

puerperal involution of the supporting structures, however, is to arrange the puerperium so that they undergo *complete* involution while the uterus is held in the extreme forward position. Under these circumstances the supporting structures almost invariably shorten and resume firmness to a degree which will hold the uterus permanently in a normal position. To accomplish this, the author advises starting treatment at a period in the puerperium when the uterus is still too large to be capable of retroverting, i. e., from the tenth to the fifteenth day. At this time the uterus should be thrown into strong anteversion bimanually, and a carefully fitted hard-rubber pessary made to hold it there. Such a pessary will usually be larger than a stock size, and may have to be specially procured. Very hot vaginal douches should then be administered twice daily under very little pressure, to avoid the danger of carrying anything into the uterus through the dilated cervix. In most cases involution will take place so rapidly under this treatment that within a week the first pessary will be too large and too highly curved, and should be replaced by a smaller one, which in turn will have to be replaced by a still smaller one in ten days to two weeks. The hot douches are continued until the uterus is nearly down to the normal size and firmness. The author says that he has found this method nearly always successful in the class of cases described. It must be applied carefully, however, and demands a reasonable degree of experience and skill in the use of pessaries.

Studies of the Menopause.—An attempt has been made by CULBERTSON (*Surg., Gynec. and Obst.*, 1916, xxiii, 667) to determine some of the factors which may underlie the subjective phenomena at times associated with the natural or artificial termination of the menstrual process. The author has based his observations on the experiences of others, as recorded in the literature, and on the careful study of about 30 cases from his own practice, choosing so far as possible only patients in whom gross lesions, such as tumors, inflammations, and other factors leading to excessive hemorrhage, were absent. Like all other investigators, he has found the subject exceedingly complex, but considers that it fundamentally resolves itself into a study of the interrelationships of the entire system of ductless glands. The withdrawal of the secretion of one or more of these will be followed by glandular disorder, and this is what happens at the climacteric, due to cessation of the ovarian secretion. The varied series of pictures presented by different patients passing through this period are explained by the predominance or subjection of different units of this complex glandular system in individual cases. Thus many present pictures resembling hyperthyroidism, a few suggest myxedema, and in others a tendency is manifested toward acromegaly, to dystrophic adiposogenitalis, etc. The climacteric, then, is a monoglandular affair only in its etiology; in its manifestations it is polyglandular. As the ovary decreases in activity the thyroid may maintain its full power, or may decline to a greater or less degree, and even become definitely deficient also, thus resulting in a positive or relative hyperthyroidism or a hypothyroidism as the case may be. The hypophysis and adrenals may also show characteristic disfunction, variously modifying the clinical pictures. In some cases the pineal or parathyroids may enter into

the situation; in short, the menopause may present as many different aspects as there may be single glands, or combinations of glands, working together in harmony under the influence of the ovarian hormone, or out of harmony during its absence. One important factor is nearly always present, in the author's experience, in cases of subjective menopausal disturbances, but has attracted apparently little attention. This is increased blood-pressure, which was definitely present in all but 4 of his cases. While the arterial tension is elevated, it is unstable, rising and falling under relatively minor influences. It presents one other peculiarity, that the diastolic does not go so high proportionately as does the systolic, giving a characteristically irregular but universally increased pulse-pressure. This disproportion he noticed even in the 4 cases without hypertension. He believes that the increased tension is probably due to a functional overefficiency on the part of the pituitary and adrenal glands following cessation of the ovarian activity. If this be true it would be natural to expect that the administration of corpus luteum extract would neutralize the pressor substances and decrease tension. This in fact seems to be the case, and the author has had excellent results from the employment of corpus luteum in many instances. He uses only the extract obtained from ovaries of pregnant animals, believing this to be much more efficient than that from ovaries selected haphazard. He has found that the blood-pressure not only shows a consistent and gradual decrease, but the systolic and diastolic pressures tend to come into normal relation. Where metrorrhagia was present it ceased with the reduction of arterial pressure in all cases in which the uterus was normal. The author emphasizes the importance of frequent blood-pressure estimation in these cases, both as a means of measuring the degree of menopause disturbance and of controlling the therapy. An occasional reading is of no value for this purpose, but the tension should be determined at frequent intervals, preferably daily, until improvement is well under way.

HYGIENE AND PUBLIC HEALTH

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Artificial Purification of Oysters.—WELLS (*Public Health Reports*, July 14, 1916, Reprint No. 351) states that the problem of purification of polluted oysters is quite an important one as shell-fish, depending