

CLINICAL NOTES ON SOME COMMON AILMENTS,

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DISORDERS OF MENSTRUATION.

(Continued from page 451.)

MENORRHAGIA.

Here the trouble lies in the fact that the patient is losing too much. Either the flow at each period is profuse, or it is repeated at unduly short intervals. Sometimes the discharge of blood does not cease between the periods, in which case the name "menorrhagia" is given to the condition.

For convenience we may divide the subject of menorrhagia into two parts, according as to whether it occurs in women who have, or who have not, borne children respectively. In unmarried girls it is not uncommon to find that the periods are either too profuse, or occur too frequently, when there is nothing radically wrong with the pelvic organs themselves. It often, for instance, is a result of an exciting and exacting social life combined with late hours and want of exercise—the sort of thing that occurs in a London "season," for instance. Or it may occur during convalescence from any serious illness, especially when the patient has been allowed to get up too soon. In others the periods are apt to recur too frequently whenever the patient is run down from any cause.

Again, it may occur in some constitutional diseases, such as valvular disease of the heart and sluggishness of the liver. It is often a sign of secret drinking.

Later on in life, especially when bleeding occurs about the time of the menopause, it is often due to cancer of the uterus, and there is perhaps no more pernicious "vulgar error" than the quite common belief that hæmorrhage about this time is a natural event. In the vast majority of instances, cancer of the uterus can be detected by examination sufficiently early to enable us to hold out a reasonable prospect of complete cure by operation, but it is comparatively seldom that the patient gives us the chance. Time after time, when one sees for the first time a woman suffering from this horrible disease, one is met by the answer, "But I thought it was the change of life." I am sure that nurses in particular can do very much to combat this most pernicious error.

Another cause is fibroid tumour of the uterus. In this condition we have the wall of the uterus growing out in lumps; after a while these project into the interior of the uterus, and

develop a stalk like a pear. This becomes twisted, so that there is obstruction to the return of blood from the tumour, and the blood vessels in the mucous membrane covering it become too full, and ultimately burst. Hæmorrhage from fibroids usually starts not as a sudden flow, but as a gradual increase in the amount lost at the monthly periods, so it is not, as a rule, until the tumours are fairly large that the patient seeks advice. In the majority of cases, women with fibroid tumours present themselves for treatment between the ages of thirty and forty, though there can be little doubt that the real onset is really much sooner than this as a rule.

In married women, in addition to the previously mentioned causes, which sometimes are even more frequent than in the unmarried, we get an additional source of undue hæmorrhages in the changes that may occur in connection with pregnancy. One of the most common of these is the failure of the uterus to contract properly after childbirth or a miscarriage. I am not referring here to the hæmorrhage which takes place immediately after these events, and is known as post partum hæmorrhage, but rather to a condition which is apt to occur later on.

What happens is this: After childbirth, or miscarriage—more frequently the latter, as patients are apt to treat this with scant respect—the woman, instead of taking matters seriously, and lying in bed for an adequate time—usually at least ten days—gets up and goes about her work or fulfils some social engagement. Perhaps she feels none the worse for this at the time, and until her periods commence, when, to her surprise, she finds that the flow is so excessive as to compel her to lie in bed and send for a doctor, and a similar trouble occurs with each successive period.

On examining such a case we find that the uterus, instead of being firm and small, is flabby, and larger than it should be, and it not infrequently happens that we find in its interior a piece of the placenta, or afterbirth, which should have come away completely at the time of the childbirth or miscarriage. This failure of the uterus to contract properly is known as subinvolution, and is much more common than it ought to be.

Another cause of menorrhagia in married women is a chronic inflammation of the lining membrane of the uterus, or endometritis, as it is called. This is very apt to follow on subinvolution, and occurs most commonly in those who have had many children with unduly short intervals between each birth. In addition to

[previous page](#)

[next page](#)