

the body in the form of a discharge. The separation of the lining is accompanied by some hæmorrhage, the amount of which varies in normal women within very wide limits, and at different times and ages, and this gives the discharge its characteristic appearance.

In savage races, and in some very healthy civilised women, this process is entirely painless, but in the average woman there is normally a certain amount of pain—which is commonly felt in the back, and is most marked at the onset of the flow—and there are also symptoms of general discomfort, such as lassitude and headache.

Normally the total quantity of the discharge is from two to eight ounces, and the period lasts for from two to eight days. The interval between successive periods is most commonly 28 days, but it may be less than this—down to 21 days—without there being necessarily anything wrong with the patient. The periods begin as a rule at the age of 13 to 15, and cease gradually between 45 and 50, which latter event is known as the menopause. Menstruation is normally absent during pregnancy and lactation.

So much for the normal. We can have deviations from this either in the quantity of the discharge, in the frequency of the periods, or in the symptoms which each period produces. Classifying these, we get:—

*Amenorrhœa*.—Absence of the period altogether.

*Menorrhagia*.—When the flow is too profuse.

*Dysmenorrhœa*.—When the process is accompanied by an excess of pain.

We will now discuss each of these separately.

*Amenorrhœa* may be due—apart from pregnancy or lactation—either to some constitutional ailment or to disease of the genital organs themselves, the former being by far the most common, by reason of the fact that pelvic disease more often gives rise to excessive, irregular, or painful menstruation, than to cessation of the flow.

Still, the trouble is sometimes in the uterus or ovaries, and the first point is whether the patient has ever menstruated, or whether the periods have ceased after having been well established. In the former case there is almost certainly something abnormal which has existed from birth, such as absence of the uterus altogether, or congenital defects in the ovaries, or it may be some obstruction in the vagina to the flow. We need not dwell on these, as it is simply a question of making a proper examination and discovering the defect.

Of local causes for cessation of menstruation after it has been well established, the com-

monest are inflammation of the tubes and ovaries from gonorrhœal infection, and ovarian cysts. The former acts by sealing up the ends of the oviducts, so that an ovum, even if the ovary is healthy enough to produce one, is not able to reach the uterus. This is not the place in which to dilate upon the evil effects of gonorrhœal inflammation in the female, as amenorrhœa is one of the least important of its results, but one cannot pass the subject by without observing that it is usually contracted by the female in entire innocence, and in consequence of ignorance, which is the more inexcusable because it is in the majority of instances entirely unnecessary, and is due, in fact, to the shirking of responsibility, not only by parents, but also, unfortunately, by teachers also. In any case where marriage is contemplated, and previous gonorrhœa is possible, evidence should first be obtained by bacteriological examination that the risk of infection no longer exists before union should be permitted.

The commonest causes of amenorrhœa, however, are two—namely, phthisis and anæmia. It should be mentioned, however, that it is not uncommon for temporary amenorrhœa to occur in young girls when a sudden change takes place from a sedentary to a laborious life; thus, it is often seen amongst new probationers in a hospital. This type should cause no alarm, as it tends to disappear by itself, or with the assistance of a general tonic.

*Amenorrhœa* in anæmia is really conservative, and is simply an effort of nature to guard against any avoidable loss of blood. As it almost always disappears on marriage, it need give rise to no apprehension. Still, it is an indication for treating the anæmia in the manner described in a previous article. When due to phthisis, it is often one of the earliest symptoms of this disease, and it should always be taken as a reason for examining the chest. Under open-air treatment, the flow often returns.

There is really no drug that will of itself cause the return of a flow which has ceased, and the remedies advertised for this purpose are often worse than quackery. Both in anæmia and in phthisis, iron is useful, and it may often be combined with arsenic and manganese; it is essential that any tendency to constipation should be treated.

(To be continued.)

An interesting lecture, which attracted a large audience, was delivered on Friday, November 29th, by Dr. J. C. Rankin, on "Skin Diseases and their Treatment," to the Ulster Branch of the Irish Nurses' Association

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