

reason to believe that alcohol (so much misunderstood and abused) when given in suitable moderation, so as not to exceed the healthy physiological mean, may be beneficial in febrile complaints, not by exciting the heart, but by calming it and diminishing its work by opening up more completely the capillary sluiceways.—Ed. in *Boston Med. & Surg. Jour.*

### UTERINE HÆMORRHAGE.

Few symptoms may arise from a greater variety of causes than uterine hæmorrhage, and whilst sometimes it may be of comparatively small importance, at other times it may have the gravest significance. It should therefore never be disregarded or treated lightly till the reason for it has been satisfactorily ascertained, or, at all events, till every effort has been made to determine its cause. It may be said that these are merely general principles such as are acted upon by every earnest practitioner in every department of medicine—that, in fact, this is merely another way of saying that diagnosis should precede treatment; and this is true up to a certain point. For instance, to take as an example a common symptom, such as diarrhoea, it is obvious that all practitioners having excluded the more serious diseases likely to cause the condition, must at times be content to prescribe for it without always being able to say positively to what it may be due. We have not taken this symptom by any means at random. Indeed, within our knowledge a case occurred even in hospital practice in which a patient was treated for simple diarrhoea for twelve months by various astringent mixtures without benefit. At last, when a local examination was made, a large gall-stone was found partially embedded in the recto-vaginal septum. In this instance the fact that treatment had preceded diagnosis had not done the patient any great harm; but there are special circumstances, unfortunately, in the case of metrorrhagia which not infrequently lead to the most lamentable consequences to the patient unless accurate diagnosis be made the first consideration. For instance, there is the knowledge on the part of the medical attendant that many patients are exceedingly unwilling to submit to examination, and therefore a natural disinclination on his part to urge upon them a course that would certainly be unpleasant, and might afterwards prove to have been unnecessary. Then, again, there may sometimes be a doubt in the practitioner's mind whether, after obtaining the patient's consent, the result of the examination would be as conclusive as could be wished. For these reasons the practitioner may be inclined to think there can be no harm in waiting for a little time, and trying the effect of the various medicines

reputed to be useful in the treatment of metrorrhagia before determining upon a thorough investigation of the case. Yet it is scarcely possible to insist too strongly on the fact that a certain proportion of women who suffer from losses of blood, or a blood-stained discharge between the menstrual periods are suffering from cancer of the uterus, and the responsibility rests with those in attendance to make sure, as far as possible, that a case with this symptom is not a case of cancer before proceeding to treat it by simple remedies such as ergot or hamamelis. If this were borne in mind a larger proportion of cases than at present would be seen in time for operative treatment to have a fair chance of success. There are some popular fallacies, as our readers are well aware, prevailing amongst women themselves with regard to this subject. For instance, there is the notion that pain is invariably associated with cancer, and that consequently so long as there is no pain they may safely assume that their ailment, whatever it may be, is not, at all events, cancer. Similarly, even a larger class of patients erroneously fancy they must be the victims of cancer because they suffer pain. The fact of course is that, as regards cancer of the cervix, pain does not generally occur till a late period in the case, when the disease has reached an advanced stage and satisfactory treatment by operation has become impossible. It is true that in cases of primary cancer of the body of the uterus pain is often an early symptom, but, as is well known, in by far the largest number of such cases, the disease begins in the cervix, and here what has been said above applies. Another erroneous prevailing impression is, that the disease is necessarily one of advanced life. Now, whilst this is so as regards primary cancer of the body of the uterus, it is certainly not so as regards the cervix. We not rarely meet with cases of the latter class between the ages of twenty-five and thirty, and after thirty they become comparatively common. Again, we must not lose sight of the fact that there is not infrequently some misapprehension as to there necessarily being an offensive discharge in cases of cancer. Such a discharge is practically always present sooner or later, but it is usually later; the point to be remembered is that in many early cases of cancer of the uterus the discharge is not at all offensive. This applies to both classes of cases. The absence of an offensive discharge must not for a moment be taken as warranting a conclusion that the patient is not suffering from cancer. On the other hand, whilst there is almost always an offensive discharge at some period or other in cases of cancer, an offensive discharge does not of course by itself warrant a diagnosis of cancer.

All whose practice deals more especially with the diseases peculiar to women have doubtless seen cases of advanced uterine cancer where valu-