

the excessive hæmorrhage at the periods, these women suffer from a constant dragging pain in the back, and a white vaginal discharge in between the periods. The lives that some of these women lead is rather a pathetic one. They never have time to lay up, and, being practically always pregnant, they have to work, and wash and scrub, and to feed and clothe their children to the accompaniment of perpetual backache, and an utter hopelessness of outlook on life in general. Once or twice a week they stand in the miserable procession that one sees at the out-patient door of a gynæcological hospital. The best of them—heroines in very truth—are half-starved because they feed their children before they nourish themselves, and there is not always enough for both; the worst take to secret drinking, and who shall blame them for seeking a period of anæsthesia, however brief it be? Before we do so we must either give them a better and cheaper anæsthetic or render anæsthesia itself unnecessary. Otherwise we are talking unadulterated cant.

The treatment of menorrhagia is that of the underlying cause. In married women the first thing to do is to make a thorough examination of the pelvic organs per vaginam. One may find evidence of fibroids, and the question of removing either the tumours from their bed in the uterine wall, or the uterus itself has to be considered. If the patient is approaching the time of life at which it may reasonably be expected that the periods will cease, and the hæmorrhage is not very severe, it may be advisable to wait, as these tumours frequently shrivel up at the menopause, and give no further trouble. Otherwise they should certainly be removed, as, apart from the bleeding to which they give rise, they are apt to suppurate, or even become cancerous.

If, on the other hand, there should be any suspicion of cancer of the womb, a small portion should be removed and examined under the microscope. If the suspicion is confirmed, the entire uterus and its surroundings should be removed without delay.

If there be any evidence of retention of a portion of placenta, or of a miscarriage, the interior of the uterus should be curetted—scraped, that is to say—and the raw surface swabbed over with some strong antiseptic. This treatment also answers equally well in cases of chronic endometritis.

In unmarried women it is as well to try the effect of drugs and of alteration of the mode of living before resorting to a local examination, unless there is any suspicion of cancer. Ergot

and iron are both useful, and sometimes calcium lactate, but reversion to a sensible and more primitive way of living is essential when the trouble is due to artificial habits. Late hours, excitement, and alcohol must be entirely forbidden. In severe cases curetting often acts like a charm.

(To be continued.)

## HOSPITAL HYGIENE.

Dr. Anna Hamilton, in an interesting article on hospital hygiene published in the last issue of *La Garde-Malade Hospitalière*, points out that this does not depend only on the architect, or on medical administration, but on the knowledge of the nurses, who never leave the wards day or night, and who thus wield true authority in them. It is recognized in certain countries that the instruction of nurses in hygiene is one of the most important parts of their training. This instruction comprises the hygiene of the sick person, of his surroundings, and of the nurse. Dr. Hamilton discusses the latter under three heads, viz., hygiene of the body, of the clothing, of the alimentary and respiratory tracts. The hygiene of the body she discusses under the heads of the skin, the teeth, the hair, and the nails. Cleanliness of the skin is, she points out, infinitely more important for the hospital nurse than for the woman of the world, but is frequently neglected in French and Italian hospitals. In northern countries a washstand is provided for each nurse, besides bathroom accommodation. In the south, where both lay and religious nurses are often lodged in dormitories, there is often not a washstand in the dormitory, or only a basin and jug of water without other accessories. There may be a sufficiency of water if there is a tap, but the fixture of the basin underneath prevents the performance of a complete toilet. Certainly all hospitals allow their nurses to use the common bathrooms, but these are far from the nurses' apartments, and not easy of access morning and evening at a time when they might be used, and when the hours of service for the patients are over the officer responsible puts the key in his or her pocket, and does not readily give it up. Dr. Hamilton insists on the importance of brushing the teeth, which she says is hardly ever done, so that the buccal cavity is a hotbed of fermentation; of the care of the hair, which, when uncovered, is exposed to dust and frequently touched by the fingers; and of the care of the nails, which are constantly in contact with the patients, their linen, their medicine, and their food. It is

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