

AN  
INAUGURAL DISSERTATION

ON

*Emansio Mensium.*

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BY

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To  
John M. Watson M.D.,  
For  
His Superior Ability, Untiring  
Energy, And Indefatigable  
Industry In Teaching  
The Science And Art  
Of Midwifery  
And All Things Connected Therewith,  
These Pages Are  
Respectfully Inscribed  
By  
The Author.

## Emansio Mensium.

Definition.— This name is usually applied to that form of amenorrhoea in young girls who have never menstruated, although they have attained the age at which the function of menstruation is ordinarily established.

From numerous statistics furnished us by various authors, it appears that, a large majority of females begin to menstruate between the fourteenth and fifteenth years. But exceptions to this rule are by no means rare. Occasionally, girls become regular at a much earlier period, and more frequently perhaps, that event is delayed beyond the ordinary time, and that without any impairment of health. These latter cases must not be regarded as instances of amenorrhoea; for, unless there be an effort on the part of the system to set up the function at the regular period, its delay beyond that

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Time, ought never to be looked upon in the light of disease, as such a view would lead to the administration of harsh and injurious drugs. This error is common among the unprofessional; and it is to be feared that, the profession itself is not altogether free from it.

This form of amenorrhoea may depend upon various conditions involving one or more of the organs of generation only, or to a greater or less extent, the whole economy: the subject may therefore, be properly treated under the three following general heads, viz:-

- I. That variety dependent upon the absence, malformation or disease of one or more of the uterine organs.
- II. That in which there is no discoverable deformity, but which depends upon a plethoric condition of the general system.
- III. That in which an opposite state,

That is, anaemia obtains.

1. *Emansio mensium* depending upon absence, malformation or disease of one or more of the generative organs.— This may be divided into the two following subvarieties, viz:—

a. That in which from deficiency of certain parts, as the ovaria or uterus, there is no elimination of the menstrual fluid from the circulation.

b. That in which the menstrual fluid has been eliminated from the general circulation, but is retained in the cavity of the uterus in consequence of some obstruction to its outward passage.

a. *First subvariety.*— These cases, which are of a hopeless character, are, fortunately for the gender sex, but rarely met with. Physiologists, I believe, are now pretty generally, if not universally, agreed in the doctrine that, the presence of the ovaria in a healthy condition is not only

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essential to the act of conception, but that, menstruation is inseparably connected with, and dependent upon, the periodical changes which take place in them. This conclusion is supported by the facts: first; that the ovaria are not developed till puberty: secondly; in females who have passed the critical period of life, they are always found in an atrophied condition; and lastly; in cases where these organs have been known to be destroyed by disease or an operation, menstruation has entirely ceased, although previously to their destruction, that function may have been regularly performed. If additional proof were desired, we have it in the fact:—in cases of protracted amenorrhoea terminating in death, post mortem examinations have revealed the absence of ovaria.

This defect may be either congenital or  
the result of disease.

Animals in whom this malformation exists present a masculine appearance: the mammae are but poorly developed: straggling hairs, or a slight beard grows upon the upper lip: the voice is deeper than usual; and the sexual appetite is wholly absent.

As to the general health, judging from the statements of different authors, it may or may not suffer from this local defect. Dr. Churchill says "they may have the body generally well developed, and healthy; the circulation active and regular; and all the organic functions (save one) well performed:" and on the other hand, Dr. Ashwell assures us "the health often suffers; and there is proneness, either to irritability and excitement, or torpor and depression."

The uterus has been known ~~to~~ be absent; and many such cases are on record. Of course, there can be no elimination of the catamenia in the absence of the womb, since it is the organ by which that fluid is separated from the cur-

current of the circulation. The presence of the womb does not seem to be necessary to a fair development in other respects, as several cases on record will show: the sexual appetite may be, and most probably is, in the majority of cases, normal, or at any rate is not wanting, as we have seen is the case in the absence of the ovaries.

In both these varieties of malformation, or when they occur coincidently, as sometimes happens, there is no periodical effort at menstruation: and should we meet with a case in which the menstrual flux was delayed for a great while, and then were no menstrual molimen, we would probably be right in supposing the case to be one of absence of the ovaries or uterus; of the former, should the patient present the masculine appearance, and other peculiarities already mentioned as characteristic of such persons;



and of the latter, if the patient present the outward characters of her sex. But in all such cases, we should confirm, or correct our opinions if possible, by a manual examination, before giving advice, or instituting a course of treatment. This may generally be done by the introduction of one hand per vaginam or per rectum, assisted by the other applied to the abdominal walls over the region to be examined.

To repeat what has been already said, these are hopeless cases; and no means, within our power, can remedy the evil condition of the organs, or establish the function which it is their business to perform: and this fact, as melancholy as it is, should be made known to the patient; for fear she should, unadvisedly, enter into relations which must thus necessarily, be embittered to all concerned.

b. Second subvariety. — The escape of ~~the~~

menstrual fluid from the womb, along the vagina, and through the vulva, may be prevented by any of the following conditions of the passages which it traverses in a normal and healthy condition of the parts, viz:— The cervix uteri may not be developed; or its canal may be impervious; or the os may be closed by a membrane: the vagina may be deficient in its upper part; or altogether wanting, a thin layer of cellular tissue only, intervening between the rectum and bladder: or if there be a vagina, it may be rendered impervious by adhesion of its walls, or a membrane stretched across it; or solid growths may fill up and occlude some portion of its canal. Finally, all these parts being in a normal condition, the labia may adhere together, and prevent the escape of the menses; or they may be dammed up behind an imperforate hymen.

The symptoms in such cases will at first, be the same as those observed in healthy girls in whom the

menstrual function is being established, except, that there will be no flow of the catamenial secretion externally. At periods of about twenty eight days, as a general thing, the patient experiences a feeling of general indisposition, and has pain in the back extending down into the thighs: there is a sense of weight in the pelvis; she will probably complain of headache; and there is a dark or purple color of the integument beneath the lower eyelids.

These symptoms will, at first, persist for several days, and then pass off, and the patient may feel pretty well till the next regular period. But at each successive recurrence of the menstrual molimina, the symptoms become more and still more aggravated; the pain in the back and loins becomes more severe, and "bearing down" pains, resembling those of the first stage of labor, are added to the patients sufferings; and with these are also conjoined severe and tormenting abdominal pains. The patients general health at length, begins to suffer, and

pari passu, with the menstrual accumulation grows worse. The outward signs of pregnancy are present; but she loses her appetite, and becomes pale, feeble and emaciated. As the menstrual fluid accumulates in the uterus the abdomen enlarges, and becomes tender. In this condition of things, the organs concerned being embarrassed by the fluids pent up in and about them, and pressing injuriously upon them, or they participating in the derangement produced by the local obstruction, the menstrual fluid may cease to be exhaled into the womb, and that which has already accumulated be in part, or entirely removed by absorption. Or if the fluid continues to be poured into the womb, the tension of the structures is increased; and ultimately, if no means be employed to relieve it, the walls of <sup>the</sup> uterus may give way, and allow the escape of its contents into the peritoneal cavity, and set up fatal inflammation of its lining membrane; though this result we think, very

rarely occurs, if indeed it can occur at all, since, the gradual accumulation would give time for the development of the uterine walls, such as takes place in pregnancy, and all conditions in which the uterus is slowly and gradually distended. A more probable termination of such a case would be death from disease, induced by pressure upon important organs by accumulating fluids, and the consequent distension of its containing organs.

The prognosis of these cases depends mainly upon the nature of the obstruction to the escape of the menses. If it is such as may be removed without any great risk of inflammation of the peritoneum or other important structures, the result will in all probability, be favorable. If, on the other hand, any operation should be required, which will involve danger to any important neighboring parts, and especially the peritoneum, a more guarded prognosis should be given.

*The Treatment.*— These cases can only be relieved by surgical or mechanical expedients, and these will have to be modified according to <sup>the</sup> circumstances of each individual case: ~~no~~ no rule can be laid down sufficiently comprehensive and definite to govern in all cases: we will therefore only indicate the modes of relief usually adopted. In the simpler cases, where the obstruction consists in a membranous septum across the vagina, or simple occlusion of the os uteri, or in which the fluid is retained by imperforate hymen, it may be easily remedied by any means by which the obstruction can be removed. For this purpose, the knife may be required; or a bougie, or even the finger, may be sufficient to overcome the obstacle, and give exit to the fluid gathered behind it. If the cervical canal be wanting, an artificial one may be formed by the passage of a trocar through the center of the cervix. In regard to the more

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serious cases that occasionally occur, and which any practitioner may be called upon to treat, such for instance, as complete absence of the vagina, or extensive atresia of its walls, or any other condition of the parts which would require an extensive incision to reach the mouth of the uterus, it is sufficient to remark, that the practitioner should never attempt an operation without the best advice he can obtain, and a due consideration of all the difficulties that may arise in the case. If the danger from accumulation becomes eminent, and no other means of relief can be employed, the womb may be punctured from the rectum.

In the simplest of these operations the patient requires to be watched, and the first symptoms of serious inflammation, and especially of peritonitis, vigorously combated. If the indications of inflammation be slight, mild

antiphlogistic measures will suffice: but, should great abdominal tenderness, and other concomitant symptoms indicate peritonitis, copious bloodletting, repeated if necessary, should precede the milder measures.

If the operation succeed, as it will generally do, in the *simpliciter* class of cases, it will be followed by the escape of a "dark uncoagulated secretion"; which, after the first gush, if the passage made for it be large, will continue to diminish for several days, and finally, disappear; and if no accident occur, the subsequent menstruation will be regular and healthy.

According to our division of the subject, the next variety which we have to notice is

11. That in which there exists no discoverable malformation, but which depends upon general plethora.

This variety usually occurs in those of the sanguine temperament, and who are in the habit of full and



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luxurious living—young girls of florid complexion and plumpness of form. This bodily condition predisposes to congestions of various organs, and among the rest, the womb and the uterine organs are prone to suffer; and this would be more likely to occur when those organs are undergoing that remarkable change that takes place in them at the period of puberty.

Symptoms.—These, to be brief, are headache, flushing of the countenance, a sense of fullness and tension about the brain, aggravated by the pulsations of the arteries producing throbbing in the head: there is more or less of lassitude; and often slight feverishness, though the pulse is but little, if at all accelerated, except, in nervous and excitable patients. The circulation is often unequal or irregular, as evinced by the coldness of one foot or hand while the other is hot, or both being alternately hot and cold. The state of the skin is by no means constant, being sometimes

dry and harsh, and at others, or in other patients, it will exhibit that condition best described by the word clammy. Along with these symptoms there will be pain in the back and pelvic regions; and not unfrequently, there is obscure tenderness over one or both ovaries.

These symptoms may, at first, entirely disappear after the menstrual molimen; but when the disease has persisted for some time, they will continue, though perhaps with abated severity, during the intervals between the menstrual efforts. If the menstrual discharge be not established either with or without the aid of the physician, the general plethora and robust health of the patient may begin to give way: and finally, the <sup>op</sup>posite state of things will take their place; and the patient will labor under that more serious disease, known as green sickness or chlorosis. Or instead of this some vital organ, as the lungs or liver, may become

the seat of chronic disease, and the patient become a victim to phthisis, or some other equally formidable affection.

*Treatment.*—The first indication to be fulfilled in the treatment of this form of amenorrhoea, is to reduce the general plethora upon which it depends. This may be done by bloodletting, purgation, spare diet, and moderate exercise. As a general rule, general bloodletting will not be required. If any important organ, such as the brain, lungs, or liver show signs of congestion, it should be promptly met by venesection to such an extent as the symptoms may demand. But, for the headache, and pain in the back and loins, local depletion will in most instances suffice. Cups may be applied to the sacrum or small of the back; or leeches to the inside of the thighs, in the groins, to the labia, or os uteri. Purgatives should not be omitted. Of these, the practitioner can choose

between jalap, aloes, scammony, colocyntith and  
rhubarb; or a combination of two or more of  
them may be preferred. A small proportion  
of calomel might occasionally be combined  
with them, and prove beneficial by improving  
the secretions. The purgatives mentioned are  
preferred on account of their tendency to the  
lower bowels, which they unload and stimulate.  
They must be suited in their activity, and the fre-  
quency of their administration, to the urgen-  
cy of the symptoms of each case. While these  
are being given, certain auxiliary means, such  
as the mustard hipbath, regular but moderate  
exercise, and spare diet, are not to be neglect-  
ed; for they will assist very much in bringing  
about a healthy state of things. If, after the  
general fulness has been reduced, and local con-  
gestion, if any, broken up by the means already  
enumerated, the menstrual discharge still does

not make its appearance, and especially, if the patient seem to be passing to the opposite condition, i.e. chlorosis, those remedies classed as emmenagogues may be cautiously administered. Such remedies it should always be remembered, are only adapted to cases in which there is a torpid condition of the uterine vessels, unaccompanied by any active congestion. These are so numerous that, I can only refer to them in this general way, as my limits will not allow any thing more at the present. I will however remark, in the way of closing this part of my subject, that, if these remedies are judiciously employed, and in proper cases, the practitioner will often have the satisfaction to see the catamenial flow established by their administration.

III. Amenorrhoea dependent upon anaemia and debility.

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Amenorrhoea may be of the character described in our heading of this division of the subject, ab initio, or it may as already intimated, be the sequel of the variety last described.

Symptoms.— In the cases under consideration, as puberty approaches, the powers of the general system seem to be unequal to the impending struggle; and ill health and debility ensue. Notwithstanding the patient grows rapidly, as is generally the case, she grows more and more emaciated. Her feet and hands are cold; and her face and lips are pallid. There is great lassitude; and fatigue is easily induced. The pulse is slow and feeble, the tongue foul, and the bowels constipated. The appetite is irregular and vitiated, and she will eat chalk, slate pencil, charcoal &c. If the symptoms be of an aggravated character, the skin will present a yellow greenish hue; hence, the name green-sickness or chlorosis so often applied to this con-

dition. Every part of the system participates in this general torpor: the circulation seems almost to stagnate in its channels; the patient is despondent, and mopes about in solitude; is hysterical and easily excited to tears. If the symptoms continue, the face will become puffy: oedematous swelling of the feet at night will occur. Not unfrequently, in this advanced condition, dyspnoea and cough will be added to the other symptoms; and the patient's friends may insist that she has consumption. This, on the part of the physician, would be a serious error, as it would, most probably, lead to improper medication.

If this form of amenorrhoea be the result of the one previously described, its change from the one to the other will be gradual; and in the intermediate stages, the practitioner may be at a loss as to which variety it belongs: but, his

embarrassment will not be apt to last for a great while, as anaemia will soon become so decided as not to be mistaken.

Treatment.— In the treatment of this form of amenorrhoea, it is not proper to consider the inaction of the menstruating organs as the whole of the disease. This is only a part of a general state of things; and therefore, the effort must at first, be directed to the improvement of the general health. An active-purgative, if given in the commencement, will, according to Dr Loeck, often bring away a large collection of offensive faeces, much to the relief of the patient. After this, a small portion of blue pill may occasionally be given to stimulate the secretions, and the bowels kept open by warm and stimulating purgatives, repeated every morning, combined with some bitter extract. This may be kept up till the tongue begins to clean off, and a healthy appearance



of the alvine discharges is induced.

The stomach, if not now able to bear iron—the *sine qua non* in the treatment of this affection, must be prepared for it by the use of milder Tonics of the vegetable class, along with myrrh, rhubarb or aloes, and ammonia. As soon as the iron can be borne, its administration should be commenced. I think the preparation employed is not a matter of very great moment, so it does not prove offensive to the patient's stomach. The bowels are not to be neglected during its administration; and the aloetic preparations are the best for keeping them in a soluble condition, and at the same time, arousing the torpidity of the uterine vessels. The diet should, at first, be adapted to the strength of the patient's stomach, and gradually increased in quantity, while it may be made more and more stimulating. The patient at last, must use meats, eggs, &c: and the addition of

a little wine will prove serviceable.

Exercise in the open air, such as riding on horse back, or in carriage, and where it may be done, sea bathing or cold bathing in the absence of the latter, will be found to be beneficial. Residence during the summer months, at some of the chalybeate springs, especially if they be situated in the mountains, will greatly assist to restore the patient. It is said that moderate dancing if performed regularly, every <sup>day,</sup> is a most excellent exercise: and spinning on the old fashioned wheel, perhaps, is not less so. The abdominal and thoracic organs, (if indeed, all the organs do not share to a greater or less extent, in the injurious effects of that most pernicious practice), should be relieved of all restraint thrown upon them by the use of stays and corsets.

We have indicated the course of treat-

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ment most to be relied upon, but will remark in the closing of this article that, there are certain remedies called emmenagogues, which will often prove serviceable if properly administered. I will only mention a few of them here; and refer the reader to the systematic treatises on materia medica, for their various qualities, the modes of administration, and the circumstances indicating their use. Ergot, perhaps deservedly, stands at the head of the list, as its specific action on the womb has been fully established. Besides this, electricity, injections into the vagina of liquor ammoniac and milk, mercury, iron, and iodine deserve to be mentioned: and that is the only notice my limits will allow me to bestow on any of them.