

never appeared, it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances, anatomical reasons have shown the reason. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the pubic bones; the cervix being impervious. In several instances there was an entire absence of the uterus and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case, an otherwise well-developed young woman, age 21, there was an absence of a vagina. Such cases as thus enumerated, nothing can be done in the line of medication, but judicious surgical procedures may in indicated cases (impervious hymen or cervix) make a cure. Where, however, no necessary organs exist, nothing can be done, except such rules as the regulation of the bowels, etc., at stated intervals, give much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities that the "age" question is a very vital one, inasmuch as, frequently, the treatment of menstrual disorders may be wrongly applied, as an example: to attempt treatment of a girl of 13 or 14, when her mother only began menstruation at 12. Experience has taught me that girls born in warmer countries, or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16. Again, in races, I have seen some surprising differences. The colored race have presented a girl of 10, and often I have seen girls of Russian-Jewish parentage begin at 10 or 11. So that the question of age should always enter into the treatment.

Whilst the most common symptom of disordered menstruation is "anemia" and as the better known "chlorosis," or vulgarly "green-sickness," its absence need not preclude the use of the most common of all our remedies—iron. Anemia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is as essential for the appearance of the menstruation as it should be for the general health of the patient. That anemia in girls is most frequently found at this time leads to the common belief that anemia, green-sickness, or whatever name this blood condition may receive, is the chief factor in menstrual disorders.