An Address

ON

THE TREATMENT OF SOME COMMON FEMALE AILMENTS.*

BY

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It must be with feelings akin to despair that the practitioner turns for guidance to the modern textbooks on the diseases of women. The pendulum has swung so far in the opposite direction that one arises from the perusal of the recent textbooks thinking that surgical treatment is the one and only remedy for suffering women. Yet it is by the judicious combination of medical and surgical treatment that the practitioner becomes a safe guide to his patient in her struggle against disease. All common ailments are important because they are common, and for this reason, if for no other, require special consideration. My purpose, then, is to direct attention to those remedial agents which I have found useful in the treatment of what may be termed "common female ailments."

MENSTRUAL DISORDERS.

Amongst common female ailments menstrual disorders are frequently encountered. The recent work on the ductless glands has shed a new light on the phenomena involved in the process of menstruation and has been helpful, too, in pointing the way to more rational methods of treatment. When, therefore, a woman seeks advice for disordered menstruation it is necessary to observe her closely, in order to determine whether she exhibits any signs or symptoms suggesting disturbance of function on the part of one or more of the ductless glands. Has she, for example, deficient or excessive thyroid secretion? or has she deficient or excessive ovarian secretion? or is the pituitary gland at fault?

Amenorrhoea.

It is now possible to treat successfully many examples of amenorrhoea and scanty menstruation which were formerly the flotsam and jetsam of gynaecological practice, cast hither and thither by the tide of therapeutic fashion.

Amenorrhoea, in the absence of genital defects, was generally treated with preparations of iron and arsenic, on the assumption that the cause was "poorness of blood." Observation and experience teach that many of those who suffer from amenorrhoea and scanty menstruation are not anaemic, and that the cause must be sought in other directions. Here glandular therapy comes to our aid, and the employment of thyroid and ovarian extracts marks a distinct advance in treatment.

The obese female with scanty and irregular menstruation accompanied by headaches, depression, and pelvic pain can be successfully treated by thyroid extract. To obtain success the thyroid extract must be administered in small doses for a lengthy period. Not more than 1 grain should be given daily, and this dose is best administered at bedtime. Indeed, it would appear that smaller doses are more efficient, and I now frequently prescribe $\frac{1}{2}$ or $\frac{1}{4}$ grain doses. The dose should be taken without intermission unless there is evidence of intolerance, when a still smaller dose of $\frac{1}{16}$ grain may be given, or the remedy discontinued for two or three weeks. Ovarian extract gr. v administered thrice daily may be added.

When the amenorrhoea is associated with anaemia or chlorosis the addition of thyroid to the usual treatment with iron and arsenic is productive of quicker and better results.

Dysmenorrhoea.

Those who complain of pain in varying degrees before or during menstruation form a large group of female sufferers. The first step towards correct treatment is to determine where the pain is located. In the commonest type of menstrual pain—the so-called spasmodic dysmenorrhoea—the pain is located in the uterus and is due to painful contractions of that organ. When the pain is so

severe as to produce vomiting, dilatation of the cervical canal should be recommended, and if done as it should be, without injury to the hymen, it can be repeated should one dilatation not produce the desired effect. For those who suffer in a lesser degree a variety of pain-killing remedies are advised. Let me add, however, that the treatment prescribed during the intervals between the periods is of prime importance. Everything should be done to increase the strength and power of resistance and under no circumstances should the woman be encouraged to become an invalid. Fresh air and a moderate amount of exercise short of fatigue should be advised, whilst the gastro-intestinal tract should receive attention. Climate and environment have a marked influence on menstrual disorders, and this serves to emphasize the importance of general treatment.

To relieve menstrual pain a saline purgative before the expected period is both a simple and efficacious remedy, whilst the mustard foot bath is sanctioned by antiquity. Ammonol gr. v-x, followed if required by gr. v every hour for two doses, is one of the best analgesics. Where there is excessive blood loss at the monthly periods, and even apart from this, thyroid and ovarian extracts are useful adjuncts.

A uterus struggling with spasmodic pain or profusely shedding tears of blood in its sexual agony is frequently relieved by marriage, but this brings me into the domain of eugenics and is beyond the scope of this paper.

Menorrhagia.

Brief reference must be made to some examples of excessive loss of blood during menstruation, more particularly to those where at the time of puberty the onset of menstruation is heralded by profuse blood loss. For such the administration of calcium lactate, gr. x-xv one hour before food, will be found beneficial. Others, again in the absence of detectable pathological lesions, are assumed to be due to excessive ovarian secretion, and these are improved by the administration of thyroid extract.

CLIMACTERIC DISORDERS.

To enumerate the remedies which have been used in the treatment of climacteric disorders would occupy a large part of the time at my disposal. I will only refer to two remedies which I have found to be of real value—to wit, thyroid extract and ichthyol. There is probably no remedy which has such power in controlling the vasomotor effects which follow the cessation of menstruation as thyroid extract. After menstruation has ceased a rearrangement of the action and interaction of the ductless glands takes place in the human female. In some individuals the disturbance is slight and transitory, in others profound and long-continued, but while it lasts it is distressing, and causes both physical and mental discomfort. Ovarian extract and corpus luteum extract have been tried with varying degrees of success, either alone or in combination with thyroid, but as yet I have failed to convince myself that they are of real value, and I am disposed to pin my faith to thyroid alone.

Ichthyol given in pills, 2 grains thrice a day, is a method of treatment which is certainly beneficial. How it acts I do not know, probably as an intestinal antiseptic, for purgation by salines is undoubtedly helpful, thus suggesting that intestinal toxæmia plays a part in the causation of the symptoms. For the artificial menopause produced by surgical operations a similar line of treatment should be adopted.

UTERINE AND VAGINAL DISCHARGE.

The presence of a discharge—the commonest ailment in women—is variously regarded according to the habits of the individual. By the unclean it is looked upon as an old friend, whilst to those of cleanly habit it is a source of continued distress.

The chief seat of production is the cervix uteri, and next to this the ducts and glands of Bartholin. The latter are frequently overlooked as a cause of chronic discharge, and in making a local examination the orifices of the ducts should be inspected and the glands palpated between the finger and thumb. It is in these situations that the gonococcus, snugly entrenched in his dug-out, lies in wait ready to smite the invader.

In association with discharge from the cervical canal there is found a varying degree of adenomatous growth,

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the so-called cervical erosion, surrounding the os externum. Remedial agents must therefore be applied to the cervical canal and to the surface of the erosion.

Carbolic, cantery, curette, cut—these four words summarize the treatment necessary.

Carbolic acid, just liquefied from the crystalline state, is an efficient local application, having the additional advantage of being painless. The cervical canal should be dried with antiseptic wool, and then the carbolic applied, care being taken that the application is not made above the level of the internal os uteri. The application should be made twice weekly, and if in six weeks' time the discharge is not cured no further local application should be made.

Cantery.—The electric cantery is of great service in the treatment of erosions, and can with care be applied to the interior of the cervical canal, but it causes pain.

Curette.—The curette is indicated when there is a hypertrophic erosion, and is best employed under a general anaesthetic.

Cut.—Marked erosions should be excised. Lacerations in the cervix should be repaired, and in women nearing the menopause where there is thickening and enlargement of the cervical tissues the cervix should be removed by supravaginal amputation. These operations I believe to be of importance in preventing the development of cancer.

Bartholin's Glands and Ducts.

A chronic gleet discharge issuing from the Bartholinian ducts is best treated by slitting the ducts, and if there be enlargement of the glands and cystic formation with intermittent accumulation of mucus, the cyst should be removed with the gland.

Applications may be made to the cervical and vaginal walls by means of tampons or soluble pessaries, and for this purpose ichthyol, 5 to 10 per cent. in glycerin, is a valuable remedy. In the treatment of uterine and vaginal discharge local applications are much to be preferred to treatment by douching. Soluble pessaries should be inserted every second night at bedtime, a diaper being worn to catch the dissolving fluid. This treatment should be continued for three weeks, and once a week a douche of tepid water containing two drachms to the pint of common salt should be used as a cleansing agent.

Time will not permit discussion of the treatment of gonorrhoea, but here, again, the direct application of local germicidal agents by the practitioner should entirely replace treatment by douching, etc., undertaken by the patient.

For vaginitis the direct application of remedial agents should entirely replace their employment by means of a douche.

UTERINE AND VAGINAL HAEMORRHAGE.

Bleeding from uterus or vagina is a symptom, and before giving advice or prescribing any remedy a careful examination should be made to ascertain the source of the bleeding and its probable cause. The possibility of the presence of malignant disease should never be forgotten, and should be carefully considered before any opinion is expressed.

Let me give three rules to serve as a guide:

1. Irregular bleeding during menstrual life demands careful local examination to determine the cause.
2. Profuse or irregular bleeding at the menopause should give rise to the suspicion that cancer is present.
3. Bleeding after the menopause should be regarded as being due to cancer.

By attention to these rules many early examples of cancer would be detected, and if treated by operation in the early stages many lives would be saved.

Having determined that the bleeding is not due to malignant disease or to a uterine or pelvic new growth, it may be found to be due to a fibrotic condition of the uterine wall—uterine fibrosis—or to adenomatous growth in the endometrium, the so-called fungous endometritis, or to a polypus or other causes.

If, then, it is assumed that the cause of the bleeding does not necessitate an immediate surgical operation and that medical treatment for a time at least is indicated, let us see what medical treatment can be employed.

Potassium bromide is one of the most useful drugs in the treatment of uterine haemorrhage, as it has a marked sedative effect on the genital organs. I am in the habit of prescribing it in the intervals between the periods, and the ergotin senecin co. of Parke, Davis and Co. during the period. The latter drug is given two days before the expected period and is continued during the period and for two days after its cessation. As an alternative to the ergotin senecin co. a mixture of ergot and dilute sulphuric acid may be used:

R Ext. ergotae liq....	...	...	...	℥ xx-xxx
Acidi sulphurici	...	...	...	℥ x
Magnesii sulphatis	...	...	...	℥ gr. xx
Aq. cinnamomi ...	...	...	...	℥ j
	T.i.d.			

As already mentioned, thyroid extract will be found a useful adjunct in the treatment of uterine haemorrhage.

When the bleeding is coming from the vagina the cause should be treated by local remedies or surgical operation. For bleeding spots seen on the vaginal wall after the menopause pure carbolic or tincture of iodine should be used. Injuries to the hymen or vaginal walls must be treated on ordinary surgical lines.

DISPLACEMENTS—UTERINE AND VAGINAL.

The best treatment of uterine and vaginal displacements is prevention. This statement, although of the nature of a paradox, is none the less true. Extreme examples of proapse stand forth as an opprobrium to our calling. They should become as rare as colossal inguinal herniae are to-day. Such herniae were common enough thirty years ago, but so much has been done by preventive and curative treatment that large herniae are now among the curiosities of surgery.

The careful conduct of labour and the puerperal state is one of the chief means of preventing displacements. The accurate repair of injuries to the perineum and vaginal walls, including the apposition of the separated levatores ani muscles, should be an essential part of obstetrical technique.

As a further means of prevention it should be made a rule of practice that *every woman should be examined six weeks after her confinement* in order to determine the state of the uterus and vaginal walls, and any defects should be corrected by appropriate treatment.

I can almost hear my audience say: This cannot be done, the women would object! To this I would reply that unless it is done no real advance will be made in prevention and we will only continue to muddle along in the same old way. I should like to ask a number of conscientious and experienced general practitioners this question: What proportion of your patients make a complete recovery from their confinements? I know of no reliable statistics on this subject, and I fancy if investigations were made the results would be somewhat startling. It is a commonplace to say that the results depend in large measure on the skill and care with which a woman has been treated during labour and the puerperium. But apart from all this there are causes at work which cannot be prevented even with the greatest skill and care. Too often, indeed, the medical attendant is most unjustly blamed.

Even if the possibility of infection could be entirely eliminated there are causes at work which leave their imprint in varying degree. There are still unfortunately many instances in which mild infections have produced local disease and a proportionate amount of general debility, but to these I will not make further reference. My object is to direct attention to the great group of sufferers whose condition is primarily caused by deficient restoration of organs and tissues to the pre-gestational state. This deficient restoration may now be considered as it affects (a) the abdominal walls and abdominal contents; (b) the uterus; (c) the vaginal walls and pelvic floor.

Abdominal Walls and Abdominal Contents.

Who can accurately foretell how a woman will stand the strain of pregnancy and labour? Labour is a great muscular effort, and yet how often this is forgotten by those who encourage the pregnant woman to lead the life of an invalid. Everything which is not inimical to the pregnancy should be done to promote and preserve muscular tone.

The abdominal walls are stretched in varying degrees in different individuals. In some there is little change, in others the musculature becomes a thing of shreds and patches, whilst between these extremes the amount of stretching encountered exhibits every variation.

The abdominal contents become loosened and there is a tendency to descent when the erect position is assumed. This condition becomes aggravated if as a result of pregnancy a woman has lost flesh. Thus nature teaches us that the woman's nutrition should be well maintained both during and after pregnancy. The retentive power of the abdomen is augmented by improving the muscular tone of its walls and by increasing the amount of fatty tissue. The thin woman whose abdominal walls have been overstretched and who has lost flesh as a result of her pregnancy will certainly suffer from a general descent of the abdominal viscera. The obvious indications for treatment are to restore the tone of the abdominal muscles and to provide adequate nourishment.

To restore the power of the abdominal muscles massage, faradism, and exercises are the best remedies. Massage of the abdominal muscles, if done by an expert, is most valuable. Indeed, I believe that the great majority of women would be benefited by abdominal massage begun ten or twelve days after labour, and continued for three or four weeks. Obstetric nurses should have instruction in massage, and so be available for this purpose. The faradic current, together with exercises to strengthen the muscles, are also of value.

I need not dwell further on the necessity for providing adequate nourishment for the pregnant and parturient woman.

Subinvolution of the Uterus.

Deficient restoration of the *post-partum* uterus is termed subinvolution. In other words, the uterus remains enlarged and heavy.

It is stated that the uterus returns to its pre-gestational size six weeks after labour. The truth is that it never returns to its pre-gestational size; there is always some change to be noted. Many years ago I made a series of observations on the rate of involution of the puerperal uterus in order to determine when it was desirable for a woman to assume the erect position after her confinement. I found that the rate of involution varied enormously, and that the size of the uterus and not the number of days *post partum* should be the guide in practice. If, as I have recommended, women were examined six weeks after confinement, it would produce valuable information regarding uterine involution.

I am convinced that in many women the uterus takes a much longer time than is supposed to return to anything approaching its pre-gestational size, and that this is one of the great causes of displacement in parous women. Such women complain of backache, bearing down, headaches, and a general feeling of malaise, and if a pelvic examination is made the cause will be detected. The uterus may sink downwards or fall backwards, and it is here that a pessary finds its most useful application. A pessary worn for four to six months will cure this condition, thus permitting the uterus to diminish in size.

Nux vomica or strychnine in small doses are the best medicines to prescribe, whilst rest during menstruation should be advised.

Deficient Restoration of the Vaginal Walls and Pelvic Floor.

Much has been written concerning subinvolution of the uterus, but little is written or taught about subinvolution of the vagina. Yet it is productive of much discomfort and misery to women so afflicted. It is much more frequently met with in practice and is another of the great predisposing causes of displacement. What really happens is that the vagina is overstretched as a result of the birth of a large child, a prolonged labour, or a precipitate labour with sudden expansion of the vaginal walls.

Clinically, three stages may be recognized: (1) The gaping vagina; (2) the bulging vagina; (3) the protruding vagina.

1. *The Gaping Vagina.*—When a woman with a gaping vagina lies on her side for examination it is possible to see the cervix uteri without the aid of a speculum; the vagina has become a patent canal. In this stage much can be

done by treatment to produce a return to a more or less normal condition. For this purpose ovules of glycerin and alum gr. x should be inserted into the vagina; the bowels should be carefully regulated and attention paid to the regular evacuation of the bladder. The bladder should be emptied not less than four times daily, and after expelling the urine another attempt at expulsion should be made five or ten minutes later, in order to make sure that the bladder is really empty. In this way it is possible to eliminate the influence of the two elastic dilators, the bladder in front and the rectum behind, whose united action produces the second stage, the bulging vagina.

2. *The Bulging Vagina.*—The same treatment should be tried, and if it fails an operation for the restoration of the normal relations of the vaginal walls should be advised.

3. *The Protruding Vagina.*—When the vaginal walls protrude an operation is imperative.

Pelvic Floor.

Injuries to the pelvic floor, badly repaired or badly united in consequence of septic infection, exact a heavy toll from the parturient woman. But in addition to these, overstretching of the tissues involved plays an important part in producing subsequent disability. The levatores ani muscles become widely separated and the rectum covered by the posterior vaginal wall bulges forwards in the cleft so produced. For such a condition the only remedy is an operation planned to produce a correct anatomical restoration. There is a pernicious doctrine in existence to the effect that a woman should have had all her children before any attempt is made to repair the vaginal walls or pelvic floor; and even then she is encouraged to suffer until the menopause, which is depicted as akin to the millennium, when all things shall cease from troubling.

Women so afflicted are numbered not by hundreds but by thousands; they crowd the out-patient departments, the dispensaries, and may end a life of suffering and discomfort in the workhouse infirmary. Yet it is all preventable; and, as so aptly remarked by the late King Edward VII., "if preventable, why not prevented?"

All injury or deficient restoration, the result of childbirth, which is not amenable to medical treatment, should be promptly relieved by surgical methods.

A woman may suffer from all of the effects already described, or only one, or more than one, and for such the necessary methods of treatment can be combined.

A Clinical Lecture

ON

GONORRHOEA IN WOMEN.

GIVEN AT THE MANCHESTER ROYAL INFIRMARY,
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BY

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GONORRHOEA in women is an acute infective fever with local lesions which occur in two groups, affecting the external and the internal reproductive organs respectively. The reason for these two groups lies in the fact that the vagina intervenes between the external and the internal organs and acts as a check to infections ascending the genital tract. The gonococcus lives well on cylindrical epithelium. Thus it invades the glands opening into the vulva, the urethra and the glands opening into it, the glands of Bartholin, and their ducts. But the tough, thick lining of the vagina has no glands to speak of opening on its surface, which, further, is bathed in an acid secretion. So it checks the upward spread of the infecting organism and in many cases the lesions remain limited to the external organs. If the cervix is once infected, the gonococcus spreads easily over the mucosa lining the cervical canal, the uterine cavity, and the Fallopian tubes; and thus is formed the internal group of gonorrhoeal lesions.

I. ACUTE EXTERNAL GONORRHOEA (VULVITIS).

When the glands in the skin of the vulva are infected, the classical signs of inflammatory reaction quickly appear—namely, pain, heat, redness, and swelling. The urine