

Dr. Anderson pointed out that the lumen was not completely closed.

Dr. Graham asked if pulsation in the femorals was noted. He thought the possibility of aneurism in such cases should be kept in mind. He referred to a case where he had made an error in diagnosis in this way.

Dr. Meyers read an interesting account of a recent visit he had made to Lourdes.

METRRORRHAGIA CURED BY OPERATION.

Dr. Bingham reported the history of a case of metrorrhagia cured by ovariectomy. The patient was referred to him by Dr. M., July 15, 1894. The patient was the mother of two children, the youngest of whom was ten. For nine years she had been a sufferer from menorrhagia. She flooded for about fifteen days out of each month, during which time she was bedfast. She lost enormous quantities of blood. She was very bad during the past five years, having to keep in bed most of the time. When she came to the city for treatment by him, she was exceedingly feeble, was much emaciated, and complained of a very great deal of pain in the back and down the thighs, showing that there was pressure on the sacral plexus. Altogether she was in a very bad condition. On examining the uterus nothing was found to account for the severe hemorrhages in the way of local tumors or myomatous masses, except some small bean-like masses in the broad ligament. The uterus itself was very large and flabby and was movable. She was put in St. John's Hospital. He considered it a case for electrical treatment, thinking that if electricity would do any good it should in a case like this, being a case apparently of subinvolution with great prostration and anæmia. Electrical treatment was persisted in for eight months. At the end of that time her condition, as far as the loss of blood was concerned, was not improved. Her general health, however, was improved. Thorough treatment by curettement and tamponage and the other routine treatment having been previously tried without any improvement, the woman, in March, 1895, consented to undergo radical treatment for the cure of the condition. The operation was a simple one. The right ovary had connected with it a cyst; the left was normal. The uterus was as large as one would expect to find it in the third month of pregnancy. It was flabby, soft, and congested. The principal point in connection with the operation was the difficulty of controlling the oozing. It was afterward learned that the woman was a subject of hæmophilia. For years, after the slightest scratch on the hand, the bleeding was very difficult to check. It took three-quarters of an hour to control the bleeding of the stump and from the fundus itself, where there had been some adhesions. A drainage tube was inserted and the wound closed in the usual way. The tube was pumped out every fifteen minutes for several hours. The wound healed by first intention. The patient made an