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AN
INAUGURAL DISSERTATION

ON

Menorrhagia

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BY

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Menorrhagia

Menorrhagia, is an excessive flow of the menses, and consists of purer blood than that of the regular catamenial discharges. On account of its large and impetuous flow, which prevents the secretions of the vagina and cervix uteri from acting on it, as it does in ordinary menstruation. And from all the light I have on the subject this is the only difference I can conceive between them, and as the discharge in menorrhagia is less mixed with vaginal and other secretions it readily coagulates, whereas in menstruation the discharge comes away slowly and is acted on by the

Secretions of the vagina and cervix uteri
 and its coagulability is thereby destroyed
 Menorrhagia occurs in three different
 forms. To wit, Active, Spasmodic and
 Passive. Active menorrhagia occurs
 most frequently in robust and plethoric
 females, and is far less frequent than
 the passive form. It sometimes ^{occurs,} in young
 florid and robust unmarried girls. Though
 far less frequently than in married women
 who live high and luxuriously, and in
 whom the circulation is full and
 active. Exposure to wet or cold or any
 thing deranging the health of this
 class of females will generally produce
 this form of the disease. The undue pleth-
 ora on which active menorrhagia mainly
 depends is frequently relieved by those

periodical losses, and if they do not recur too often and continue too long this morbid condition of the system may be cured by them. In active menorrhagia there is generally just before the expected period and generally a day or two before the discharge, considerable tension and fulness within the pelvis attended by a feeling of weight and throbbing in the uterus. When the discharge has occurred there is permanent pain, tenderness, weight and a sense of fulness in the region of the uterus together with a hot dry skin and a full hard and frequent pulse. There is oppression of the head and frequently decided head ache, with sympathetic fever. This is the way in which

active menorrhagia is ushered in and is characterized throughout its whole ^{course} by a predominance of inflammatory symptoms. The severity, progress and duration of these attacks are exceedingly variable. Frequently the discharge comes on by large gushes and continues until large quantities of coagula are thrown off. And the patient is sometimes thus relieved. The headache, fullness and pain in the region of the uterus is greatly relieved, the skin becomes cooler and moist, the pulse less frequent and softer, and thus the patient is rendered ~~the~~ comfortable during the remainder of the period. But in many cases the symptoms become aggravated, the discharge

continuing eight or ten days and perhaps
 longer, not without diminution it is
 true, but it is so liable to excessive
 return that the patient is compelled
 to avoid exertions of all kinds, and
 strictly maintain the recumbent posture.
 On the cessation of the discharge the
 patient is weak and almost exhausted
 and it is several days before she gains
 anything like her usual health. It is
 easy to mark the passage of active
 menorrhagia into the passive form.
 At first the recurrence of the discharge
 may not be regarded as seriously perni-
 cious to the health of the patient. But
 after awhile the frequent recurrence and
 duration of the discharge, produces
 a very decided impression on the system

The discharge continuing longer and longer until there is scarcely any interval between the catamenial periods, the discharge hardly subsides until it recurs again. Thus the active form is merged into the passive. Menorrhagia generally speaking arises from a morbid condition of the system, though it sometimes occurs from other causes. To wit,

Irritation of the bladder and intestines and particularly the rectum from worms hardened faeces tenesmic purging hemorrhoids and constipation also sexual excesses repeated abortions undue lactation leucorrhoea and a variety of other causes. And these will be aggravated by luxurious indulgencies exposure to wet or cold weather, Indolence heated rooms

7

and great mental or physical exertions of any kind. The Diagnosis between the three different forms of menorrhagia, in the onset, is generally easily made, but after the disease has existed for some time, and from a frequent recurrence of the hemorrhage debility exist. The diagnosis is generally with much difficulty arrived at. Though with proper attention to the pulse countenance and general appearance of the patient, we will most generally be enabled to make a proper diagnosis, and we should always be very careful to do so for on a correct discrimination between the different forms of the disease the success of the treatment greatly

8

depends. Active menorrhagia sometimes coexists with debility the vascularity of the uterus and circulation are morbidly augmented from local causes, and we should be very careful not to pursue the same course of treatment in this latter condition as we would that form of the disease, where it depended on undue plethora. Treatment of Active menorrhagia. In its ^{mild} form little or no ^{ment} treatment is required the hemorrhage proves beneficial by relieving the distended vessels of the uterus, and the disease subsides spontaneously. But where there is flushed face a full hard and frequent pulse, with decided plethora copious resection should be resorted ^{ed} to and purgatives administered

If she has already lost too much blood and will not bear general bleeding, take blood locally by cupping or leeching cupping is generally preferable. If she will not bear this resort to dry cupping. Then give her ergot to constrict the vessels of the uterus and thus arrest the hemorrhage administer the ergot in doses from five to fifteen grains every half an hour until the hemorrhage ceases

If there is any peculiarity of the patient that contra indicates the use of ergot Opium and acetate of lead may be substituted, in doses of one grain of the former with three of the latter administered every three hours. But is much inferior to the ergot

10

Cold applications to the vulva and over the hypogastrium are highly valuable also cold water enemias in the vagina with a mild and unirritating diet and the recumbent posture strictly enjoined. If these measures are strictly carried out the hemorrhage will almost invariably succumb. But if they should fail, and the hemorrhage is alarming the patient almost exhausted vomiting and fainting ensue, we should resort to the tampon immediately and by this means we can always control the hemorrhage the tampon should always be a dernier resort. It should remain in the vagina from four to eight hours. The patient will be apt to

suffer slight pain and inconvenience from the use of the tampon but it need not be regarded. Cotton bats slowly introduced in small quantities until the vagina is completely ^{full} forms the best tampon, the cotton should be perfectly dry. In the absence of cotton soft dry tow a silk handkerchief lint or old linen may be employed they should be dry for if they are wet their introduction is both painful and difficult. The treatment in the interval should be strictly attended to, heated rooms and luxurious indulgencies of all kinds should be scrupulously avoided, moderate exercise should be taken daily, a light and unstimulating

12

diet should be enjoined, with the frequent administration of salines where there is plethora a flushed face a full hard and frequent pulse. Small and frequent bleedings should be enjoined. If the antiphlogistic measures proposed during the intervals, are exchanged for a rich and stimulating diet heated apartments and luxurious indulgences of any kind. The disease will very likely become greatly aggravated, and the hemorrhage so excessive as to excite great apprehension on the part of the patient and her friends, as to her safety, By such an error frequent and repeated hemorrhages are the result, and thus the passive form is sometimes induced

12
Dr Ashwell says a nice distinction
is necessary here, thus several times
when I have thought the hemorrhage
depended on debility I have unsuc-
-cessfully exhibited ergot and tonics
and have gone back to the antiphlo-
-gistic plan and cured the patient.

He also says nor let it be for-
-gotten that local depletion is some-
-times most beneficial, especially
in those cases where in the absence
of general plethora there is
local uterine fulness.

Spasmodic menorrhagia occurs less
frequently than either of the other
forms of the disease. It occurs in
females who are partially robust and
of a nervous temperament. Consequently

it is sometimes with much difficulty that we are enabled to distinguish it from the acute form, But generally the distinction is plainly marked Where inflammation is present there is a full hard and frequent pulse, a hot dry skin and a constant pain in the region of the uterus. Where Spasm prevails the pulse during the Spasm is irritable quick and contracted, between the Spasms it becomes soft and slower, showing by this speedy change, that it depends neither on inflammation nor debility, But irritation, The pain is not constant in the uterine region, it subsides and recurs again, the discharge is equally variable ceasing for a time during

1
the Spasm and recurring again as soon as it is over. Showing most conclusively that it is caused from spasm or irritation. Clearly demonstrating the propriety of resorting to antispasmodic remedies to cure it and I think, Dr Goesch, has correctly said the two best are Specaenanha taken into the stomach and opium and assafoetida injected in the rectum. He also adds a grain of Speca is to be taken every ^{hour} until nausea is produced which state must be kept up a day or two by repeating the dose as frequently as may suffice for this purpose and quiet local irritation in the uterus by the above named injection. For there is

a marked connection between the pain and the discharge if one is relieved the other will cease also.

Passive menorrhagia occurs with far greater frequency than either of the other forms of the disease. Feeble exhausted and hysterical females are the subjects of this form of menorrhagia. It exists in various degrees, from an excess so small as scarcely to produce any morbid effect to cases of well marked hemorrhagic prostration, every stage of the disease may be met with, and a fatal result is sometimes seriously apprehended by the patient and her friends. It occurs from various causes. To wit. Inattention

to early menstruation an indiscriminate use of wine and other Stimulants debility induce lactation and frequent abortions. These causes may be brought into activity by exposure and by great mental or physical exertions. Symptoms are similar to those produced by a protracted hemorrhage from any other part of the system, at first the patient is languid and stupid and complains of weakness across the loins, afterwards there is severe pain in the back and lumbar region also in the hips the front part of the thighs and lower part of the abdomen, The face is bleached and cadaverous the

patient has nervous headache the pain is generally confined to one spot there is vertigo ringing in the ears the body chilly extremities cold and the pulse is small and languid.

If the disease continued the whole series of symptoms become aggravated. The brain becomes disordered from a deficient supply of blood and is similar to that arising from repletion. We should be very careful here to make a proper discrimination between it and repletion for if we were to confound them, and adopt the remedies usually given in repletion, we would greatly aggravate the original disease. The serious indications are not confined

to the brain alone, the pain in the back and loins is more intense, the pain in the head more agonising, the derangement of the Stomach and bowels is greatly increased and there is constant pain in some part of the abdomen, occasionally there is confirmed diarrhoea, frequently there is oedema, and sometimes though very rarely there is general anasarca. An examination per vagina will reveal nothing but a soft and flabby condition of the vagina and uterus and generally leucorrhoea. The consequences if long continued are very serious, and the probability of early cure will greatly depend, ^{on the} character and continuation

of the attack. Diagnosis, Is distinguished from either of the other forms by its occurrence in ~~in~~ debilitated females. And from any organic disease of the uterus by an examination per vagina.

Prognosis, It very rarely if ever proves fatal though from its long continuation may induce dropsies of the various cavities and produce a morbid condition of other organs consequently an opinion too confidently should not be given.

Treatment, This will be somewhat different from that recommended in the other forms of the disease.

Here the hemorrhage so far from being salutary as it sometimes

is in the active form. Is decided
 -ly pernicious. The uterine capill-
 -aries are weakened by every recurrence^{or}
 of the hemorrhage, the anemia is
 constantly being increased, there-
 fore we should resort to such
 measures as will most speedily
 arrest the hemorrhage. Great
 circumspection should be exercised^{ed}
 in the administration of tonics and
 stimulants merely as a matter of
 form. For fever or uterine congesti-
 -on are liable to be produced by
 them. Clearly demonstrating the
 propriety of treating the disease
 scientifically and not merely as
 a matter of form. When tonics and
 stimulants are determined on their

administration should be strictly watched modified and occasionally suspended. The recumbent posture should be strictly enjoined by the Physician and as strictly adhered to by the patient for without it the best devised treatment will be unavailing, a light and nutritious diet should be enjoined. Hydragium cum creta may be given at night and purged off with oil or salines. Then opium camphor or acetate of ammonia will be valuable to equalize the circulation apply sinapisms to the extremities. The same remedies should be brought in requisition to control the hemorrhage as were recommended in

the acute form, with the exception of depletion. Iron should be given to impart tone to the system. If the bowels are torpid use the sulphate if there is diarrhoea give the carbonate of iron.

Cup and give her ergot in anticipation of her next period to prevent too great an influx of blood into the womb commencing four or five days before the expected period continuing it for two or three days after the period has elapsed. during the time the constitutional treatment should be suspended and resumed again as soon as the local treatment is stopped and so on alternately until her ^{health} is fully restored. If there is extreme

exhaustion from menorrhagia the utmost care should be exercised in moving the patient about. For prolonged and profound syncope is liable to be produced by suddenly raising the patient up in bed.

Excessive hemorrhages occur in connexion with other states of the uterus than those already described. To wit, uterine polypus threatened abortion carcinoma of the cervix corroding ulcer and an excrescence of the os uteri. Consequently in all protracted hemorrhages from the uterus we should make an examination per vagina and ascertain in the nature of the disease

before we form any diagnosis
 for without doing so, we would
~~not~~ ^{be} liable to form an incorrect
 diagnosis.

Gentlemen having finish-
 -ed what I have to say on this
 complex but very interesting and
 important disease. I now sub-
 -mit it to you for your consid-
 -eration, hoping your criticism will
 be mild

Respectfully yours
 George B. Procter

Jan 27th. 1859