and limbs, a small surface at a time, care being taken not to expose the body to a draught of air in doing it. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days, and his life despaired of. When I saw him I ordered him to be bathed immediately in the above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once.—*Quinologist.*

THE RATIONAL TREATMENT OF MENORRHAGIA.

Dr. Arthur W. Edis read a paper on this subject, in the Section of Obstetric Medicine, at the last meeting of the British Medical Association (*Brit. Med. Jour.*), from which we extract the following. In the term *menorrhagia* he includes all cases of uterine hemorrhage occurring in the practice of the gynecologist, whether as profuse or prolonged menstruation, or as a loss of blood from the uterus other than that which occurs at or about the time of parturition. Sometimes it acts as a safety valve, a smart attack of hemorrhage often serving to avert a still more serious effusion from the ovary, or its surrounding plexus into the peritoneal cavity, or even preventing an attack of apoplexy at the so-called climacteric period. Diagnosis is the most important element of treatment, for menorrhagia is merely a symptom, not a disease. The age of the patient will often give us a clue to the cause; cardiac complications from rheumatic fever, hæmatocele, ovarian irritation, constipation, etc., in the young; polypi, fibroids, retroflexion, retained products of conception, in the middle-aged; climacteric irregularities, cancer in its various forms, hepatic disorders etc., between the ages of forty and fifty. In young plethoric girls, when menstruation is profuse, instead of iron, which will increase the trouble, regulate the diet, limit animal food and use bromides, to lessen ovarian irritation, along with an occasional saline aperient. In anæmic patients, when iron is used it should be combined with salines in moderate doses, as a chalybeate water. In single patients, where menorrhagia is marked, and persists in spite of general treatment, an examination should be insisted upon. When the slightest irregularity in the appearance of the catamenia leads to the suggestion of the possibility of pregnancy, any attack of menorrhagia, and especially if it recur, should be regarded as a threatened miscarriage and treated accordingly. When uterine hemorrhage is severe, whether from imperfect expulsion of an early ovum, intra-uterine polypus, submucous fibroid tumor, or other similar conditions, in place of attempting to restrain the flow by linen or cotton packed in the vagina, a far more rational and scientific method will be to insert a sponge tent into the cervix uteri. This will check the hemorrhage and dilate the cervix to facilitate subsequent examination. Hæmatocele is a requently overlooked cause of menorrhagia, as is also extra-uterine gestation at an early stage.

If hemorrhage be severe and continuous, and the probability of extra-uterine gestation exist, the patient's life being evidently jeopardized by the amount of effused blood withdrawn from the circulatory system, the only hope of saving the patient is to make an exploratory abdominal incision, secure, if possible, the bleeding vessel, or remove the ruptured cyst, as may be found advisable.

Retroflexion, accompanied by congestion of the uterus, in patients who have borne children, is not an unfrequent cause of menorrhagia. A correct diagnosis is here essential before treatment is likely to prove of service. The two conditions are often so intimately associated that, unless both of them be dealt with simultaneously, permanent relief is not obtained. The misplacement serves to keep up the congestion, and the latter equally tends to prevent the uterus from assuming its normal position. Puncturing, scarification, or the application of leeches, followed up by hot water injection and glycerine plugs, may first be tried, to lessen the congestion, a ring pessary, or other appropriate support, being then inserted, to keep the uterus in its normal position, and thus lessen the tendency to a recurrence of the congestion.

The management of hemorrhage, due to large intramural or submucoid fibroids, is one often of much difficulty. Where ergot, bromides, cannabis indica, gallic acid, digitalis, and other similar remedies, fail to arrest the flow, and the patient's health is markedly affected by the repeated or severe losses, the question of spaying, division of the cervix uteri, or removal either of the fibroid or of the entire uterus, should certainly be entertained. The results obtained during the last few years by operative interference in the cases are most encouraging, and the operation well deserves more extended trial. No patient, the subject of uterine fibroid, where the symptoms are so severe as to impair her usefulness or threaten her life, should be allowed to die unrelieved, without having the option of operative interference.

Vascular disturbances at the climacteric, or change of life, as it is popularly spoken of, should never be treated lightly, but always carefully investigated.

In some instances, regulation of the bowels, restriction as to diet, especially the amount of alcohol, and a proper amount of out-door exercise, will be all that is requisite. In others, the hemorrhage persists, in spite of all treatment, and, on a careful investigation, epithelioma of the cervix uteri is at once detected, probably too late for any operative interference. In no case should hemorrhage at this period be diagnosed as change of life, without a careful examination being made and a correct diagnosis formed.

In cases of epithelioma of the cervix, when hemorrhage is a marked symptom, in place of giving