

Segur. (G. C.)

EMMENAGOGUES.

— BY —

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EMMENAGOGUES.

BY GIDEON C. SEGUR, M.D., HARTFORD.

The presentation of a few practical points respecting some medicinal agents influencing the menstrual function, rather than an elaboration of all the different means that have been employed to correct menstrual irregularities, is my purpose in this paper, and that without entering upon the discussion of surgical interference.

It will be convenient to consider remedies from the indications requiring their use, as shown in the well recognized symptoms of amenorrhœa, dysmenorrhœa, and menorrhagia.

Amenorrhœa.—In amenorrhœa from anæmia and chlorosis, the chalybeates are indicated, combined with the best hygienic measures.

In such young girls when the "expected" time has arrived the mother often advances the opinion that the amenorrhœa is the cause of the girl's ill health. By assuring her that the contrary is true, and enlisting her aid, a powerful ally is obtained and the patient is placed in an entirely different mental atmosphere, one most conducive to the improvement of her health. In the use of iron, in such cases, I have had a gratifying experience with the Bland pill, which consists of equal parts of ferrous sulphate and potassium carbonate. The treatment is directed to the correction of the constitutional condition as the cause of the amenorrhœa. Good nutritious food; out-of-door exercise of an amusing and agreeable nature, combined with a cheerful home atmosphere; removal of, as far as possible, all sources of irritation to the nervous system; relief from attention to school duties; and a change of residence, by the new scenes and surroundings arousing the

patient to renewed interest in life from the sluggish, apathetic condition in which such girls are so often found. These hygienic conditions constitute the principal treatment, to be supplemented by the Blaud pill, beginning with two and increasing to five grains, three times a day, after meals. A careful persistence is often all that is necessary to restore the systemic condition, and, good health instituted, the menstrual function is normally induced.

I began the use of the salts of manganese, in cases of irregular, deficient, and arrested menses, as recommended by Ringer, soon after the publication of his experience with the permanganate of potash; using the tablets and pills of that drug, in both of which forms, although the emmenagogue action was pronounced, there was so much gastric disturbance attendant upon its administration that I was ready to discard it when the binocide of manganese was introduced to take its place, and has proved a most excellent substitute, having the full emmenagogue effect without any gastric irritation consequent upon its exhibition, in my experience.

In delayed or difficult menstruation I have used the two-grain pills of the binocide of manganese, but more recently the tablet triturates, one grain each of Fraser & Co.'s manufacture. One of these is given, three times a day, after meals, during the interval, and the dose doubled (gr. ij.) during the time of the menstrual molimen. After one or more months the binocide may be discontinued during the intermenstrual period, and begun again a few days before the expected return of the menses, and continued through the period. A course of a few months often results in establishing the function in a normal manner.

In his "Hand-book of Therapeutics" (eleventh edition, p. 231) Ringer says of the permanganate: "It will restore menstruation after the lapse of two years or longer"; and again, "I find it successful in cases of anæmia and in plethoric patients."

In case of sudden suppression of the menses from shock, as in "catching cold" during the flow, the hot footbath or sitz-bath has long been a most valuable domestic remedy. The hot sitz-bath, of fifteen or twenty minutes' duration, may be repeated every three or four hours, small doses of aconite (ms. ss. to ms. j. of the tincture) being given every fifteen minutes until diaphoresis is established, and then the intervals extended to every hour or two, when two-grain doses of binocide of manganese may be

given with, or substituted for, the aconite. The sitz-bath is to be preferred, but, when it is not available, the next best thing is the hot foot-bath, with hot vaginal douches. I have seen so much ill effects resulting from vaginal douches improperly given, that it will, perhaps, not be out of place to say a few words respecting that simple procedure, which, nevertheless, is so seldom properly accomplished.

The first requisite is a proper syringe, and the fountain syringe with hard rubber fittings, having a capacity of not less than two quarts, as in Goodyear's fountain syringe No. 3, is the best for the purpose. A chair placed near the side of the bed will serve for the feet to rest upon, while the patient lies upon her back across the bed, the hips upon the edge and slightly elevated. One end of a yard and a half of rubber sheeting, about a yard wide, or of some other water-proof material, should be placed under the patient's hips and the two lower corners pinned together, thus forming a funnel to conduct the water to a vessel placed below. After filling the fountain with water, at a temperature of 110° F., to which may be added a teaspoonful of sodium chloride, or bichlorate, it should be hung about two feet higher than the bed, and before introducing the irrigator pipe, all air should be expelled from the tube by allowing the water to flow through it. As the local application of heat is the object desired, the flow should be slow and without force, the temperature as high as can be readily borne, with the tube kept well up in the posterior cul-de-sac. An aloetic purge can often be used with advantage in combination with this treatment.

This method will seldom fail in aborting the attack and inducing a return of the flow.

Dysmenorrhœa. — Manganese, used just before and during the menstrual period, has, in many cases, given most happy results in dysmenorrhœa. In one case, a married woman, age 40, regular, obliged, during her menstrual period of about three days, to spend most of her time in bed, because of pain and lassitude, under the influence of six grains of the binoxide of manganese, daily, begun just before and continued during the menses, is able to attend to her usual duties with only slight discomfort. Another case — single, age 27 — always had much pain with some irregularity — was treated in the same manner (six grains daily at the time of

her periods), and now is more regular, and free from the distressing pains.

Pulsatilla, in drop doses of the tincture every fifteen minutes until relief from the pain, and then continued in same doses as required, in cases where there was a decided neurotic element, has given me some good results, but since using manganese, in conjunction with the bromides (gr. x to gr. xx), with, in some cases, nuxvomica (*gtts.* ij to *gtts.* v. of the tincture), I find that I seldom use pulsatilla. These neurotic cases are apt to suffer from considerable general disturbance — headache, nausea, etc., and, with such, a dose of twenty grains of antipyrin will often act like a charm; the severe manifestations passing away quite speedily, and the patient being able to complete her period without much discomfort.

I find that the effects of antipyrin are produced more speedily and surely by the patient retiring to a quiet room and lying with the eyes closed for at least an hour after taking it.

The application of heat, as in the sitz-bath or douche, is an effective adjuvant to internal medication when used at the beginning of the molimen.

Menorrhagia. — In menorrhagia, due to chronic congestion and hypertrophy of the uterus, with lack of tonicity, ergot has given me the best satisfaction. I have found it of advantage to give it in small (gr. v.) doses, continued for a considerable time, and to combine it with cimicifuga (gr. x.) in a bitter tonic.

℞	Fl. Ext. Ergotæ,	-	-	-	-	-	-	3ij.
	Fl. Ext. Cimicifugæ,	-	-	-	-	-	-	℥ss.
	Tr. Gentian. Comp.,	-	-	-	-	-	-	℥i.
	Elix. Calisayæ q. s. <i>ad.</i> ,	-	-	-	-	-	-	℥iij.
M.	Sig. One teaspoonful in water after meals.							

My experience with electricity in functional menstrual disorders has been limited, but is of such a nature as to encourage me in the further trial of the faradic and interrupted galvanic currents through the pelvis, or with one pole inter-vaginal or inter-uterine, the other being applied to the spine or abdomen, in cases due to an atonic condition of the uterus, and a continuous galvanic current in the neuralgic pain of dysmenorrhœa. The investigations and experience of Apostoli in this branch of uterine therapeutics, together with that of others who are incited to its study by the reports of his successes, will undoubtedly demonstrate its value.

The ease of administration of the binoxide of manganese, being

practically tasteless, its eminently sedative effects and its innoxious character, especially the notable absence of any oxytotic influence, in the dosage recommended, has induced me to place considerable reliance upon it in the treatment of *functional* disturbance of menstruation.

It may be well to say one word of warning respecting the use of manganese. Instances are not wanting where this drug has been used with success as an abortive, but in all such cases the dosage has been greatly in excess of six grains a day, which is the maximum that I would use in any case from which the condition of pregnancy could not be eliminated.

But the causes of menstrual disorders are so largely due to mechanical disturbance or organic disease that only disappointment can result, in the vast majority of cases where emmenagogues are depended upon, to the exclusion of surgical means to correct them.

The following communications, from prominent physicians in different parts of the country, who have paid special attention to this class of diseases, will, I trust, be of interest. They are in reply to a request for "your favorite remedy and its mode of administration in, 1st, Amenorrhœa; 2d, Dysmenorrhœa; and, 3d, Menorrhagia":

A. F. A. KING, M. D., WASHINGTON, D. C.

These diseases are but symptoms of some pathological condition on which they depend. I have but little reliance upon any one medicinal remedy. I think the "Pil-Aloes et Myrrh" a good emmenagogue—perhaps one of the best, when the use of it is desirable. As to menorrhagia, where medicine is desired to check the flow temporarily, the Tr. Fl. Chloridi has served me well. But I find so many cases of this disease depending upon constipation and fœcal accumulation that if I should be asked for any one medicine requisite to stop it, I should be inclined to answer somewhat in the same way as Cicero (I think it was he) did to the individual who inquired of him the three great requisites of an orator. You remember that he replied, the first thing is *action*, the second *action*, and the third *action*. So for menorrhagia (in the majority of cases), the first thing is *purge*, the second *purge*, and the third *purge*. Dysmenorrhœa can hardly be cured by medicine, except perhaps in the congestive variety, where I have found large—very large—doses of the spirits *mindererus* ℥j, every two hours during the period, often give strange relief. But blood-letting, local and general, and various other hygienic measures, will be requisite. But each of these diseases, (or rather symptoms, for they are nothing more) can be cured

only by finding out and relieving the pathological conditions—local or general, or both—on which they depend. I place very little reliance upon any single medicine, just as the disease (or rather symptom) of *cough* can only be cured by removing the bronchial, pulmonary, laryngeal, cardiac, gastric, uvular, etc., condition on which it depends.

M. PUTNAM-JACOBI, M. D., New York.

1. I know of no one drug that can be relied upon in amenorrhœa. I have tried the permanganate of potassa, in one case where the periods had been missed twice after a sea voyage, and came on shortly after the use of the drug. In several other cases it has been too irritating to the stomach. Apiol is not powerful enough. Apart from general treatment usually indicated (albuminous food, hydrotherapeutics, iron), the three specific remedies I have found useful are : a leach to the cervix uteri, or galvanism within the uterine cavity, or the rubber health lift. I have three or four very nice successes with the latter agent.

2. Dysmenorrhœa is the result of much too complex conditions to be considered with regard to any one remedy. It very frequently depends upon fundal endometritis, and is cured by intra-uterine applications of carbolic acid or iodized phenol. Symptomatically, chlorodyne is most valuable for severe pain. Moderate pain from irregular circulation through the uterus is often dissipated by apiol. I think chlorodyne particularly suited for cases with limited spots of peritonitis around the ovaries or fimbriæ, or in Douglas's cul-de-sac, caused by escape of secretions, or even of menstrual blood from tubes.

3. Menorrhagia, again, is often symptomatic, as of fungous endometritis, displacements, lacerations, etc., each requiring its own treatment. But a combination of fluid ext. ergot (gtt. xx) Tr. digitalis (gtt. v.) in tr. cinnamon every three hours, often overcomes even the symptomatic menorrhagias, and those of small fibroids. For the same purpose hydrastis is certainly a most valuable remedy, 20-30 drops every three hours.

JAMES R. CHADWICK, M. D., BOSTON.

I have jotted down a few of the remedies that come to my mind. I am sorry that I have not time to elaborate.

1. *Amenorrhœa.*

Electricity, oleate of manganese, iron, and general tonic treatment.

2. *Dysmenorrhœa.*

℞	Ext. Belladonnæ, - - - - -	gr. j.
	Aq. Camphor, - - - - -	ʒj.
M.	Sig. ʒj every hour until relieved.	
℞	Wine of coca.	

℞ Ext. Fl. (alcoholic) Viburni Prunifolii,	-	℥ jss.
Tr. Cannabis Indic.,	- - - -	℥ ss.
Morph. Acet.,	- - - -	gr. j.

M. Sig. 3j doses.

Electrolysis by Apostoli's method, electric baths, bromides, general tonic treatment.

3. *Menorrhagia.*

Acid. sulphuric arom., gtt. xx. Three times a day.

Ergot between the menstrual periods.

Chian turpentine.

Hydrastis Canadensis.

PAUL F. MUNDE, M.D., NEW YORK.

For *amenorrhœa* I have chiefly employed manganese. My attention was called to the remedy soon after its introduction into practice by Ringer, and I was induced to give it an early trial, since my experience with all other medicinal emmenagogues had been exceedingly unsatisfactory. Indeed, I had arrived at the point of discarding the familiar remedies, saline, rue, tansy, gossypium, etc., and of relying almost exclusively on local heat, counter-irritation, scarification and leeches to the cervix, and intrauterine and ovarian galvanization and faradization.

I began with the permanganate of potash, using it in pills and capsules, gr. i. to ii., after each meal, during the whole intermenstrual period. But I soon discontinued the solid form, because I was informed by druggists that the remedy was liable to decompose in that shape. I therefore tried it in solution for a time, prescribing ℥i. to ℥i. of distilled water, of which ten drops were to be put into a tumbler of water and drunk immediately after eating, followed at once by thorough rinsing of the mouth. No discoloration of the teeth was produced by the solution used in this strength, and the taste was not particularly unpleasant. About two grains were thus given at each dose. Patients did not object greatly to this medicine at first, but soon complained of the amount of fluid they had to swallow three times a day, and of increasing dyspeptic symptoms. And hence, after several months' trial, I was beginning to fear that the chemical difficulties of administering the remedy, might interfere with its popularization, when the introduction of the gelatine-covered pills of binoxide of manganese by McKesson & Robbins seemed to offer an elegant, tasteless, indestructible, and efficient substitute. I have used the two-grain pills made by this firm in numerous cases, giving one or two pills after each meal; one, if the remedy was continued through the whole month; one or two, if it was given only during the week preceding expected menstruation, and have found it certainly quite as efficient, and I think less injurious to the stomach than the permanganate of potash. My

experience extends to, I am sure, in round numbers, at least one hundred and fifty cases; I have kept no record, but should think the number would approach nearer two hundred than far below it: for the cases in which I have employed the remedy during the past five years in private practice, and particularly at the Polyclinic, have been quite common. My experience may be formulated as follows:

In amenorrhœa due to chlorosis or anæmia, or to change of climate (as in servant girls immigrating to this country) the manganese has acted as a general tonic, similar to iron, with an apparent special influence on the sexual organs, so that often after one month, and usually after two months' use, menstruation has reappeared. A continuance of the remedy has resulted in re-establishment of the regular flow, and gradually the administration was limited to one week before the expected period. How much improved nutrition and acclimatization may have aided in this result I cannot say.

Amenorrhœa, apparently due to deficient ovarian innervation, as so frequently occurs in stout, flabby, often sterile women, was but little benefited by the manganese.

But plethoric women, with sluggish portal circulation, and cold hands and feet, who were in the habit of skipping one or more periods without apparent cause, and who were constantly in fear of having conceived, were generally much relieved at seeing their flow appear after from several days to a week's use of six or twelve grains of mangan. binox. daily.

On several occasions, merely to temporize until I could make a positive diagnosis, and to quiet the patients, I gave manganese without the slightest effect, until a subsequent examination revealed pregnancy. It is not, therefore, an abortifacient, although I would advise caution in its use in doubtful cases.

In unexpected, temporary suppression from cold, nervous shock, or from unexplained causes, manganese will usually be depended upon to restore the natural flow within three or four days; twelve grains being given daily. I do not recollect being told that the flow was in any case excessive, or painful, when it was not so before. But a scanty flow was almost always increased by the remedy.

In conclusion I must, however, emphasize most particularly one disagreeable feature of the remedy, namely, its frequent unreliability. While in many cases it would do all that was desired, in others, apparently identical, it would disappoint me by proving an utter failure. Thus, I recollect two cases this winter, both of suppression for several months, in plethoric, sluggish women, where a three to four days' use brought on a natural flow, greatly to the delight of the ladies — who were correspondingly disappointed when at the next period a week's administration was entirely ineffectual.

My conclusion is that manganese is particularly useful in cases of anæmia, where a general tonic is indicated; and in cases of temporary suppression; and that it seems to exert in many instances a specific action on the female sexual organs. But that it is an uncertain remedy, which may fail in apparently the same conditions where it formerly succeeded. Finally, it is not injurious unless used in too large doses, and does not usually produce abortion. Its great objections are unreliability, and a tendency to cause gastric disturbance.

Quite recently I have used repeatedly the lactate of manganese in one-grain triturate tablets, prepared by Hazard & Co., as a general tonic, and thus as an emmenagogue, with considerable benefit. The advantage of this preparation would seem to be its easy digestibility.

2. For *dysmenorrhœa* I have found the tr. of *pulsatilla* in three to five drop doses *ter die* quite effectual, when given several days before and during the period, chiefly in the neuralgic variety, as in young girls and unmarried women. In congestive dysmenorrhœa, saline laxatives just before the period, hot sitz-baths, and a small blister over each ovary just before the period. In married women, scarifying or leeching at the same time in the month. For obstructive dysmenorrhœa nothing but dilatation, usually rapid, proved of benefit. In fact, internal medication has failed me too often in dysmenorrhœa to enable me to be very enthusiastic in favor of any single remedy.

3. *Menorrhagia*. Fl. ext. gossypium and fl. ext. ergot, equal parts, in teaspoonful doses every two or three hours, has usually checked the flow. Also fl. ext. hydrastis canad. gtt. xx, doses every two or three hours, has, at times, been useful; also oil of erigeron, gtt. v, doses three or four times daily. In obstinate cases, nothing but vaginal, and even uterine, tamponade succeeded in arresting hemorrhage. If the *uterine* tampon was used it was soaked in tr. ferri persulph. and glycerine aa., or tr. iod. comp. and left in the uterus for forty-eight hours, the vaginal tampons for the same length of time.

ALEX. J. C. SKENE, M. D., BROOKLYN.

In regard to amenorrhœa I have no special remedy that I use. I endeavor to find out the constitutional and local conditions which cause the amenorrhœa, and relieve them if possible. When this is accomplished menstruation is usually established without any further treatment or medication. In regard to dysmenorrhœa the same statement would apply to a certain extent. If the pain is due to a general hyperthesia of the nervous system, I give bromide, or cannabis indica, or compound spirits of ether and camphor, or antipyrine. If it is due to some organic disease of the uterus, such as flexion or inflammation, I try to relieve this condition; this accomplished, the dysmenorrhœa will disappear. Menorrhagia, when due to the congestion of the uterus, is

sometimes controlled by *hydrastis canadensis*, 15 drops of the fluid extract every four or five hours. When caused by enlargement of the uterus, from submucous fibroid, ergot will sometimes help, but electrolysis, after the method of Apostoli, is more effectual. If it is due to fungus growths of the mucous membrane, the curette is the only reliable means.

ROBERT BATTEY, M.D., ROME, GA.

1. *Amenorrhœa*.—My experience with emmenagogues has been a disappointing one. I secure the best results, usually, by the use of the galvanic stem.

2. In *dysmenorrhœa* I prefer Falk's antacid tincture to any other medicament.

℞ Hydr. Chl. Corros.,	- - - - -	gr. x.
Ol. Sassafras,	- - - - -	3 i.
Bals. Canadensis,	- - - - -	℥ ss.
Spts. Aeth. Nitrosi,	- - - - -	℥ iss.
Tr. Guaiaci,	- - - - -	℥ iiss.

M. ft. Sol. Sig. 15 drops on sugar three times a day, after meals, for ten days prior to each period.

3. In *menorrhagia*, gallic acid and ergot have done me most service.

WILLIAM GOODELL, M.D., PHILADELPHIA :

1. *Amenorrhœa*.—The best treatment, with massage, electricity, and iron and arsenic in large doses.

2. *Dysmenorrhœa*.—Forcible dilatation of the cervical canal under ether.

3. *Menorrhagia*.—(a) Curetting; (b) digitalis and sulphuric acid. In anæmic cases, the best hæmostatic is a combination of ergot and large doses of iron, during the intervals of the fluxes.

WM. M. POLK, M.D. (BY CHAS. C. BARROWS, M.D.), NEW YORK:

Treatment of *amenorrhœa* is by iron, cod liver oil, and faradization.

Dysmenorrhœa—If from stenosis, divulsion of cervix. From periuterine inflammation, local counter irritation and packing vagina. If this is not successful, laparotomy and relief of uterus, and appendages from hampering adhesions by breaking them up.

Menorrhagia, according to cause. Generally due to retained secundines or chronic hypertrophic endometritis, polypus, fibroids, carcinoma or sarcoma. Treat the cause as is required in each case.

These testimonies, as well as the recommendations of our authorities, in books of reference, show no marked unanimity in the

choice of emmenagogue remedies; nor should we expect to find it otherwise, when we consider the many and varied causes that call for the use of this class of drugs.

Those who have used manganese agree in respect to its efficiency in many cases of functional uterine disturbance; and, in the binoxide, we seem to get the full emmenagogue effect without the irritation following the exhibition of some other form, as, for instance, that of the permanganate of potash.

The ends of this paper will have been attained if I succeed in calling to your attention a remedy which your experience shall prove to be of value in relieving some of those distressing symptoms for which emmenagogues are used.



