

coatings of gelatin, sugar, or other analogous material. Such coatings necessarily delay the solution of the pill substance by the time required for their own solution. A special make of pill is what is called the *compressed* pill, wherein a light vegetable powder is made into pill form by mechanical pressure, without the use of any excipient. Such pills may be so hard as to be soluble with difficulty. The writer has known quinine pills of this make to be vomited, almost intact, several hours after swallowing. For the *administration* of pills, it suffices, with the majority of persons old enough to take pills at all, to put the pill, naked, upon the back of the tongue, and thereupon take a gulp of water. If, however, there be difficulty in swallowing under such conditions, the pill may be put in the middle of a pulpy mass, such as preserve or apple scrapings, and so offered for deglutition. Or, a method which the writer has found to succeed when all others fail, is to take a grape whose pulp will slip readily out of the skin, dig out the seeds, put the pill in their place, and then give the grape to be swallowed in the manner common to most persons—namely, to be taken by popping the pulp from the skin into the mouth, and bolting without chewing.

Quite a number of pills of special composition are official in the United States Pharmacopœia. In the majority of instances of these preparations, the Pharmacopœia establishes the weight for the individual pills as well as the constitution of the mass. Such official pills are then entitled *Pilula*, Pills. In three instances, however, the composition of the pill mass is alone directed, in which case the preparation is entitled *Massa*, Mass (see *Mass*, above).

PLASTER (Latin, *Emplastrum*).—In pharmacopœial parlance the word *plaster* signifies a kind of stuff, intended for spreading upon a backing for the making of a *plaster*, in the ordinary sense of the phrase. Materials fit for plasters are such as are hard at ordinary temperatures, but soften readily and become sticky upon gentle warming. *Lead plaster*, so-called—an indifferent substance of just this quality—is the most common excipient for plasters. By their very nature, plasters can exert only the feeblest possible medicinal influence, and really act by gentle counter-irritation with exclusion of air and with mechanical support. For service, plasters are spread upon a backing of sheepskin or of cloth, and, according to quality, may or may not require artificial softening by a gentle heat before application. The majority of plasters are not affected by water, and hence, for removal, require stripping off by force. A corner should first be loosened, by action of a few drops of oil of turpentine, if hard to start, and then the plaster quickly stripped by a backward pull parallel to the trend of the part. Hairy areas of skin should be shaved before a plaster is applied, by which procedure the pain of stripping is greatly lessened. Plasters are prescribed by dimension in inches, not by weight, and are dispensed, ready spread, for use.

POULTICE (Latin, *Cataplasma*; unofficial).—A *poultice* is a mass of soft, water-moist material intended for local application. In the great majority of instances such material is designed to be perfectly bland, the purpose being simply to maintain an application of warmth and moisture. The notable exception to such kind of poultice is the *mustard* poultice. The commonest poultices are as follows: 1. Flannels, or picked lint, wrung out in very hot water, and applied under some water-proof covering. Such material is cleanly, convenient, and light, but not over-smooth, and of little power to retain heat. 2. *Flaxseed meal* and hot water. This poultice keeps its heat well, but is heavy and irritating. 3. *Stale bread mixed to a pulp with hot water or milk*. The bread poultice is light and soft, but rapidly loses heat and easily turns sour. 4. *Yeast, flour, and water, set to "rise" and applied during fermentation*, a convenient and smooth material. 5. *Powdered slippery elm and hot water*. This material makes a particularly light, smooth, and unctuous poultice, well adapted for application to very tender parts. Poultices of flaxseed or slippery elm

should be mixed by stirring the dry material, in powder, into a bowl of *boiling-hot* water, until a mass of proper consistence is obtained, instead of pouring the *water* upon a bowlful of the powder, as is sometimes improperly done. Poultices should always be abundantly *thick* and *big*; should be *hot*, and should be renewed often enough to maintain a continuous hot impression. If the necessary thickness make the mass too heavy, the poultice may be made comparatively thin, and then be covered with a thick layer of cotton batting. To maintain a prolonged heat effect, the poultice mass should be made with water actually boiling when poured from the kettle; should then rapidly be sewed up in a flannel bag previously warmed, and then such bag should be wrapped around, several-fold, with a long flannel strip also previously warmed. A poultice so made will make and maintain for a long time a strongly hot impression (Brunton). No poultices are official in the United States Pharmacopœia.

POWDER (Latin, *Pulvis*).—Medicines are often prescribed to be dispensed, and also to be administered, in the condition of powder. Furthermore, the United States Pharmacopœia establishes certain powders of special composition as official preparations. Medicines fit for administration in the condition of powder are ordinarily such as are neither oily on the one hand nor deliquescent on the other, and are neither corrosive, bad-tasting, nor bulky in dose. So far as bad taste is concerned, however, this feature can be neutralized more or less completely by mixing the dose with molasses, honey, or syrup, or by enclosing it in a pulp of apple scraping, or, better yet, for such patients as are old enough to swallow whole a bolus, by encasing the powder in a so-called *capsule* or *wafer*. The *capsules* designed for such purpose are commonly made of jujube paste or some similar material, and consist of a cylindrical chamber, made in two pieces, each open at one end, of which pieces one closely fits into the other, telescope fashion. These capsules are made of several sizes, of capacities to hold from two to four or five grains of a light vegetable powder, dry, or—if moistened so as to pack closer—ten grains. *Wafers* are of two forms. One style consists of two watch-glass shaped bodies, whose edges, upon moistening, will cohere, leaving a central space for enclosure of the powder. The charged wafer is dipped for an instant into water, whereby its surface becomes soft and slippery, when it is to be swallowed immediately whole with a sip of water. The other style consists of a single large, thin, circular sheet of wafer material. Such sheet, dipped into water, becomes flexible, and in such condition is used as a literal *wrap* for the dose of powder.

RESIN (Latin, *Resina*).—In the United States Pharmacopœia there are a few preparations bearing the title of *resin* of the respective drug from which they are made. These preparations are obtained by exhausting the crude drug with alcohol, and then precipitating the resulting tincture by the addition of water. The precipitated matter, in these cases, is an impure mixture of resinous principles.

SOLUTION (Latin, *Liquor*).—As a title for preparations official in the United States Pharmacopœia, the word *solution* is applied to such solutions of medicinal principles as do not belong to some technically named class. Concerning aqueous solutions in general, two points present themselves for regard: first, the fact that many substances—even salts, and notably salts of the so-called "organic" acids, citric, tartaric, acetic, and lactic—which may keep indefinitely in the dry condition, will yet spoil quite readily in simple aqueous solution; and *secondly*, the fact that substances soluble in water dissolve therein to very different degrees. In the revision of the United States Pharmacopœia for 1880 the solubilities of the several official chemicals were very carefully redetermined.

SPIRIT (Latin, *Spiritus*).—In the case of drugs containing active principles at once *volatile* and *soluble in alcohol*, the pharmacy of former days obtained alcoholic solutions of such principles by distilling the crude drug with alcohol. Such distillates were called *spirits* of the respec-

tive drugs from which they were obtained, and the principal drugs so treated for the obtaining of "spirits" were those whose activities resided in a *volatile* or so-called *essential oil*. Alcoholic solutions of volatile oils are still official under the title of *spirits*—constituting, indeed the great majority of official so-called "spirits"; but such spirits are now obtained by direct solution of the previously extracted volatile oil in alcohol instead of by distillation of the crude drug. Such "spirits" of the present United States Pharmacopœia are solutions of the volatile oils of the more fragrant so-called "aromatics," and constitute a fairly distinct class of medicinal preparations. The same are often called *essences*, as, for instance, so-called *essence of peppermint*, and are, as a class strong preparations of their kind, whose dose ranges from a few drops only to not more than a teaspoonful. Besides such spirits of the aromatic herbs, the United States Pharmacopœia entitles as "spirits" the alcoholic solutions, respectively, of *camphor*, of certain volatile *etheral* bodies, such as ether, chloroform, nitrous ether, etc.; of *ammonia*, of *phosphorus*, of *nitroglycerin*, and also the two distilled liquors *brandy* and *whiskey*. All so-called "spirits," being solutions in alcohol of sufficient concentration, are self-preservative against decomposition.

SUPPOSITORY (Latin, *Suppositorium*).—In common parlance the word *suppository* means a properly shaped plug of medicated material, intended for insertion into the *rectum*, *urethra*, or *vagina*, with the design of having this plug, after insertion, liquefy by the warmth of the part, and so set free a contained medicament. By custom, however, a *urethral* or *vaginal* suppository is, respectively, so designated specifically, and the word "suppository," unqualified, is held to refer to a *rectal* suppository only. The United States Pharmacopœia, under the title *Suppositoria*, Suppositories, gives a general direction only for the making of a plug intended for use as a *rectal* suppository, leaving it to the prescriber to order the active ingredient to be incorporated with the same. By such pharmacopœial direction, the suppository is made up, in substance, of *oil of theobroma* ("cacao butter"), and weighs "about 1 gm." in the case of rectal and urethral suppositories, and "about 3 gm." in the case of vaginal suppositories. The special medicament is to be mixed with the oil of theobroma, melted by heat, and the mixture then run into elongated cylindrical, conical or globular moulds, according to the kind of suppository. Oil of theobroma is specially adapted for a suppository basis, since it is at once bland, hard at ordinary temperatures but readily liquefied by the temperature of the body, because it combines the qualities of medicinal inertness and hardness at ordinary temperatures with ready capability of liquefaction at the temperature of the rectal cavity. In the administration of a rectal suppository the points should be observed to clean out the rectum before insertion, and, in the inserting, to push the suppository well past the sphincter.

SYRUP (Latin, *Syrupus*).—The title *syrup* is given to such fluid preparations of aqueous basis as contain in solution notable amounts of sugar, the purpose of the sugar being either to flavor or to preserve the preparation. The official "syrups" of the United States Pharmacopœia are quite incongruous. Syrups prepared from *vegetable* drugs are, as a class, of comparatively feeble medicinal power, and are prone to decomposition by fermentation, but, as an offset, are comparatively pleasant of taste. Quite a number of vegetable "syrups," indeed, have no other purpose than to serve as flavoring ingredients. As such may be enumerated the pharmacopœial "syrup," simply so called—an aqueous solution of cane-sugar of specific gravity 1.317, and the "syrups," respectively, of *citric acid*, *almond*, *orange*, *orange flowers*, *wild cherry*, *rose*, *raspberry*, *tolu*, and *ginger*. In prescription a flavoring syrup should, as a rule, not exceed one-half the volume of the prescribed mixture.

TABLET (unofficial).—Recent pharmacy supplies, under the name of *tablet*, a solid disc of small, convenient size, made of some material at once soluble in water and medicinally indifferent; which disc is, in the making,

duly charged with a specified dose quantity of some active medicinal substance. These so-called *tablets* are specially convenient for use in hypodermatic medication, a single tablet containing an exact dose of the medicine to be used. For administration by such method, a tablet is taken and dissolved in a few minims of water in a spoon, and then the whole of the extemporaneous solution so made is drawn up into the syringe and injected. Another form of tablet is the *compressed tablet*, consisting simply of the medicine itself, in powder, made into tablet form by powerful pressure. According to the nature of the medicine and its solubilities, compressed tablets may be swallowed whole, like pills, or allowed to disintegrate in the mouth, or be dissolved and taken in potion.

TINCTURE (Latin *Tinctura*).—The word *tincture* applies pre-eminently to the fluid preparations that result from treating vegetable drugs with *alcohol* strong or diluted. Since alcohol is a potent solvent of organic coloring substances, such tinctures are, in the majority of instances, darkly *colored*, whence the name. Tinctures of vegetable and animal drugs form a well-defined class, presenting the following characteristics: 1. They are comparatively *strong*, from the fact that alcohol is, generally, a powerful solvent of medicinal principles. Hence the dose of an organic tincture rarely exceeds a teaspoonful, and may be but a very few drops only. 2. They *keep well*, because of the preservative effect of the alcohol which is their basis. 3. They *taste* less disagreeable than watery preparations of the same drug. 4. Because of their alcohol basis, tinctures deliver in much *smaller drops* than aqueous preparations—a point to be remembered in prescribing the dose of a tincture in drops. 5. Such tinctures as contain resinous bodies, as, for instance, *tincture of myrrh*, will precipitate on admixture with water. Besides the more common tinctures of vegetable drugs, the United States Pharmacopœia establishes, under the title of *tincture*, alcoholic solutions, respectively, of *chloride of iron*, and of *iodine*. The same authority, in its revision for 1880, established a general formula for the making of preparations entitled *Tinctures of Fresh Herbs*, *Tincture Herbarum Recentium*. The formula provides for the steeping of one part of a fresh herb in two of alcohol. This pharmacopœial provision is to meet those cases in which a tincture is desired of a vegetable drug whose active principle may volatilize or undergo chemical change through the drying of the drug substance. A disadvantage of these tinctures of fresh herbs is that the strength of any given sample is indeterminate, because of the variable amount of water which different samples of the same herb, when in the fresh condition, may contain.

TRITURATION (Latin, *Trituratio*).—The United States Pharmacopœia of 1880 established under the title *trituration* any mixture of one part of a powdered drug with nine parts of sugar of milk. Triturations are convenient to meet the case of powerful drugs of small dose, when administration in condition of powder is desired. The dose of a trituration of a given drug is, self-evidently, ten times the quantity of the undiluted powdered drug itself. Of drugs likely to be prescribed in trituration, the dose of trituration can commonly be taken dry upon the tongue and swallowed with the help of a gulp of water, all without undue disagreeable taste. From the hardness of the particles of sugar of milk, the drug substance, in a well-made trituration, comes to be very finely subdivided during the process of making, and so is in a condition fit for speedy solution, and hence absorption, when swallowed. Triturations are, therefore, apt to be quicker of medicinal action than other *solid* forms of medicines.

TROCHE (Latin, *Trochiscus*).—The *troche* or *lozenge* is a well-known disc-shaped preparation, consisting of an inert basis impregnated with a proper charge of some medicinal substance, and intended for slow solution in the mouth, commonly for the purpose of medicating directly the mucous surface of the mouth or pharynx. Since slowness of solution is here an obvious desideratum, *tragacanth* is the material commonly taken for the basis of troches. Troches are, generally, weakly medicated and

pleasantly flavored. A number of troches are official in the United States Pharmacopœia.

VINEGAR (Latin, *Acetum*).—Vinegars were formerly preparations made by extracting the virtues of a vegetable drug with vinegar, but now, though the old title of the preparation is retained, *diluted acetic acid* is used instead of vinegar for the making. Vinegars do not keep so well as tinctures, and are rather superfluous preparations.

WATER (Latin, *Aqua*).—Medicated "waters" were originally the preparations resulting from distilling water from an herb containing an aromatic volatile oil, whence the common name *distilled waters* applied to such preparations. Aqueous solutions of volatile oils still constitute the majority of medicated waters so called, but nowadays, most commonly, the oil previously extracted is dissolved directly in the water, in place of the cruder process of distillation. The aromatic waters form a well-defined class of drugs, characterized especially by the feebleness of their medicinal activity, due to the very slight solubility of volatile oils in water. Hence the dose of an aromatic water is commonly at least a tablespoonful, and many of such waters are only of service as pleasantly flavored aqueous bases for extemporaneously prescribed fluid mixtures. The aromatic waters of the United States Pharmacopœia are those, severally, of bitter almond, anise, orange flowers, cinnamon, fennel, peppermint, spearmint, and rose. Besides these aromatic waters, the United States Pharmacopœia establishes under the title *waters*, aqueous solutions, respectively of camphor, creosote, ammonia, chloroform, hydrogen dioxide, and chlorine—substances, it may be noted, all volatile, like the aromatic oils.

WINE (Latin, *Vinum*).—Medicated wines consist of a medicine in solution in white wine, or of a tincture of a vegetable drug diluted with white wine. Medicated wines are of comparatively poor keeping qualities, and, generally speaking, are not very eligible preparations.

Edward Curtis.

¹ Stelwagon: American Journal of the Medical Sciences, October, 1885.

MELÆNA NEONATORUM. See *Hæmophilæ*.

MELANIN. See *Coloring Matters, Animal*.

MELANOMA. See *Sarcoma*.

MELANOSIS. See *Addison's Disease*, and *Sarcoma*.

MELROSE SPRING.—Blount County, Tennessee.

POST-OFFICE.—Maryville. Hotel (seventy-five guests). ACCESS.—From Knoxville via Southern Railroad (Knoxville and Augusta branch) to Maryville, thence eight miles by stage to springs. This resort is located among the picturesque mountains, at an elevation of 1,500 feet above the sea-level. It is kept open from May 15th to the end of October. The springs are four in number, No. 1 being known as the "Chalybeate," and No. 2 as the "Yellow Sulphur," while the last two are freestone springs, with no special medicinal properties. No analysis has been made, but the chalybeate water is said to be one of the best and strongest in the State. In addition to its internal use, it is used locally for its astringent effects.

James K. Crook.

MÈNIÈRE'S DISEASE. See *Auditory Nerve, etc.*

MENINGITIS. See *Brain: Simple Meningitis*.

MENOPAUSE. See *Change of Life*.

MENORRHAGIA.—This term signifies an excessive loss of blood at the time of the monthly period. The blood may be discharged from the uterus alone, or it may proceed from one of the other openings of the body, from the mouth, nose, or anus, or it may appear upon the skin in the form of numerous spots or petechiæ which may be no larger than a pin's head or may be as large as a five-cent piece. This latter variety is sometimes known as

vicarious menstruation, which seems to me a bad term, and I have substituted the term *atopomenorrhæa* (ἀτόπος, out of place, μήρος, by the month, monthly, ροία a flowing or discharge, from ρεῖν to flow).

This form of hemorrhage has many elements in common with that which is known as metrorrhagia, and the reader is referred to the article under that heading for a comparison of the two conditions.

The simplest or typical form of menorrhagia is that which occurs merely as an exaggerated form of the customary monthly flow. It also occurs as an occasional accompaniment of the menopause or the impending menopause, as the result of disease of the endometrium, as the result of displacement of the uterus, as the result of pregnancy, as the result of neoplasms of the uterus, as the result of acute or chronic general disease, and as the result of change of residence.

In all these varieties of menorrhagia we must remember that the underlying cause is the disturbance of an exceedingly sensitive function which is characterized by the monthly recurrence of congestion of the pelvic circulation with a decided increase in the tension of the blood-vessels.

1. In the *simplest form of menorrhagia* we may have a great increase in the quantity of blood lost during the usual number of days of menstruation, or the duration of the flow may exceed the usual number of days, the quantity lost on each day not being much greater than is customary during an average menstruation. It may be unaccompanied with pain, its principal symptoms being the annoyance attending the prolonged use of the napkin and the weakness from an excessive loss of blood. The cause for this irregularity may be entirely obscure, it may be a peculiarity of an individual or family, and it may be impossible to trace it to any disease, either local or general. It may be continued for months and years, and it may make no apparent inroads upon the patient's health, if she is of a robust constitution, or it may result in constant anemia and weakness. It does not seem to me wise to allow such a condition to continue, and it has always been my practice to advise that measures be taken to remedy it.

The treatment of this condition is not usually difficult. An examination of the patient should be made in the dorsal position; a bivalve speculum having been introduced into the vagina, the condition of the portio vaginalis is determined by ocular inspection. If the os is eroded and granular and the lips are everted, this may be the source of the trouble and is to be remedied by the operation of trachelorrhaphy. A probe or a small dull curette should then be introduced into the uterus and gently drawn over every portion of the endometrium. If the latter is unduly soft or if bleeding is excited a curettage will be indicated. If none of these symptoms is present and there is no evidence of disease in the uterine appendages, I have usually found it good practice to make applications of Churchill's tincture of iodine or a strong solution of nitrate of silver to the interior of the uterus two or three times a week, except during the menstrual period. Such treatment may be necessary for a period of two or three months. If the patient is very anæmic, it will sometimes be found useful to plug the uterine canal during menstruation, thus checking the flow mechanically. The patient should be kept in bed during the period of menstruation and a tonic of some approved preparation of iron, or strychnine, or cinchona administered until the strength is restored.

2. In the *menorrhagia which occurs during or just before the menopause* we usually have a decided hypertrophy of the endometrium, and this may be the case whether the menstruation continues after monthly intervals or after longer and irregular ones. The hemorrhage in such cases is often profuse and alarming, and it is neither good practice nor common sense to dismiss the matter with the opinion that it is the change of life and that therefore one must wait until it is over. The condition of the endometrium must be determined by careful examination. As a rule the operation of curettage with the sharp curette

will be indicated, and this must be repeated should the hemorrhages recur, as they not infrequently do after the lapse of six months or a year. It is a useless waste of time to treat such cases by the internal administration of drugs, and the application of astringent or caustic substances to the endometrium is only a trifle better.

3. *Menorrhagia from Disease of the Endometrium*.—This is in distinction, of course, from the conditions which have been described, for the endometrium may be the seat of disease apart from the menopause, and there are many conditions which may cause such disease. One of the most frequent of such causes is gonorrhœa, by which an acute or a chronic inflammation may be produced. The inflammation of the endometrium is but an incident in the history of the disease, for when that tissue has been invaded other tissues have already been attacked. It is not pertinent to this article to refer to the other symptoms, the excessive bleeding with the monthly flow alone concerns us. The menorrhagia may be present with only one monthly sickness, or it may be repeated with an indefinite number of them, especially if the infectious elements of the disease progress to the uterine appendages and the peritoneum. Also when the appendages are affected with other diseases of an inflammatory nature the endometrium may be inflamed and menorrhagia be one of the consequences. Such inflammations are usually, perhaps always, of an infective character, and though the infection usually progresses from the endometrium to the appendages, the menorrhagia appearing after the appendages have become diseased, it may also proceed from the opposite direction, inflammation passing from the peritoneum to the appendages, and thence to the endometrium, and menorrhagia resulting. The hemorrhage in such cases may be of long duration; it usually ceases if the diseased appendages are removed, and it may continue for many months if such an operation is not performed. Curettage of the endometrium in such cases is only a palliative measure, the hemorrhage recurring for as long a time as disturbance in the appendages persists. Menorrhagia also results when the endometrium is diseased as the consequence of masturbation or excessive sexual intercourse. Prostitutes are especially subject to this form of hemorrhage, although it is a fact that in such cases the uterine appendages are usually the seat of gonorrhœal disease.

4. *Menorrhagia due to Displacement of the Uterus*.—This condition arises from a disturbance of the pelvic circulation caused by the unnatural relations resulting from the displacement, stasis and overfilling of the veins being noteworthy symptoms. It is unnecessary to say that menorrhagia does not occur with all cases of displacement. The only variety with which it is at all frequent is the retrodisplacement. With retroversion it is less common than with retroflexion. The more complete the retroflexion the greater the disturbance of the circulation and the more probable the occurrence of menorrhagia. Hypertrophy of the endometrium frequently results, and it is not unusual that the physician is obliged to resort to curettage in order to afford the patient the desired relief. This relief, however, is apt to be only temporary. The only permanent relief is that which follows secure replacement of the organ by operative procedure with consequent restoration of the normal conditions of the circulation.

5. *Menorrhagia Resulting from or coexisting with Pregnancy*.—It is not an unusual occurrence that a monthly loss of blood should persist during a portion of the period of pregnancy, or even during the entire period. This phenomenon has been explained by the assumption that in these particular instances the uterus has kept up the menstrual habit. While this explanation may occasionally be a valid one, it is more reasonable to believe that in such cases the endometrium, especially that of the cervix, is diseased or at any rate is so greatly congested that it finds relief in this manner. There is also the hemorrhage which arises with the vicious implantation of the placenta, known as placenta prævia, which occurs during the later months of pregnancy, but which may

deceive one by its occurrence at the time when menstruation was expected to make its appearance. It is needless to say that in all these cases a careful examination must be made, and it will usually be desirable to tampon the vagina to check the bleeding. The uterus should not be tamponed except as a last resort, for it will result in the dilatation of the soft uterine tissues, the production of contractions, and the expulsion of the uterine contents.

6. *Menorrhagia due to Neoplasms of the Uterus or of the Abdominal Viscera*.—A number of conditions produce this form of menorrhagia: myomata of the uterus, especially the submucous and intramural varieties; carcinoma of the uterus, especially that form which first invades the corpus; sarcoma of the uterus, tuberculosis of the peritoneum, carcinoma of the intestine, or of any of the abdominal viscera. The result in all these cases is a highly congested condition of the uterus with more or less hypertrophy of the endometrium, and the monthly period is characterized by an excessive loss of blood. The bleeding may not be limited to this periodical function, but may recur at irregular intervals, being then denominated metrorrhagia. The treatment for this condition is at best only palliative. Curettage of the endometrium may check the bleeding for a time, but it will soon recur. The removal of the source of the trouble will alone produce radical results. With the benign diseases such an operation is most desirable; with the malignant diseases, especially those in which great areas of tissue are involved, a radical removal is usually impossible.

7. *Menorrhagia from some Acute or Chronic General Disease, including the Nervous Diseases*.—In the case of some of the general diseases the menses are unaffected. Even in the severe forms of paralysis we often see little variation from the normal. In hysteria, on the other hand, the uterus may be congested, and it is also likely to be so in acute and chronic diseases of the kidneys, liver, peritoneum, etc., in anæmia, tuberculosis, and syphilis, and probably in certain cases of continued fever or of intermittent fever.

The treatment consists mainly in the treatment of the underlying cause. Occasionally curettage or the tamponade of the vagina will be efficacious, but such treatment fails to strike at the root of the disease.

8. *Menorrhagia from Change of Residence*.—This implies, of course, a change in the blood tension such as results when one removes to an altitude several thousand feet higher than that to which one is accustomed. Hemorrhage of this variety is usually not alarming and subsides when the equilibrium of forces has been re-established, i.e., when the patient becomes habituated to the new conditions. There is scarcely any occasion for treatment in such cases or for comment upon that phase of the subject. Finally, a few words should be said concerning the vicious hemorrhage which occurs in unusual or unaccustomed parts of the body (atopomenorrhœa), either coincidentally with the monthly hemorrhage or in place of it. The fundamental consideration, of course, is that during menstruation there is an increase in the blood pressure. If, for any reason, the resistance in the uterine vessels is too great to permit adequate relief for this pressure, the blood current will necessarily be diverted to other parts where the resistance is less. Such a part may be the mucous membrane of the anus, the stomach, the nose, or the mouth, or the blood may transude through the capillaries of the skin. The loss of blood in such cases may be considerable and always calls for an examination of the uterus. It may be that no anatomical fault in the uterus can be discovered, or there may be a flexion in the organ which can be relieved by appropriate measures. In some cases such a diseased condition of the blood or of the blood-vessels exists that the hemorrhage can be attributed to this cause, its occurrence during menstruation being only incidental.

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MENSES, RETENTION OF THE.—The menstrual flow, menstruation, or the menses, signifies the discharge from the uterus of blood, epithelium, and mucus, an oc-