A HUNDRED YEARS AGO

Extracted from a 1914 issue of *The Practitioner*

X-RAYS FOR SEVERE MENSTRUAL PAIN AND EXCESSIVE BLEEDING

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THE USE OF X-RAYS in uterine myomata has now obtained an established place in gynaecological practice. The fact that in treating bleeding myomata the haemorrhage is greatly lessened long before there is any definite diminution in the size of the growths, led me to try X-rays in excessive bleeding when no tumour could be discovered.

So much success attended these attempts, that I was encouraged to use the same agent in cases of menstrual disorder, in which bleeding was not the most prominent symptom. Here, also, the results have been, so far, most gratifying. It is only a year since I treated my first *severe* case. I have under my care a total of eight cases, two of whom were failures, two successful and four are doing well.

I bring the subject early before the profession, because I feel deeply that we have in the X-ray tube an instrument capable of relieving a great deal of female suffering which cannot, as yet, be alleviated by any other means. Not all patients respond to the treatment. The more workers who take up the matter, the sooner shall we learn the best technique for varying types of menstrual derangement, and also, perhaps, avoid wasting time on cases which are inherently unsuitable.

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A woman aged 39, bed ridden 10 days a month

C.V., married, aged 39. For ten years she had had excessive bleeding during the menses, which bleeding during the past year or so had tended to encroach more and more on to the intermenstrual period. When I saw her, at the beginning of 1912, she was very pallid and weak, and was obliged to spend ten days out of every month in bed. Even during the intervening time, she was by no means altogether free from haemorrhage. Her doctor informed me that there was absolutely nothing to be made out by physical examination.

After about a week's treatment she declared that she felt better, but a period, which supervened a fortnight after she came to me, was in no way different from its predecessors. Ten days later she resumed treatment, and was able to continue for five weeks, i.e. about double the usual intermenstrual period. The menses on this second occasion were accompanied by brisk haemorrhage, but she was able to return within a week – a distinct gain.

The patient was now treated uninterruptedly for nearly seven weeks, during which there was no sign of any bleeding. Another period – the third only in 16 weeks – now occurred. It lasted five days, only three of which were spent in bed. On the sixth she came to see me and said that she intended to discontinue treatment, as she had never felt better in her life.

I urged her, without effect, to continue a little longer, as I had no idea whether enough had been given to produce a permanent effect. However, six months later, on enquiry, I learned that she continued in perfect health, despite the fact that she had plunged into a whirl of social excitements; joys which had been altogether forbidden to her for more than a year previous to her treatment. *However, the lack of ill effects from the somewhat reckless behaviour above recorded must not be taken as an argument against the necessity for after-care.*

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My cases show that in the X-ray treatment of menstrual disorder:

1. Haemorrhage is more quickly relieved than other symptoms
2. The period immediately succeeding the commencement of treatment is no better, and may be worse than usual.
3. The second period is delayed. It will probably show slight improvement, but more attention should be paid to the patient's feelings during the inverval. If she has felt even a little better, it is worth going on.
4. During the second interval, there should be a distinct advance, and the third period ought to be less severe than usual.
5. Improvement, once started, will continue for some months after X-rays have been discontinued.

Before they come to the radiologist, such patients have usually spent years in seeking relief; they are, consequently, very difficult to handle. They should be told to expect no difference whatever till after their first period. When they return, they must be encouraged with the hope that the next will be better; but if they are certain that there is no feeling of betterment during the second interval, it is probably best to discontinue.

It is my custom to irradiate the ovaries both from the front and from the back. I use the hardest tubes I can get, and filter through 1.5 mm aluminium. I reach the ovaries with three positions. I see the patient not less than twice a week and the treatment should last at least three months.

Applied in the precise manner I do it, X-rays, should they fail to do good cannot possibly do harm. The total dosage is far short of that which is now applied as a routine in the treatment of fibroids, and, so far as the skin is concerned, never causes more than a slight browning. There is no risk of producing sterility. It is doubtful whether it is possible, even with the heaviest therapeutic doses, to cause more than temporary barrenness in women not close to the menopause. The pubic hair will fall unless it is specially protected, but always grows again.

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