

In such cases the cause is usually malignant adenoma. When the microscope clearly shows this to be the case, or when the trouble recurs time and again after thorough curettement of the uterus, even though the microscope does not demonstrate the presence of malignancy, hysterectomy is indicated. In such cases it is a life-saving measure to prevent death from hæmorrhage. In cases where the microscope does not show malignancy, it would be proper to make use of electricity after the failure of curettement, before resorting to hysterectomy. In one case, in which curettement repeated three times failed to cure, and in which the removal of the somewhat diseased uterine appendages (cystic ovaries, catarrhal salpingitis) likewise failed to cure, this result was accomplished by packing the uterus with gauze squeezed out of fifty per cent. chloride of zinc solution, which brought away a slough of the endometrium and a part of the underlying muscularis. This very radical and somewhat hazardous method of treatment I should recommend only in exceptional cases, and not in any case in which the appendages have not been previously removed.

I have as yet made no mention of the treatment of menorrhagia by the application of carbolic acid, iodine, perchloride of iron, nitric acid, or other caustics, to the endometrium, either by means of a cotton-wrapped applicator or a uterine syringe. The reason for this omission is, that I believe these methods to be either inefficient or dangerous, or both. The milder escharotics are inefficient; the more powerful are dangerous, in that their action cannot be controlled within conservative limits. The experience of the generation preceding us has so well demonstrated the dangers attendant upon this form of treatment, that it is unnecessary for us to go over the same ground.

*Conclusions*—1. Menorrhægia in young virgins is usually functional, due to disturbances in the vasomotor nervous system or to relaxation of the tissues, in general caused by the rapid growth which at times takes place about the time of puberty. Because of its pathology menorrhagia in young virgins is usually curable by general treatment.

2. Menorrhagia occurring in young child-bearing women is usually due to some mishap in connection with pregnancy or parturition, such as

the retention of products of conception, laceration of the cervix or perineum, retro-displacement of the uterus, sub-involution, inflammation of the uterine appendages, and pelvic congestion. Menorrhagia in this class of women is curable. It usually requires local treatment of an operative nature. When due to sub-involution and malpositions of the womb, operation is unnecessary.

3. Menorrhagia in women approaching the forties, and in those who are older, is usually due to gross diseases of the uterus, such as fibroid tumors, polypi, adenoma, or malignant tumors. Menorrhagia occurring in this class of women, except when due to advanced malignant disease, is curable, but almost invariably requires operative treatment applicable to the disease present in the particular case.

4. As menorrhagia is a symptom and not a disease, an exact diagnosis is requisite in every case. With the exception of young virgins it is desirable that a physical examination of the pelvic organs be promptly made. The importance of this examination is the greater with the increasing age of the patient. Special considerations should influence the practitioner to postpone the local examination in the unmarried, unless it be reasonably certain from the symptoms that gross local disease is present.

5. There is no treatment for menorrhagia *per se*. By general measures, such as rest in bed and the use of digitalis, strychnine and ergotine, pelvic congestion can be lessened, and in that way menorrhagia can be, at least in part, controlled; but it cannot be too strongly insisted upon that in every case of menorrhagia an exact diagnosis must be made, and the appropriate treatment addressed to the disease which is present.

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DR. A. CANTALUPI, writing from Naples, Italy, under date of July 24th, 1893, says: BROMIDIA has produced successful results in all the most varied forms of insomnia. Among others who have been benefited by its use is Prof. Cesare Olivieri, well known as a most distinguished surgeon in this city, and who, after undergoing tracheotomy for neoplasm in the larynx, suffered terribly from insomnia, which the usual hypnotics all failed to relieve. Hearing of this from a mutual friend, I advised the use of Bromidia, which promptly produced the desired result.