

New operations, improved surgical technique, and new therapeutic remedies have been the means of giving the suffering woman a new lease of life. These new methods and measures must usurp the attention and command the co-operation of every thoughtful gynecologist. He must forsake his ultra-conservatism and pay due homage to whatever in his experience has most abundantly redounded to the amelioration of the ills of suffering woman.

The gynecologist should be a good listener, that he may fully grasp the importance of the symptoms which his patient confidently recites. He must be able to judge human nature in order to carefully weigh the evidence submitted and correctly interpret its bearing on the case. When a woman comes for consultation and gives a history of uterine hemorrhage, we should be very thorough in our interrogatory examination, since bleeding from the uterus is one of the most common complaints for which the physician is consulted. The causes are numerous and the diseased conditions manifold.

This paper is intended to be intensely practical, and the writer hopes his labors may be of some help to his fellow practitioners, and thereby benefit womankind. If we succeed we shall feel amply repaid for the time and labor spent in its preparation. In considering the treatment of uterine hemorrhage we have before us a subject of momentous importance and one requiring much thoughtful study. Hemorrhage from the uterus may indicate:

*Adenoma Malignus.*—Here the hemorrhage is less profuse, the discharge is less abundant, and the odor less offensive than in cancer.

*Cancer of the Body of the Uterus.*—Here the bleeding may be intermittent and copious, or constant and dribbling.

*Cancer of the Cervix,* a persistent watery discharge tinged with blood usually associated with fetor; later profuse and violent hemorrhage may occur.

*Deciduoma Malignum.*—In this condition there is intermittent hemorrhage, usually severe, followed by an offensive, turbid, watery discharge; blood clots may be found.

*Ectopic Gestation.*—Agonizing pain, faintness and collapse are indications that the tube has ruptured and violent hemorrhage present.

*Endometritis* begins with a dull, aching pain, accompanied by purulent and oftentimes bloody secretion; menorrhagia and metrorrhagia are common.

*Fibroid Polypi.*—Here will be found a profuse, purulent discharge; menorrhagia with colicky or propulsive pains, the bleeding dribbling or severe flooding.