

Abstract

“The Management of the Climacteric in General Practice”

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For this essay Dr. Hopkins was awarded the Gold Medal of the Hunterian Society.

The majority of women (75 per cent.) have an uneventful climacteric, though he admits that some writers put the figure at even higher. The paper is based on observations made on a group of 19 patients who have been under Dr. Hopkins care since 1951. He states that his study of these cases has brought to light an important aetiological factor common to them all—the existence of some emotional disturbance before the onset of their symptoms. Careful history taking will reverse previous experiences of emotional breakdown during various times of stress, and if a full history be obtained there is often the story of early psychological trauma, such as a separation from one or both parents in childhood, or the insecurity of a broken home. Dr. Hopkins divides the symptoms into three main groups (i) alteration in the menstrual cycle, (ii) emotional disturbances, and (iii) instability of the autonomic nervous system. He has resisted the temptation to put in a fourth group of symptoms occurring during the climacteric, namely those due to hormonal deficiency, “the only symptoms I have thought likely to be due to this are dryness and irritation of the vagina and vulva which occurred in four of the series under review.” Amongst the complications arising at the climacteric are included carcinomas to be suspected particularly if there is an increase in frequency or quantity of the menses over the age of forty, since, Dr. Hopkins says, this is due to pathological and not physiological changes. The dyspepsia at the menopause he thinks to be due to emotional tension, rather than to the climacteric itself. He would include amongst the emotional factors the so-called menopausal arthritis. In his experience the main complications of the climacteric are psychiatric changes in the mental rather than in the physical state but these, he emphasizes, are not caused by the climacteric though they may be aggravated by it. In treatment Dr. Hopkins pins his faith to psychotherapy: “I think of psychotherapy as the treatment of a person by attempting to focus attention on his mind, thereby helping him to understand his particular problems so that he is enabled either to find a way of resolving them, or if this is not possible of adapting his way of life to fit in with them.” It would be wrong, he thinks, to refer all these patients to a psychiatrist since the help they need could be forthcoming from the family doctor.