*uterus.* An example is a uterine fibroid, either subperitoneal, interstitial, or submucous; also polypi. Other growths inside of the uterus will cause it, as the following case illustrates. The wife of a clergyman living outside of New York, expected to be confined last November; she went to bed, the nurse was engaged, but, on examination, the physician found the uterus only slightly enlarged. I was called in consultation, and after carefully examining the case, came to the conclusion that it was one of moles; the fœtus had died and membranes had clung to the uterus and continued to develop. I emptied the uterus of its contents and the patient is now entirely well. Under this head is included fungoid growths of the uterine cavity, which is a very common cause.

IV. *Anything that keeps up uterine engorgement.* As all flexions; flexions are very likely to occur just after parturition, when the uterine tissues are very soft. The various forms of endometritis, all ovarian irritation, may be accompanied by menorrhagia. If you take a rabbit, etherize it, lay open the uterus so that you can observe the endometrium, then, with a pair of forceps, crush the ovaries, the lining membrane of the uterus will be seen to become intensely engorged with blood. Again, many women think that it is a virtue to have a movement only once a week; these women constantly suffer from menorrhagia, this causes a varicose condition of the uterine veins. Many of the most remarkable cures I have performed, have been done by attention to the simple rules of alvine evacuation. All ovarian tumors, from pressure effects, may cause menorrhagia. To recapitulate, the causes are—

I. Blood state.

II. Solution of continuity.

III. Abnormal growths.

IV. Congestion of uterus.

Now, to find out the cause of this patient's menorrhagia. She tells us that she was perfectly well up to two years ago. On examination, I find the cervix lacerated, but this is not enough to account for the hæmorrhage; on pushing the finger further up in the anterior fornix, I feel a short anteflexion. A diagnosis is always a probability, never a certainty. During her last confinement, the cervix was torn, involution went on slowly, patient got up too soon and went about her duties, anteflexion took place, the uterine veins were interfered with, and fungoid growths were formed in the uterus; this is all that happened, yet it is enough to cause all the trouble.

*Treatment.*—This patient can be entirely cured by simply going backward and correcting each step in the pathological process. Administer an anæsthetic and place the patient in the dorsal decubitus, and thoroughly douche the vagina with 1-2000 bichloride solution; then take a uterine sound and gradually straighten the uterus. Then with a blunt curette (even this is not necessary, for while out of town, I have often curetted a woman with a hairpin and a pair of forceps), carefully scrape out the fungoid growths, and be sure that they are all scraped out. Then take some cotton on a pair of long forceps and swab out the uterus with a 1-1000 bichloride solution, or, preferably, irrigate with an intra-uterine catheter. Next, pare the edges of the lacerated cervix and close it with silver sutures. Take a perforated intra-uterine glass stem and place it in position, so as to keep the uterus perfectly erect. Keep the patient in bed, put her on small doses of ergot to contract the uterine tissue and vessels. In two weeks take out the sutures, but the stem may be left in for some time, and you will find that gradually she will menstruate for only five or six days. Tell them that the first menstruatfon is always profuse. Instead of this woman looking pallid and thin as she does now, in six months she will have some color, weigh fifteen to twenty pounds more, and have no further trouble from syncope.

In all probability if this patient, with her pallid looks and anæmic basic murmur, had gone to an ordinary practitioner, nineteen cases out of twenty he would have given her quinine and iron. Both these medicines are powerful tonics and act as veritable poisons to patients suffering from menorrhagia; in amenorrhœa they should always be given.

## REPORTS OF CASES.

To the Editor of the CANADA LANCET.

SIR,—I have thought the following case of sufficient interest to report it.

Mrs. M., multipara, was confined on Dec. 29th. Her labor was easy and natural, and the puerperium was perfectly normal until the seventh day, when she complained of having had a severe paroxysmal pain in the right inguinal region at times