

prove valuable hæmostatics; some preparation of iron with arsenic being usually ordered between the "periods." Where polypi, portions of retained ovum, or fibrinous clots are detected, they are removed.

Dr. Greenhalgh particularly draws attention to the frequency of menorrhagia as the result of collections of fecal matter in the large intestines and rectum, and of hepatic derangements occasioning mechanical irritation and congestions of the hæmorrhoidal vessels and uterus. For calculi, in additions to the pills, he prescribes repeated doses of the compound decoction of aloes with tincture of nux vomica.

In all cases he recommends quiet of mind and body; rest in the recumbent posture; nutritious and unstimulating diet; cold acid drinks; tepid or cold water vaginal injections: great moderation or total abstinence from sexual excitement.

He now and then has recourse to the following means: Matico-cotton plugs or pessaries; astringent vaginal injections; sponge tents; iodide of lead and atropine pessaries; iodized cotton; Hodge's and other pessaries in cases of misplacements of the uterus, &c.

Dr. Greenhalgh adds that *cæteris partibus*, menorrhagia is more prevalent among women of lax fibre, more especially if they have had many children or abortions in rapid succession; in those subject to acne, pruritus or eczema, and about the climacteric; in those of intemperate habits of various kinds, &c. He considers it is by no means always easy to determine whether the case is one of menorrhagia or threatened abortion.

UNIVERSITY COLLEGE HOSPITAL.—In all cases Dr. Hewitt attaches much importance to rest during the "period." Daily use of the vaginal douches of cold water is a valuable means of diminishing the congestion and restoring the lost tonicity of the uterus. The tincture of iron, in doses of from fifteen to twenty minims three times a day, combined with a few drops of glycerine, is very frequently given, and found efficacious where the system is debilitated from repeated losses of blood. In many cases Dr. Hewitt administers a few doses of ergot in powder (half a drachm three times a day).

The point to which the greatest attention is directed is procuring an exact diagnosis of the state of the uterus. Obstinate menorrhagia is often, Dr. Hewitt says, found to be due to some physical alteration of the uterus, overlooked and consequently not treated. Of the latter class of cases, retroflexion of the uterus is a most marked instance.

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We would call attention to the advertisement of Dr. Canniff's work on Surgery. It is a first class book, and as a Canadian production, should be encouraged.