters. Then, again, you will read in books accounts of symptoms. I know of no symptoms except such as are produced by loss of blood; that is to say, I know no special, still less any essential, symptoms of menorrhagia, as distinguished from any other loss of blood.

In all your studies, with a view to practice, I urge upon you the importance of attending to the theory of nomenclature, because a great deal of misleading arises from neglect of this. It is well known to be a common proceeding with inferior practitioners to treat a disease according to its name; but the dangerous influences of nomenclature spread wider than the narrow limit of bad practitioners. The best names given to diseases are, upon the whole, those that have no meaning, that imply nothing but a name; these are the least misleading. A common mode of naming a disease is, as in the example before us, from its chief symptom. Menorrhagia is, for many, a name for all cases where there is too copious a loss of blood at monthly times. But you have here an illustration how much or how little may be conveyed by a name, for a disease which is, in many cases, essentially a menorrhagia, is called hæmatocele; and if you are to have a

correct view of this great disease you must keep in mind that in a great number of cases it is a menorrhagia, as you have already learned from cases you have seen in "Martha."

Menorrhagia and metrorrhagia are, in the immense majority of cases, not truly names of diseases, but names of symptoms; and, in such cases, it is very important to keep this in mind, because it is upon this knowledge that your treatment is founded.

A very important part of this lecture I devote to what menorrhagia is not. Many of the things that it is not I shall merely mention; others I shall speak of at greater length.

When you are called to a case, all the diseases I shall name should be made to run through your mind; for, as I have already told you, if you do not think of the diseases, any of which a case may be, you are very unlikely to diagnose the case properly; so seldom is a direct mode of diagnosis available.

If a woman has menorrhagia or metrorrhagia, she may have a threatened abortion, or a threatened miscarriage, or a polypus. She may have a uterine fibroid, a uterine cancer, or merely a catarrh of the neck of the womb, or an abraded condition of the neck of the womb which may be confined to that part or spread beyond it. But there are more recondite conditions which you must also keep in mind when you are diagnosing a case in which there is menorrhagia or metrorrhagia.

One of these is endometritis, of which loss of blood is a symptom, sometimes called pseudo-menstruation. A case, probably of this kind, where the discharge lasted fourteen years, a few days ago ran away from "Martha," being forced to do so to look after her husband. That case was probably one of fungous or hemorrhagic endometritis; but the diagnosis was not completed. In many cases, as you have often seen illustrated, perimetritis and parametritis induce pseudo-menstruation, probably by producing congestion, if not inflammation, of the mucous membrane of the cavity of the body of the uterus. This spreading of irritation to neighbouring organs is not confined to the uterus, for you frequently observe it in the case of the bladder. The bladder may be distorted into any shape, squeezed up into any corner, without any vesical symptoms being produced; but in cases of parametritis and perimetritis it is a very common occurrence to have irritable bladder; the irritation being communicated to the slightly displaced and confined organ from the neighbouring inflammation. Ovaritis, of which you have seen many cases in "Martha," is very often accompanied by prolonged menstruation; and in most cases tenderness of the cavity of the body of the uterus indicates that there is a degree of endometritis accompanying the ovaritis. Vaginitis of certain kinds, as I pointed out in a recent lecture, is not a rare cause of loss of blood; and other morbid conditions of the vagina produce what passes as menorrhagia. A rare case of this kind is well worth mentioning. I was called in, not long ago, to a young lady about twenty-five years of age, who was with very great difficulty induced to seek advice for what she herself and her physician regarded as a very insignificant menorrhagia. She was never well. Ordinary remedies having completely failed, she very properly submitted to a vaginal examination, and on the middle of the posterior wall of the vagina there was detected a small growth, soft and about the size of a split tea. It was not tender, but it had a suspicious feeling which I find it impossible to describe. As soon as it was ascertained that it was growing I destroyed it by a strong caustic. At that time there was no disease discoverable but this little tumour; but within three months the patient was dead from a cancer of the whole of the lower part of the pelvis, which began in the way I have mentioned.

A very important source of deception I must now mention and impress upon

you, because it is not generally known. Bleeding often takes place from surfaces which are merely tender—which can scarcely be called diseased. These are found around the orifice of the urethra and that of the vagina. In one sense, cases of this kind—and they occur both in young and old—are very trivial; but, if you consider the anxiety of mind and annoyance caused by such loss of blood, you will see that it is important; and, for the success of a practitioner, such cases may be critical. I can best illustrate this by cases. A young sterile married lady consulted me for what she called menorrhagia, which never came on while she was at rest, but only when she walked. She had confined herself to the sofa to restrain it. When she consulted me I could find nothing the matter with her. At my wife's end, I insisted upon her walking and coming to me while the bleeding was going on. It was then, for the first time, that I made quite sure that she did bleed, and I found the bleeding slight in amount, and coming from around the orifice of the urethra. Now, this kind of loss of blood is still more alarming in an old woman, for reasons you well know, and I have in several such cases been able to set a patient's mind at rest by seeing the blood running from tender spots around the urethral or vaginal orifices. This is not new to you, for I have pointed out to you examples in "Martha," in which, when those parts were visually examined, there was a little bleeding from the mucous membrane of the orifice of the vagina. In some this results from walking, in others from no discoverable cause. In all it has been cured by mild astringent lotions to harden the parts. Another source will occur to you in newly married women. The husband will come to you, saying that his wife is menstruating profusely, and you find that this arises from lacerative injury due to sexual connection. Varicose veins in the vulva are not very rare in women who have had large families, and sometimes they occur even in sterile women. They may burst or be opened by injury, and the bleeding from them is sometimes fatal.

Now, all these conditions that I have gone over are very naturally confused with menorrhagia and metrorrhagia until a careful diagnosis is made; and sometimes this careful diagnosis is never made, and the case is mismanaged, or, if well managed, it is a matter of mere good luck, not of intelligent skill.

Before going further I must tell you the distinction of menorrhagia from metrorrhagia; or, rather, I must tell you the want of distinction, for that is as important as the positive side of the matter. A case is one of menorrhagia, and this includes an important class of diseases, when there is nothing to account for the excessive loss of blood, and when there is every reason to presume that the bleeding is menstrual—that is, from the interior of the body of the uterus, at the usual monthly times, and with the usual menstrual symptoms. If you have all these conditions combined, the case is then justly named menorrhagia. When you have absence of indications that the bleeding accompanies ovulation, then you call it metrorrhagia; but the distinction is not really of great importance. In no case is the distinction scientifically sure, but in many it is, for practical purposes, sure enough, and when it is made out it helps you to be an intelligent practitioner in any particular case.

Suppose, then, that you have a case of this kind before you—one that is not to be passed over by writing a prescription and talking to the patient, as very many are—you must then inquire into the following particulars carefully and minutely. First, as to the quantity lost. With regard to this every individual is, to a great extent, a rule for herself. What in one woman would be menorrhagia would in another be classed as amenorrhœa; so great are the variations within the limits of health in different women. Indeed, it would be difficult to say that there is any certain limit as to greatness of quantity except that of influencing the general health. I have seen many cases described as alarming menorrhagia in which it was only necessary to inspect what came away in order

to make them appear ridiculous. You must not treat a case for long without seeing the discharge for yourself to judge its amount. A common way of measuring the quantity is by the number of cloths a woman requires during twenty-four hours. Second, the presence of clots and the size of the clots must be inquired into. Third, the time during which the flow goes on is important, for you can easily see that length of time may make a common menstruation of the utmost importance. Within moderate limits, in respect of time every individual is a law to herself. Fourth, you inquire into the quality of the discharge, not only as to the presence of clots, but as to whether it is decayed blood or not, bright red, or chocolate-coloured, or like coffee-grounds. With regard to this brown blood, you must remember that a very small clot will, by gradually dissolving, stain for a long time the mucous discharges from a patient, and may deceive her into thinking that she is continually losing blood, whereas the whole matter, intelligently regarded, may be quite insignificant. Then, fifth, you must inquire into the interval or time of recurrence. And, such is the extreme anxiety—the injudicious over-care of themselves, manifested by many women, and by many mothers—that you will often be consulted about cases called, or held to be, menorrhagia, where the recurrence is only a few hours or a day or two before the time regarded as proper; and I must ask you not to yield yourselves as abettors of any such nonsense, while at the same time you do not fail to be kind and considerate of the feelings of your patients. Such a variation is not a morbid condition, and is not to be treated by drugs. But if the recurrence is greatly in advance of the usual and proper time, then you may have to consider the whole circumstances of the case with a view to its proper management or treatment. Lastly, a most important particular is whether the loss is injuriously affecting the woman's health; it may do this without producing evident anæmia; if it does also produce anæmia, there is no need of further proof that it is producing constitutional mischief.

When you are considering the pathology of a simple menorrhagia or metrorrhagia, what points are you to study? You think of congestion of the uterus or of increase of the blood-pressure; and you may be sure that whatever part is weakest under the influence of blood-pressure will be the first to yield. In most people, especially in youth, the Schneiderian membrane is the weakest part, and yields. In old people this yielding of the Schneiderian membrane, and consequent epistaxis, is often an extremely fortunate occurrence, saving them from the disastrous effects which are sure to follow the occasionally alternative yielding of some atheromatous vessel in the brain. Many cases of menorrhagia and metrorrhagia at all periods of life are no doubt analogous. Congestion of the uterus occurs periodically, as you know, in the menstrual periods of women; it occurs occasionally in the old, and also in the very young. The spurious menstruation of infants almost certainly depends upon a uterine congestion, very like that which occurs in adult women—a curious pathological condition which has its analogue in the congestion, secretion of milk, and sometimes even abscess in the mammæ, of infants.

Then you think of relaxation of the uterus. On examining women who are menstruating, the uterus is found to be bulky, soft, and its os somewhat more open than usual; and this condition may proceed to an exaggerated degree in menorrhagia and metrorrhagia; indeed, in some cases there is, even in the virginal uterus, a dilatation of the whole uterus much beyond its natural dimensions, and the formation of a soft clot in its inside. This dilatation occurs more frequently in women who have had children than in those who have not; but its occurrence, even in virgins, has been verified post mortem, and in such cases the presence of the clot in the uterus, if it is at all long retained, becomes a source of irritation, and leads to persistence of the bleeding.

Next, you must think of the state of the blood; and this important subject I must dismiss in a few words. When a woman is chlorotic she fortunately has generally amenorrhœa; but if not, she will be very liable to have menorrhagia. And you have here an illustration of a vicious pathological circle. The menorrhagia increases the chlorosis, and, *vice versâ*, the chlorosis aggravates the menorrhagia.

Lastly, the condition of the bleeding surface must not be neglected; and it is almost certainly very different in the young from what it is in the old. In the former you have probably a very much healthier tissue-condition than in the latter. In both, no doubt, you have the bleeding surface in a state of partial denudation; and in the old you probably have other senile conditions added to the state of superficial denudation which occurs in all menstruating women. In fatal cases the mucous membrane of the cavity of the body of the uterus has been found sometimes partially separated, and it has also been found to contain small disseminated ecchymoses.

Now for an enumeration of the varieties of true menorrhagia.

In the very young you are liable to have it with the first appearance of the menses. I have seen a young woman, who ever afterwards menstruated naturally, at the point of death from excessive hemorrhage at her first menstruation. In some fatal cases there has been noticed a condition of scorbutus or of hæmophilia.

In the newly married you find a common menorrhagia arising from the recent marriage. The woman supposes herself to be pregnant, passes her usual time a period of weeks or even months, and then has a profuse menorrhagia, which she takes for a miscarriage; and you must be on your guard against the peculiar pride of sterile women, who boast of this as a miscarriage, in order, apparently, to save themselves from what they consider the discredit of absolute sterility. Unless ovuline structures have been seen in the discharges, the evidence of miscarriage is deficient.

In mature, healthy women, menorrhagia is very rare, except as the result of some constitutional affection—the commonest causes being excessive childbearing and suckling, both of which probably act by producing a watery condition of the blood, which flows freely from an ill-contracted uterus. It is at this time of life chiefly that you see illustrations of general constitutional affections producing menorrhagia. Obstructive diseases of the heart, of the lungs, of the liver, as they are liable to lead to other hemorrhages, may naturally be expected to lead to menorrhagia or metrorrhagia. I am bound to say, however, that in practice I have not been able thoroughly to satisfy myself of this influence, except in the case of the liver.

A pregnant woman may have a menorrhagia. This I merely mention. It occurs mostly, if not exclusively, in the first months, and may recur for two or three months. Then, in women recently delivered, but who have passed the six weeks of the puerperal state, menorrhagia occurs not rarely, and sometimes very severely.

In elderly women it is common about the period of the change of life, and it may occur even after the change of life. I have seen some cases in which I could not doubt that sexual excitement was the cause of the loss of blood in women long past fifty-four, which you are told is the limit of childbearing. I dissected not long ago an old lady who had occasional metrorrhagia, and who believed herself to be still sexually young. The body of the uterus was large, like that of a young woman, while the cervix was atrophied; and the ovaries contained structures which were, so far as the naked eye could judge, like large menstrual corpora lutea.

The treatment of this affection is easily described and remembered, because

it can all be put under satisfactory theoretical rules. It is not treatment by specifics or remedies which have an unaccountable influence.

Constitutional remedies I shall not mention; everybody understands them. According to the constitutional disease, according to the state of the blood, so do you prescribe your remedies; so, also, whether the disease be in the heart, lungs, or liver.

In all cases where the loss is great you enjoin rest, but only in such. You can easily understand that exercise, stimulating the circulation, will tend to increase the flow. The rest you prescribe must be horizontal; and the patient must not, in extreme cases, get up even for purposes of urination and defecation, for the blood-pressure is greatly and injuriously increased by stooping and pressing down in performing these functions.

Then we come to medicines. Of all with which I am familiar—and I have tried a great number—ergot stands first. In obstetrics you are generally told that ergot produces its effect in about fifteen minutes: that is doubtful even in parturition; but in the unimpregnated woman you must not expect it to act thoroughly till days of its use have elapsed, and in some cases I have observed its use has had no result until it has been continued for weeks without intermission. After ergot, in popular estimation, come gallic and tannic acids. I am not quite sure that they have any effect at all. They may have an effect, and be as rationally used as other medicines. I have used them extensively, and the impression they have left on my mind I have just told you. The medicine which seems to me next best after ergot of rye is sulphuric acid, often combined with some saline; and no injury is done if the saline produce slight relaxation of the bowels. You have not long to wait for sulphuric acid to produce its effect. You may have to give it in large doses, and frequently; for instance, you may give one drachm, or even twice as much, in a day, dividing it into frequent doses. The beneficial influence of digitalis and cannabis indica is almost certain, yet in point of reliability these remedies come considerably after ergot and sulphuric acid.

One of the most powerful influences, and one with which I have been long familiar, is the use of heat. Heat is supposed by most people, professional and non-professional, to favour bleeding; but its influence in causing the contraction of involuntary muscles has long been known, and its use in cases of menorrhagia and metrorrhagia, whether simple or not, is very valuable. It is to be applied internally in the form of irrigation, by the passing through the vagina of a large quantity—pints—of water at 100° to 110° Fahr. This is not to be done long at a time, being continued five to ten minutes, and repeated several times a day. It is almost universal to swear by cold as a hæmostatic in our diseases, and I need not say that I have seen it used, and used it myself many times. In the form of ice, applied to the external parts, it is, I think, quite as often injurious as not. It is best used by irrigating the vagina just as is done with hot water, or by placing small bits of ice in the vagina. Even used in this latter way, my impression is that its value is inferior to that of heat.

If all these means fail, you may have to resort to a plug. In the virgin this is very difficult to insert. The operation indeed may be quite impracticable. But if the woman be married, and still more if she has had a child, it is easily made available, and you will often be astonished at the good result of even what seems to be a very imperfect plug. You will sometimes find a small sponge capable of controlling quite a formidable menorrhagia.

I have told you that there are cases of simple menorrhagia even in young virgins that prove fatal; and you are not to suppose that we have nothing to do for them beyond what I have already mentioned. The last remedy is to paint the bleeding surface with "styptic." If the womb is dilated the bleeding sur-

face may be easily reached. If the os uteri be not dilated, you can pass such an instrument as this hollow probe and inject the styptic through it, which will have the same effect as painting. The instrument you see is fitted to a small syringe.

Many of you will remember a fatal case of this injection with perchloride of iron, and therefore I hesitate to recommend that drug, although I think it is the most powerful styptic we have. I would advise you to use tincture of iodine; or, if you do use perchloride of iron, it should not be by injection. The bleeding surface may be swabbed with it, so that it may not pass into the veins, which was the disastrous accident in the case referred to. You may also try other drugs, such as a solution of alum.—*Med. Times and Gazette*, Aug. 7, 1880.