

Her main complaint, however, is a marked irregularity in her menstrual flow which has made its appearance in the course of the last six months. Instead of the tendency toward retardation which, in her former life, was the rule, she now swung over to the opposite extreme and menstruates in anticipation of the normal four-weekly cycle. The inter-menstrual period has now contracted to an interval of two or three weeks. Besides the frequency in the recurrence of the flow she states that it never ceases before the expiration of a full week, and that, in this time, the flow is profuse and exhausting. The leucorrhœal discharges, which make their appearance during the cessation of the sanguinous show, are profuse but not especially offensive in odor. Although she has not weighed herself in recent times, she feels that she is losing ground and that her tone, stamina, strength and vigor are below par to such an extent that she eats little, looks pale, and hardly has strength enough to attend to her arduous household duties.

While the two members of the class are confirming the findings in this woman's case let us recapitulate the main points in the history and dovetail them into the results of our physical exploration in order to make a diagnosis or, at least to determine for us the next step to follow.

You will have noted that although this woman began to menstruate late—namely at the age of 20 and *after* her marriage—her periods, instead of indicating a tendency to end early, have gone off at a tangent in the opposite direction and have not only increased in profuseness but have recurred at progressively shorter intervals. In other words she has developed a condition of metrorrhagia as contradistinguished from menorrhagia. Personally, I have very little use for either of these terms in the domain of medical nosology when employed as labels for pelvic conditions. To my mind, they are never more than qualifying terms of pathological conditions which are the cause of the free flow of blood at regular or irregular menstrual periods. I pointed out this cloak of indifference or inability to make the real diagnosis in pelvic diseases of women, by men in our profession (who took charge of these cases and who would not or