

Mc. Ginnis (E. L. A.)

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## MENORRHAGIA AND METRORRHAGIA AS CAUSED BY CONDITIONS OTHER THAN FIBROIDS.\*

BY E. L'H. MCGINNIS, M. D.

In treating the above subjects, I am led to believe that there are many of you who probably anticipate a brochure on the merits of electricity, my name having become more or less identified with its use in gynæcology. Let me therefore hasten thus early in the few moments of your time given to me to assure you that I shall touch but lightly upon its use here, preferring rather to hear your discussion first, and in concluding it I may be led to speak of my results with the current.

The terms *menorrhagia* and *metrorrhagia* may be and often are misleading, as any free flux of blood is generally placed under one or the other heading, depending upon the time of its occurrence. But what would be hæmorrhage in one case would be but normal menstruation in another of different temperament, so no positive rule can be laid down as a dividing line between them, beyond a comparison of the amount of flow lost by the same patient during previous catamenial periods. The length of time occupied is another element to be borne in mind when deciding upon its abnormality, and even when the amount lost during one customary period may not be large, yet when the time of the flow is prolonged the aggregate flux may be a drain upon the general health of the patient, and in such cases should be classed under one head or the other.

When a usually healthy and well-nourished woman, with no previous history of excessive flow is met with and found to be suffering from a loss of blood which is quite beyond her customary amount, the one cardinal point in the diagnosis of the *cause* is to determine in exactly what way the *circulation* is interfered with, and no amount of curetting or astringent applications to the canal will ever be of lasting benefit until the proper circulation is re-established. Whether the in-

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terference is due to the presence of a fibroid, a flexion, a metritis, or even an impaction of fæces, it matters little as regards this one symptom, and it is my firm belief that we have here the true explanation of violent hæmorrhage in a comparatively small submucous or a mural fibroid, while a much larger peritoneal one will cause little or none. Of course the condition of the blood itself may have something to do with it, but its importance seems to me to be secondary to the other cause. The use of certain drugs, too, such as quinine, iron, aloes, etc., may temporarily affect the flow, but their discontinuance is nearly always followed by freedom from excessive menstruation when normal local conditions exist.

By far the most common cause of menorrhagia and metrorrhagia is said to be the presence of fungosities on the endometrium, and yet we can not be sure that the same condition which causes the endometritis fungosa does not cause the hæmorrhage rather than the fungi. The removal of them by curette or other means certainly brings about a diminution of bleeding in most cases, but unless the proper conditions of circulation are restored at the same time, the trouble is most likely to recur.

Pelvic cellulitis itself may be sufficient cause for the conditions under consideration; and no less an authority than Dr. Emmet recently informed me that he had known of cases due entirely to pressure of impacted *fecal matter in the rectum*, which were speedily relieved by free catharsis.

When we take into consideration the amount of obstruction which must necessarily take place in malpositions of the uterus, and especially in flexions, we can not but wonder that the symptom is not more prevalent; for around the angle of the flexion, the blood must necessarily be more or less dammed back, and with the constant force of the heart beat behind it *some* outlet for the accumulation must be found and this is usually the uterine canal and vagina.

We are all familiar with the angry, engorged appearance of a lacerated cervix when hard scar-tissue is pressing upon the blood-vessels, and its disappearance when its pressure is removed by operation.

Of course malignant degeneration of the blood-vessels may cause hæmorrhage in any mucous-covered tissue, so that it requires but passing mention here.

It was my intention in treating of this heading to merely bring it before you for discussion—as it will be *your* remarks that are of value—and I therefore lay the *subjects* before you rather than these *few notes*.











