

the general health, it may be permissible to treat it upon general principles; that is, to regulate the bowels, the habits of the individual, to treat any symptoms which may be present, to prescribe regular habits of living, and to administer digitalis, strychnine and ergot. Especially is this the case if the patient be unmarried and if the discharges are free from offensive odor. The physician would be the more inclined to make use of general treatment only if in such a case the heart was found to be incompetent, or the liver congested. But he should not permit himself to continue the treatment without an accurate diagnosis unless the patient promptly and steadily improves.

Accurate diagnosis is the keynote to success in the management of cases in which menorrhagia is a symptom. That this is a truism makes it none the less important that it be followed out faithfully in the management of each individual case. With the exceptions already referred to, and young girls, it should be the maxim of the practitioner that every woman having menorrhagia should have a careful pelvic examination. A careful examination should be made to determine whether or not pelvic congestion is present; the size, shape, consistency and position of the uterus; whether or not it be inflamed; whether it contains a tumor or the products of conception. Also the condition of the uterine appendages should be investigated. Whether or not these are healthy, and if not, the morbid condition present; whether this be a tumor, inflammatory trouble, or a hæmatocele. The condition of the general circulation, the heart and the liver, should also be investigated, and in no case should an examination be considered complete until all of these conditions have been considered.

It may prove of interest if I give succinctly my own views concerning the management of the various conditions which give rise to menorrhagia.

*Pelvic congestion*, when not due to or accompanied by structural disease in the pelvis, and when not the result of a recent parturition, is best treated by medicines addressed to the general health—by tonics, by heart stimulants, and by proper hygienic measures, including active outdoor exercise. Pelvic congestion alone is seldom the cause of menorrhagia, except after parturition, but it predisposes to endometritis, and in this way indirectly becomes a cause.

*Endometritis* and *metritis* when not complicated by inflammatory disease of the uterine appendages are treated most satisfactorily by dilatation of the cervix, and a careful and thorough use of the sharp uterine curette and cutting curette forceps. In this way more can be done in ten minutes than can be done in ten weeks in any other way. In my hands, in the class of cases referred to, the results obtained have been very satisfactory, and the failures to cure and the recurrences have been exceptional. While stating this in general terms it is admitted, of course, that the final stages of areolar hyperplasia are not specially influenced by the use of the curette, or by any other form of treatment except the ablation of the uterus.

*Adenoma* is likewise best treated by the use of the sharp curette.

*Malignant adenoma* calls for pan-hysterectomy.

*Polypi* should be removed *per vaginam*, and the endometrium thoroughly curetted.

*Fibroid tumors* which are giving rise to menorrhagia should be removed *per vaginam* when they belong to the sub-mucous variety, and can be removed from below, otherwise they should be removed by hysterectomy.

*Carcinoma* and *sarcoma* of the uterus call for pan-hysterectomy whenever the disease remains localized in the uterus; otherwise a partial operation, having for its object the removal of necrotic tissue, or the prevention of hæmorrhage or foul smelling discharge, may or may not be advisable in individual cases. When the disease has involved the pelvic glands to any considerable extent, and when pain has become a marked feature in the case, I have seldom found much benefit from operation. It may prevent or control the foul smelling discharges, but it seldom modifies the pain unless this has been of an inflammatory character due to septic absorption from the necrotic surface of the cancer. Every case, however, should be judged upon its merits, and as the result in all cases which are far advanced is an inevitable, and more or less painful and disgusting death, it can at least be said that operation can hardly make matters worse, even though it fails to afford much relief.

The treatment of *retained products of conception* is their removal.

*Hæmatocele* is due almost always to a ruptured extra-uterine pregnancy, and should be treated by