

Whatever may be the correct interpretation of the pathological changes present in uterine hemorrhage, the fact remains that the control of the bleeding is often a very difficult problem, especially in those cases unsuitable for surgical intervention, and the drugs which we have at our command for the control of hemorrhage often prove disappointingly unsatisfactory. Frequently cases come under observation in which the usual hemostatics and styptics, such as ergot, hydrastis, hamamelis, gallic and tannic acids, per-sulphate of iron and other drugs of this type, have been used without even the slightest signs of alleviating the hemorrhagic flood. The cervix has been dilated, the endometrium curetted, and still the patient bleeds. In the past, in such cases, the woman had to give up her organs or bleed to death. The writer recalls a patient—a dear, good little woman—who literally bled to death, ten years ago, because she refused hystero-salpingo-oophorectomy—the only chance of saving her life.

Conservatism in gynecology has been a stimulus to the broadening of therapeutic effort, and has saved countless numbers of women from needless sacrifice of organs and other surgical mutilation that in so many instances failed to bring relief. We are sometimes compelled to remove a uterus because of our inability to check uterine hemorrhage permanently, as its recurrence is often to such an extent as to greatly endanger the life of the patient, and when the organ has been extirpated the pathologist will open his eyes in surprise to see how comparatively trifling the organic changes will be. If uterine hemorrhage occurs after parturition or abortion, we know the cause—faulty contraction of uterine muscular fibre. The open blood vessels gape through the atony of the muscle, and we all know that any remedy which causes firm contractions of the uterine muscle will stop hemorrhage. A uterus infiltrated by small fibro-myomata, or which is chronically inflamed, is an entirely different case. In such cases an abnormal growth of tissue is present, a growth which compresses the muscular fibres, hindering them from contracting with sufficient force to control arteriosclerotic ones which gape wide open in spite of muscular contractions, due to the rigid surrounding connective tissue.

In these cases only such remedies are worth the while, except those which act independently of muscular contraction. Dr. Abel, of Berlin,¹ says he has had occasion to examine microscopically uteri which had been removed on account of uterine hemorrhage when all other treatment had failed. He avers on examining these uteri he has observed that the capillaries are greatly dilated in the mucous membranes which have been the seat of severe hemorrhage, therefore he declares that ulcerative processes