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MENORRHAGIA, WITH ITS TREATMENT BY BROMIDE OF AMMONIUM.

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Read before the Canadian Institute, Toronto

I propose to examine Menorrhagia, with its general management, and refer particularly to the value of bromide of ammonium in its medicinal treatment. True menorrhagia, over which bromide of ammonium exerts a marked influence, is an *excessive discharge of blood from the uterus, at or about the menstrual period, continuing longer than four or five days*. This seems to me to be the proper meaning of the term, as distinguished from *Metrorrhagia*, which may very well be employed to comprehend those other forms of uterine flux alluded to by various authors, resulting from the partial separation of a fetus, or from the presence of a polypoid growth, &c.

The pathological condition in Menorrhagia will be very different, in a given case, from that in Metrorrhagia, and it will be found frequently that the remedies applicable in the one case are wholly inoperative or inapplicable in the other.

Cullen exhibited confusion as to the proper source of these fluxes, as may be learned from the terms he employs, viz.: "Menorrhagia Rurra," and "hemorrhagia uteri"—meaning, by the latter term, "hemorrhage from vessels of the uterus other than those concerned in separating, and discharging the menstrual flux."

Dr. Good, as well as Dr. Cullen, and, at a later date, Drs. Dewees and Churchill, exhibit the same inaccuracy as to the source of menstruation; but however excusable the lack of knowledge of the *true source* may be, in the case

of these great medical lights, the fact that there are *now* to be found *medical teachers* in this latter half of the 19th century, who strenuously maintain, and persistently evolve, the old, effete, and demolished theory of the secretion of the menses, seems positively unpardonable.

Under menorrhagia have been included cases in which the flux was too frequent, and of irregular occurrence, which I propose to set apart under the term "*Irregularis Menstruatio*," but not coming strictly within the limits of this paper they may be dismissed.

There is no standard quantity of blood, applicable to all climates, required to be lost, in order to constitute healthy menstruation; for, as Dr. Locock observes, "what would be considered rather scanty menstruation in warm climates, would be regarded in Lapland as Menorrhagia." Nevertheless, we may conclude, that in healthy menstruation in this climate, the quantity usually lost is about $\text{z}\bar{\text{i}}\text{i}$. to $\text{z}\bar{\text{i}}\text{v}$. I know many cases, considered healthy, where the loss is greater, and in some much less than here indicated.

When called to interfere in those cases, attended with general systemic distress, I think it reasonable to promptly interpose with such measures for present and permanent relief, as our own experience or that of others may have suggested, as most valuable.

So far as I have observed this complaint, which, however, must be regarded as a *symptom* of a peculiar condition of body, rather than a disease, it has occurred in persons either constitutionally weak, or from accidental circumstances of atonic fibre, and the flux, therefore, was decidedly passive.

It is important to observe, that the subjects of menorrhagia generally suffer in the intervals of attacks, with more or less profuse *metrorrhœa*;