

of fashion in medicine. When spinal tenderness co-exists with hysteria, I generally employ Corrigan's iron, with considerable success. Much depends on the proper regulation of patient's habits. Temperate meals, early raising, cold bathing, and active exercise in the open air are indispensable elements of treatment. The treatment is more moral than medical. The morbid excitability of the emotions, so common at the present time, is a fact patent to every observer; and the influences in this respect of sensational literature, long engagements, and a host of other social evils, ought not to be ignored. An ancient sage stated that all disease proceeds from the mind, and this is fully exemplified in the case of hysterical persons. Many writers consider the unmarried to be more liable to hysteria than the married; but, so far as my humble experience enables me to form an opinion, the reverse is the case. The most aggravated cases of hysteria I have had to treat occurred in married women. Family cares, pecuniary anxieties, prolonged lactation, and other causes incident to married life, act as injuriously on the nervous system as any evils imputed to celibacy. Before alluding to amenorrhœa, I propose eliciting a few observations on the nature of menstruation. Menstruation corresponds the period of "rut" in the lower animals. The question naturally arises, why is the period of "rut" not accompanied by a sanguineous discharge, as is the case with menstruation? The theory that the menstrual discharge is surplus blood is a mere assumption. Dr. Ramsbotham looks upon the discharge as the rudiments of the deciduous membrane; but why, may I ask, is the discharge absent in all the deciduous mammals below the human female? The fact of the absence of this sanguineous discharge in the lower animals, coupled with the fact that it is scanty in women in the savage state, has induced me to form the opinion that its existence is, in a great measure, due to causes incident to the long-continued effects of civilization. It is to be regretted that the question of the final cause of menstruation has not been elucidated; it is a question pregnant with physiological interest.

There can be no more fertile cause of delicacy than the premature approach of menstruation. Such an event often engenders disease by drawing off the vascular and nervous energy so essential to the consolidation of the functions of nutrition and growth. The premature accession of menstruation is certain to be followed by the early disappearance of the function. The immediate cause of functional amenorrhœa is, I conceive, an inability of the nervous centres to stimulate the ovaries. This inability may be owing to the retention of excreta in the blood. The suppression which often follows renal congestion after scarlatina will serve as an example of this cause. It may result from too little vascular pressure as in anæmia, or too great pressure, as in plethora. It is on the two latter causes I wish more particularly to dwell. In treating these conditions, practitioners neglect to bear in mind the influence of the sympathetic system on the blood-vessels, and they generally address their treatment to the blood

itself. In plethora the sympathetic system is depressed. This is evidenced by the increased animal heat, contracted pupil, and vascular relaxation. I consider that in such cases belladonna is a most efficacious remedy. It has been used with success on the Continent, but I am not aware of any practitioners who prescribe it in this country for amenorrhœa. I have often used it in my own practice with considerable success. The late Dr. Graves used belladonna to relieve the cerebral congestion of typhus. It was that circumstance which induced me to employ it in the treatment of plethoric amenorrhœa. In anæmia the sympathetic system is in a state of tension, which is evidenced by the dilated pupil and diminished animal heat, and in such cases I generally administer small doses of opium before resorting to the ordinary remedies. Hemlock is beneficial when opium cannot be borne. It is probable that the good effects of hemlock in splenic tumors are owing to its effect on the innervation of the smaller vessels. Anæmia, like plethora, is not, I conceive, so much an alteration in the condition of the blood, as it is an alteration in the innervation of the blood vessels themselves. It is not my intention to touch on the local causes or treatment of amenorrhœa. I will not notice the subject further than to say that local conditions, as a rule, depend on constitutional causes, and that consequently (but especially in the unmarried) all means of a constitutional nature should be resorted to before local measures are adopted.

A CLINICAL LECTURE ON INTERNAL HÆMORRHOIDS.

DELIVERED AT CHARITY HOSPITAL,
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TO-DAY, gentlemen, I show you some cases of internal piles, and it is for the relief of these that you will be more frequently consulted than for those that are external, and which we studied the other day. Very much that I have told you about external piles you will find equally applicable to those that are internal. For instance, you will find that a majority of these tumors are chiefly composed of varicose hæmorrhoidal veins. That the causes which produce one also give rise to the other. That very many of the symptoms are common to both; and the means employed in the treatment of one is often as applicable to that of the other. Notwithstanding all this, you will learn that they often differ from the external variety in very many respects. First as to the locality of these growths. They are always found to arise above the sphincter, though often they are found to project below the anus, and if you are careless in your examination you may mistake them for the external variety. As you saw that the external tumors presented different appearances as to color, size, and consistency, so you will find to be the case with the class we are now studying.

These tumors, at times, are found to be arranged one above the other, as in rows, and if your exami-