

UTERINE HAEMORRHAGES AND THEIR CAUSE.*

THOMAS S. CULLEN, M.D.

Associate Professor of Gynecology, The Johns Hopkins Hospital,
Baltimore.

General practitioners are continually meeting with cases of uterine haemorrhage and are often at a loss to determine the exact cause of the flow. In recent years we have gained a much clearer insight into the various pathological conditions that may cause uterine bleeding. Our knowledge has been due chiefly to two factors, early operation where pelvic lesions are present and a careful microscopical examination of all tissues removed at operation.

I shall, in the brief period at my disposal, look upon the subject from the standpoint of the general practitioner and see just what clues have been furnished by the pathologist and surgeon.

On making a list of the chief sources of uterine haemorrhage I have found that they fall into five main groups:

- (1) Haemorrhages dependent upon constitutional tendency to bleed.
- (2) Haemorrhages due to inflammatory conditions of the uterus or appendages.
- (3) Haemorrhages incident to pregnancy, extra—or intra-uterine.
- (4) Haemorrhages due to the presence of tumors.
- (5) Haemorrhage due to carcinoma or sarcoma of the uterus.

Haemorrhages may be present shortly after birth. Here within twenty-four hours after the child is born small balls of mucus mixed with blood may escape from the vagina. These usually disappear after the fifth or sixth day and do not return. We do not know their cause. Again, in young girls, the menstrual period is often very irregular, sometimes not coming on for months at a time and then amounting almost to flooding. In such cases it is often difficult to determine whether we are dealing with a period or with an intra-menstrual haemorrhage.

Haemorrhages dependent upon a constitutional tendency.
Nearly all of you are familiar with a few cases of this kind. We

*Address delivered before the Maritime Medical Association at Halifax, N. S., July 6, 1904.