

BAKER (Wm H)

THE
SIGNIFICANCE
OF
UTERINE HEMORRHAGE
AT THE
BEGINNING AND END OF MENSTRUAL LIFE.
BEING AN
ADDRESS

DELIVERED AT THE ANNUAL MEETING OF THE MIDDLESEX SOUTH

MEDICAL SOCIETY, APRIL 30, 1898.

By

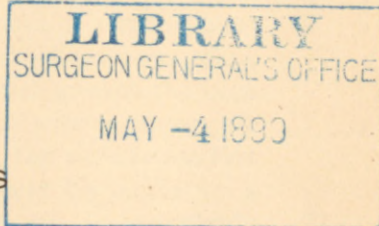
WM. H. BAKER, M. D.

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W. H. BAKER, M. D.

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DELIVERED AT THE ANNUAL MEETING OF THE MIDDLESEX SOUTH
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BY

WILLIAM H. BAKER, M. D.

On an occasion like this, when one comes face to face with those he has known in the varied fields of professional life for a quarter of a century, one is possessed with a mingled feeling of delight and of pain, of pride and of regret. As I look about me and see the countenances of those who were my fellow students, and with whom the joys of newly found scientific treasures were shared, the pleasure of this meeting is great, and is made all the stronger by the recollections of the many trying experiences we were called upon to endure in our early career. But even this happiness of reunion must be tinged with pain as we recall those who have been taken from our number. Other faces I see which awaken the keen feeling of pleasure that comes to one who tries to impart the knowledge he has acquired to another, the satisfaction that the instructor always feels in the success of his pupils, yet a passing regret is felt that his own work was so imperfectly performed and fell so far short of what he would liked to have made it.

A just feeling of pride must fill the heart of every physician, as he recounts the great strides which his profession has made in the past half century, and that this section of our State has been a no small part of the stage upon which this world's scientific drama has been played. The time will soon have passed when those who were present at the first demonstra-

*Annual Meeting held at Watertown, April 20, 1898.

tion of the anæsthetic properties of ether for surgical work, will be able to tell us of the scene of the great triumph of science over pain: the pride and thankfulness of our profession for this discovery, however, must be felt and sounded throughout subsequent ages.

That we had a surgeon among us who was courageous enough to act on his own convictions, and skilful enough to carry out the operation of Hysterectomy for Fibroids, as did Gilman Kimball in 1853, and thus give to the world an unrecognized means of relief for this disease is a cause for just pride.

Again, we honor the name of Henry J. Bigelow, in that through his genius, study and skill, we were given in 1861 the ready means of reducing dislocations of the Hip Joint, and the operation of Litholapaxy for Urinary Calculi, in 1875.

It is also a source of rejoicing to all of us in this day, that we had, even in the time before the antiseptic era, a surgeon who worked so faithfully and persistently in abdominal surgery, and who when the light came to us through Lister's teaching, saw and applied its great laws, and thus made in this locality, abdominal section a comparatively safe operation. It is a tribute which we justly owe and one which I take great pleasure in here publicly proclaiming to Dr. John Homans: that no one in this country has done more by his example and teaching, to train and educate a goodly number of superior abdominal surgeons, and I know of no section of our country where the proportion of good abdominal operators is greater than here, and this is unquestionably due to his successful teaching.

We may look with more than a sectional pride upon the superior quality of the daily work which is done in our hospitals, and I here refer not only to the larger institutions of our great cities, but also to the numerous smaller hospitals which have within a few years been established in so many of

our less populated cities and towns. This is not due to our more studious methods or scholarly attainments, for in these we are outranked by our European brothers; but rather in the readiness with which the American mind seizes upon a scientific truth once revealed, and by its practical application, scores a success by proving to the world the great results which may be obtained through its instrumentality, and this sometimes before the discovery itself has perhaps more than dawned upon the professional community of the country where the research was made.

It must have been a surprise to many of you as it was to me, to see how poorly equipped for aseptic surgery are most of the hospitals in Europe; and although the size and grandeur of many of the buildings are most imposing, yet the adaptation of the structure to the needs of the sick and suffering are very faulty and imperfect, and little attention has been given to improved methods for its hygienic condition or for applying a perfected aseptic treatment. It is not necessary to look beyond the limits of our own society for the most apt illustration of the importance which is ascribed in this country to hospital construction; for in the hospitals of Waverley, of Cambridge, of Waltham and Newton, we have some of the best models of hospital construction and adaptation to the specific work they are called to perform; and it is greatly to the credit of this society that it can count among its numbers, the men who have planned these buildings and given the institutions the success they have achieved. This would seem to indicate that in this district at least, we have set our standard high, and that in order that we may do good and scientific work, recognize the importance of well constructed hospitals, equipped with all the modern conveniences for aseptic surgery and bacteriological investigation, of a corps of well trained nurses, and of a staff of physicians and surgeons

who are practical as well as scientific workers. The value of such an institution in any community cannot be overrated, nor can we estimate the importance of its influence on the profession in its region, for it inspires in every one a desire to do better work.

In a locality where medical science is so advanced, and where the profession is so alert to everything which tends to improvement, one experiences a difficulty in selecting a subject for an address before you which should contribute anything to the common store of knowledge; with a view to pointing out to you some facts with which I have been forcibly impressed in my gynecological experience, and to which reference is seldom if ever made in our current literature of the subject, I would invite your attention to a consideration of

THE SIGNIFICANCE OF UTERINE HEMORRHAGE AT THE BEGINNING AND END OF MENSTRUAL LIFE.

It is not my purpose to dwell at any length upon a consideration of the normal limitations of menstruation, although recognizing the importance of having a definite standard established in our mind, before we can determine what degree of departure from the same shall characterize an unnatural or pathological process. In a general way we may consider that the person pursues a normal menstrual life who begins her menstruation at the age of fourteen, the process recurring each twenty-eight days, flowing from three to five days, and in amount equalling eight to ten saturated napkins, unaccompanied by the passage of clots, or by dysmenorrhea, able to attend to the ordinary duties of life throughout the entire menstruation, and except during the terms of pregnancy, that these periods continue until she reaches the age of forty-five, at which time the flow gradually ceases, either by lessening

in amount from month to month, or by the time between the menses increasing until the menopause is well established, at forty-six to fifty. But even when measured by this standard, we find it necessary to extend the normal limitations in certain localities, among various classes and in individual cases. Thus in the more northern climates menstruation occurs less frequently and abundantly, and in the southern regions the opposite is true. The influence of city and country life is also shown in that the girl who grows up amid the greater activity and nervous strain of a city home, mature earlier, and here we may often see the menstrual life normally established at thirteen or even twelve, nor is it likely to cease in thirty years, (a popular opinion I have often heard expressed) for through the same influence the menstrual process is prolonged to fifty or fifty-two years of age, while her country relative it may be, begins her menstrual life at fifteen or even sixteen, flows moderately, and ceases at forty-two or three. Menstruation in the city girl will often regularly and normally fall short of the twenty-eight days, by three or four days, while it is not infrequent to see girls in the country go as many days over the month and still be within the limits of health. Again the particular class to which the person belongs exerts a marked influence; thus, among the working classes there is less likelihood of any variation from our normal standard, while among the affluent classes where the nervous system is more apt to be developed at the expense of the physical, we find greater variations even within the health limit; for here we see the inter-menstrual period shortened, the length and amount of the flow increased.

Individual peculiarities must also be taken into account, and here it is often difficult to establish the normal health limit. The frequency, occurrence, duration, and the amount of the flow might be considered quite outside the limits of our stand-

ard, were it not that the individual not only does not suffer from what appears to us abnormal, but many times does decidedly suffer if her own natural state is interfered with, in our attempt to bring it within our ordinary fixed standard.

Allowing for all these normal conditions, we find ourselves too frequently called upon to treat conditions giving rise to uterine hemorrhage in young women either at the very beginning of menstrual life, or within the first few years of its existence. I recall a few cases where at the age of twelve or thirteen the menstrual life of the individual was ushered in by a hemorrhage so violent, that it was the occasion of great alarm, on account of the attacks of syncope present and the extreme weakness of the child. Under such circumstances the best judgment of the physician will be called forth, for on account of the tender years of his patient he will hesitate to apply direct local application to the uterus or vagina, which his experience has taught him to be the most speedy and effectual method of its control in later years.

It will ordinarily be found to yield to such general measures as the elevation of the pelvis, application of the ice bag to the vulva, the hot water bag to the sacrum and the internal use of stimulants, strychnia and some of the stronger astringents, as gallic acid or styptic iron. Ergot has little or no effect in this condition. In but a single instance have I found it necessary to resort to the uterine tampon, all other means having failed.

It is interesting to look into the more remote cause of the hemorrhage, aside from the immediate influence which the menstrual function exerts; here we are likely to find one of two conditions present, either that the child is suffering from anæmia and that the flow once having started continues to an unwarrantable degree, the impoverished blood failing to coagulate in the ruptured capillaries, as in the epistaxis of child-

hood, or else the child being of an extremely nervous temperament, has been so taxed nervously by her studies or by a too confined life indoors, or association with older people to the exclusion of those of her own years, or in other ways her nervous strength has been greatly debilitated, thus we see that the flow when established is under little or no control through the influence of the vaso-motor nerves. It will be seen that the permanent relief of this condition lies along the line of general tonic and hygienic treatment, with a carefully regulated life as to proportionate amount of physical and mental exercise. While recognizing its possibility, it has not fallen in my experience to observe as a cause of hemorrhage at this age, any neoplasm, although I have more than once observed future development of such growth in the uterus of a young woman, when the condition above described had been noted in the first year of her menstrual life.

One of the most deplorable as well as inexcusable means of checking the flow in some of these early cases results from the ignorance of the child, who suddenly finding herself bleeding from a source of which she knows nothing, speedily resorts to the only method of checking it known to her, *i. e.*, the application of cold; she hastily gets into a cold plunge bath, and thus probably succeeds in checking the flow of blood, to her future sorrow and suffering. This is a story I have had related to me too frequently. It seems most surprising as well as deplorable that the mother or near relative, whoever she may be, who is looking out for the well being of the child, should not in some way prepare her mind for the unexpected event. There exists many times in the mind of the mother an unjustifiable hesitancy about speaking to her daughter on this subject, I am forced to believe, as I have repeatedly been asked to tell the child myself of her approaching menstruation. That any mother should be willing to consign this

duty to another is beyond my understanding, and proves conclusively the entire absence of that sympathy and confidence which should always exist between parent and child.

There also arises another source of uterine hemorrhage as the girl passes out of the stage of the establishment of her menstrual life and enters that of young womanhood and is unmarried. I refer to the ages from seventeen to twenty-three or four.

The state in which we find the uterus in this condition is that of inertia characterized by a constantly enlarging uterus which within a year or two may reach an internal measurement of three and a half inches, and seldom, if ever, exceeds three and three-quarters inches, the body of the uterus being correspondingly enlarged. Upon this there soon develops an endometritis which may or may not become hyperplastic in form. This process results entirely from a failure of the proper monthly involution so to speak, for there exists a want of the proper stimulus to the uterine contractions at the end of the menstrual process which is always present in a young woman of good physical and nervous strength, and upon which depends the return of the uterus to its proper size. The profession has long recognized the importance of the perfect involution of the uterus after labor for the subsequent health of the woman; but have almost entirely disregarded the importance of the monthly involution which I believe to be a no less important factor for the health of the individual.

That this same condition may exist at other years of the menstrual life of a woman I am well aware, but that it is most frequently met with at the ages already given I am as well assured, and that it is then a not infrequent cause of uterine hemorrhage, the source of which is not usually recognized.

This condition of inertia I have observed only in the well-

to-do classes and is occasioned by the lack of out-of-door exercises and over activity of the brain in the forced nervous development of the individual. The present system of crowding into four or five years of a young girl's life the greater part of her education, accomplishments and intellectual attainments, to say nothing of the still greater strain of her formal and satisfactory introduction to society, to which she sees the whole family devoted, and to which she herself is the all important figure, and this at the time when nature by her pelvic development is trying to fit her for the duties of a wife and mother, is far from conducive to her future health and usefulness. This is often the means of establishing the very conditions of inertia referred to, resulting in the complete breaking down, physically and nervously, of the subject herself, and thus the social ambition of the parents for their child is brought to naught.

I have for a long time looked with much anxiety and apprehension at this tendency of the age, and have more recently hailed with delight the inauguration of those out of door sports, such as lawn tennis, golf, cycling and hunting, which coming in as part of fashionable life are the more likely to be indulged in and perpetuated, and through their influence I can foresee a better and healthier future for our young women.

Whereas, in the earlier years of menstrual life we see the causes of uterine hemorrhage arising in nearly all cases from the depraved state of the blood or nervous system, rather than from any local disease or development of neoplasm in itself, we find quite the reverse to be true in the closing years of menstrual activity, for then it is the exception rather than the rule that the hemorrhage is occasioned by a debilitated state. Here let me say, that there is very little foundation for the popular belief that the so called "change of life," is accompanied by excessive hemorrhage almost as a necessity and

natural result, the fact being that in nearly all cases it is possible to demonstrate that the cause of such excessive flowing is the existence of some uterine growth, either benign or malignant. The health, and too frequently the life, of the patient is jeopardized by the acceptance on the part of the physician of the popular opinion mentioned, as he is thereby led to temporize with general constitutional treatment which is largely inert, and neglect the all important examination which alone can reveal the true cause of the difficulty.

Words fail to emphasize too strongly the necessity of making a thorough vaginal examination, both digitally and by the aid of the speculum, and in many instances carrying this observation into the cavity of the uterus itself, in cases of excessive or prolonged non-excessive uterine hemorrhage in the closing years of menstrual life, as well as the years subsequent to the climacteric.

Nearly twenty-five years ago, I called attention to the fact that neglected lacerations of the cervix uteri were among the most frequent causes of cancer of the cervix in later years, and my observation since that time has strengthened me in this opinion. The frequency with which this terrible disease is observed at the ages of forty-five to fifty-five, warrant the term "critical period," popularly given to those years, and the sooner we can educate the minds of the laity as well as the profession to the fact that the cessation of menstrual life is not naturally accompanied by excessive or prolonged hemorrhage, we shall awaken in the first, the necessity of applying for professional advice, and in the second, the all importance of making an exhaustive physical examination in every case. Thus the physician will the more often be able to detect malignant disease before it has reached the stage where he is powerless in affecting any lasting good result.

I would here offer a word of warning to the general practi-

tioner, which I do in all kindness and with the sole desire to benefit the patients who intrust themselves to their care, a motive, it is needless to remind you, which makes our profession the highest and most noble.

It is this: Given a case of suspected or recognized malignant disease of the uterus, no time should be wasted in palliative or experimental treatment, through over confidence in personal ability to master the situation, for in this instance the best knowledge and skill is none too good, and the welfare of the patient and the credit of the physician is many times secured by the counsel and help of the specialist.

I am sorry to say that it is too often the experience of the specialist, that he sees the cases for the first time only to find it is too late to offer hope to the sufferer even through the most radical measures, and this in cases sometimes which had been under the observation and treatment of the general practitioner for many months.

Whereas, malignant disease of the uterus is most frequently met with during the ages when menstruation is ceasing, we must remember that benign tumors very often manifest themselves at the same age, by characteristic hemorrhage or necrotic discharge, although it is doubtful if they ever begin their development so late in life, it rather being the rule for them to reach such a stage of growth at this age that either by their size or the amount of hemorrhage induced, they first attract attention at this period. While in the treatment of malignant disease of the uterus I hold most radical grounds, for nothing is to be gained except by the adoption of the severest operation, yet in the treatment of benign growths of the uterus, I cannot adopt such radical grounds as advised by many of my friends in the profession; for my experience does not teach me that it is the tendency of such growths to become malignant, therefore I hold that the same ultra methods should not be applied alike

to benign and malignant growths, and I can see no just reason for subjecting a woman to vaginal or abdominal hysterectomy because she is found to have a small sub-mucous or fibroid polypus in her uterus. I have more than once known this to have occurred, and I consider it a great opprobrium on good surgery. I am loath to believe that such would have occurred had the proper means of diagnosis been used, and possibly the over zealous ambition of the surgeon been somewhat curbed, in his desire to perform, it may be for the first time, a major operation.

Contrary to the opinion held by some, I believe that many of these growths do atrophy with the uterus, and consequently the most conservative, and many times wisest, method of treatment will be palliative, allowing nature to effect the cure in her natural way, at the same time being ready to act aggressively should the necessity or immediate urgency of the individual case demand. To be able to judge of this, a perfected diagnosis and thorough knowledge of the case is essential, and here let me say that I know of no condition of the uterus which requires the exercise of so much good judgment as the individual treatment of a case of Fibroid Tumor of that organ; nor one that I find myself obliged to vary oftener on account of the location of the growth, reflex disturbance occasioned by its existence, pressure or encroachment upon neighboring organs, and the social condition and surroundings of the patient.

By far the most frequent cause of uterine hemorrhage at the period now under consideration is from Hyperplastic Endometritis, (Fungoid degeneration of the Uterine Mucous Membrane, of the earlier writers). The existence of this growth, probably more than any other condition, is to blame for the popular opinion already referred to, i. e. that the "change of life" is necessarily and naturally accompanied by excessive

uterine hemorrhage; nor is it surprising that the opinion should be shared by the superficial professional observer, for its presence only occasions slight and regular enlargement of the organ; and oftentimes, after a violent hemorrhage, there will be an interval of from six to twelve weeks with no flow at all, and thus the hope gains ground by both patient and physician that at last the uterine haven of rest has been reached; but too frequently the hemorrhage repeats itself again and again, and thus years of debility and ill health are allowed to go on, which might have easily been avoided by one or more simple, but thorough curettings of the uterus. In the treatment of this disease as well, I must advise conservatism, for I see a tendency on the part of some to practise radical means here also, and methods out of all proportion to the dangers from the disease itself. I believe the wisest course to pursue, is by the use of the uterine curette, even though repeatedly applied, constantly preserving a thorough knowledge of the case through microscopical examination of the specimen removed; thus being ever ready to perform a more serious operation if there is the slightest evidence of a change from benignancy to malignancy as may exceptionally occur.

While menorrhagia and even metrorrhagia may have been looked for by both patient and physician during the closing years of menstrual life, and therefore may not cause in the mind of either, the importance which it should demand, there is not likely to be any lack of interest, when the slightest hemorrhage from the vagina occurs in the years subsequent to the menopause. The appearance of this symptom under such circumstances will be the occasion of great alarm and is constantly to be looked upon with much suspicion; for while we may exceptionally meet with such cases, due to simple causes, yet the fact remains that by far the greater proportion of such will indicate the existence of some of the varied types of

malignant disease. A rule which is generally and wisely observed by the profession is that a post climacteric hemorrhage means malignancy. I say wisely, for by its adoption the physician is less likely to postpone the necessary examination and active treatment; but I desire to point out wherein the rule like most others has its exceptions: First: We some times meet with a case of an old woman suffering from prolapse of the uterus or vaginal walls; one of those extreme cases where a part or the whole of the uterus is outside the vulva, and where the passive stasis is so great that the displaced organ is livid and swollen, and its surface abraded; the exposure to the air and friction of the clothing is likely to occasion a slight bloody discharge. In this instance the cause of the difficulty is apparent.

Second: It less frequently though sometimes occurs that the epithelium from portions of the upper vagina become macerated off, from the primarily debilitated state of the subject and from want of cleanliness of the passage; and results in a slight though somewhat continuous bloody flow. This condition may ultimately result in the adhesive vaginitis of old women, of some writers, which occludes portions of the canal.

Third. In a few instances I have seen the presence of a mucous or fibroid polypus, either partially or entirely extruded from the external os uteri, the source of hemorrhage, and this in a very old woman, (one patient being over eighty years of age) and this even when no evidence of malignancy was to be discovered. My explanation of its cause would be that the growth which had existed for some time previous to the menopause and which had remained inactive for years, had become again somewhat active through the same influences which excited a bloody flow in the second class of cases to which reference has just been made.

In comparing, then, the significance of uterine or vaginal hemorrhage at the beginning and close of menstrual life, it will be seen that I have extended the period in the first instance to include the years of young womanhood in the unmarried, and in the second, to the years of life of the woman even after the natural cessation of the flow, thus extending the scope in point of time, from what the title of this paper would indicate. In doing this it has been my purpose to call attention to certain conditions which are little considered by writers in general, and yet are full of interest and importance alike to general practitioner and patient; it will be seen in the earlier years the importance of a good degree of physical and nervous strength is paramount, which is to be obtained through a well regulated life, with abundant out-of-door-exercise and carefully directed hours of study, and indoor duties, entertainments or other sources of nervous strain. Thus the necessity for local interference with the pelvic organs may generally be avoided, or at least take a secondary position as a matter of importance. Not so, however, in the closing, or years subsequent to the close of menstruation, for here the knowledge obtained by the most careful and thorough vaginal examination is all important, and the pathological condition present is generally found to be the cause of the constitutional debility or ill health of the individual.

I have refrained from going at any length into a consideration of the special methods of treatment, surgical or medicinal, as I felt it would be a digression from the direct subject, and as I am sure that the appropriate treatment for the various conditions to which I have referred will be apparent to the educated and experienced practitioner, such as I have the pleasure of now addressing.

In closing I would offer the following summary :

First. Whereas excessive uterine hemorrhage in the young

girl or woman is generally due to a debilitated physical or nervous state, constitutional treatment should always be made use of, and only on the failure of this should resort be had to local examination or application.

Second. There exists no good and sufficient reason for the popular opinion that of necessity and as a natural result the cessation of menstruation at the climacteric, should be accompanied by excessive hemorrhage.

Third. That in nearly, if not all, cases of excessive or prolonged non-excessive uterine hemorrhage at the menopause, a careful physical examination will reveal the existence of some growth, benign or malignant, as its cause.

Fourth. On account of the frequency with which the uterus is attacked by malignant disease at the period known as the "change of life," it is the duty of every physician, who is consulted by a patient at the age indicated, and giving the history of excessive or prolonged uterine hemorrhage, to urge the importance of a most thorough pelvic examination without delay.

Fifth. The diagnosis of Malignant Disease having been established, the uterus being at all mobile, the physician cannot be too emphatic in urging the importance of immediate operation, which procedure to be of benefit must be most radical.

Sixth. During the closing years of menstrual activity, the uterus is subject to benign as well as malignant growths, and in such cases as are proved beyond a doubt to be benign, it is oftentimes not only reasonable, but wise, to pursue a conservative course, keeping the case under observation at short intervals, and being ever ready to adopt a severer operative course, if there is any evidence of the character of the growth changing to one of malignancy.

Seventh. That the treatment in the early stages of a case

of malignant disease of the uterus, by any expectant plan, whereby valuable time is wasted and the ultimate hope and life of the patient jeopardized, is to be strenuously discouraged and frowned down by every high-minded and honorable practitioner.

Eighth. Whereas, a post climacteric flow of blood from the vagina, generally is indicative of malignant disease, yet there are exceptions enough to this rule to entertain a hope that so grave a trouble is not present. In every such case, however, a most thorough and exhaustive examination should be made, through which alone a perfected diagnosis can be established.

22 Mt. Vernon St.,
Boston, Mass., Apr. 30, 1898.

