

irregular walled uterus, hard knobs being present, or else there is evidence of the polypoid form on the inside.

6th. *Hæmorrhagic Endometritis*.—This again shows increased flow, frequency of periods, and may prove very doubtful until careful examination of the scrapings has been made.

7th. *Fibrous Uteri*.—The hæmorrhage is at the period, profuse and much prolonged.

In conclusion, let me say that any change from the normal in the loss of blood should put us on our guard. We should take a systematic history of our patient and insist on a careful and thorough examination under anæsthesia, if necessary.

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### SOME OBSERVATIONS ON BLOOD PRESSURE\*

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By DR. A. T. EMMERSON, GODERICH.

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The more one studies blood-pressure the more complex the subject becomes. Normal individuals have abnormal pressures. In some it is fairly even under ordinary conditions, in others it varies much with very little change in exercise, rest, work, or manner of living; notwithstanding these variations much information may easily be acquired that is very helpful and this will be increasingly so as knowledge of this subject becomes more fully developed by those who have the proper facilities for pursuing this line of research. It is only in the last decade that there has been a marked general interest in the subject, an interest not confined to medical men who study it for the purpose of knowing its bearing in physiological and pathological conditions and how best to deal with it, but applications for certain callings require a register of the blood pressure of the applicant; notably is this so, in life insurance, where it is regarded as a very important element in the risk.

For a working knowledge there must be a consensus of opinion as to what we mean when we speak of *blood pressure*. There is the blood pressure in the various parts of the venous system, in that of the capillaries, in that of the different arteries, and in the various sub-systems of the general system. In an ordinary healthy man aged twenty the systolic pressure

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