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A CONSIDERATION OF THE SURGICAL
MENOPAUSE FOLLOWING HYSTERECTOMY.

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A STUDY OF 332 CASES.

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by

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I N T R O D U C T I O N

1. THE MENOPAUSE.

There is probably no aspect of gynaecology which commands such constant and widespread attention as the physiology and pathology of the menopause.

The common employment of the terms "menopause" and "climacteric" as though they were synonymous, indicates a certain looseness of conception. In a strictly literal sense the term "menopause" indicates only the cessation of the menses. The term "climacteric" is derived from the Greek, meaning "a rung of the ladder", and originally was used to describe certain critical epochs in the life of both men and women, at which the body was believed to undergo radical changes.

The menopause may be either physiological, if it occurs without external interference, or artificial if it is brought on by artificial means such as surgery.

It is mainly during the last five decades that the problem of the artificial menopause has obtruded itself and many observers have shown that the symptoms which follow surgical castration may be more severe than those which follow in the course of nature and are sometimes alarming.

The operations of hysterectomy and ovariectomy have been rendered so simple that the general surgeon has not hesitated to invade the pelvis without regard for the conservative, often more difficult and always more tedious, technique elaborated by gynaecologists.

As this discussion will be chiefly concerned with the surgical menopause, following the operation of hysterectomy, for the purpose of this study the term "menopause" will be used in its wider sense and will frequently imply, as well as the cessation of menstruation, the symptoms of the climacteric.