AN
INAUGURAL DISSERTATION
ON
Amenorrhoea

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Amenorrhoea

In offering a short treatise on this subject to the faculty, I do not suppose it will be expected of me (one who can boast of little or no experience in its treatment) to offer anything original; my knowledge of it consisting in what I have learned from the books elucidated by our able teachers in the Medical School of Nashville. Therefore I claim no originality for what I may say on the subject, but believe it to be in accordance with the best, or nearest correct doctrine taught in the present day, on the subject.

The term Amenorrhoea is applied to those diseases peculiar to women wherein there is suppression or re-

-ention of the Menses.
As absence of the Menstrua depends on various causes, so may Amenorrhoea be divided into several varieties. But for our present purpose it is sufficient to comprehend the disease in two divisions.

The first division, which we make, is where the Menstrua have never made their appearance. This condition has been denominated "Emancipatio Mensium".

The second is what wherein the Menstrua had made their appearance, but afterwards, from some abnormal condition of the system, had been suspended. This has been called "Suppressione Mensium". We shall proceed to notice these divisions somewhat in detail, but first we had better probably say something concerning Menstruation.
Menstruation is a process peculiar to child-bearing women. It usually commences about the age of fifteen and terminates ordinarily about the age of forty-five. It consists of a regular periodical discharge from the uterus, which occurs once every lunar month, or once in every twenty-eight days. Consequently it is sometimes denominated the 'Monthly-periods,' 'Monthlies,' 'Monthly sickness' &c. Also called by various other names as Menses, Menstrua, Calamina &c. &c.

Various theories have been the speculations concerning the nature of this discharge. Some have considered it a secretion of the uterine organs, but the most generally received opinion is, that it is an elimination of blood from the
congested uterus, the congestion being caused by the formation, maturation and evolution of eggs or ovula.

These eggs or ovula are prepared by the ovaries, which are a couple of organs attached by ligaments to either angle of the womb, one on the right and the other on the left of that organ.

Each ovary is about an inch in length, half an inch in depth, and more than a quarter of an inch thick. The shape is like that of a flattened olive.

Within each of these ovaries may be seen, with a good lens, from twelve to fifteen eggs or follicles in a closed within their proper capsules or ovaries, which are commonly called Graafian cells or follicles.

At the completion of the pubescent age...
Ova in the Graafian follicles are matured periodically.

This periodical maturation is observed among all animals—in women once a month, in other animals at stated intervals; in the larger animals once a year, and in some, as the Elephant, for instance, still longer. Why this periodicity should obtain is not accounted for, nor is it necessary, for we need only to cite to that great universal law which seems to govern all animal and vegetable creation.

What the Falloposian fluid is blood has been proven by
The valuable researches of Rokitansky, Colesi, Bischoff, and other acknowledged authorities, who are sustained by the best authors and teachers of the present day, in both Europe and America.

But the blood must necessarily be impure by admixture with the mucous secretions of the uterus, vagina, etc.; it has long been a subject of interest among Medical men, as to what influence the ovaries exert over the menstrual discharge, but from the undeniable evidence adduced by various Medical Philosophers, the above named facts seem to be established.

I hardly need mention experiments to prove the correctness of the theory. We have continual illustrations in the inferior animals. For instance, the
Farmer spaying the sow pigs furnishes a very familiar example of it. The operation consisting in the removal of the Ovaries, thus not only destroying the powers of generation, but also the sexual desire, or period of rut which corresponds to the period of menstruation in women, Mr. Percival Pott furnishes an interesting case in which the Ovaries were removed in an operation for Hernia. She had previously menstruated regularly, but after the operation the Menstrua appeared no more and sexual desire ceased.

Although we have said the Menstrua usually made their appearance about the age of fifteen, yet we must add that the time varies exceedingly with the people of different parts of the world.
And even in our own temperate climate, the age of Puberty varies according to the constitution of the girl, and to the exciting causes to which she may have been exposed. Among the exciting causes may be enumerated, voluptuous conversation and company, rich stimulating diet, warm clothing &c. &c. Medical Men long thought, and think yet, that climate exercises considerable influence over the early or tardy development of Puberty. It is known that in warm climates, girls menstruate at a very early age, even as early as at ten or twelve years of age; while in extremely cold climates that process is delayed till as late as eighteen or twenty years of age. But according to the researches of Mr. Robertson, it is neither so much
earlier in warm climates, not so much later in cold ones as has been supposed.

He says that the facts which give grounds for the prevailing opinion in the matter, are that early intercourses are generally to be found in hot climates—hence early development.

But it is not our purpose, in our present limited space, to investigate the different opinions expressed in relation to the early or tardy development of puberty, in the different parts of the world.

We have assumed the age of fifteen, which is a fair medium of the age in which it appears in this temperate climate of ours, and if it is delayed much beyond that period, the girl may be said to have that form of Amenorrhea which has been denominated "Emansio Mensum."
some females are observed to pass beyond the usual period without ever experiencing anything like a change in the uterine functions. Her health may be good in every respect, her proportions may have assumed all that attractiveness so much admired by the opposite sex—which seems due to the maturation of the ovaries, and yet there has been no catamenial discharge. This state of things will not fail to elicit the anxiety of the female and her friends. But while she continues in this situation—her health continuing good—medical interference will be unnecessary. Such might be the result where the womb is wanting. Such cases are on record. Dr. Meigs relates an interesting case where the womb was
entirely absent, and the vagina a small cub-de-sac. She never menstruated — yet her health was good, and he says she presented all that fine exterior which bespeaks a perfect woman.

Sometimes the ovaries themselves are absent, or may be atrophied and their peculiar endowments lost.

In this condition there would be no menstruation; and again medical interference would be unnecessary.

A female in this condition approaches the masculine in appearance and disposition. Her breasts are shriveled, her flesh loses its characteristic smoothness, straggling hairs grow out upon the chin and face, and the voice becomes coarse.

What this state of things result from
a want of the ovaries, has been proven in those cases where the ovaries were removed; and the above stated facts were the result.

Again, the ovaries and uterus both may be developed and yet no outward signs of menstruation. In this condition the catamenia may be retained in uterus in consequence of obstruction of the canal of exit, and fatal results obtain if relief is not afforded by the surgeon. The fluid will continue to collect in the womb, distending it to its utmost tension, and it may finally burst, giving rise to fatal peritonitis.

The poor girl not only suffering death from her disease, but often the subject of
suspicion and ridicule among the ignorant. In such cases the general health will necessarily become very much impaired. The physician seeing continual efforts to menstruate, and the abdomen dilating, should proceed at once to make a per vaginum examination. The hymen may be imperforate; which will be fortunate, for the operation of puncturing it is quite simple—merely to pierce the thin delicate membrane with a pointed instrument—and the retained fluid will come away. Or the walls of the vagina may be adherent, or the vagina obliterated.

In this case an artificial one must be made, with the knife— if the
Space between it and the Rectal canal will permit; if not the part should be forcibly separated. Great care will be required to keep the parts new canal open, which may be done with bougies, sponge tentacles.

The canal through the Cervec Me-ri may be closed or impervious. In this case an artificial one must be made with the broom or some other suitable instrument.

The membrane covering the mouth of the womb must be punctured and afterwards the parts kept dis-

In performing these operations the Physician must guard against inflicting injury on the surrounding parts.

And afterwards he should strive
to prevent serious consequences from local inflammation.

Sweats, cold applications, warm fomentations or poultices may be necessary, with the internal administration of gentle aperients &c.

Considerable benefit may be derived from the injection of warm water into the vagina, together with the proper adjustment of a broad binder around the abdomen as a means of support. After the danger of inflammation are over, some of the mercurious preparations may be given, generous diet with wine, pure air, lively exercise &c. &c.

Attending particularly to the state of the bowels.

There are other conditions of the
System that retard the appearance of the menses, such as bad health, serofulose diatheses, ennia, plethora, but as these are often the causes of suppressent menstruation also, we shall notice the treatment under the head of "Suppression Mensum."

This depends on various or various conditions of the system. Diseases of any kind, preying upon the life forces of the woman, consumes the blood without leaving a surplus to be thrown off by the menses. But occasionally we find a woman or girl who does not menstruate and yet the cause not attributed to any particular disease, or exciting cause. Such a female may be enemiacal young girls are often found in this
condition, than women who have menstruated. They generally present what the writers call the 'Chlorotic' appearance. Her face is pale—almost colorless, the lips and gums present pretty much the same appearance. Her constitution is very feeble, her appetite is capricious, the pulse is generally feeble, soft and compressible. This state of health may continue for months without giving serious alarm, but without a change, we will discover the extremities begin to swell, first the feet and legs, and finally the whole body will present a dropsical appearance. In this condition the patient will feel languid and dull, easily fatigued. This condition
Nearly depends on an impoverished condition of the blood.

There is a deficiency of red corpuscles and a superabundance of serum or the watery element of the blood. This thin fluid exudes through the pancreas of its enclosing cavities, vessels, and permeates through the different tissues, producing general edema.

This is what is called enemia or enemiaal condition of the system.

And while it obtains, the senses will be suspended, from the fact the system has no more blood than is actually required for sustenance.

The treatment here plainly indicated is something to correct the crisis of the blood.

For this we advise a wholesome
nutrionous diet, moderate exercise, a cold shower bath at morning, a warm hip
bath at night, and from all the time in some of its forms according to the condition of the bowels
which should be particularly attended to.
Give the sulphate when the bowels are costive, and the carbonate when
they are lax.

The terrific is extensively used, and other preparations
especially the impalpable powder of iron by hydrogen, which has been highly
exploited by authors and teachers high in authority. I would suggest
its exhibition in conjunction with
Emmenagogues Cathartics &c. when they
may be required.

But when the blood has been properly corrected, the menses will flow without

# Prof. John Mc. Watson
The aid of Emmenagogues. Unless the uterine organs are in a morbid condition or the system is suffering from some other disease, either general or local, such diseases should be treated according to their nature. The soon being persevered in till general good health is established. Enemia is by far the most frequent cause of tardy menstruation in girls, and a common cause of suspended menstruation in women. But there is another condition, called Plethora, which is the reverse of Enemia, but may bring about the same result. In Plethora there is a super-abundance of red corpuscles and a deficiency of serum, or watery constituent of the blood. The habits full face, tongue, lips
and gums red. Besides this abnormal richness or thicknees of the blood, producing Amenorrhoea, it should not be denied that there might exist a torpidity of the uterus, that might hinder the flux of menstruation. Such patients should be freely bled, put on light diet, with a free exhibition of Emmenagogue, Tincture of Cantharides, Cups or Leeches to the Sacrum, warmth.

Women are constantly subject to arrest of the menses. The most frequent cause is impaired health, which should be restored before the menses can be expected to flow again. But frequently there are exciting causes during, or just previous to the appearance of the catamenial flow.
such as a sudden attack of cold, exposure, cold or wet feet. Sudden fright, anxiety of mind. Crude ingesta in the stomach. Unwholesome fruit and sometimes even sexual intercourse, it is said, will arrest the discharge.

When the menses thus suddenly disappear, the woman is said to have the acute form of amenorrhea. This is characterized by general excitement, quick and hard pulse, throbbing of the temples, hot and dry skin, flushed face, pain in the back. Here the antiphlogistic treatment is indicated. The most important remedy is supposition.

If there be much pain about the lumbar region, cupping may do good. An emetic may be necessary.
Saline cathartics should be given. A warm hip-bath, warm poultices to the abdomen, diaphoretics will be of advantage, with a Soothing powder at night. Anodynes are of considerable service. If after the febrile excitement is subdued, then still remains suppression of the menses; it may be considered chronic and treated as such.

The chronic form is generally the result of the acute attack—frequently the result of female health. The woman complains of severe pains in the head, side, and back. She soon becomes pale and emaciated; the face and lips are pale, dark, Anevia, Coldness of feet and hands, great lassitude.
and the slightest physical exertion produces great fatigue.

The bowels are generally costive, requiring an aperient every day—Tongue frequent
ly furred, Slow and feeble pulse
Appetite capricious &c. &c.

If this state of things be not arrested, Phthisis Pulmonalis will supervene—In treating this
form of the disease, particular attention must be paid to the constitution and habits of the person,
Correct what may seem at fault:
Then give tonics, the best of which is Iron, given as heretofore directed.

Charles H. Edwards