

possibility of pregnancy, and accordingly we are put on our guard. (b) The second type is that in which the patient gives a history of menstrual regularity, "she has never missed a term." Such a history is naturally misleading, and, unlike the other, throws us off our guard. If, however, we inquire very closely into the menstrual history of the last one or two periods, we will find a change in their character. Previous to that there was a certain type for her which she always looked upon as being natural and which she always expected. Now she remembers on thinking carefully that her "monthlies" had not been the same. The first period had been delayed somewhat, it had not come on as it should, or it had been rather scanty. Perhaps the second one had come earlier than expected, and perhaps more profuse or unusually protracted. In fact she may say that she has not yet *quite got over her last monthly*, and that she is unwell at the present.

3. *Uterine hemorrhage.* Whether there be a history of amenorrhœa or irregularity in a suspected case a period arrives when uterine hemorrhage is a symptom. In the case where there is a history of amenorrhœa it will likely be considered by the individual as a return of her delayed monthlies, or it may be regarded as an early abortion. In the cases without such history the menstrual flow, instead of stopping as it should, continues for an indefinite period. An examination of the character of the hemorrhage is of the greatest importance. The blood will be found to be almost invariably dark in colour, moderate in amount, steady in the rate of flow and decidedly thickish.⁸ Gushes of bright blood occasionally occur, but they are exceptional and small in amount. The hemorrhage as a rule arises from the partial or complete separation of the decidua, consequently shreds or portions of decidual membrane, rarely the membrane in its entirety, may be found in the vaginal discharges. At this period there arises the possibility that it is an early abortion. I would particularly draw attention to the characteristics of the uterine hemorrhage. *It is dark in colour, moderate in amount, with occasional small gushes of bright blood.* These facts will aid largely in diagnosing it from the reappearance of a delayed, or from a prolonged menstruation, in that there is rarely, if ever, gushes of bright red blood; and second,