

could not clearly see the underlying etiological factor or lesion) in a paper on this subject which I read before the Post-Graduate Clinical Society a dozen years ago. In that study, which was strictly built on the solid granite foundation of my own personal cases in hospital, dispensary and private work and which included hundreds (since then thousands) of observations, I reached the conclusion, which I still maintain, that there is no such thing as normal menstrual "types" which deviate from the four-weekly interval. Of course one or a few days' anticipation or retardation can be ignored in many cases, as of trifling significance. But such "types" as a three or four-weekly, or per contra, a five or six-weekly; aye, even the normal four-weekly type, when associated with profuse, exsanguinating and debilitating hemorrhages—will be found, after careful examination and study, to owe their origin and existence to a positive lesion in one or other of the organs of generation. There is only one exception that I know of to this rule and that applies to certain blood conditions, like hemophilia, in which the large losses of blood during the menstrual flow or the post partum state are the immediate result of the lesion in the blood-vessels or of the altered composition of the blood and do not primarily arise from the pelvic organs.

The history of this patient points out a lateness in life at which menstruation set in—namely at the age of 20 or 21. We have all been taught to regard early menstruation as practically equivalent to a late menopause and *vice versa*. While I have never devoted myself to a personal study of these "laws," from the vast number of histories to which I have access, I do not hesitate to acknowledge that my attitude, from vague, general impressions, acquired in the course of a quarter of a century in professional harness, is rather skeptical than otherwise. Of one thing I am certain—and this case proves it—and that is that retarded or irregular menses at the outset (which, after all is ordinarily the rule) will show a retarded climacteric and menopause when certain pathological conditions supervene. This is particularly true in certain forms of endometritis, fibrosis uteri, and neoplasms like fibroid tumors and carcinomata.