currence which takes places normally in every woman during the child-bearing period, that is, from puberty until the menopause, unless there is some bar or hindrance which prevents such an occurrence. The expression "retention of the menses" indicates or implies that there is an attempt on the part of nature to accomplish this function, but that it is rendered ineffective from one cause or another.

It is necessary to differentiate this condition from that in which the menses fail to appear, the blood failing to flow from the uterus by reason of some cause, physiological or pathological, which prevents such an occurrence. Such a condition is known as amenorrhœa. An example of the physiological absence of menstruation is to be found in pregnancy. Should menstruation take place during pregnancy it would be abnormal and would require investigation to ascertain its cause. An example of the pathological absence of menstruation exists in the wasting diseases, such as tuberculosis, in which the body has no blood to spare, nature taking this means of cutting off one of the avenues by which vital force is dissipated.

When there is true retention of the menstrual blood nature is endeavoring to perform her usual function, but a hindrance is offered and the design of nature is thwarted. The causes of this condition are few in number and are perfectly well known. They are entirely of a mechanical nature. They may be located at the vulva, within the vagina, at the os uteri, or within the uterine canal. The obstruction may be complete or partial; that is, the avenue of exit for the blood may be entirely closed so that not a drop of blood will escape, or a slight opening may be present so that when the tension and pressure are sufficiently great a small quantity of blood will find its way out, the greater portion, however, being retained within the vagina or uterus or both.

At the vulva the obstruction consists in an impervious condition of the hymen, which may be thick and fleshy or thin and membranous. When the accumulation of blood within the vagina and uterus is considerable, the pressure upon the hymen is usually sufficient to convert it into a thin membrane and it may even bulge outward from the vulva. In some cases it may rupture, thus effecting a spontaneous cure for the condition.

The obstruction may also be at some point within the vagina. It may be in the form of a membranous septum crossing the vagina from side to side, or diagonally from the os uteri to the vulva. Such septa are due to faults of development during the fœtal period of existence and are of quite rare occurrence. An obstruction of this character might cause either complete or partial retention of the menstrual blood. Obstruction in the vagina might also be due to the presence of a fibroid tumor proceeding from the uterus and gradually filling the entire vagina. Such an obstruction is as effectual a plug to the escape of fluids from the uterus and vagina as is a cork in a bottle. It is quite possible in such cases for the blood to be shed by the uterine mucous membrane, but it is quite impossible for it to get out. The fibroid tumors or polypi in question are prone to spring from the lower portion of the uterus, or even from the cervical canal, so that quite a cavity may remain above their origin for the accumulation of menstrual blood. The obstruction may also be at the os uteri or within the uterine canal. That which is within the uterine canal has already been alluded to in referring to the fibroid tumors which may fill the vagina.

Of course, it is quite possible that the tumor may not encroach upon the vagina to a great extent. It may fill the lower portion of the uterine canal, and may include the cervical canal, in either case preventing the exit of menstrual blood; or the blood may escape slowly and with difficulty, more or less of it remaining above the tumor in the cavity of the uterus. The uterus may also be effectually plugged by the presence of a membranous tissue over the os uteri, the blood accumulating within the uterine cavity and possibly regurgitating into the Fallopian tubes and peritoneal cavity. Finally, the obstruction may consist of a complete absence of the vagina, the development of the genital organs having been defective in this respect, though in all other particulars they may be normal. In such cases there is no possible means of escape for the menstrual blood, and it must accumulate within the cavity of the uterus.

Clinical History.—In any case of obstruction from such causes as have been mentioned the ordinary symptoms which accompany menstruation, called menstrual molimina, apart from the discharge of blood, are usually present. Such symptoms are backache, bearing-down pain, headache, etc., and they may occur with as great regularity as in ordinary menstruation. As the quantity of blood increases, the pain in the abdomen and pelvis may be very severe, and it is quite possible that peritonitis may result either from the blood which finds its way into the peritoneal cavity or from some injury which may be received from without. The vagina may become greatly distended, and the uterus may become enlarged so that a very perceptible abdominal tumor is present. I have seen a uterine tumor of this variety which extended to the umbilicus. Nausea, vomiting, and constipation are also symptoms which are pronounced and troublesome; the bladder may become irritable and the desire to pass urine may be persistent and annoying. Except for the possibility of peritonitis the general health is seldom greatly disturbed, and during the intervals between the recurring attempts at menstruation the patient may be in a very fair state of health. It is hardly necessary to say that this condition usually occurs in very young women. Should it occur in those who have borne children (I have seen one such case), it is usually due to an injury received during parturition, the uterus or vagina being sealed as the result of the ensuing inflammation.

Treatment.—There is but one successful mode of treating this condition, apart from the very rare spontaneous cure which may result from the rupture of the offending obstruction, and that consists in freely opening the tissues which have caused the obstruction and evacuating the retained fluid.

The patient should be placed in the lithotomy position with the hips raised three or four inches higher than the remainder of the body. The pubes should be shaved and thoroughly scrubbed with a 1 to 5,000 bichloride-of-mercury solution, alcohol being then poured liberally over the entire surface. If the obstruction is at the vulva, it is then pierced with a trocar and the retained fluid slowly drawn off through a cannula. The vulvar orifice is then dilated with a steel dilator, a double-current catheter is introduced into the uterus, and both this cavity and the uterus and vagina are irrigated with a hot 1 to 5,000 bichloride-of-mercury solution, the irrigation being continued until the water returns perfectly clear. A strip of five-per-cent. iodoform gauze is then introduced into the uterus as a drain, but *not as a tampon*, and another into the vagina. This must be renewed daily until all discharge has ceased. The patient must be kept quiet in bed for at least a week, for not until this period of time has elapsed will the dangers of sepsis and peritonitis have passed. The bowels should be opened daily, an enema of half an ounce of sulphate of magnesia in a pint of hot water being used if necessary. If the membranous obstruction is within the vagina or at the os uteri, the treatment should be the same as when it is at the vulva.

If the obstruction consists of a tumor in the vagina or uterus, the spot from which it originates must be reached, the tumor removed, and the uterus and vagina irrigated as already described.

If the tumor fills the vagina, it may be necessary to deliver it with obstetric forceps before the pedicle can be reached. It may also be necessary to divide the cervix on either side in order to get at the pedicle. The pedicle may be cut with strong scissors or with the thermocautery. It may also be removed with the wire écraseur. The conditions in a given case will govern the mode of removal. If the cervix has been divided, a suitable number of interrupted chromicized catgut sutures must be used to close the wounds after the tumor has been removed. In the rare cases in which there is congenital absence of the vagina or in which the vagina has become

closed as the result of an inflammatory process, the tissues must be torn or cut until the uterus is reached when the latter may be opened with a trocar, or, if possible, with a steel dilator. It is very important in doing such an operation that a finger be constantly kept in the rectum as a guide to the proper direction of the knife or scissors. With the improved methods of operating which are now in vogue such operations can be performed with a minimum of danger, whereas in former years the danger of septic infection and even of fatal peritonitis was considerable.

Andrew F. Currier.

MENSTRUATION.—Introductory.—The period during which a girl passes from childhood to young womanhood is a comparatively extended one, and brings about many changes. According to recent literature the term *puberty* is given to the initial period of development of the reproductive organs, while to the whole term, from the beginning to the completion of the reproductive function, is applied the broader term, *adolescence*.

The changes which take place during puberty are marked by both external and internal manifestations; by both physical and mental development. The outer physical signs are the swelling of the breasts, the widening of the pelvis, the enlargement of the thighs, and the growth of hair upon the pubes. The mental development is characterized by the desire for change, the longing to accomplish something, the oncoming of doubts, and the general assertion of individuality. The inner physical change consists in the growth and development of the two organs essential to woman, namely, the ovary and the uterus. With this development come the functions of ovulation and menstruation.

Ovulation.—Under ovulation let us consider the phenomena which take place in the ovary and which include the maturing of the ovum, the bursting of the vesicle which contains it, and the departure and migration of the ovum.

The Graafian vesicles, which until puberty form a uniform, smooth layer in the ovary, begin with the development of this organ to assume a different appearance. Instead of growing uniformly as before, a few of the vesicles make a much more rapid growth than the others, and finally one becomes even more active than these and develops until it reaches the size of a hazelnut and has forced itself through the ovigenetic layer to the epithelial surface. With the distention of the vesicle the walls become thinner and finally burst, liberating the ovum which is forced into the pavilion of the Fallopian tube. The tube being applied to the vesicle at the moment of its bursting, the ovum when expelled enters the pavilion and is carried by the tube to the uterus by a continuous current of serous fluid set up by the cilia which line the tube and by the peristaltic contractions of the tube itself. If for any reason the ovum when expelled does not enter the pavilion, it enters the abdominal cavity and is lost; or, if fertilized, it may cause extra-uterine pregnancy. The journey from the pavilion of the Fallopian tube to the uterus occupies from twelve to fifteen days. Ovulation may or may not be coincident with menstruation; while it is usually so, instances of intermenstrual ovulation are not unknown. However, ovulation begins with puberty and ends with the menopause, being probably suspended during pregnancy and lactation, although the not infrequent cases of pregnancy occurring during lactation would seem to disprove the latter. The two ovaries supply the ova alternately, excepting in occasional instances when one ovary may furnish several successively. Although ovulation is spontaneous and results from a congestion in the Graafian follicles, it may be affected and augmented by the presence of the male and may be precipitated by copulation.

Menstruation.—Menstruation is a periodic discharge of blood from the uterus and Fallopian tubes. It is periodic, occurring every twenty-eight days (or, according to Dubois and Courty, thirty days), and lasting only during the term of a woman's sexual activity, *i.e.*, from puberty to the menopause.

The child-bearing period may be divided into menstrual cycles, each of which is subdivided into periods each occupying a given portion of the cycle and each following the other in regular sequence. Marshall names these stages the constructive, destructive, reparative, and quiescent stages.

1. The Constructive Stage. During this stage the uterus is prepared for the reception of the ovum by a swelling of the mucous membrane. This swelling is caused by a growth of the connective tissue and a filling up of the veins and capillaries with blood. Just why the mucous membrane swells in this way is not known, but the swelling is so marked that it doubles or trebles the thickness of the membrane. Then by a diapedesis through the capillaries, perhaps assisted by a bursting of the capillary walls, blood passes into the connective-tissue spaces below the mucosa. The mucous membrane becomes thick, swollen, dark in color, and very soft, and the uterine glands are lengthened. The superficial layer remains for the most part intact. A fatty degeneration of the epithelium follows the diapedesis and with the bursting of the capillaries the blood and epithelial cells pass out. This stage occupies about a week, and when conception does not occur is followed by the second stage.

2. The Destructive Stage. This stage is the result of the active changes of the constructive period. During this time the degenerated material is carried off and brings about the menstrual flow. After five days the third stage follows.

3. The Reparative Stage. Now sets in the reparation of tissue broken down by the previous stages. This is done by a process of growth from below and continues for about four days.

4. The Quiescent Stage. This is the period of rest occupying the remaining twelve or fourteen days of the cycle.

The Theory of Menstruation.—Just what causes the phenomenon of menstruation is not definitely decided, but that there is a positive relation between ovulation and menstruation can scarcely be doubted. Sigismund, Löwenhardt, and Reichert believed that menstruation occurred because the ovum just previously discharged had not been impregnated and, therefore, the uterine mucosa could not continue its development; instead, it underwent degeneration, accompanied by bleeding from the mucosa. Hirst attributes menstruation to a nervous influence proceeding from the sympathetic ganglia in the lower abdomen stimulating and congesting the sexual organs. Jewett names ovulation as the cause of menstruation. Pflüger considers that the "constant growth of the ovarian cells and the consequent swelling of the ovary subject the ovarian nerve fibres, and through them the spinal cord, to a constant slight stimulation. Through the summation of the stimuli within the cord a reflex dilatation of the vessels in the genital organs is produced; the excessive blood supply leads in turn to a tumefaction of the uterus and frequently to the ripening of a Graafian follicle. Bleeding follows, and at the same time, or slightly later, the rupture of the follicle occurs. The menstrual flow and ovulation are therefore two phenomena conditioned by the same cause, namely, the menstrual congestion, yet either may occur without the other." Most recent writers agree that ovulation and menstruation are in the main independent and may or may not occur simultaneously; that the growth of the uterus and its mucosa is a preparation for the reception of the fertilized ovum. If an ovum is fertilized and carried to the uterus, it attaches itself to the inner wall, usually near the fundus; pregnancy follows and the mucosa is not shed. If, however, fertilization is not accomplished, the decidua is shed as the decidua menstrualis in the menstruation which follows.

Inasmuch as the uterus during the constructive stage is best prepared to receive the ovum, it cannot be for the ovum discharged at the time of the accompanying menstruation, as it requires at least a week for the passage of the ovum from the ovary to the uterus. Marshall and

others conclude that menstruation relates to an ovum discharged from the Graafian follicle at the preceding period rather than to that of the same period.

First Appearance of Menstruation.—The catamenial flow is not in general of sudden appearance, but is prefaced by a monthly swelling and tenderness of the breasts, a feeling of general lassitude and headache, usually accompanied by a white mucous discharge. The actual establishment of menstruation may not take place for several months after the first symptoms and may even then be irregular, appearing one month and failing for several, then reappearing. This is not abnormal. After the thorough establishment of the function, its failure to occur marks either pregnancy or a pathological condition.

The symptoms preliminary to menstruation may be observed as early as the tenth year of age, and the menses proper may appear between the ages of twelve and sixteen,—the average age being fourteen years. It is not unusual, however, to find cases of earlier menstruation or to find it delayed to the twentieth or even to the twenty-fifth year.

The time of the first appearance of the menstrual flow is influenced by race, climate, social conditions, and hereditary and individual peculiarities. In general, girls in warm climates menstruate earlier than those in cold climates, and those of the city earlier than girls of the country; while laboring women menstruate earlier in life than women of the leisure class. Any condition which excites the genital instinct hastens the time of menstruation. Hirst states that in Hungary, the three races—Slavonic, Magyar, and Jewish races—living in the same climate, menstruate at respectively sixteen, fifteen, and thirteen years of age. The girls of Lapland menstruate at eighteen, while in those of Egypt the function is established at the age of ten years.

Menstrual Symptoms.—Menstruation is accompanied by certain local and reflex symptoms. For one or two days previous to menstruation the individual feels a special sensitiveness and nervous excitation accompanied by headache and a general feeling of fulness in the abdomen, all of which symptoms are relieved by the beginning of the flow.

Owing to the increased weight of the uterus and its congested condition, a feeling of weight and pressure is experienced in the pelvic region during the flow. During the first few days of the period women are likely to be nervously sensitive to noise and worry, and predisposed to mental depression. Women of hysterical or epileptic tendency are liable to outbreaks at this time if at no other. The skin shows a greater degree of pigmentation, noticeable in the discoloration about the eyes and blotches upon the face. The skin also becomes congested and may break out into pimples and fever sores.

A not infrequent accompaniment of the catamenial flow is turgescence of the breasts, swelling of the thyroid and parotid glands and tonsils. There is indeed a profound physiological change of which the uterine condition seems to be but a part. According to Hirst the temperature is higher by 0.5° C., while the observations of Giles seem to indicate that the maximum temperature is attained two days before menstruation, followed by a sudden drop on the day preceding the flow.

Character of the Discharge.—There are three distinct stages of the flow during each of which the character of the flow shows certain peculiarities. The first discharge is composed of blood largely mixed with mucus, which gives it a slimy consistence. It contains also epithelial cells from the broken-down membrane of the uterus and tube, together with a glandular discharge, and possesses a strong odor. During the second stage the blood is almost pure, being brighter in color and very slightly slimy. The third stage is marked by the smaller number of blood globules, the reappearance of mucus, and the absence of epithelial cells. Occasionally a woman will have a discharge of almost pure blood following the third stage, but this is unusual.

Menstrual blood is alkaline in reaction, dark in color, and should not clot.

Quantity and Duration of Discharge.—It is difficult to measure accurately the amount of fluid discharged during the menses. It is estimated variously by different authorities at from four to six ounces; from three to eighteen ounces; and from four to eight ounces. From these varying quantities it is safe to conclude that the average monthly discharge is from five to six ounces. The quantity is more usually measured by physicians by the number of napkins, more than three napkins a day being considered excessive.

There is considerable variation in the duration of the flow. In some women it does not exceed two days, in others four, while in a large number it lasts five, six, or even seven days. Ordinarily it lasts from three to six days, varying with the individual. The greatest amount of blood is lost during the first three days, the quantity then gradually decreasing until it ceases entirely.

Cessation of Discharge.—The period of menstruation extends over about thirty years, varying greatly in individuals. As the age of puberty may be any time from ten to twenty, so the menopause may be any time from thirty to eighty. These are, however, extreme figures, the average being between forty-five and fifty. Women who menstruate early are likely to reach their climacteric late; while those who mature late will probably cease to menstruate early. The cessation, like the establishment of menstruation, is in general a gradual change. The first symptom of the menopause is an irregularity of the flow. It may cease for a few months and be followed by several months of regularity, when it may again cease. The irregularity of the occurrence of the menstrual flow may extend over six, nine, or twelve months until the final cessation. There is also usually an irregularity in the duration of the periods and in the quantity of the menstrual discharge at the different periods. The most marked symptoms of the menopause are the accompanying congestion of other than the genital organs, namely, the head, liver, and lungs. Women complain of dizziness, flashes of heat, and mental depression. The sexual life seems to be especially active just before the cessation of the menstrual flow, and it is not uncommon for women who have not conceived for years to become pregnant at this time.

With the cessation of the flow there is an atrophy of the genital organs. First the ovary, then the uterus decreases in size and atrophies, sometimes disappearing entirely. The labia majora lose their fulness, the hair of the pubes turns white and falls, the breasts shrivel, and the individual loses those physical characteristics which are essentially feminine.

It is possible for menstruation to be regular through an entire pregnancy, but this is very unusual.

Comparative Physiology.—For years it was thought that the menstrual function was one peculiar to the human female and that its counterpart did not exist in the lower animal world. So long as this hypothesis was accepted, it was difficult to account for this function in women. All important observations along this line in recent years point to the fact that menstruation is but the analogue of "rut" or "heat" in the female of the lower animals. With this difficulty settled, there is no more mystery regarding the necessity for this function, and we have to deal simply with a highly developed reproductive phenomenon inherited from the remote ancestors of man.

In the lower animals in their native state there are certain breeding seasons specially favorable to reproduction, the season varying with the latitude. Domestication has made many changes in the sexual habits of the lower animals, which now have more frequent periods of reproductive activity. The lower the animal in the scale of life, the fewer are the points of resemblance between the "heat" and menstruation, and conversely, the higher in rank the more numerous are the likenesses between the two. In the domestic monkey, cow, mare, buffalo, zebra, and hippopotamus, if impregnation be prevented, the

periods of "heat" occur with regularity, at intervals of four weeks. During these periods the animals show a nervous excitability, a swelling of the genital organs, a desire for copulation, and a uterine discharge. This discharge is scanty, contains mucus and blood, and the proportion of blood increases as the scale of animal life is ascended.

In dogs the phenomenon is quite similar to that of the human female. There is the same congestion of the uterine mucous membrane and the same rupture of the capillaries, but it is thought that the epithelium is not actually shed. In monkeys the process is still more like the human menstruation. Heape, in his observations upon monkeys, has found that some monkeys menstruate during the non-breeding period. He calls attention also to the fact that in far northern countries women do not menstruate during the winter months.

It has also been shown that while there is now no special breeding season among human beings, there is still in general a greater tendency to fecundity in the spring. According to statistics the largest number of human births falls in February following conceptions in May and June. The largest number of conceptions in Sweden occur in June; in Holland and France they occur in May and June; while in Greece the greatest number of conceptions falls in April.

As we travel south the spring is earlier and the greatest number of conceptions is also earlier.

The large amount of blood in the menstrual flow has been accounted for in part by social and marital conditions and largely by the erect position assumed by the human species.

The Relation of Menstruation to Lactation.—During the congestive period of menstruation, a change is noticed in the mammary glands of many nulliparous women. The nipple becomes erected and congested, secreting a yellowish discharge, the area surrounding the areole darkens and the veins become prominent. Frequently the condition is scarcely if at all to be distinguished from that of the breasts of pregnant women during the first three months.

Menstruation is usually re-established in primiparæ about the sixth month after delivery. During the second lactation it reappears about the eighth or twelfth month, and during the third or fourth lactation menstruation seldom occurs. The recurrence of menstruation does not necessarily suggest a cessation of nursing, although the quality of the milk is sometimes impaired.

Jeannette Winter Hall.

MENTHIODOL is a mixture of four parts of menthol with one of iodol, fused together and moulded into cones and sticks. It is rubbed over a neuralgic area, or on the forehead for headache. *W. A. Bastedo.*

MENTHOL.—($C_{10}H_{19}OH$). A stearopten (having the characters of a secondary alcohol) obtained from the official oil of peppermint, or from Japanese or Chinese oil of peppermint (from *Mentha arvensis* De C., vars. *piperascens* and *glabrata* Holmes). It is separated from these oils by the action of cold. The enormous extent to which this substance has been adulterated renders attention to the following official description a matter of importance.

Colorless, acicular, or prismatic crystals, having a strong and pure odor of peppermint, and a warm, aromatic taste, followed by a sensation of cold, when air is drawn into the mouth.

Menthol is only slightly soluble in water, but imparts to the latter its odor and taste. It is freely soluble in alcohol, ether, chloroform, carbon disulphide, or glacial acetic acid.

It melts at 43° C. (109.4° F.) to a colorless liquid, boils at 212° C. (413.6° F.), and volatilizes slowly at the ordinary temperature.

When it is triturated with about an equal weight of camphor, thymol, or chloral hydrate, the mixture becomes liquid.

Its alcoholic solution is neutral to litmus paper, and deviates polarized light to the left.

If a little menthol be heated in an open capsule, on a water-bath, it should gradually volatilize without leaving any residue (absence of *wax*, *paraffin*, or *inorganic substances*).

If a few crystals of menthol be dissolved in 1 c.c. of glacial acetic acid, and then three drops of sulphuric acid and one drop of nitric acid be added, no green color should be produced (absence of *thymol*).

Most of the menthol of commerce is the Japanese variety. The surface is usually moistened with retained oil. When brought in contact with the tissues it acts as a local vascular stimulant and produces a sensation of heat and burning. When its application is prolonged, it deadens the sensibility of the nerve terminals and acts as an anæsthetic. This local effect may be very marked but it does not produce any corrosive action. When administered internally it is a diffusible stimulant, increasing the vascularity and tone of the mucous membrane. Its stimulant action extends to the general circulation, increasing the force of the heart's action and improving the vascular tension. Menthol is also an active antiseptic, but is not available for ordinary use on account of its insolubility in water.

As a local application menthol is of service in neuralgia, myalgia, pruritus, and other painful affections. It may be applied in its pure state in the form of cones; or as an ethereal or alcoholic solution, in strength varying from ten to fifty per cent. Its combinations with other analgesics, as chloral and camphor, are very valuable for all superficial neuralgias.

It is rarely administered internally except for its local stimulating and antiseptic action upon the stomach and intestines. It has been given for atonic conditions accompanied by much flatulence. As an anti-emetic it has been recommended particularly in the vomiting of pregnancy. The dose for internal use is from half a grain to three grains, which may be administered in cachets, or in solution in oil or spirits. The following combinations form a permanent mixture: menthol, ʒ ij.; alcohol, ʒ i.; glycerin, ʒ i.; syrup, ʒ i.

Menthol has received much attention in the treatment of nasal and pulmonary affections, on account of its local action. A few crystals warmed in a vessel may be inhaled, or a few drops of a concentrated solution may be evaporated and inhaled. Eucalyptol, thymol, resorcin, and many similar drugs may be combined. As it vaporizes at 109° F. it is easily employed by means of an inhaler placed in hot water. Solutions in oil or ether may be applied directly to the mucous membrane of the nose or throat. In this way it has been recommended in hay fever and in laryngeal phthisis. A five- or ten-per-cent. solution should be commenced with. In pulmonary phthisis its intratracheal use has been adopted, one drachm of a ten- or twelve-per-cent. solution in oil being introduced into the trachea twice daily. Its application has also been advised in the treatment of diphtheria.

Beaumont Small.

MENTHOL-IODOL is iodol containing one per cent. of menthol. *W. A. Bastedo.*

MENTHOPHENOL is a thick, transparent fluid made by triturating one part of phenol with three parts of menthol. It is an antiseptic, and locally somewhat anæsthetic to ulcers and burns, and has been used as a counter-irritant. Fifteen drops in a glass of warm water makes an antiseptic wet dressing or mouth wash.

W. A. Bastedo.

MENTONE (MENTON), FRANCE.—Of the famed winter health resorts of the beautiful Western Riviera, Mentone is perhaps the most typical as well as one of the most attractive. It is five miles east of Monaco and fifteen (by rail) from Nice. Like all the Riviera resorts, Mentone consists of a narrow strip of land on the coast shut in by encircling mountains, rising higher and higher