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—BY—

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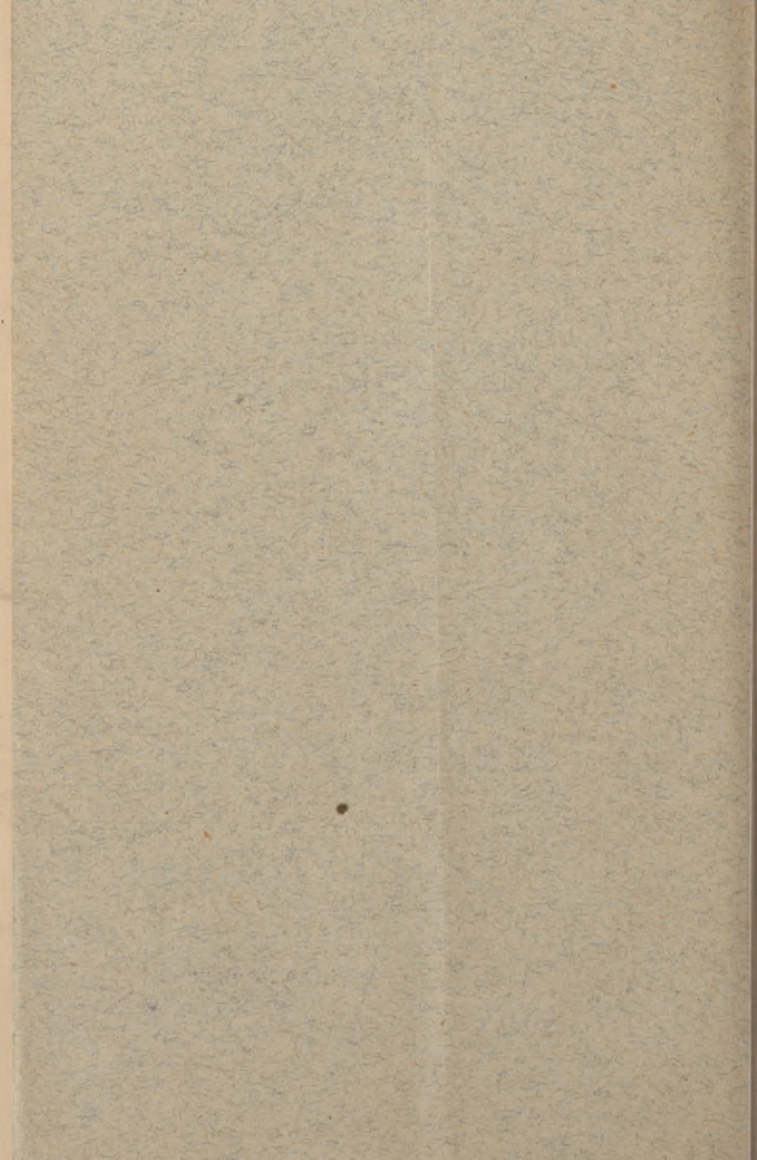
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NOTE ON THE TREATMENT OF
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BY THOMAS A. ASHBY, M.D., OF BALTIMORE.

Since attention was first called to the therapeutic value of permanganate of potash in amenorrhœa and other menstrual disturbances by Drs. Ringer and Merrell, I have had occasion to employ this drug in a number of cases of amenorrhœa with results so satisfactory that I have come to regard it as one of the most to reliable emmenagogues we possess in a definite class of cases. My own experience has been so accurately foreshadowed by Dr. Fordyce Barker and other observers who have written on this subject that I shall not attempt its lengthy discussion. My simple purpose is to confirm the facts so carefully observed by others with a report of a few cases, selected from a number of cases similarly treated, as examples of the conditions in which the



permanganate of potash is of most positive value.

In the treatment of amenorrhœa by drugs the well-known types of the conditions which may account for the absence or scantiness of the periodic flow must be recognized. There are no drugs known to science which will establish a monthly flow when the organs so necessary to menstruation are totally absent or so feebly developed as to possess no power of functioning. Emmenagogues certainly can prove of no value under such circumstances and it will simply be a wild waste of time to place any confidence in their employment. The most important preliminary duty in the treatment of amenorrhœa is to determine the underlying cause. We must first regard amenorrhœa as a mere symptom of a functional disturbance of the generative apparatus and with this key attempt to unlock the door which conceals from view the causative influences at work in the production of the symptoms under discussion. In many cases a physical examination of the pelvic organs will be required to account for the total absence or scantiness of the periodic flow. It seems to me that this method should be employed in every case where the administration of

drugs is proposed, except in the cases of young girls in whom the function is probably retarded by slow development or dependent upon conditions of anæmia or chlorosis. In this latter class of patients the preliminary employment of iron or manganese is admissible until we have fully tried their effects with negative results. Physical examination is then the only rational method of determining the essential cause of the retarded or feeble menstrual function.

It is not my purpose to discuss the treatment of the various forms of amenorrhœa, but to confine my remarks strictly to the indications calling for the employment of permanganate of potash in this condition. I can possibly make my thoughts clearer by the relation of cases which illustrate the points I wish to present.

I have selected three cases which present three different types of amenorrhœa. Each case offers an explanation of a functional disturbance dependent upon entirely different causes in which the permanganate of potash acted most satisfactorily in correcting the underlying trouble and in establishing a normal periodic flow.

CASE I.—Miss A. B., single, aged 28

years, has suffered for eight years past with uterine disease. At the beginning of her menstrual life she experienced a scanty flow, accompanied with dysmenorrhœa. She was treated by a distinguished gynæcologist in a distant city for this condition, both locally and constitutionally. At one time the operation of posterior section was proposed by her medical attendant, but was refused by herself and friends. Her health gradually improved under a change of location, diet and habits of living. For several years she was under no special treatment, but during all this time her menses were scanty, irregular and invariably accompanied with pain. During menstruation she was almost invariably confined to her bed, suffering with pains and cramps in the pelvis and lower limbs, with violent flushes of blood to her head, associated with headache and facial neuralgia. During this time nausea and vomiting were invariably present and her appetite was totally gone. The menstrual flow lasted from three to six days. The amount of blood lost was about one-third the normal flow. After the subsidence of menstruation her general health during the *inter-regnum* was only fairly good. She was plump, ruddy

and well-nourished, but complained constantly of weakness, general languor and dizziness. Her appetite was seldom vigorous; her secretions were seldom perfectly regular and normal. Whilst not positively sick, except during menstruation, she was seldom positively well. She is a young lady of uncommon grace of manner and intellect, small in stature, but pretty in form and features. Her intellectual accomplishments are far above the average. As previously stated she had several years prior to the date of my own observations been treated locally for uterine disease. This treatment had brought great prejudice in her mind against this method. She preferred to suffer, as she expressed it, rather than undergo any further treatment by local examination. Drugs of various kinds had been employed with almost negative results. About this time my attention was called to the value of permanganate of potash by the well known communication of Drs. Ringer and Merrell. I at once proposed this drug. In fact I secured for her the two grain gelatine coated pills and gave them to her. She began taking one thrice daily and continued their use for some weeks. The result was so satisfac-

tory that she has continued them from time to time as the occasion requires with more decided benefit than ever before obtained from any form of medication used. The periodic flow became more profuse, the pain less severe and those symptoms referable to a disturbance of this function have in great measure disappeared. I think I am warranted in stating that the drug has been of great service and has accomplished for her what had not been obtained from any other emmenagogue.

CASE II.--Mrs. R., aged 26, married six years, sterile, has always enjoyed good health, but has never menstruated longer than one or two days and has had a very scanty flow. Menses come on regular each month, but during the time she suffers with flushes of blood to head and face and with giddiness. She is extremely anxious to bear children and with this object in view came under treatment for the relief of her sterility. Physical examination revealed a small uterus, slightly anteflexed and somewhat depressed in the pelvis. The vaginal cervix is small and conical. The canal readily admits the sound to the depth of one and three-fourth inches. There is some slight catarrh of cervix but not

enough to account for sterility. The ovaries could not be accurately made out by examination. The only explanation I could find for the condition of scanty menstrual flow and associated sterility was the unusually small but well-formed uterus. I prescribed permanganate of potash in one grain doses, gelatine coated pills, administered thrice daily. These were taken as ordered. The menstrual flow came on two weeks later at the regular epoch without pain and more profusely and comfortably than the patient had ever experienced. The flow lasted four days and the amount blood lost was estimated at three times the quantity of any previous period. The patient had been advised previously to notice all of these facts. She came to see me after the period had subsided, her face animated and feelings gleeful over the result. She was greatly encouraged by the result and I confess that I somewhat shared her feelings. She now continues to take these one grain pills as follows: One pill once daily during the inter-menstrual period, except the week antedating the flow during which time and during the time of flow she takes one grain thrice daily. The result has so far been eminently satisfactory. It is too soon to

say whether the establishment of a regular monthly flow will have any effect upon her sterile condition. This problem time must solve. I simply relate this case to show the value of the permanganate of potash as an emmenagogue.

CASE III.—Miss W., aged 19, single, not well developed mentally or physically for her age, has never menstruated properly. The flow is irregular, scanty, painful and pale in color. She also suffers with constipation and general sluggishness of her portal circulation. This patient had been examined *per vaginam* before she came under my observation and the operation of divulsion had been advised for the relief of stenosis of the cervix. I found the uterus small, anteflexed, and somewhat prolapsed. The vaginal cervix was small and conical, but the cervical canal was patulous enough to allow the scanty blood thrown off during menstruation to escape. I did not think the operation of divulsion advisable until other methods of relief had been tried. I advised the use of hot water vaginal enemata twice daily, and suggested that the habits and occupation of the patient be varied. I also prescribed permanganate of potash in

one grain doses gelatine coated pills thrice daily. These were taken as ordered. The next menstrual flow came on more profusely and satisfactorily than previous flows had been. At the end of the period she was instructed to diminish the dose to one grain once a day, and again to repeat the three doses the week preceding and during the flow. She has informed me that this method has given her much relief, that the flow is freer and brighter in color, accompanied with less pain and less bodily distress generally. It is too soon as yet to draw positive conclusions from the data furnished by this case but I think I can frankly accord to the drug a positively good effect and that I am warranted in saying that it is a uterine stimulus of no uncommon value. When a drug accomplishes results which were not obtainable by other agents employed it is fair to accord to it similar virtues when again employed under similar conditions. The only way we can prove the positive value of an agent is from the combined testimony of a number of different observations made by different observers. If we frankly present our data and summarize our conclusions the historian who sifts the wheat from the

tears will be able to record a just estimate of the facts collected. It is with this object in view that I offer these brief notes which I have illustrated with cases here briefly presented.

There can be little doubt now, I think, that manganese is a uterine tonic of decided merit. Whilst it has been classed among those agents which act as "Indirect Emmenagogues" my own experience inclines me to the opinion that its acts upon the menstrual function in other directions than as a corrective of anæmia and chlorosis. It seems to have the power of provoking a determination of the blood to the pelvic organs and of so modifying the vascular supply of the uterus as to enable this organ to relieve itself of blood by the necessary process of functional depletion. Its action is more nearly allied to that of ergot, savine and quinine in having a direct stimulating effect upon the uterus, though lacking the ecbotic action of these agents. It is true also that manganese acts as a general corrective of anæmia producing like iron a general improvement in the quality of the blood. As compared with iron, however, its value in anæmia and chlorosis is insignificant. It is probable the drug acts

in two ways, first as a general tonic and second as a direct emmenagogue. If this view of its action be the correct one its administration is indicated in those cases of amenorrhœa dependent upon a debilitated condition of the system with which we find associated an atonic and arrested action of the menstrual function, a condition most frequently observed among young girls and sterile women who have been educated under a forced system of mental training or whose habits, occupations and surroundings have been unfavorable to the complete development and successful evolution of the processes of ovulation and menstruation.

Some valid objection has been made against the use of the permanganate of potash on the ground of its objectionable taste and unpleasant effect upon the stomach. The great affinity of the drug for oxygen leads to its rapid decomposition when brought in contact with organic matter so that this fact must be constantly borne mind in its administration. I have invariably prescribed the gelatine coated pill and have as yet had no serious complaint from any of my patients of any unpleasant effects

following its use. I am therefore inclined to the opinion that when the drug is given in pill form gastric disturbances may be prevented.

