

if the patient can stand them, would generally give relief. The recumbent position should be assumed once or twice during the day, and oftener during the menstrual period. Special precautions should be observed by those who have previously suffered from pelvic diseases. A prolonged stay in bed of three or four weeks may afford a cure of the condition. For the bowels, salts did very well, making a very valuable laxative, depleting to some extent the hæmorrhoidal plexus. Where there was much pain or discomfort, bromide of potash, quinine and Jamaica dogwood may be administered. The medicines to be relied on most were hammamelis and hydrastis.

Another case, Mrs. C——, thirty years old; florid; sluggish circulation, and a tendency to venous congestion; had a small ulcer in the rectum about one inch in diameter; in the centre of the ulcer were two little points which bled freely; hæmorrhage almost daily for months; she was given hammamelis and hydrastis three or four times a day, and the hæmorrhage was rapidly controlled. She said she could feel good results from a single dose. Locally, hot douches were useful; also astringent suppositories, and tampons saturated with astringents and antiseptics could be used.

DISCUSSION.

Dr. MACMAHON said that he had not much faith in hydrastis and hammamelis; he thought ergot did harm in certain cases—in hæmorrhage of the lungs, for instance. About the only drug he found of use in such cases was morphine.

Dr. MACDONALD said there was no doubt that most women got up too soon after labor. It had been his practice for years to ask his patients to remain in bed two weeks after confinement, and even after that to lie down for a portion of the day. He also favored the use of purgatives, for with many women there was a tendency to become constipated. He favored the use of mag. sulph.; the other remedies which improve the general condition of the patient, such as massage and exercise, were to be recommended. He did not find much good from the administration of internal remedies. He had seen hammamelis and hydrastis do some good in some cases. In regard to local treatment, it was often found that the interior of the uterus was in a granular condition; if so, curettement and tamponage with iodoform gauze were helpful, more especially if there was tendency to bleeding. If curettement were attempted, it should be done thoroughly under the strictest antiseptic precautions; otherwise it was dangerous. After curettement applications of Churchill's iodine might be made. If packing were resorted to, the vagina might be plugged as well, and