Essay

on

Demonstration

By

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Amenorrhoea.

The term Amenorrhoea is applied to the absence of the menstrual secretion at the period at which it usually occurs without the patient being pregnant, nursing or being at that period of life at which it naturally ceases.

It has been divided into the Amenorrhoea of Retention, and that of Suppression, both of which may happen in very different circumstances, and which I will proceed to describe in succession.

Amenorrhoea of Retention is well defined by Cullen "Amenorrhoea (emansionis) in puberibus gravibus post plenos tempus solitum, menses non jam prodierint, et cum primo variae affectiones morbidae adsint."; but before proceeding to its study, it will be well to notice a few of the leading peculiarities connected with Menstruation.

Menstruation, then, is a function peculiar to the human female, and is generally esteemed as an index of puberty,

and as a proof that the woman is capable of becoming a mother.

The period of its first occurrence varies very considerably. In the first place, there are several well-authenticated cases on record of children commencing to menstruate at a very early age and continuing to do so regularly afterwards, the symptoms of puberty being gradually developed. Dr. R. Wall relates the case of a child commencing to menstruate when only 9 months old, and besides many others, Lobstein and Carus, each relate a case where the child menstruated when two years old, and one conceived when only eight. On the other hand some women do not menstruate till their first or even several children have been born. Sometimes Menstruation never occurs and yet conception may take place, and the patient enjoy perfect health, but in general such patients are not healthy, but become irritable at what ought to have been an epoch, and feel as if the

change were about to take place. Lisfranc within ten years met with fourteen such cases, and remarks that in general they are "women of feeble health, remarkable leanness, of soft, flabby discoloured tissues, their yellow tint announces suffering; sometimes fatigued by colic and purging; sometimes by palpitation and breathlessness." The Non-occurrence however is very rare, and in general our remedies should be directed with a view to produce the menses.

The Period of occurrence varies considerably in different climates, thus in the intertropical climates the 13th year is the usual age, in ours the 15th and in the northern climates the 18th, and it is an interesting fact that the sooner menstruation commences, so much the sooner old age comes on, so that we find that the women of warm climates appear old, while ours are in their prime, although of the same age. The women appear to be more fruitful also, the later they are in commencing to menstruate.

Various explanations have been given why menstruation is performed earlier in warm climates than in cold. Some attribute it to the heat, as Denman, who shows that there is a great analogy between the ripening of fruit and the occurrence of menstruation, the more heat the sooner ripe. Others as Dr. Churchill think that it does not depend so much on the heat as upon the loose state of morals, and early intercourse of the sexes. That the morals of natives of warm regions are looser than in this country has been stoutly denied by others and even reversed, thus Dr. Channing states that though they are undoubtedly sensual, "the African countenance seldom shows that coarse, brutal sensuality, which is so common in the face of the white man. I should expect" he continues "from the African race, if civilized, less energy, less courage, less intellectual originality than in our race; but more amiableness, tranquility, gentleness and content. That the intercourse between the sexes in

general, takes place at an earlier period than in this country there can be no doubt, as mothers are frequently met with there only 9 years of age, and Mahomet was married more than once when his wife "was full eight years old." That this explains the cause of earlier menstruation is doubtful, because cases are not wanting in this country, where intercourse has taken place at a very early age before menstruation has commenced and without affecting its occurrence. Dr. Smith formerly House Surgeon to the Edinburgh Lock Hospital states, that of 1000 girls admitted into that institution affected with venereal disease, 42 were below their 15th year, and that cases are far from being uncommon of girls being so affected between 10 and 15 years of age. The youngest he had seen was only 9. So that in Edinburgh coition seems to take place at a sufficiently early age; and it must be remembered that this is not the true way to estimate the age at which intercourse takes place, as we

are not to suppose that it was during their first act that all these girls received the virus, and that all those who had intercourse with male shee received it.

The only explanation then that seems to be authorized is, that it is the nature of the females residing in the respective climates.

In general the catamenial flow takes place every twenty-eight days except during pregnancy and lactation, and flows seven days, but there are very many exceptions to this. Sometimes it flows seven days, while the intervening period is only seven days, in others it may flow for only a few hours, while in others it may not recur oftener than every two, three or six months or even as many years, and yet the woman may enjoy perfect health.

Therefore before deciding that a girl is suffering under retention of the menses, many circumstances require to be considered besides the age, as if the other symptoms generally denoting puberty are greater

development of the whole frame and mind, especially of the mammae and hipes, are not present we cannot expect menstruation, and before we proceed to administer medicine to induce it the "variae affectiones morbidae" of the definition must be present.
Sometimes, however, great difficulty is experienced in persuading the relations and friends of girls, about whom we may be consulted, that, because they have attained their fifteenth year without menstruating, it would be highly improper to prescribe any medicine with the view of bringing on that menses, of which they are so desirous, and that nothing should be done, but the case left to nature which in proper time would bring on the wished for change. However displeased or anxious the friends may be at our refusing to act, we should never yield, but rather try to persuade them, but sometimes this is impossible and with more success they consult an empirical person, whose medicines if at all efficacious may be productive of the most disastrous

consequences, as in a case related by Dr. Dewees, where a Lady consulted him about her daughter who was in her fifteenth year, but who had never menstruated, but who, she was anxious and, as she afterwards proved, determined, should do so. Dewees after examining the young Lady, declined to interfere, and counselled her mother to wait, but she consulted a quack who gave her a preparation containing oil of savine, which made the girl very ill, but nevertheless the quack advised her to persevere, till the symptoms became so alarming that Dewees was called in, but it was too late for anything to be done and death put an end to her sufferings in a short time.

As a general rule then no case ought to be interfered with, till the health shows symptoms of being deranged at whatever age they are either retained or suppressed.

Amenorrhoea of Retention is of very frequent occurrence, indeed Whitehead states that of 4000 girls of all stations, whom he had observed, 22.3 per cent suffered to reach

a degree as required medical interference, besides many more who were put right by domestic remedies.

It may happen in four different conditions

1st. When Puberty is fairly established, yet the catamenia do not appear.

2nd. When Menstruation is prevented by the presence of some Chronic affection.

3d. When a vicarious uterine discharge is substituted.

4th. When there is some structural deficiency or congenital malformation.

As these conditions differ very much from each other, they will require separate consideration.

1st When Puberty is fairly established, yet the catamenia do not appear.

This condition occurs in two very different kinds of patients:—

a. It may occur in the stout, plethoric and well nourished.

b. It may occur in the weak, irritable and delicate.

Retention is of much less frequent occurrence in the first class of patients than it is in

the second, and while the first are found principally in the country, the second are found in towns.

The symptoms in the two classes differ in many important respects, but in both there may be a periodical attempt at menstruation characterized by the pain in the back and loins, sense of weight in the lower part of the abdomen, and acting down the thighs with the peculiar shooting sensation about the thyroid gland &c, but as the other symptoms and effects differ very much I will consider them separately, and -

a In the stout, plethoric and well nourished, there are invariably signs of congestion or active plethora. The attempts at menstruation are attended by the usual symptoms above remarked, but there are generally, besides, marks of severe constitutional disturbance indicated by intense headache, thirst, quick full pulse, a florid countenance and general febrile action. The feet and hands may be very cold at one time, and in a little

longer may be very hot, showing evidently that the state of the circulation is very irregular. Sometimes the skin is hot and dry, but at other times bedewed with a clammy sweat. If the amenorrhœa continue, the first two or three intervals may be intervals of comparative health, but gradually they also are encroached on by those symptoms which receive an aggravation at each period.

As these disorders continue, the functions of the digestive organs languish, the bowels become constipated and irregular, the strength is reduced, the temper becomes changed losing its previous cheerfulness and gaiety, and the health altogether gradually and visibly declines. Before reaching this stage however, the neglected patient may be attacked and carried off by some acute disease as of the brain or lungs; or she may be afflicted by Chorea, severe hysterical paroxysms, epilepsy, or hepatic or intestinal disease, which may lay the

formation of severe and perhaps incurable disease, or at least complicate the succeeding Chlorosis which will be an inevitable result if the primary affection, namely, the amenorrhoea be allowed to run its course. This is too often the result, as although in general very manageable, the patients seldom consult us before this stage has been arrived at unless some of the severer affection above mentioned present themselves.

2 In the weak, irritable and delicate, there are little or no feverish symptoms, the pulse is sometimes quick, the pain less severe, and the sympathies of the system are not so quickly called into action as in the former class. The most common course of the disease in this class is to end in Chlorosis, unless it is removed.

Dr. Ashwell has remarked that those girls who are naturally delicate are less healthy in general when the disease has reached its culmination, than those

who were once plethoric, but who have been reduced to the same anaemic condition as the former. Also, even in this stage, that, health is more easily restored in the latter than in the former, but in both it is sufficiently tedious and difficult to effect a cure.

The general symptoms in the weak are upon the whole of a more chronic character than in the plethoric.

In both classes, but especially in the plethoric, discharges of another kind especially from the mucous membranes, may confer a temporary immunity from the effects.

Dr. Churchill says, "I have repeatedly examined the uterus of patients labouring under amenorrhoea: the cervix has generally appeared small and more pointed than usual during the interval, but in all these cases a small sized bougie could be introduced into the cavity, without pain or difficulty. During the menstrual period an enlargement of the cervix takes place,

varying in amount in different individuals."

The Causes of Retention of the menses are generally to be found in the previous habits of the patient, and are exceedingly various. It is generally met with in patients who have led indolent and sedentary lives, have been accustomed to soft beds, warm rooms and improper diet or too much sleep; or in those who sleep in close and crowded apartments, who have not sufficient out-door exercise; or in those whose minds are constantly exerted and occupied at the period of approaching puberty, while they neglect the physical occupations necessary to the development of the human frame at that period. It is of very frequent occurrence in those who are fashionably educated, and who practise masturbation. The occupation of the poorer classes during the period of puberty causes it, especially employments in warm ill-ventilated and crowded rooms and factories. Insufficient sleep, prolonged exertion and attention

before and during the period of commencing menstruation; residence in cold, damp and malarial localities or low cellars; prolonged exposure to cold and insufficient clothing; melancholy and depressing mental emotion have all been observed to tend to the production of this disease.

Mr. Whitehead of Manchester gives an interesting table in his work on Abortion and Sterility showing the influence of several different occupations in its production, a few of which I will notice; thus of -

320 Spinners and Reelers, 27.5 per cent. were unfavourable
483 Carding room hands, 20.08
1349 Domestic servants, 18.45
363 Semstresses, 20.38
161 Educated ladies, 32.30

So that we have the educated ladies suffering in a much greater ratio than any other class.

The Diagnosis of this affection is seldom difficult, as the only cases with which it is liable to be confounded, are those

in whom there are periodical efforts, but no discharge on account of mechanical obstruction which on examination will be sufficient to decide; and those in whom leucorrhoea exists which it will be diagnosed by its own proper symptoms. The Prognosis must be expressed with great care and after due consideration of the likely consequences. Plethoric amenorrhoea generally yields to the treatment, at least the plethora does, but sterility is not necessarily established, as it may pass into the chronic or secondary form, when the prognosis must depend on the general state of the patient &c.

The Pathology is not at all decided, indeed every author has his own theory on the subject. Rokwell says that "the most simple cause is uterine congestion; so active as to prevent the secretion of the menstrual fluid, being most commonly induced by exposure to cold, which suddenly arrests the excretory process" Churchill thinks that the engorgement may

be a cause, but is by no means the only cause. Laisfranc agrees with Bostwell in thinking that it depends on engorgement. Copland thinks that it is either or both on imperfect development or impaired energy of the uterine organs, arising from causes which impair or exhaust the organic nervous energies during the progress of growth, or from circumstances which determine these energies to the brain. He further says that the plethoric cases are no argument against his view, as they may co-exist, while he sets down the explanations of other observers as "chiefly theoretical, - entities of the imagination."

Treatment.

1st. In the plethoric, stout and well nourished. The first object to be attained in this class of cases is to get rid of the plethora, and for that bleeding and purgatives constitute our sheet anchor. The bleeding may be either general or local, the local being generally preferred, unless indeed the symptoms are very

urgent or some organ as the liver is con-
gested, when venesection may be necessary.
Cupping the loins, or applying leeches
to the os uteri, labia, thighs or groins is
ordinarily sufficient, and affords very
great relief. It might have a better effect
if it could be postponed till a few
days before the monthly effort. I shall
revulsive bleedings at that period have
been practised with good results.
Next to depletion, purgatives are to be
prescribed as aloes, colocynth, jalap and
calomel &c, especially continued for some
time before and during the period.
A hip-bath containing some mustard and
continued for twenty minutes or half an
hour, every or every second night is a power-
ful auxiliary. A pediluvium every night
and morning may sometimes be substituted
with good effect.

During the intervals, great care
must be taken to keep the bowels very regular,
the diet must be spare, consisting chiefly of
fish and vegetables, and little animal

food, wine or malt ~~liquor~~.

The patient must take regular exercise, without continuing it so long as to fatigue herself, but as much as she can and she must persevere with it daily. Foot exercise is the preferable mode in general in this class of patients, as both horse and carriage exercise tend to cause congestion.

By following this mode of treatment for some time, we are always successfull in removing the plethora, but not in producing the catamenia, although we must not rashly judge that, because they do not appear, we are unsuccessful as the uterus requires some time to rally itself. If the catamenia do appear we have little more to do, beyond attending pretty carefully to her general health till she has menstruated two or three times, but if they do not appear, and her countenance become pale and exsanguine, her health fail, and debility gradually approaches, we must have recourse to the treatment to be mentioned immediately in order to prevent

her falling into Chlorosis.

2nd " In the weak, irritable and debilitated. The great object to attain in such patients is to improve the strength and system by nutritious and easily digested food, with a moderate allowance of wine or malt, and by moderate exercise in as little fatiguing a manner as possible. Neither horse nor coach exercise can be objected to here. In all these patients of course any-thing to which the affection may be attributed must be removed or given up, and a short residence in the country is very beneficial sometimes.

In connection with the above mentioned rules, various remedies should be tried, and few will be followed with such good success as the use of some of the preparations of iron. In the milder cases, a visit for a time to some one of the chalybeate springs as Tunbridge, Cheltenham &c., is attended almost always with marked and lasting benefit. If the patient cannot avail herself of these waters

the pharmaceutical preparations of iron are very beneficial and should never be neglected in the treatment of this form of amenorrhoea unless when they do not agree with the patient, which is very seldom. In general they do agree, but it may be necessary before beginning their use to clear out the intestinal canal by a mercurial purgative. They impart tone, nervous energy and general vigour to the system in which the uterus shares, and may be given for a long time without failing in their import. Perhaps the best preparation is the Sulphate given in doses of from one to five grains, but the Tyrup of the Iodide, the Tincture of the Muriate, the Saccharine Carbonate &c are all very good. This mode of treatment will sometimes be all that is necessary to establish menstruation, but at other times, it only strengthens the system when other remedies which act more directly on the uterus will be called for.

An Electric shock passed through the loins by its stimulating effect is sometimes

a powerful emmenagogue, but it is irregular in its action, and is besides very painful. Its effect however is sometimes immediate, but at other times the stock requires to be transmitted every two days for some time, but if diarrhoea and sickness follow its use, or if it takes long in producing the desired effect it should be discontinued.

I have seen several cases of suppressed menstruation under Dr. Weir at the New Town Dispensary speedily cured by the introduction of a pessary composed of zinc and copper, which of course acts in the same way as the above, but only more directly. It is scarcely applicable to cases of retention. Introduction of bougies has sometimes been unsuccessful by the irritation they produce. Stimulating injections have been recommended but they have proved dangerous remedies. Leeches applied to the os and cervix uteri, to the vulva or thighs are sometimes very beneficial, but especially where there is any congestion.

I have seen Dr. Weir succeed by using

a catheter, which was introduced into the uterus, and while there by means of an air exhausting syringe attached to it, a vacuum was made, which caused a flow of blood to the uterus.

Mustard Sitz-baths are sometimes attended with marked benefit, especially when used regularly for a short time before the period.

Marriage has sometimes, but not always the effect of curing.

Frictions, Insufflations &c., to the lower part of the abdomen, and to the thighs are useful.

Stimulating the breasts by blisters, leeches &c, have sometimes been successful, by the sympathy that exists between them and the uterus.

Throwing stimulating injections into the rectum are sometimes successful.

Pressure on the Iliac veins, was long ago recommended, but is never used now.

Mercury has been much praised by some as an emmenagogue, but its virtues as such although currently credited are obscure and not to be depended on.

Ergot of Rye is recommended by most

authors, and is undoubtedly a good remedy, but how it acts as such it will be difficult to explain, as it acts by contracting the uterus and consequently its vessels. Its physiological actions must not be induced, when used for amenorrhoea.

Iodine is occasionally successful, but it is probably only in those cases connected with stroma. I should think Cod-liver oil a good remedy in such cases.

Savin has been long confided in as an emmenagogue, but it is not much used now on account of its irritant effect.

Aloes act by irritating the rectum, and in combination with iron are much used as a purgative in this affection. It should be used a short time before or during what should have been a period, but if any irritation exists about the uterus or rectum they are inadmissible.

Ergot is sometimes a very good and efficient emmenagogue.

Madder has been strongly recommended by Dewees and Horne.

Strychnine was first introduced by Dr. Bardsley of Manchester, but chiefly in cases of Suppression in which he was very successful. It must act through the nervous system. Whenever its constitutional effects threaten to be developed as headache, twitching of the muscles &c, it should be suspended. Chlorate of Potash has been very successful in doses of 5 or 6 grains three times a-day, in several of Dr. Weir's patients.

Mustard seems to be a powerful emmenagogue. Dr. Digby states, that several girls nearly arrived at the usual age of menstruation, when at school one day, for amusement spread a good deal of mustard on their bread, and in a few hours several of the eldest menstruated for the first time.

Many other medicines and means have been recommended, but by a skilful and careful selection of the above specified remedies simple, uncomplicated amenorrhoea will almost always be cured. Before the cure can be effected however, it must be by a patient and long continued use of these remedies

in general.

2nd When Menstruation is prevented by the presence of some chronic affection.

In this case although puberty is attained there are no attempts made at menstruation while the symptoms of the chronic affection are generally sufficiently evident. Chlorosis, Phthisis, Chronic inflammations of the liver and spleen &c. are among the most frequent causes.

Of course all entreaties to bring on menstruation by emmenagogues or any other remedies must be strictly and firmly repelled, but the treatment must be directed to the removal of the primary disease if possible, when the catamenia will probably appear or if they do not, they may be assisted by some of the gentler emmenagogues. The Prognosis of these cases is almost always unfavourable.

3d When a vicarious uterine discharge is substituted

This form of retention generally occurs in young and delicate females. It is a salutary product and has been known to supply the

place of the menses for a long time, and sometimes without any deleterious effect It has been seen to alternate with the regular secretion. Indeed in some cases the only difference between this and the regular discharge is in the colour.

The Symptoms are sometimes nearly the same as those of regular menstruation, the discharge lasting three or four days, and the amount being nearly the same but the colour of the discharge being white instead of red. In the interval the patient may be in the same state as if the proper secretion had been effected instead of this, but she is weak generally, unable to stand fatigue or endure exertion and the health is rather precarious In other patients the integrity of the intervals is not maintained but the leucorrhoeal discharge continues, when the symptoms become more marked and the general health more deranged. There are pain in the back and loins, frequent and severe headaches, pain in

the side or chest, loss of appetite and irregular bowels, and in the end if unheeded it runs on to true uterine leucorrhoea with its proper symptoms.

The causes of this condition are not to be found in any part of the uterus, but generally the blood will be to blame, being almost always very poor. Where the leucorrhoeal discharge is kept up during the interval, it will generally be found to depend on a low form of inflammatory action in the uterus.

I never consider it a slow development of the menses.

The Diagnosis will not be difficult, as the leucorrhoeal discharge will show what is secreted, and its regular recurrence will show that it proceeds from the uterus, and determines the non-existence of any obstruction or mal-formation. The appearance and age of the patient will also assist us.

Treatment. Sometimes no treatment is required as it may after two or

three periods be substituted naturally by the menses.

In all cases the treatment must be directed more to invigorating and strengthening the system than to the uterus. The diet must be as nutritious and in as little bulk as possible, so that the stomach may not have too much to do or be overloaded. Food should be given frequently and in small quantities at a time in order that that may be avoided. A little wine or malt should be allowed to assist the digestion. She should be enjoined to take as much exercise as possible without fatiguing herself. A daily ride on horseback or in a carriage is perhaps the best way in this form of retention.

The state of the bowels should be carefully attended to and an occasional purgative, especially one containing aloes, is sometimes very beneficial.

Tonics should never be neglected, especially some of the preparations of

iron, which are of great advantage in the cure of this affection. A visit for a short time to some of the chalybeate mineral springs almost always causes a decided amendment in this.

Dr. Dewees recommends the use of thirty drops of the Tincture of Cantharides three times a day very strongly.

Hip or Foot-baths every night especially shortly before the period are of decided advantage.

If the disease is uncomplicated a steady perseverance for a short time in this treatment is generally followed by a properly coloured discharge, but the patient, as long as she continues at all weak, should follow up the tonic regimen as prescribed above.

If the leucorrhoea continue throughout the interval and depend on a low grade of inflammation, great benefit will be derived from a blister being placed once or twice on the sacrum or even from a few leaches applied to the cervix uteri

Iron is a good remedy in this case also. Copaiba, log-wood, ergot of rye &c may all be tried if the preceding treatment fail which will very seldom be the case, if exercise, nutritious diet and luke-bath be conjoined.

4th When there is some structural deficiency or congenital malformation. Such cases rarely occur and are sufficiently perplexing when they do. There are various kinds,-

a The ovaries may be naturally absent, atrophied or disorganised by disease. Such cases are totally irremediable. Menstruation may be performed if one or even only a portion of one remains entire. This fact clearly proves that menstruation depends on certain changes which take place in the ovaries.

Dr Churchill states that these patients may enjoy good health, and have a well-developed body, the circulation remaining active and entire, and all their other functions being duly performed.

Generally however the breasts do not become prominent, they have no desire for sexual intercourse, their genital organs being undeveloped. As they approach the period of puberty, they assume some of the peculiarities of the male sex, their voice gets deeper and harsher, and a slight beard appears on the upper lip.

b The uterus may be absent, while the ovaries are present, when the general appearance and health may be little if at all affected, but if the ovaries also are absent the same maidenline characteristics as above develope themselves although the general health may be unaffected.

In these cases the vagina will be felt to end in a cul de sac, and no uterus will be felt between the finger in the rectum and a bougie in the bladder.

c There may be no os uteri or it may be impervious. Impervious os uteri is of more frequent occurrence than any other form of mechanical obstruction. It may follow parturition and is then a cause

of suppression. It is probably the result of inflammation after delivery and in many cases reaching to the vagina.

The same thing may be seen however in those who have never borne children.

In some of these cases, menstruation may take place, but it is only into the uterus which becomes distended and visibly so at each menstrual period. In many cases pregnancy is suspected. If nothing is done the uterus enlarges, the patient becomes weak, pale and emaciated, from the continued harassing pain about the hips and loins which she suffers, and in many cases from the low spirits into which she is naturally cast both by the disease and the unwitting hints which she will frequently hear that she is pregnant.

Sometimes the uterus does not increase in size, but there is continual dragging-down pain and feeling of weight in the region of the uterus. Occasionally dysuria and tenesmus are present, and almost always severe dyspeptic symptoms.

If not relieved, the uterus may burst and cause rapid death by peritonitis, or the patient may gradually sink under the irritation.
The uterus may be felt in these cases per vaginam or by a finger in the rectum.
The Treatment must consist in allowing the secretion an exit, which may be done by a trocar or by a bistoury. Both instruments should be employed with great caution, the operator bearing in mind the proximity of important parts. When a bistoury is used a crucial incision should be made.
However the opening is made, it must be kept from re-uniting by means of a bougie.
The fluid evacuated from the uterus in these cases is generally of a dark colour and of a fetid odour. The quantity is sometimes very great.

d. There may be no vagina or it may be impervious. The symptoms of these cases are the same as those of the former, and the only means of diagnosis is by a vaginal examination. The terminations of the affection may be the same as those of the former.

When the vagina is wanting, one may be formed in the areolar tissue between the rectum and urethra as in Emmet's case. Of course this is an operation, attended by a great deal of constitutional disturbance, and requiring time and great care in its performance. To facilitate the operation and to render it safer, the index finger of the left hand should be kept in the rectum while a bougie is held by an assistant in the bladder. After reaching the os it may be necessary to puncture it, when the contents of the uterus will drain off.

When the vagina is impervious, it is generally the result of adhesive inflammation, which can sometimes be broken up by the finger, or the knife may be required.

After both operations, the vagina should be kept open by a sponge tent or by a roll of cloth.

Sometimes the patient cannot bear, or the parts will not admit, the formation of a vagina, when it will be necessary, to save life, to puncture the uterus from the

rectum.

c The hymen may be imperforate. In such cases, many of the symptoms enumerated under the two former may be present, but rupture of the obstruction takes place before any of the more serious symptoms ensue. The Treatment must consist in dividing the obstruction.

After any of these operations, health may be rapidly established, but in all it is necessary to pay great attention to any inflammatory symptoms that are apt to ensue, in order that they may be met with vigour and promptitude. At first the vagina should be washed out with warm water pretty frequently, and always prevented from misting.

Dr. Churchill recommends the application of a binder round the lower part of the abdomen.

After all fears from the operation are at an end, the patient should be put on a generous diet with tonics as iron. After a time moderate exercise in the open

air will soon establish the health. The state of the bowels should always be attended to.

Amenorrhoea or Suppression has been defined by Cullen,- "Amenorrhoea in adultis, quibus menses, quae jam fluere solebant suppressae sunt." The Catamenia are suppressed naturally during pregnancy and lactation, and in this country at about the age of fifty, although they may continue much longer and on the other hand may end much earlier especially in those who have menstruated earlier than usual. In warm climates, menstruation ceases at an earlier age, than it does here.

Suppression to constitute a disease must be independent of any of these causes, yet while these exist suppression may not follow, thus cases are recorded where females have continued to menstruate during a considerable part of their pregnancy; and after lactation has continued for some time, and still continues, the menses may appear, when the milk becomes unable to support life, and even exerts a deleterious influence

on the child, who is affected with diarrhoea, vomiting, colic and convulsions.

As a disease Suppression may either be acute or chronic, occurring at any period of menstrual life, and may happen in either the plethoric or weak when very different symptoms will present.

Acute Suppression of the Menses occurs suddenly and immediately before or during a menstrual period. The changes in the ovaries, which cause menstruation, have taken place in this, whereas in simple suppression and in retention they do not take place.

The causes of acute suppression are cold applied at the period; mental emotions as grief, fear, horror, joy, disappointment especially it has been remarked in love or in a marriage settlement, jealousy, misery, want, anxiety &c; bodily shock however occasioned; acute inflammatory and typhoid diseases; the use of astringent injections or sexual intercourse during the flow; haemorrhage from venesection or

otherwise; enemies or drastic purgatives.
To show the effect of the mind on the secretion I may mention that Churchill observed that almost all the women who are sent up to the Richmond Penitentiary, after being tried at the Recorder's Court, labour under suppression of the menses, in consequence of the mental agitation and distress they have undergone.
The tendency of bodily shock to cause it, is lessened or indeed lost by custom, as the bathing women at the sea-side can pursue their avocation with impunity generally while they are menstruating, although it would almost inevitably be followed by suppression in women not accustomed to it.
The injurious consequences of the suppression are very various and depend very much on the condition of the patient, whether she be strong and plethoric or weak and irritable; and on the intensity of the cause.
I will first describe the effects that might be expected in the plethoric

and next in the week.

1st. In Plethoric females, suppression from being exposed to any of the above exciting causes, is generally followed by congestion if not inflammation of the uterus, indeed D.r Gooch relates a case where after death the uterus was found gangrenous so acute and high was the inflammation. There is sometimes shivering, then strong full pulse, hot dry skin, thirst and all the symptoms of febrile action present themselves. There are pain aggravated by pressure, and a sense of dragging in the region of the uterus and loins denoting that it is inflammation of the uterus and that often of the most aggravated form. Inflammations of other organs might accompany this as of the brain, lungs or intestinal canal; while the worst forms of hysteria approaching to epilepsy or even apoplexy may be substituted.

Although this disease of menstruation is immediately the most dangerous, yet

if seen in time it is perhaps more under control, than any other disease to which this formation is liable.

2nd In Weak Females, acute inflammation is more frequent than in the former class, and Inflammation may even be the product, but Hysterical affections are more frequently so, yet very distressing and of great severity sometimes, requiring a good deal of tact to distinguish from true inflammatory pain; but the constitutional disturbances which characterize the latter do not accompany the former, although the pulse may often be very quick and strong, and the skin hot. The pain intermits often, and is of a peculiar shifting character, so that, if remedies are used to relieve, for instance, an supposed inflammation of the lungs, inflammation of the brain or of some other organ will be substituted while the other is instantaneously cured. In short it is Hysteria that we have to deal with

and not Inflammation in general;
requiring rather the use of opiates and
anodynes than the remedies of inflammation.

In both the Plethoric and
Weak, Nature may relieve herself
by a vicarious discharge as by vomiting
of blood, or by the substitution of a
leucorrhoeal discharge which may
return for successive periods, still
further weakening the patient and
adding to the difficulty of restoring health.
Diagnosis. There is little difficulty in
deciding as to the fact of suppression
from the patients account, but there
is often very great difficulty experienced
in deciding whether the removal of
the suppression is inflammatory or
hysterical, but the appearance of the
patient and the general constitutional
symptoms will generally enable us
to decide, as the inflammatory form
is generally found in the plethoric
and the hysterical in the weak; and
the pyrexia and other inflammatory

symptoms are absent in the latter, although the pain may be as severe or more so than it is in the former, but then it will frequently be found that sometimes the pain is as much complained of as previous, in the week.

Dr. Churchill remarks that it is sometimes impossible to decide, when he advises us to err on the safe side and act as if the case were one of inflammation. There will be no difficulty in determining whether the patient is pregnant or not from the symptoms.

The Treatment during the existence of the acute symptoms will depend on their character.

In the first place we should do all in our power (compatible with existing circumstances) to restore the discharge by causing the patient to take a warm hip or foot-bath, to drink something hot, as gruel and we should prescribe a mild diaphoretic and a gentle purgative remembering that this might be over-

done by fulfilling Nature's method of cure, namely, a vicarious discharge.

However if Inflammation has set in we must not lose time in endeavouring to restore the discharge, but must attack it vigorously by general blood-letting in proportion to the inflammation, by calomel combined with some other purgative as coloeynth or aloes to produce a full effect upon the bowels assisted by a powerful enema as one of turpentine. The bleeding may be repeated and assisted or substituted by local depletion either by leeches or cupping to the lower part of the abdomen or to the groins.

Antimony and Morphia should be given to produce a sedative effect.

Diaphoretics as Aqua Acetatis Ammoniae are of great benefit and may easily be made into a mixture with the preceding. Local Fomentations or emollient injections into the rectum afford great relief.

A warm bath, where it can be got,

continued for about half an hour is perhaps the most grateful and best endorific that can be employed; or one that can be easily obtained and which is very effectual, namely, several flannel stockings wrung out of very warm water and laid on the bed beside the patient where the steam arising from them causes perspiration sometimes with great rapidity.

(x into each of which a bottle full of warm water is placed)

If the symptoms are hysterical and of a nervous character, different treatment is required. Blood-letting should never be had recourse to, either general or local, unless, as Dr Chambers says, any doubt exists as to whether they are inflammatory or not.

A purgative is generally called for, while opiates and antispasmodics constitute the remaining treatment.

There is far more chance of the discharge returning in this than in the former case so that the means above recommended for the return should be had recourse

to here.

An antispasmodic injection sometimes exerts a very beneficial and speedy influence on the disease, but in order that it may do so, it must be retained for some time which will be accomplished if the injection is small and as little dilluted as possible, so as not to distend the gut, and induce expulsive actions.

If that treatment is not successful in restoring the discharge at that time, every care should be taken to prevent any thing that may cause a relapse of the acute symptoms.

The Treatment of the interval in both cases should be confined to keeping the patient in as equable a state of health as possible; to keeping the bowels regular, the body warm especially the lower extremities. In the Plethoric strict search must be made for any symptoms of subacute inflammation, when if found they must be combated

by low diet and other necessary means, while in the Week with hysterical symptoms, the diet must be rather generous.

At the proper time, the discharge may disappear when our treatment and care are at an end, but Leucorrhoea may be substituted, requiring its own proper treatment; or, it may pass into Chronic Suppression which I will now describe.

Chronic Suppression, as I have said may be the result of the acute form, or it may be the result of diseases of other organs as of the lungs, ovaries, uterus &c., or it may be the termination of the menstrual period before the usual age. It may be dependent also on increasing constitutional debility.

Symptoms. When it results from the acute form, the menses of course dont reappear at the usual time, but when resulting from the other causes, the discharge generally at first becomes less profuse, then irregular as to time and perhaps

painful and difficult and ultimately cease to appear at all. Or, the discharge may become thinner, less regular, and gradually more serous, and less in quantity, and perhaps at shorter intervals till permanent leucorrhoea usurps the place of the healthy and regular secretion. The constitutional symptoms will of course be very various, and some will even have no reference to the uterine organs at all, but when they are at fault, we have occasional vertigo, headache, nausea, volitantes, pains in the back and side, constipation, loss of appetite and general bad health very favourable to the development of some organic disease peculiar to the climate and in this more particularly Phthisis.

When leucorrhoea has been substituted, it will be accompanied by its own proper symptoms and require its own proper treatment.

When after one killing, the menses do not appear, and the health suffers

on examination must be made as adhesive inflammation may have taken place in the vagina or uteri.

When some organic disease has preceded the amenorrhoea, its proper symptoms will show themselves.

When it is merely an early cessation of the menses, of course no morbid symptoms will be present.

Diagnosis. The principal condition with which it can be confounded is Pregnancy, but even with it we will seldom have much difficulty, as married women will generally set down the suppression to pregnancy and we will not be consulted, until more marked symptoms of the disease show themselves, when we will in general be able to diagnose correctly. But with unmarried women, or rather with those who are not in a situation to have children creditably, the case is different, as they will generally present themselves in time, but their general health will remain unaffected, except through

time by the morning sickness and other complaints consequent upon pregnancy, while the breasts will be enlarged and marked by the areolae.

However even although the symptoms of pregnancy are denied or do not present themselves, the practitioner should never give medicine until the health is affected or threatens to become so. Dr. Dewees says that the health rarely suffers, till three periods have passed.

Treatment. As a general rule, unless the system evidently suffers, nothing should be done, as it may be a case of premature cessation of the menses, when any attempt to produce them would be unavailing, and we only get laughed at for our pains; or the patient may be pregnant, when any attempt to restore the discharge would be highly culpable.

If the suppression is the results of disease of any other organ, the treatment should have reference to that, and be begun immediately, when if we are successful in

removing it, the catamenial discharge will return without further treatment.

When it is dependent on adhesion of the uterus or of the walls of the vagina, the adhesion should be separated.

When the suppression is purely uncomplicated, as it is generally after the acute form, and which is of the most frequent occurrence, the same treatment will be necessary as has been recommended for Retention, in the plethoric, depletion, and in the weak, tonics and stimulants, but even in the latter it should be recollected that the ovaries and uterus or appendage may be in a state of congestion or latent inflammation requiring depletion.

The same remedies also which act on the uterus, and which were recommended in Retention are also to be used here.