Essay on Amenorrhoea

By John Bell

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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 two
Amenorrhoea of Retention, and that of Talisman, 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 Callen. “Amenorrhoea (amenorrhea) in puerperium, during first stages of labor, tension, citron, non fam fornication, et cam female various affectione morbideo adson.” But before proceeding to its study, it will be well to notice a few of the leading peculiarities connected with Retention.

Masturbation, then, is a function peculiar to the human female, and is generally esteemed as an index of fertility.
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. Mr. Wall relates the case of a child commencing to menstruate when only 9 months old, and besides many others, Lobstein and Eany 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 more about to take place. I refer to situations within ten years. Since, however, in certain such cases, and remarks that in general they are "women of feeble health, remarkable leaness, of soft, flabby discolourcd tissues, their yellow tint announcing 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 menstr.

The period of occurrence varies considerably in different climates; thus in the intertropical climates, the 15th year is the normal 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 older 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 Davenant, 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 D. Channing, 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 lower than in this country has been strongly denied by others and even reversed, thus D. Channing states that though they are undoubtedly general, "the African countenance seldom shows that coarse, brutal personality, which is so common in the face of the white man. I should expect the contrary from the African race, if civilized, less energy, less courage, less intellectual originality th
dn in our race; but more amiability, 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 not with their only 1 year of age, and malformations married more than once when the wife "was full eight years old." That this explains the case 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. J. S. J. formerly House Surgeon to the Edinburgh Royal Infirmary, states, that of 1000 girls admitted into that institution affected with venereal disease, 12 were below their 15th year, and that cases are far from being uncommon of girls being as 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 children 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 every day, but there are 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 so many years, and yet the woman may enjoy perfect health.

Therefore, before deciding that a girl is suffering under Eruption of the Genital, many circumstances require to be considered besides the age, as if the other symptoms generally denoting sterility are greater.
development of the whole frame and
mind, especially of the mammae and hips,
are not present we cannot expect menstruating
and before we proceed to administer medicine
to induce it the "variae affectione" mobiles
of the definition cannot 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 their menses, of which they are so anxious
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 unprofitable and
with more success they consult an unqualified
sorcer, whose medicine if at all efficacious
may be production of the most objectiona
consequences, as in a case related by Dr. Dewez, where a lady consulted him about her daughter, who was in her fiftieth year, but who had never menstruated, but who, she was anxious and, as she afterwards proved, determined, should do so. Dewez 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 pumice, which made the girl very ill, but nevertheless the quack advised her to persevere, till the symptoms became as alarming that Dewez was called in, but it was too late for anything to be done and death put an end to her suffering 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 postponed.

As a nosokomea of retention is of very frequent occurrence, indeed Whitehead states that of 4,000 girls of all stations, whom he had observed, 22.3 per cent. suffered from such
a degree of required medical interference, besides many more who were just right by domestic remedies.

It may happen in four different conditions:
1. When Puerperia is fairly established, yet the catamenia do not appear.
2. When Postmenstruation is prevented by the presence of some chronic affection.
3. When a vesicular uterine discharge is palpable.
4. When there is some structural deficiency or congenital malformation.

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

When Puerperia 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, phlegmatic 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 loss of force of weight in the lower part of the abdomen, and acting down the thighs with the peculiar chocking sensation about the thyroid gland, but as the other symptoms and effects differ very much, I will consider them separately, and -

If the patient is phlethoric and well nourished, there are invariably signs of congestion in active phlethemia. 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 and full pulse, a florid countenance, and general extreme 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 bordered with a clammy sweat. If the amenorrhea 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 function of the digestive organs languish, the bowels become constipated and irregular; the strength is reduced, the temper becomes changed losing its previous cheerfulness and gravity, 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 Ophorea, severe hypertensive paronychias, epilepsy, or hyper or intestinal disease, which may lay the
omation of severe and practically incurable disease, or at least complicates the proceeding Chlorosis which will be an inevitable result of the primary affection, namely, the amenorrhea be allowed to run its course. This is too often the result, as although in general very manageable, the patient seldom comes to before that stage has been arrived at promptly some of the severe affections above mentioned present themselves.

3. 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 clap. The most common course of the disease in this clap is to end in Chlorosis, only if it is removed.

Dr. Aitwell has remarked that those girls who are naturally delicate are kept healthy in general, when the disease has reached its ultimatum, than those
who were once phlegmonic, 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 phlegmonic.

In both classes, but especially in the phlegmonic, discharge of matter and especially from the mucous membranes may confer a temporary immunity from the effects.

Dr. Churchill says, "I have repeatedly examined the uteri of patients laboring under amenorrhoea: the cervix has generally appeared small and more prominent than usual during the interval, but on 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,
The Causes of Depletion of the nervous system are generally to be found in the previous habits of the patient, and are exceedingly varying. It is generally met with in patients who have led indolent and sedentary lives, have been accustomed to soft beds, warm rooms and impure air diet or too much sleep, or in those who sleep in close and crowded apartments, who have not sufficient outdoor exercise, or in those whose minds are constantly excited and occupied at the periods of approaches to puberty, while they neglect the physical exercises necessary to the development of the human frame at that period. It is of frequent occurrence in those who are emotionally excited, and who practice masturbation. The occupation of the proper climes during the periods of puberty causes it, especially employment in warm, ill-ventilated and crowded rooms and factories. Insufficient sleep, prolonged exertion and attention
before and during the period of commence-
ment, residence in cold, damp and
malarial localities or low cellars, prolonged
exposure to cold and insufficient clothing,
malnutrition and depressing mental emotion
have all been observed to tend to the
production of this disease.
No. 7 Whitbread of Newcastle, gives an
interesting table in his work on libation
and hygiene showing the influence
of several different occupations in its
production, a few of which I will
notice, those of
530 Spinners and Weavers, 27.5 per cent. were unfavourable
483 Carding room hands, 20.08
1319 Domestic servants, 18.45
363 Sewing room, 20.38
161 Educated ladies, 32.30
So that we have the educated ladies suffer-
ing in a much greater ratio than any
other class.
The diagnosis of this affection is seldom
difficult, as the only easy with which
it is liable to be confused, are those
in whom there are periodic attacks, but no discharge on account of mechanical obstruction, when an examination will be sufficient to decide; and those in whom retention exists when 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. Micturition amenorrhea generally yields to the treatment, at least the rhythmia does, but health is not necessarily established, as it may slip into the chronic or secondary form, when the prognosis must depend on the general state of the patient.

The pathology is not at all decided, indeed every author has his own theory on the subject. Astmell 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 arrest the secretory process." Churchill thinks that the engorgement may...
be a cause, but it by no means the only cause. Liebman agrees with Bellwell in thinking that it depends on engorgement. Copland thinks that it is either or both on imperfect development or impaired energy of the uremic organ arising from causes which impair or exhaust the organ's 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 explanation of other observers as "chiefly theoretical, entities of the imagination."

Treatment:

1. 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 purging constitute our chief means. The bleeding may be either general or local, the local being generally preferred, unless indeed the symptoms are very
urgent on some organ as the liver at con- 
gestion, when venesection may be necessary. 
Bathing the body in a stimulating leeches to 
the sole, heel, thigh, or groin is 
ordinarily sufficient, and afford very 
great relief. It might have a better effect 
if it could be foreponed till a few 
days before the monthly effort. Small 
repetitive bleedings at that period have 
been practiced with good results. 

Next to depletion, purgatives are to be 
prescribed as aloe, calomel, jalape, and 
colonial, especially continued for some 
time before and during the period. 
A foot-bath containing some mustard and 
continued for twenty minutes or half an 
hour every or every second night is a power- 
ful auxiliary. A sellaureum every night 
and morning may sometimes be substituted 
with good effect.

During the interval, great care 
must be taken to keep the bowels very 
regular, the diet must be sparse, consisting chiefly of 
fish and vegetables, and little animal
food, wine, or matter taken.

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 tends to cause congestion.

By following this mode of treatment, for some time, we are always successful in removing the phlegm, but not in producing the catarrh, although we must not readily judge that, because they do not appear, we are unsuccessful as the

If the catarrh 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 epaull, 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 week, irritable and delirious.

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 as little fatiguing as possible. Neither horse nor coach exercise can be objected to here.

In all these patients of course anything 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 connexion with the above mentioned only, 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 at Tivoli, Cheltenham, etc., is attended almost always with marked and lasting benefit. If the patient cannot avail himself of these restor
the pharmaceutical preparations of iron are very beneficial and should never be neglected in the treatment of this form of anæmia, only 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 purge. They impart tone, renew energy and general vigour to the system on which they act; hence 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 Syrup of the Iodide, the Tincture of the Iodide, the Iodized Carbonate 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 body by its stimulating effect is sometimes
a powerful enmenagogue, but it is irregular in its action, and is besides, very painful. Its effect however is sometimes immediate, but at other times it is not required to be transmitted every half day for some time, lest 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 suppository composed of gum and opium, 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 benjice has sometimes been unsuccessful by the irritation they produce. Stimulating injections have been recommended but they have proved dangerous remedies. Lace applied to the os and cervix uteri, to the vulva or thighs are sometimes very beneficial, but especially there is any congestion.

I have seen Dr. Weir successful by many
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 and bathy 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.

Fomentation, fomentation to the lower
part of the abdomen, and to the thighs are useful.
Stimulating the breasts by blister, leeches,
and ses, have sometimes been successful, by the symp-
pathy that exists between them and the uterus.

Knowing stimulating injection into the
rectum are sometimes successful.

Preparation on the valve vein, 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
author, 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 action must not be induced, when used for amenorrhea. Saline is occasionally successful, but it is probably only in those cases connected with atresia. I should think cod-liver oil a good remedy in such cases. Farrow has been long confided in as an emmenagogues, but it is not much used now on account of its irritative effects. Alone 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. Wine is sometimes a very good and efficient emmenagogue. Macleod has been strongly recommended by Dr. webb and Dr. one.
Physically was first introduced by Dr. Bridde of Manchester, but chiefly in cases of effusion 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, 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. Wort's patients.

Mastast seems to be a powerful emmenagogue. Dr. Rigby 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 amenorrhea 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.

2d. When no menstruation is prevented by the presence of some chronic affection. In this case although periodicity 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, etc., are among the most frequent causes.

Of course all attempts 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.

3. When a viriaious uterine discharge is substane.

This form of retention generally occurs in young and delicate females. It is a watery product and has been known to accompany 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 profuse secretion had been afforded 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. They are pain in the back and loins, frequent and severe headache, pain in
the side or chest, loss of appetite and irregular bowels, and in the end if in- 
creased it comes on the true ulcerous leucro-
cleises with its proper symptoms.

The Causes of this condition are not to 
be found in any fault of the uterine, 
but generally the blood will be to blame, 
being almost always very poor. Where 
the leucorhoeal discharge is kept up 
during the interval, it will generally be 
found to depend on a low form of inflan-
matory action in the uterus.

I very consider it a slow development 
of the menses.

The Diagnosis will not be difficult, as 
the leucorhoeal discharge will show, 
what is secreted, and its regular recur-
rence will show that it proceeds from 
the uterus, and determines the non-exis-
tence 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
In all cases the treatment must be directed more to invigorating and strengthening the system than to the skin. 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 milk should be allowed to adjust 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 aloe, if sometimes very beneficial.
iron, which are of great advantage in the
cure of this affection. A visit for a
short time to some of the Holyoke
mineral springs almost always causes
a decided amendment in this.

Dr. Dean recommends the use of thirty
drops of the Nineteen of Carbohydrates
three times a day very strongly.

Use or post-bathing 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 depends on a low-
grade of inflammation, great benefit will
be derived from a blister being placed
on the navel or even from a
few leaves applied to that cervix uteri.
Iron is a good remedy in this case also.
Copeia, tyg-wood, ergot of rye be may
all be tried if the preceding treatment
fails which will very seldom be the case.
Of exercise, nutritious diets, and hel-
bility be confirmed.

4. 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 disorganized by disease.
Such cases are totally irreparable.

b. Menstruation may be interfered 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.

D. Carefull 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, whenever the breasts do not become prominent, they have no desire for sexual intercourse, their genital organs being underdeveloped. As they approach the period of maturity, they assume some of the peculiarities of the male sex, their voice gets deeper and harsher, and a slight beard appears in 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 and other characteristics as above develop 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 bonge in the bladder.

c. There may be no or little or it may be impervious. Impervious as uteri, is of more frequent occurrence than any other form of mechanical obstruction. It may follow scarification and is then a cause
of self-suffocation. It is probably the result of inflammation after delivery and in many cases reacting 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 continual hammering about the hips and hips with which she suffers, and in many cases from the bowel pains into which she is naturally cast both by the disease and the inflating lungs 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 pyrexia and tachycrasia are present, and almost always severe digestive disturbances.
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 by vaginam or by a finger in the rectum.

The treatment must consist in allowing the secretion an exit, which may be done by a treater 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 careful measure should be made. However, the opening is made, it must be kept from re-inserting 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.

If 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 termination 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 Arnaud'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 easier, 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 uterine, if it may be necessary to puncture it, when the contents of the uterus will drain off.

When the vagina is insufficient, it is generally the result of adhesive inflammation, which can sometimes be broken open 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
e. 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 propriety. At first the vagina should be washed out with warm water pretty frequently, and always prevented from drying.

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

After all scars from the operation are at an end, the patient should be put on a generous diet with tonics as soon as possible. After a time moderate exercise in the open.
Our will soon establish the health. The state of the bowels should always be attended to.

Amenorrhoea of Suppression has been defined by Colles, "Amenorrhoea in adult, gentle, monotonous, sine jamb, sine solleta et sine affecto." The Catamenia are supposed 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, much earlier, especially in those who have menstruated earlier than normal. 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 presence may appear, when the milk becomes unable to support life, and even exerts a deleterious influence.
on the child, who is affected with diarrhea, vomiting, colic and convulsions.

As a disease, suppension may either be acute or chronic, occurring at any period of menstruation, and may happen in either the pleronic or weak when very different symptoms will present.

Acute suppension of the Membrance occurs suddenly and immediately before or during a menstrual period. The change in the ovaries, which cause menstruation to take place in this whereas in chronic suppension and in retention they do not take place.

The causes of acute suppension are cold applied at the period; mental emotions as grief, fear, joy, distress, love or loss especially it has been remarked in love or in a marriage settlement, grief, fear, misery, want, anxiety, or atrophy, but however occasioned; acute inflammatory and suppurative diseases; the use of astrangent injections or sexual intercourse during the flow, hemorragiae from venereal or
otherwise, exactly or abstrusely unfavourable.

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 Peni-
tentiary, after being tried at the Hoosier
County Court, labour under suppression of the
menstrual in consequence of the mental agitation
and distress they have undergone.

The tendency of bodily shock to cause it
is defended, or indeed boasted by custom, as
the bathing women at the sea-side con
firmed their assertion with impartiality
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 phlegmatic or weak and
irritable, and on the intensity of the cause.

I will first describe the effects that
might be expected in the phlegm.
and next in the week.
1st In Menstrual females. Suppuration from being exposed to any of the above exciting causes, is generally followed by congestion if not inflammation of the uterus indeed Dr. Goss relates a case where after death the uterus was found gangrenous or acute and high was the inflammation. There is sometimes churning, then strong full pulse, but dry skin, thirst and all the symptoms of feverish action present themselves. There are pain aggravated by pressure, and a sense of dragging in the region of the uterus and some indicating 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 delirium or even sleepless 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 function is liable.

and in such cases acute suppuration is more frequent than in the former class, and inflammation may even be the product, but hysterical affections are more frequently so, yet very destructive and of great severity, sometimes requiring a great deal of labor 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 intensifies often, and is of a peculiar shifting character, so that, if remedies are used to relieve, for instance, suppressed 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 analgesics than the remedies of inflammation. In both the Malarial and Weak, Nature may relieve herself by a virulent discharge as by vomiting of blood, or by the substitution of a laryngeal discharge which may return for an acrophonic period, 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 suppuration from the patient's account, but there is often very great difficulty experienced in deciding whether the product of the suppuration is inflammatory or hystericid, 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 hectic, and the hysterical in the weak, and the Influenza and other inflammations.
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 inducing the strain is as much complained of as in fever in the week.

Dr. Churchill remarks that it is sometimes impossible to decide, when the advice given is to lie on the side and rest 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 deal in our power (compatible with existing circumstances) to restore the discharge by causing the patient to take a warm bath or foot-bath, to drink something hot, as quinol and we should prescribe a mild diaphoretic and a gentle purge, remembering that this might be over-
done by fulfilling Pasteur's method of care, namely, a morose 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 colonel combined with some other purgative as crotorinth or aloes to produce a full effect upon the bowel assisted by a powerful enema as one of bow-paste. The bleeding may be repeated and assisted in substituted by local depletion either by leeches or cupping to the lower part of the abdomen or to the ground.

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

Diarhœas or Aqua destiæcæ homœone are of great benefit and may easily be made into a mixture with the preceding local treatments or emollient injections into the rectum afford great relief.

A warm bath, when it can be got,
continued for about half an hour is perhaps the most grateful and best soothing that can be employed, or one that can be easily obtained and which is very effective, namely, several small [handwritten word unclear] puszings, pouring out of very warm water into each of several bottles filled with warm water and placed in the best position near the patient where the steam arising from them comes the patient sometimes with great rapidity.

If the symptoms are hysterical and of a nervous character, different treatment is required. If food or lodging should never be had recourse to, either general or local, unless as Sir Humphry says, one doubts as much as to whether they are inflammatory or not.

A purge is generally called for, while opium and antispasmodics constitute the remaining treatment. There is far more chance of the diarrhea returning in this than in the former case so that the means above recommended for the return should be had recourse
An anti-pneumatic 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 dilated 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 anything 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. For the pleuritic strictures, care must be made for any symptoms of subacute inflammation, when it found they must be combated.
by low diet and other necessary means, while in the West with symp-
toical symptoms, the diet must be
rather generous.

At the proper time, the discharge
may appear when our treatment and
care are at an end, but homeofoesia may
be substituted, requiring its own proper
treatment; or, it may leap into Chronic
Taffferein, which I will now treat.

Chronic Taffferein, 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, 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 omen of course does
not disappear at the usual time, but when
resulting from the other causes, the discharge
is delivered generally at first becomes less profuse,
then irregular as to time and perhaps
painful and difficult and ultimately cease to appear at all. On the discharge may become thinner, less regular, and gradually more serous, and less in quantity and perhaps at shorter intervals till permanent amenorrhoea replaces 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, vomiting, pain 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 Rheumatism. When amenorrhoea has been substituted, it will be accompanied by its own proper symptoms and require its own proper treatment. When after one thing the meniae do not appear, and the health suffers
am examination must be made as adhesive inflammation may have taken place in the vagina or uterus.

When some organic disease has preceded the amenorrhea, the proper symptoms will show themselves. When it is merely an early cessation of the menses, of course no menstrual symptom 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 creditibly, 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 threatening 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 evaporation of the menes, when any attempt to produce them would be vainly trying, 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 result 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 external discharge will return without further treatment.

When it is dependent on adhesion of the uterus or of the wall 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 febrile toxic, depletion, and in the weak, toxic and tonic and stimulant, but even in the latter it should be remembered 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.