the older forms of lithotomy. If a stone could be dealt with as soon as it was retained in the bladder no other operation than lithotrity would ever be practiced, except, perhaps, in some few instances where a calculus is the natural consequence of some deceased condition within the bladder which is capable of being removed.—Reginald Harrison, F.R.C.S., in *Times and Reg.*

ON MENORRHAGIA AND METRORRHAGIA.

The abnormalities of menstruation, although, as pointed out in my former lectures on this subject in the *Med. Times and Hosp. Gaz.*, to be considered chiefly in the light of symptoms rather than that of specific forms of disease, nevertheless not unfrequently assume such prominence as to demand special consideration. To none of those menstrul irregularities is this observation more applicable than to the pathological or hæmorrhagic increase of the catamenial flux which is known as menorrhagia, and to which, together with the cognate subject of metrorrhagia, or an intra-menstrual loss of blood from the uterus, I shall now briefly invite your attention.

Menorrhagia.—With regard to the first-named of these complaints it is hardly necessary to premise that the normal catamenial flow amounts to between three and six ounces of sanguineous fluid, the evacuation of which occupies a period varying from three to five days at each regular epoch; and that any notable increase in either the amount or duration of that discharge constitutes menorrhagia. A reference to a few cases of this kind, which together with others, are described in my recent work on "Clinical Gynæcology," will serve to illustrate the general pathology and treatment of these conditions.

Congestive Menorrhagia from Subinvolution.—C. N., aged 40, a farmer's wife from Kilkenny, was admitted eight months after the birth of her ninth child, suffering from endometritis and subinvolution, with excessive menstruation, her catamenial period lasting for over a fortnight, and leaving before its return an interval of only ten days, during which a slightly hæmorrhagic uterine discharge continued until the next epoch. On examination, the uterus was found low down, retroflexed, and greatly enlarged, the sound passing nearly its entire length into the cavity. The cervical canal having been rapidly expanded with my dilator, the endometrium was thoroughly curetted, and the exposed uterine surface freely swabbed over with iodized phenol, which was again applied on subsequent occasions. The flexion was then reduced, a rolled pessary introduced, hot-water uterine irrigations were directed twice daily, and the following mixture prescribed:

R—Liquor ergotæ, B.P., . . . ℥ j.
Tinctura nucis vomicæ, . . . ℥ j
Tinct. quiniæ, ... ℥ ij.
Aquæ cinnamoni, ad. . . . ℥ viij.
M. et fiat mistura.
St. ℥ ss. ter en die.

In less than three weeks the uterus became nearly normal in size, the metrorrhagia completely ceased, and, the monthly period having passed over without any excessive loss, she was discharged from the hospital.

I need not enter on the details of some other ordinary cases of menorrhagia and metrorrhagia that were pointed out to you at the bedside in instances of uterine myoma, chronic endometritis, and uterine cancer under treatment, the result of which is undetermined. But I may take the opportunity of calling your attention to another case of this kind which appears to me of special interest from its exceptional gravity and intractability to the treatment employed.

CASE II. *Ovarian Menorrhagia.*—E. L., aged 20 years, a shop assistant, who during the summer season had been under our treatment for menorrhagia, again presented herself at the dispensary in a worse condition than before, so that when admitted into the hospital she was in a state of extreme debility, and in fact almost exsanguine from profuse menorrhagia. This, as stated, had existed, though in a lesser degree, from her earliest menstrual epochs, but within the past two years had assumed a progressively increasing severity until her admission, when there was only a few days' interval between her catamenial periods, during which the discharge daily saturated half-a-dozen diapers, and has resulted in the condition evinced in her bloodless aspect, as well as by the intnse anæmic frontal headache, extreme nervousness, physical prostration, cardiac palpitation, distressing aortic pulsations, and other symptoms of hæmorrhagic loss, of which she complained. On examination, the uterus was found somewhat congested and the left ovary enlarged to the size of a pullet's egg. Besides these local conditions, there was in this girl's family history evidence of an hereditary predisposition to menorrhagia, if not actually of the bleeder diathesis, or hæmophilia, her mother and two sisters having all suffered, though in a less degree, from profuse hæmorrhages from other organs.

When previously here under observation last summer, the symptoms described were relieved by the treatment then adopted, which consisted locally in counter-irritation with strong liniment of iodine, followed by inunction of oleate of mercury over the enlarged ovary and hot-water irrigations per vaginam and rectum each day. At the same time her constitutional condition was