

a most decided contraction of the arterioles, and is better than cold alone.

If the hemorrhage prove persistent we may employ blood letting, in order to quickly reduce the blood pressure.—*Prof. Bartholow's clinic in Jefferson College Hospital, Philadelphia.*

A CLINICAL LECTURE ON AMENORRHEA AND DYSMENORRHEA.

Delivered at the Hospital of the University of Pennsylvania.

By WILLIAM GOODELL, M.D.

[Special Report.]

AMENORRHEA FROM TORPIDITY OF OVARIES.

This woman has not seen her menses for the past four months. She has one child and has had one miscarriage. This child was born about eight months ago, after a very difficult instrumental labor. The woman got out of bed in the course of a few days and went about her household work as usual. She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She tells me, too, that she has been imprudent in other ways. She has a great deal of leucorrhea, which is greatly increased in amount just about the time her menses should appear. This seems to be the only kind of compensatory vicarious hemorrhage to which she is subject. She has never vomited or spit up any blood, has no piles, and has never been troubled with epistaxis. There has never, so far as she knows, been any blood in her stools. In weight she has gained enormously since she first had this trouble. She thinks she is fully one hundred pounds heavier now. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely with regard to her sexual appetite, and I should most probably find that she had but very little sexual desire.

Acting on the belief that the case is one of amenorrhea from torpidity of the ovaries, I shall order the following prescription for the patient, and ask her to return and report progress in the course of a week or so:

℞ Ex. aloës..... 3 j;
 Ferri sulph. exsic..... 3 ij;
 Asafet..... 3 iv.
 M. et in pil. No c, div.

Sig. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal.

If the bowels are at any time over-affected the patient must stop and begin again with one pill after each meal.

AMENORRHEA FROM ARRESTED DEVELOPMENT.

This child is fourteen years of age, and comes to us complaining of arrest of her menses. Until she was thirteen and a half years old she

lived among the mountains in the interior of the state. While there she was always regular and her general health was excellent. About a year ago she came to Philadelphia and was put to hard work. No sooner was this change made in her habits and mode of life than she began to break down. She feels and looks very miserable. The skin under her eyes is quite black, owing to impaired oxidation of carbon. She is anemic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been over-worked, and is getting no sunshine.

What treatment shall I recommend? She must go to bed early, eat wholesome food and get as much fresh air and sunlight as possible. The best remedy would be for her to go back to her home among the mountains for a month or so, but she says this would be impossible.

In cases such as this one I have had the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

℞ Pulv. ferri sulph..... } aa 3 ij;
 Potas. carb. puræ }
 Muc. tragacanth..... q. s.
 M. et in pil. No. xlviii div.

Sig. To be given daily in increasing doses until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation I use this formula:

℞ Pulv. glycyrrh. rad..... } aa 3 ss;
 Pulv. sennæ..... }
 Sulphur. sublm..... } aa 3 ij;
 Pulv. feniculi..... }
 Sacchar. purif..... 3 jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

In cases such as this, where the suppression is due to change of habit and loss of health, tonics are indicated. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. We should then place the patient in a mustard hip bath, administer Dover's powder, put her to bed, and give her hot drinks to provoke copious diuresis and diaphoresis. Chronic uterine trouble is likely to supervene if we do not act promptly in such cases.

DYSMENORRHEA.

CASE I.—M. F., aged twenty-seven (col'd), unmarried. Has never had any children. The dysmenorrhea at her monthlies has been very severe, and has always confined her to bed at those periods. She tells us she also suffers from great tenesmus at times. When just twenty years of age our patient injured herself by lifting a heavy weight, and so produced a retroflexion