

palliative methods. A short time ago I removed a long finger-like mucous polyp from the uterine cavity of a patient the subject of a medium sized interstitial fibroid. The hæmorrhage ceased almost immediately, and gave no further trouble. In another similar case I removed a so-called placental polypus some three inches long. The patient in this instance expressed a desire to undergo the recent fashionable treatment by electricity to cure the hæmorrhage supposed to be due to the mural fibroid. It, however, occurred to me to explore the uterine cavity with the curette first and obtain a knowledge of its contents, if any. The result was sufficiently satisfactory to require no further treatment.

In cases of hæmorrhage from fibroids, I would advise in every case where it is possible, to explore the cavity and thoroughly curette the hyperplastic endometrium. I am of opinion that this should first be done before resorting to removal of the appendages or hysterectomy. In every case of chronic hyperplastic endometritis following abortion, cervical lacerations with sub-involution, gonorrhœal inflammations, and displacement with exhaustive menorrhagia and leucorrhœa, the cavity should be curetted of every vestige of diseased endometrium and the wounded surface treated as will be pointed out further on. It is understood that uterine discharge due to malignant disease will not be considered. I may however say in passing, that cancer is a common cause of metrorrhagia in women over thirty-five years of age, and I regret to acknowledge that there are still men high in the respect of their colleagues—especially in England—who regard menorrhagia at the time of the menopause as evidence of its normal approach. To my mind there is no more iniquitous teaching, or one fraught with more disaster to our reputation with the public. In my experience of such cases, I have never failed to find either malignant disease or fungus degeneration of the endometrium, and who can say but that the menorrhagia was, in fact, a warning note to remove the benign embryo that the destroying parent might not get vigorous life. Clinical examples have occurred to most of us wherein the microscope could not discover evidence of malignancy and yet these patients died of undoubted cancer. All physicians should therefore insist upon examination