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MENORRHAGIA AND METRORRHAGIA AS SYMPTOMS.*

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By menorrhagia we mean excessive menstrual flow, and metrorrhagia implies uterine hemorrhage, irrespective of the menstrual epoch. The quantity of blood lost during a normal menstruation is variously estimated by different authorities to range from three to ten ounces, and the duration from three to seven days. What would be considered normal in some would be considered abnormal in others. Probably a fair estimate might be placed at from three to five days for the duration, and from four to six ounces for the quantity. In young unmarried women profuse menstruation is not uncommon and may often be regarded as functional. Excessive eating and drinking, sedentary habits, nervous excitement, lack of out-door exercise, etc., may be the causes. Disturbances of the blood-making organs, as anemia; disturbance of nutrition, as in scorbutus, hemophilia, etc. Conditions that favor passive congestion throughout the body, as in heart and renal disease, cirrhosis of the liver, etc.

Among the local causes may be mentioned conditions that favor congestion of the uterus: as,

First, inflammatory condition of the uterus or appendages—metritis, endometritis, salpingitis, oophoritis, peritonitis.

Second, obstruction to the venous flow, as in displacements of the uterus, retroversions, and flexions, especially if bound down by adhesions; prolapsus; subinvolution following labor at term, abortions, lacerations, etc.

Third, diseases of the endometrium, granular or fungous endometritis, exfoliative endometritis, polypi, adenoma, retained products of conception, hyperemia of the endometrium incident to the presence of growths, or inflammation either of the uterus or appendages.

Fourth, fibromyomata, especially the submucous and the interstitial forms. They largely increase the blood-supply and mechanically obstruct the venous return, and keep up a hyperemic and irritable condition of the endometrium. The nearer the tumor to

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the mucous membrane the earlier and more profuse the hemorrhage. Beginning as a profuse menstruation may become continuous.

Fifth, malignant disease, when carcinoma of the body of the uterus; hemorrhage for a long time may be the only symptom.

Sixth, placenta-previa should be thought of when the patient is pregnant.

Seventh, abortion, threatened abortion, and attempted abortion must be borne in mind as possible causes of uterine hemorrhage. Married women as well as single ones may attempt abortion upon themselves, and in their effort to conceal it may deny the existence of pregnancy.

Eighth, extra-uterine pregnancy, especially after rupture of the tube down between the folds of the broad ligament; hemorrhage may be continuous, making its exit through the uterus. The patients are usually supposed to be suffering from a miscarriage.

In inflammatory diseases of the uterus and appendages, causing menorrhagia, pain is apt to be a prominent symptom, and is generally sharp or acute, or dull and subacute, according to whether the inflammation is acute or chronic.

In displacements of the uterus there is usually a dull ache, or bearing-down feeling, or a dull pain in the lower part of the back or sacrum.

Diseases of the endometrium giving rise to menorrhagia and metrorrhagia are adenoma, granular or fungous endometritis, polypi, exfoliative endometritis, etc. In this class of cases hemorrhage may appear during the menstrual intervals, after exercise, coitus, etc., may be only a spotting or very profuse. The same applies also to cancer.

Carcinoma beginning in the body of the uterus may, for a long time have no other symptom but hemorrhage. The same applies also but to a less extent to sarcoma and epithelioma. Even in the latter hemorrhage is the first and most important symptom. This is important if we hope to recognize this disease in its incipiency when surgical means offer relief. The frequency with which cancer of the uterus finds its way to the hands of the specialist when it is too late for operation is deplorable indeed.

Metrorrhagia may be due to polypi, granular endometritis, fibroids, or cancer, and always demands investigation. A normal menopause is usually one in which the quantity grows less and less in amount, and the frequency less and less often, and finally disappears. Excessive flowing, irregular hemorrhages, "spotting," or

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slight show during menstrual intervals should excite suspicion, and investigation be made. Between the ages of 40 and 60, when cancer is most likely, menorrhagia and metrorrhagia are less frequently met with unless due to some pathological condition, and, therefore, demand investigation. So long as physicians wait for dirty, straw-colored discharges, fetid odor, putrefying masses of tissue before suspecting cancer, just so long will it remain undiscovered until it has become inoperable Better a hundred useless examinations be made than that one case of cancer be overlooked. Probably one-half the cases sent to the specialist for operation are beyond operative interference.

The importance of recognizing the presence of pregnancy in attempted abortion or threatened abortion is apparent. Those who attempt abortion upon themselves are apt to conceal the fact, and to deny the presence of pregnancy. If pregnancy is unsuspected, hemostatics as ergot or tamponing the vagina would be disastrous to the fetus. The following case may be of interest: I was recently called to Mrs. M., aged 25, married, mother of two children. Said that her "courses" had come on and that she was flowing freely and wanted something to stop it. Denied the presence of pregnancy at first, but after examination she was told that she was three-months' pregnant She then admitted that after trying different drugs without the desired effect, she had inserted a pointed piece of wood into the uterus and left it forty-eight hours. When hemorrhage became alarming she sent for me. The os was widely dilated and the patient septic. After a consultation it was deemed best to clear out the uterus, which was done. The sepsis disappeared in a few days and the patient recovered. Any other treatment would probably have sacrificed both lives.

During the past three years I have met with four cases of extra-uterine pregnancy. In every case the patient applied for the relief of constant hemorrhage from the uterus, examination showed the presence of a mass either in one broad ligament or in Douglas' pouch. Operation in each case confirmed the diagnosis. About two years ago I was asked by a prominent physician to see an "obscure case." The history showed that the patient had been flowing continuously four weeks, though she had been regular before. She had a mass in left broad ligament the size of a mandarin orange. I stated that without examination I would venture a diagnosis of extra-uterine pregnancy. Operation revealed what was called a hematoma, but upon examination of the tube, I pointed out that it had ruptured and was evidently

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the source of the hemorrhage; that the embryo was probably contained in the blood-clot, and asked to have the tube examined under the microscope. The clot was washed away, and I don't know whether the tube was examined under the microscope or not. While in this case hematoma was barely possible, such cases at the present time are looked upon as ruptured tubal pregnancy, and microscopical examination will generally confirm the diagnosis. In this short paper I have endeavored to point out the more important causes of menorrhagia and metrorrhagia. As to diagnosis, different symptoms suggest different pathological conditions, but one may often be misled by symptoms and the diagnosis should never be considered complete until confirmed by a careful and painstaking physical examination. In the case of virgins physical examination is rarely called for; when necessary it may be conducted under ether anesthesia. In many cases of menorrhagia and metrorrhagia the cause is apparent. In doubtful and obscure cases one especially skilled in pelvic examination should be called. The diagnosis is made by the sense of touch. The speculum is useless. One who cannot make a diagnosis without the speculum cannot make one with it. Even in diseases of the cervix, as lacerations, carcinoma, polypi, etc., the information to be gained is more from the sense of touch than from the sense of sight.

Treatment.

As menorrhagia and metrorrhagia are but symptoms of some pathological condition, hence it is illogical to institute treatment until the underlying cause is determined. In the case of menorrhagia in virgins, tonic and hygienic measures suffice as a rule. If metrorrhagia is present it calls for investigation.

First, inflammatory diseases of the uterus and appendages are in most cases septic or suppurative, and, therefore, as a rule, the treatment is surgical.

Second, displacements of the uterus must be corrected before the hemorrhage can be controlled, which means either a pessary skilfully applied or a surgical operation.

Third, in the various diseases of the endometrium, as fungous degeneration, polypi, adenoma, retained products of conception, etc, a curettage is indicated. The dangers of this procedure from sepsis, perforating the uterus, etc., are such that it can be done thoroughly and safely only by those properly trained in surgical work.

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Fourth, fibrous tumors, when symptoms are annoying, may usually be enucleated without sacrificing the uterus. This applies especially to those of small and medium size, curetting as a palliative measure.

Fifth, malignant disease is preeminently a surgical disease, hysterectomy, provided the disease is limited to the uterus or can be completely removed is the only rational treatment, any other would be little short of malpractice.

Sixth, as a rule cases of abortion require curettage to secure the patient against hemorrhage and sepsis. In threatened abortion, naturally we would endeavor to preserve the life of the fetus, unless the patient was septic, when, after a consultation operation may be deemed necessary—a curetting.

Seventh, extra-uterine pregnancy calls for surgical operation as soon as discovered. It does not necessarily mean the sacrifice of the uterus. It may often be removed through the vagina. Vaginal incision and drainage often suffice.

In case of alarming hemorrhage from the uterus from whatever cause, packing the uterus with sterilized gauze will control it perfectly, but must be done after all the precautions against sepsis used in any surgical operation. The gauze may be removed in twenty-four hours.

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