

MANGANESE IN AMENORRHOEA.

Drs. Sydney Ringer and Murrell write to the following effect:

"We are desirous of calling attention to the value of a very simple remedy in a very common complaint. For some time past we have used permanganate of potash with much success in the treatment of certain forms of amenorrhœa, and are satisfied of its value. Our observations have extended over a period of thirteen months, and we have now notes of sixty-nine cases. The majority occurred in hospital practice, but some were private patients. A small number remained under observation for a few weeks only, but the majority continued to attend for a much longer period; so that in some instances we have a complete record of the menstrual history for a year or more. In some cases the amenorrhœa was the cause of the patient seeking advice; in others its existence was mentioned incidentally, the patient suffering from some other complaint. Our cases are such as come under the care of the general, as distinguished from the obstetric, physician, and do not include those requiring operative interference. As a rule we refrained from making a vaginal examination, but with this exception our notes are complete. We have used the permanganate in two forms, first, the pharmacopœial solution, and, secondly, the permanganate made into pills, each containing either one or two grains. Generally we begin with a grain three times, and then gradually increase the dose to two grains four times a day. Our most striking results have been obtained with the larger doses; a large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment we inquire carefully into the menstrual history of the patient, and as a rule give the remedy only for the three or four days immediately preceding the expected period, but should it fail to produce the desired effect we direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. In our experimental observations we have given the one drug only, and have done nothing in the way of accessory treatment. Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who from some accidental or trivial cause, such as catching cold or getting wet, have 'missed' once or twice after having been regular. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. In some instances the periods were brought on after the patient had ceased menstruating for over a year. In the case of country girls who have 'seen nothing' for a month or two after coming to town the treatment has answered admirably. Often enough patients do not consult their doctor until they are 'overdue,' until the time of the expected period has

passed by for some days. Even then the prompt administration of the permanganate will often bring on the flow at once, but should it fail to do so the treatment ought to be continued, and the patient will probably menstruate normally at the next monthly time. Generally our efforts are not crowned with success until the medicine has been taken for at least three or four days, but in some instances the permanganate acted with striking rapidity, the menstrual flow making its appearance after only two or three doses had been taken. It is not necessary to discontinue the treatment on the appearance of the menses; in fact we generally tell the patient to continue taking the pills three or four days longer, finding that it facilitates the flow. The permanganate often succeeds well after the failure of other remedies, such as iron, aloes, nux vomica, strychnia, pulsatilla, nitroglycerine, and hot mustard baths. Sometimes, however, it is necessary to give it for six weeks or even longer before the desired result is obtained. In those cases where the patient has menstruated only once or twice, and has then entirely ceased for some months, our treatment answers well; the menstrual function is re-established, and thenceforth proceeds normally at every successive monthly period. In some cases there was no actual amenorrhœa, but the flow was scanty, lasting perhaps only a single day, or it may be only a few hours. Here the administration of the permanganate prolonged the flow, and even in some instances when it had ceased brought it on again. In girls of about fifteen or sixteen, who have never menstruated at all, the permanganate, as might be expected, is not so certain in its action; but even here it not infrequently acts promptly, bringing on the flow at once. In some cases where the general health was bad, and the permanganate had failed, we suspended treatment for a time, and sent the patients into the country for a month. On their return we gave the permanganate a second trial, and it succeeded at once. We have, however, sometimes failed to bring on the menstrual flow even when the patient was in fairly good health, and when there were the usual indications of puberty. It is not only in the case of young women that manganese is so useful, it succeeds almost equally well with women between thirty-five and forty, who, as the result of many pregnancies and much suckling, have ceased to be regular. Here for example, is a typical case. A married woman came to us complaining that she was never regular. She had had nine children in as many years, and rarely 'saw anything' more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the nine months she had carried and the eight months she had suckled. She was not in the family-way, but she said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing anything. She was ordered two one-grain permanganate of