

of importance only because of its severity—the loss of blood producing anæmia, and breaking down the patient's health. In older women it has a very different signification. It is almost always due to gross disease of the uterus. These women, as a class, have passed the period of child-bearing, and their sexual organs are being prepared for the retrograde changes which take place at the menopause. As we know, it is a law that tissues, especially glandular tissues, which are undergoing atrophic changes, are most apt to develop malignant growths. The uterus is no exception to this rule, and cancer is extremely common among the class of women under consideration.

The ancient tradition that it is natural and proper for a woman to bleed profusely and irregularly when she approaches the period of the menopause, is the indirect cause of many preventable deaths from cancer of the uterus. This traditional belief is generally accepted by women themselves, and unfortunately is advocated by many physicians who have not given the subject of diseases of women much study. This teaching they received as students, and, although it has long been shown to be false, they have never abandoned it. It is natural that women should hold to this opinion, because it was quite current in the profession a generation or two ago. Popular beliefs are usually a fair reflex of what was the professional teaching of fifty or seventy-five years before. Believing it to be natural at their time of life, women disregard a menorrhagia when they are forty or fifty which would cause them much uneasiness if they were twenty-five or thirty. The same is true of a leucorrhœa. In this way, but too often, carcinoma is permitted to develop to the stage of ulceration and to that of secondary deposit, before the surgeon is consulted. Perhaps a physician is consulted at an earlier period who is a believer in the doctrine of climacteric hæmorrhages, and who soothes the patient with the assurance that there is no occasion for alarm, as "it will all come right at the change of life"; and so the poor victim rests in fancied security, until she has a rude awakening a little later, and discovers that death is inevitable owing to the inroads which the disease has already made. My own experience is so distressing with reference to the management of cases of cancer, that I feel very strongly upon this subject. About one-tenth

of all the cases which come under my observation are the victims of cancer, and of these not more than one in ten have consulted me sufficiently early to enable me to offer any reasonable ground of hope of being able to affect a cure by a radical operation.

While it is true that cancer is a very common, if not the most usual, cause of menorrhagia, in women approaching the menopause, it is by no means the only one. Endometritis, adenoma and fibroid tumors are also frequent causes at this period of life. It is a striking fact that whereas, in young virgins, the causes of menorrhagia usually have to do with the nervous system, and that in young child-bearing women menorrhagia is usually due to some mishap connected with pregnancy, that in older women it is almost always due to gross disease of the uterus.

*Treatment.*—As loss of tone of the vascular system predisposes to menorrhagia, it follows that by building up the general health and improving the tone of the circulation much can be accomplished in any case of menorrhagia. Digitalis, strychnine and ergot act directly upon the muscular structure of the heart and arteries and lessen pelvic congestion, and can sometimes be depended upon to lessen hæmorrhage from the uterus, provided the local morbid conditions are not of a very marked character.

The local treatment of menorrhagia depends, of course, upon the nature of its cause, so that the most important point is first to make a diagnosis. One of the drawbacks to the older nomenclature, to which our present title belongs, is that it does not tend to favor accurate diagnosis. There is no treatment for menorrhagia, *per se*, and that fact should be distinctly emphasized. Many a woman has gone to her death from unrecognized cancer, or cancer recognized too late for its eradication by operation, because the attending physician was satisfied with the diagnosis of menorrhagia, and addressed his treatment to that entity. Every case of menorrhagia deserves careful study, and this is especially true when it occurs in women who are upwards of thirty years of age. A careful inquiry into the case will usually put the astute physician upon the right track. In a case of short duration, in which the amount of blood lost is inconsiderable, especially if there be no complaint of pelvic pain and no breaking down of