AN INAUGURAL DISSERTATION
ON
Menorrhagia

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Menorrhagia

Menorrhagia is an excessive flow of the menses, and consists of pure blood than that of the regular ector- membrinal discharges. In 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: 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
tic. 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 plen-
ity 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 interns. When the discharge has occurred there is permanent pain, tenderness, weight and a sense of fulness in the region of the intern 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 becomes less frequent and softer, and thus the patient is rendered 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 pernicious 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 catamensial 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 some hardened forces tenesmic purging hemorrhoids and constipation also sexual excesses repeated abortions undue lactation inclinoba and a variety of other causes and these will be aggravated by luxurious indulgences exposure to wet or cold weather indolence heated rooms
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, delirium 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
depends. Active Menorrhagia sometimes coexists with delity the vascularity of the uterine 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 menorr

hagia. In its form little or no treatment is required the hemorrhage proves benefi
cial by relieving the distended ves
dels of the uterine and the disease subsides spontaneously. But when there is flushed face a full hard and frequent pulse with decided plethora Copious resection should be resor
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 constringe 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 inicates 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.
Cold applications to the vulva and over the hypogastrum are highly valuable also cold water enemas 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 derniers 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 balls slowly introduced in small quantities until the vagina is completely full. 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 indulgences of all kinds should be scrupulously avoided, moderate exercise should be taken daily. A light and stimulating...
diet should be enforced, 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 enforced. 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 hemorrhages 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 passing form is sometimes induced
Dr. Ashwell says a nice distinction is necessary here. Thus several times when I have thought the hemorrhage depended on debility I have unsuccessfully exhibited ergot and tonics and have gone back to the antiphlogistic plan and cured the patient. He also says not let it be forgotten that local depletion is sometimes most beneficial, especially in those cases, where in the absence of general plethora there is local uterine weakness.

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 spasm it becomes soft and slower, showing by this speed 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
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. Goss, has correctly said the two best are Specranumha taken into the stomach and spinal and asafaetida infected in the rectum. He also adds a grain of Specranumha is to be taken every 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 infection. 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 hemorrhay. 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 arises from various causes, to wit: Indifference
to early menstruation, an indiscriminate use of wine and other stimulants, debility in 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.
patient has nervous headache the
pain is generally confined to one spot
there is vertigo singing in the ears
the body chilly extremities cold and
the pulse is small and languid.
If the disease continues the whole
series of symptoms become aggra
rated. 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 dis
crimination between it and reple
for if we were to confound them, and
adopt the remedies usually given
in repletion we would greatly agg
trivate 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 anaesthesia. 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, it is distinguished from either of the other forms by its occurrence in debilitated females. And from any organic disease of the uterus by an examination per vaginam.

Prognosis, it very rarely if ever proved 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. It is decided by permission. The uterine capillaries are weakened by any recovery of the hemorrhage, the anemia is constantly being increased, therefore we should resort to such measures as will most speedily arrest the hemorrhage. Treat circumcision should be exercised in the administration of tonics and stimulants merely as a matter of form. For fever or uterine congestion 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 availing. A light and nutritious diet should be enjoined. Hydargyrum 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 stimulants 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 begin to impart tone to the system. If the bowels are torpid use the sulphate if there is diarrhoea give the carbonate of iron.

Cut 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 connection with other states of the uterus than those already described. To wit, uterine polyps threaten abortion, carcinoma of the cervix, corrodent ulcer, and an excrescence of the os uteri. Consequently in all protracted hemorrhages from the uterus we should make an examination per vagum and ascertain in the nature of the disease.
before we form any diagnosis for without doing so, we would be liable to form an incorrect diagnosis.

Gentlemen having finished what I have to say on this complex but very interesting and important disease, I now submit it to you for your consideration, hoping your criticism will be mild.

Respectfully yours,

George B. Poeter

Jan 21st, 1858