SECTION II.

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Of Scanty Menstruation.—If asked what constitutes normal menstruation, I should reply, a painless uncoagulated flow, returning at intervals of about four weeks, lasting three, four, five, or six days, and requiring the use of not more than three, or, at the farthest, four napkins in the twenty-four hours. It may vary from a healthy standard in both quantity and quality. It may be scanty or profuse, and painful or not, without regard to quantity. If the flow falls short of three days' duration, it may be called scanty. If it continues longer than six or seven days, it may be profuse, but not always so. It may be very abundant, and last but two or three days; and, again, it may continue twelve or fifteen days, and be very scanty, requiring not more than one napkin in the twenty-four hours. The explanation of either of these conditions will generally be found in some organic deviation from a normal state.

Conception may take place, whether the menstruation be scanty or profuse. But either extreme is not very favourable to it, not that the amount of blood lost is *per se* an important matter, except as the index of an organic condition, favourable or otherwise to the fulfilment of this great law of nature.

According to modern views, the menstrual fluid is not a secretion, but an exudation of blood from the lining membrane of the cavity of the uterus, which acquires

its peculiar qualities by admixture with the secretions of the cervix and vagina as it passes outwards.

We often see menstruation so scanty, that it lasts but a day, or a day and a half, one napkin having perhaps sufficed for the whole time. Under such circumstances, it has been supposed that there is defective ovulation; but this, of course, is mere hypothesis, for it may or may not be so. It must be admitted, however, that menstruation is a sign of ovulation, the one taking place when the other begins, and ceasing when it stops. With ovulation, we see the uterus suddenly developed in size, the fit receptacle of a new being. With change of life we see it gradually returning to the diminutive proportions that it had before puberty.

In habitually scanty menstruation, if the patient has never borne children, we shall generally find the uterus smaller than usual, with rather a long, pointed, indurated cervix, and if so the os and cervical canal will necessarily be small. On the contrary, if the patient has borne children, the uterus may be larger than natural; but the history of the case will probably show that there has been some puerperal trouble of an inflammatory character, resulting in imperfect involution of the organ. In either case I have not derived the benefit that I had expected from surgical means, such as a cupping pump to the cervix, suction and laceration of the lining membrane of the uterine cavity, and the intra-uterine galvanic pessary of Professor Simpson, which seems to have produced very good results in his experienced hands, and also in those of his pupil, Professor Priestly, of King's College Hospital.

For the general management of this class of cases, I must refer the student to our systematic works (Churchill, West, Hewitt, &c., &c.), and at the same time he

should not neglect Faradization, as taught and practised by Althaus,* of London, and Duchenne† (de Boulogne), of Paris. Nor should he fail to study the brief monograph of Dr. Chapman,‡ on cold and heat in the treatment of the functional diseases of women.

It is now pretty well understood that electricity judiciously administered is especially valuable as an emmenagogue in young women, where the menstrual function has not yet been fully established, in consequence of a torpid state of the vaso-motor nerves of the ovaries and uterus; and it has also proved successful when the catamenia have been lost after labour, or in consequence of cold shock or mental anxiety.

Of Profuse Menstruation.—The profuseness of menstruation is to be judged of not so much by its duration as by the quantity of blood and the effects of its loss. Sometimes it will be very abundant from its inception to its termination. Again, it may be violent for thirty-six or forty-eight hours, and then moderate to a normal standard. A very good way to judge of the quantity lost is by the number of napkins needed to protect the person and linen. A change of three or four napkins in the twenty four hours is about a proper number for normal menstruation. If seven or eight be needed, the flow may be called profuse, and if

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* "A Treatise on Medical Electricity, Theoretical and Practical." By J. Althaus, M.D. London. 1859. Pp. 298.

† "De l'Électrisation Localisée et de son Application à la Pathologie et la Thérapeutique." Par M. le Docteur Duchenne (de Boulogne). Paris. Second Edition. 1861. Pp. 89.

‡ "Functional Diseases of Women," &c. By John Chapman, M.D. London: Trübner & Co. 1863.

a dozen or more, then it may be called a menorrhagia.

In the treatment of menorrhagia, we are by no means to neglect general constitutional remedies. Some bleed, but I never saw a case in which I thought this practice justifiable. All prescribe revulsives, tonics, chalybeates, mineral acids, ergot, &c., which treatment is well enough as far as it goes, but does not always strike at the root of the evil; and often valuable time is thus thrown away. I know very well that we may have menorrhagia from mere debility, from super-lactation, and from some temporary engorgement of the portal circulation; but such cases are not very common, and not usually obstinate. If there is anything abnormal in the quantity of blood lost at the menstrual epoch, there is always a cause for it, and we shall generally be able to find it out by directing our attention to the seat and source of the trouble. If the nose bleeds, we try to stop it by the most direct methods in our power. If the hemorrhoidal vessels bleed persistently, we attack them with the *écraseur*, ligatures, nitric acid, persulphate or perchloride of iron. Why, then, should we permit the womb to lose an unnatural quantity of blood without at once interrogating it on the subject? I would not ignore such general means as we all admit to be available, but I would never put off a uterine exploration in any confirmed case of abnormal flow; for where there is an inveterate menorrhagia, there will always be some organic cause for it. It may be due simply to granular erosion; to engorgement of the cervix; to fungoid granulations in the cervical canal, or in the uterine cavity; to polypi of the os, the cervix, or the cavity; to a fibroid tumour, intra-uterine or intra-mural; to inversion of the uterus, to hæmatocele; or it may be

a sign of some malignant degeneration, all giving rise to hemorrhage, and each requiring its own peculiar and appropriate management.

I propose to illustrate, from clinical experience, the surgical treatment of menorrhagia as it may originate from one or the other of these sources. And first,—

Of Menorrhagia from Granular Erosion.—One example of this will suffice. Mrs. ——, aged twenty-eight, of leuco-phlegmatic temperament, confined four years and a half ago, never well since, was greatly exhausted by lactation, and weaned her child at six months, had very profuse menstruation, lasting eight days, some leucorrhœa, pelvic pains, dysuria, &c.—could not walk at all—had to be carried up and down-stairs—was quite anæmic and exhausted, irritable, peevish, hysterical, crying easily and at trifles—had had the usual constitutional and tonic treatment from several physicians without improvement—the uterus in proper position was larger than natural—the edges of the os were covered with luxuriant granular erosions, which could be seen extending up the canal of the cervix. To these granulations I applied chromic acid, which is with me a favourite escharotic. It is more powerful than the nitrate of silver, and ordinarily perfectly painless. It is used thus:—Take a drachm of the salt, which is very deliquescent, and add slowly a drachm of distilled water; the salt is instantly dissolved and ready for use. Dip a small, pointed, solid glass rod in the solution, let it not take up more than a drop or two, and then apply it to the granulations and to them only. It produces no pain, and may be carried into the canal of the cervix or even further. In this case it was applied as far as the os internum two or three times, at intervals of twelve or

fifteen days. A nutritious diet, but no medicine was ordered. In three months the granulations and the menorrhagia were well, and in three months more conception occurred, and resulted in the birth of a son, after five years of suffering.

Menorrhagia from Fibrous Engorgement of the Cervix.—Mrs. ——, aged thirty-one, married at twenty—two children, youngest eight years old—never well since last labour—menstruation formerly normal, but for the last seven years and a half it recurs too early, and lasts often ten days very profusely. Five or six months ago she had it for three months continuously. She is quite exsanguious and exhausted; has had some leucorrhœa for the last four or five years. I was consulted as much for the removal of her sterility as for the relief of the menorrhagia. She had taken chalybeates, mineral waters, &c., and had been treated locally with the nitrate of silver for a very long time without material benefit. The neck of the womb was the seat of fibrous engorgement, with superficial granular erosion. It was considerably hypertrophied and indurated. The organ was in its normal position. The thickened indurated lips of the os uteri were in consequence of their hypertrophy in close apposition, the one against the other, thus mechanically closing the os, although it was large enough to admit a No. 8 bougie. To the granulations on the engorged fibrous cervix I applied the chromic acid as already described, which healed the granular surface in two months, but did not in the least modify the hæmorrhagic tendency. A sponge tent showed that there was nothing abnormal in the cavity of the uterus, and I then determined to incise the os uteri. There were two reasons for this:

1st: The bilateral incision of the os uteri would divide the indurated structure of the cervix through its whole extent up to the os internum, which would probably ameliorate the engorgement, and diminish the hæmorrhage. And 2nd: It would separate the compressed lips of the os uteri sufficiently to permit the spermatozoa to pass to the cavity of the uterus, thereby rendering conception possible; and upon this taking place I hoped for a complete revolution in the nutritive functions of the whole organ, and an ultimate perfect cure.

Accordingly, the operation of incision of the os and cervix bilaterally, was performed on the 1st of October, 1860. The parts healed before the next menstrual flow, which I was delighted to find greatly reduced in quantity; indeed, it was almost natural. In three months

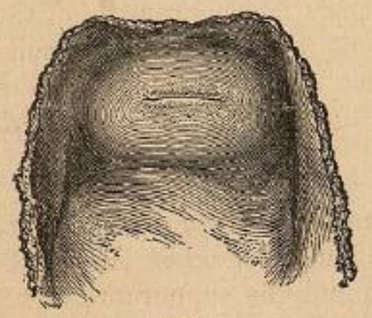

Fig. 11.

she returned home with a normal menstruation. The mouth of the womb presented a totally different appearance from what it did when she first came under my observation. For instance, when I first saw her it was a simple little transverse slit (fig. 11), with the opposite surfaces closely applied to each other; but when she

left it presented an entirely different appearance: the two opposite lips of the os uteri slightly gaping open (fig. 12), thus rendering it possible for the semen to get to the

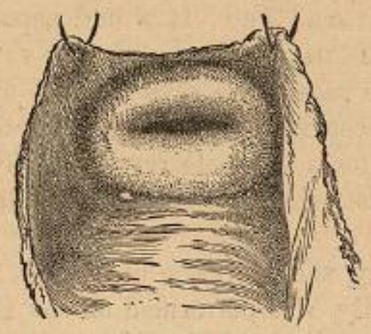

Fig. 12.

fundus uteri. Nine months after this lady left my care she conceived, and I have since heard that she was safely delivered of a fine vigorous child, after an acquired sterility of about nine years. The result is most gratifying, inasmuch as a purely rational surgical treatment effected the cure of both menorrhagia and sterility.

Of Menorrhagia from Fungoid Granulations.—When an old burn and other chronic ulcers refuse to heal, we often find the suppurating surface to be elevated above the level of the sound skin, and we call it "proud flesh," "exuberant granulation," "fungus," or "fungoid granulation." It is usually indolent or insensible to the touch, except, perhaps, just at the cicatrizing edge of the cuticle, and it often bleeds easily on being touched. It is a condition of things very much like this that we here designate "fungoid granulations," as sometimes the source of menorrhagia. These may be in the canal

of the cervix, or in the cavity of the uterus, or in both at the same time; but it is more common to find them in one or the other alone, and perhaps more frequently in the former. Wherever located, they are often the source of an increased flow, which may be remedied by local treatment. To diagnose their presence, let us suppose a case of menorrhagia for investigation. If the touch proves that there is no polypus or other source of it to be found in the vagina, then we must look to the cavity of the uterus for it. If it be from a granular engorged cervix, the speculum at once reveals the cause. But if the os and cervix be in a healthy condition, then it comes from some portion of the utero-cervical canal. Formerly we were left in doubt about the pathology of menorrhagia, but we now explore the cavity of the unimpregnated uterus with the greatest facility, and, no longer groping in the dark, we are able to treat most cases of it understandingly, if not always successfully. Compressed sponge is a very old surgical appliance, but in uterine therapeutics it is of comparatively recent date, and I believe we owe its generalization here to Dr. Simpson; but my own countrymen, Dr. J. P. Batchelder and Dr. W. C. Roberts, of New York, have both written very ably on this subject. Sponge tents are now to be had at most druggists; those that we see in the shops are large clumsy things, thickly coated with wax, tallow, or suet. They are difficult to introduce, and often slip half out of the cervix into the vagina, there exciting an unnecessary amount of irritation. To be sure they are well made, I have them manufactured under my own supervision. They are so indispensable nowadays that I may be pardoned for a little minutiæ on the subject. City physicians can order them from the druggist, but the country practitioner