

the uterus, but the patient suffered severely and I did not try it again. The great advantage of alum should be borne in mind. In the patients I mentioned with removal of a large portion of the ovaries, and still hæmorrhage, a tampon of alum proved efficacious.

DR. CHIPMAN: I am rather glad Dr. Monod based his classification upon a pathological basis rather than an etiological one. We know that the mucosa is built up of epithelium, parietal and glandular and that if that mucosa is irritated in any way it gives rise to certain results; sometimes it is the connective tissue, then again the blood vessels, and the interstitial tissue which is affected, and I think that is the right and scientific classification. In the same way in the muscular wall under certain irritative conditions we get the different component parts of that wall differently affected. The reader has spoken of, to me, a new pathological entity, and that is angiomatic metritis, and I would like to ask Dr. Monod whether or not in the cases he has spoken of the blood vessels were definitely formed blood vessels, for I have not seen a case of true angiomatic metritis, but I have seen cases of chronic metritis where there was a certain amount of œdema, with enlarged lymphatics and where on section the organ looked intensely hæmorrhagic, but the vessels were not blood vessels but rather lymphatic channels. I should also like to ask if in this any glandular or epithelial elements were found. A recent writer brings forward a new condition which may lead to menorrhagia and metrorrhagia, which he calls an adenomyoma. He simply says there is a great thickening of the muscular wall and that throughout these muscular elements there are numerous glandular elements; it is not circumscribed in any way. He cites a case of a woman who nearly bled to death on several occasions and after removal of the uterus and careful examination of the condition he named it an adeno-myoma. Bland Sutton has formulated into a definite pathological concept something we have known for several years, the condition which he calls fibrosis uteri. The pathology of this condition is extremely interesting. We all know the big, mobile hard uterus, with uniform enlargement of the walls, patulous cavity. The proportion between fibrous and muscle tissue is lost, rather an excess of fibrous tissue, and the woman who has usually had a large family begins to lose blood and the more you curette the more blood she loses, in fact curetting is the worst thing. We have therefore to-night three pathological entities which are new, the angiomatic metritis, the adeno-myoma and fibrosis uteri. All treatment is purely tentative and empirical until the pathological condition is understood. I could strongly urge that careful pathological study of all these cases be made. The local treatment has been gone into very thoroughly, and I quite agree with everything that has