celiotomy, removal of the pregnant tube and of the effused blood.

When endometritis and menorrhagia are produced by inflammatory disease in the uterine appendages, or by ovarian tumors, the conditions are such, as a rule, to call for celiotomy and the removal of the diseased appendage or appendages.

Cystic degeneration of the ovaries is at times a cause of menorrhagia and metrorrhagia. A number of such cases have come under my care. In these cases the ovaries were not markedly enlarged, and upon bi-manual examination it was only possible to say that the ovaries were rather large and tender. In these cases, curettement, the rest cure, and all manner of internal medication was tried without avail, as the hæmorrhages recurred very promptly, and the patients were not cured until the ovaries were removed. In each of the cases cure promptly resulted.

I have as yet said nothing about the use of electricity in the treatment of menorrhagia. The advocates of electricity claim that this is perhaps the field in which it is of the greatest value, and I am inclined to believe that for simple cases of endometritis or metritis, that it is capable of effecting a cure. But the method of treatment is tedious and painful, and when sufficiently strong currents are employed to assure the effect upon the uterus, the method is not without danger. As compared with the curette, I believe it is more dangerous, less certain, more painful, and much less satisfactory.

My own experience with the use of drugs in the treatment of menorrhagia has not been large. Digitalis, strychnine, and ergot, have proved themselves in my hands to be of real value, and except in those cases in which the local conditions have been so bad as to make it irrational to except much effect from constitutional remedies, the results from the use of these agents have been satisfactory. My experience with other drugs has been small. Hydrastis Canadensis has been used to some extent, and I have never been able to satisfy myself that it has the slightest action in the way of controlling uterine hæmorrhages.

There are two other forms of treatment of value, especially in bridging over an emergency in the treatment of cases of menorrhagia. These methods are systematic rest in bed, and the use of the vaginal tampon. With the exception of those cases in which menorrhagia is due to malignant disease to adenoma, or to the retention of the products of conception, rest in bed has a very positive influence in lessening the amount of blood lost. It is of practical value, chiefly in the management of cases which are seen late, after so much blood has been lost that the patients are suffering from acute anæmia and profound prostration, so much so that it might not be safe to anæsthetize them in order to institute any radical method of treatment. This reference applies especially to cases of fibroid tumor. I have again and again in such cases when consulted under the circumstances referred to, been able to greatly improve the condition of the patients by putting them to bed, keeping their bowels regular, and, perhaps, administering strychnine, digitalis and ergotine. I have in this way been enabled, a number of times, to do hysterectomy with success, when I am satisfied had the operation been performed when the patient first came under observation, the result would have been fatal.

In certain cases the use of the vaginal tampon is of great service in temporarily arresting hæmorrhage. In the class of cases just referred to, when the bleeding is aggravated by the onset of the menstrual period, by firmly tamponading the vagina during the days when hæmorrhage otherwise would be most free, it is quite possible to limit the loss of blood to a very small quantity. This has been advocated as a systematic means of managing certain intractable cases of menorrhagia, and I can add my testimony to its value, at least as a temporary expedient, in the management of certain cases of uterine hæmorrhage.

The ligation of the uterine arteries offers another means of controlling hæmorrhage from the uterus, no matter what the immediate cause of the hæmorrhage may be. As a preliminary operation, in dealing with a small class of fibroid tumors, in which a large amount of blood has been lost, and in which acute anæmia is present, this operation offers much. Likewise in certain cases of persistent hæmorrhage after the removal of the uterine appendages, in combination with thorough curettement of the uterus, I believe that this procedure will be of great value.

Certain cases of persistent and recurrent hæmorrhage have come under my observation, which have resisted all the usual methods of treatment.