improved by the raw-meat *purée* here so frequently employed in the dietary of anæmic patients; whilst, in the way of medicine, iron, ergot, etc., were thus prescribed:

℞—Liquor ergotæ, B.P., . . . ℥ j.
Tincturæ ferri mur., . . . ℥ ij.
Acidi hydrochlorici diluti, . . ℥ ij.
Glycerini, ... ℥ j.
Aquæ, ad. . . . . ℥ viij.
M. et fiat mistura.

Sig.—One tablespoonful in a wineglass of hot water three times a day.

On this treatment she remained for nearly three months, during which her general health was improved and the menorrhagia diminished. At the end of the summer session, when our dispensary was closed and the treatment suspended, the monthly hæmorrhagia gradually returned, until her condition became that just described, and to relieve which, should all other means be unavailing, we were obliged to resort to salpingo-oöphorectomy.

Constitutional and Local Causes of Menorrhagia and Metrorrhagia.—With regard to the general causes of the conditions now under consideration it must be borne in mind that these, as just exemplified, may be either constitutional or local. Among the former we may include general hyperæmia or plethora, together with diminished inhibitory nerve-force from alcoholism, and the consequent tendency to utero ovarian congestion noticeable in women of intemperate habits. These symptoms may also arise indirectly from obstruction to the portal circulation in hepatic affections, and are commonly observed in connection with Bright's disease and other chronic renal disorders, or in the course of sequence of various febrile diseases, especially small-pox, measles, scarlatina, and typhus. Still more frequently, however, both menorrhagia and metrorrhagia are immediately due to local pathological changes in the uterus, ovaries, or Fallopian tubes. Of these the first-named organ is the starting-point of the complaint in nine-tenths of such cases, in which the excessive menstrual, or intra-menstrual, discharge may be traced to chronic endometritis and subinvolution, or else to the presence of submucous fibro-myomata or other uterine neoplasms, or to malignant disease. Next to these the various flexions to which this organ is subject, and especially retroflexion, must be mentioned as among the common causes of menorrhagia, which may, moreover, be occasioned by any visceral congestion, or even functional obstruction, such as obstinate constipation, causing interference with the pelvic circulation. Lastly, we have to bear in mind that the ovaries, whence, as I still believe, the physiological changes by which normal menstruation is accomplished start, have their share in almost all the abnormalities of the catamenial function, and in none is this more manifest than in the frequent connection of menorrhagia with oöphoritis and with ovarian displacements or prolapse.

General Treatment of Menorrhagia and Metrorrhagia.—In dealing with menorrhagia or metrorrhagia, our primary consideration must be given to the causes, constitutional or local, of the hæmorrhagic tendency in each instance. The former, however, are beyond the scope of gynæcological teaching, whilst with regard to the latter, to which we must now confine ourselves, I need here only again point out that, with respect to congestive menorrhagia, for instance, we should endeavor to reduce the uterine hyperæmia by the treatment described in the lecture in reference to subinvolution, and, above all, by thoroughly curetting the diseased endometrium, or, if the case be one of ordinary endometritis, by application of the topical astringents and escharotics before pointed out. In like manner, in ovarian and tubal menorrhagia we must seek to subdue the abnormal condition of the appendages by hot-water injections per rectum, mercurial inunction over the ovarian region, and the internal administration of iodide of potassium and bichloride of mercury, before having recourse as a *dernier ressort* to removal of the diseased appendages. In the forms of hypermenstruation and metrorrhagia connected with uterine tumors, either these growths must be removed or their vascular supply and activity must be checked either by oöphorectomy or by the employment of the galvanic current, as is suggested by Apostoli. On the other hand, should the menorrhagia be due, as is often the case, to uterine or ovarian displacements, the rectification of these malpositions must abviously be the first step in the treatment of the case.

Astringents.—In many instances the use of vaginal injections or suppositories, with some astringent such as alum, sulpho-carbolate of zinc, perchloride or pernitrate of iron, or else tamponment of the vaginal and cervical canals, may be necessary for the immediate relief of excessive menorrhagic or metrorrhagic discharges; but at the same time it is essential to bear in mind that the utility of such applications, being at best merely temporary, they can never be regarded as in any way displacing the necessity for always seeking out and removing the exciting cause of the hæmorrhage in every case of this kind. For the former purpose, the internal employment of a vast number of too commonly useless so-called hæmostatic remedies have also been from time to time advocated, including amongst others, the mineral acids, hazeline, hydrastis canadensis,