

edies. Our chief purpose in curetting is to uncover and open up the diseased utricular glands so that the purulent contents may be freely drained away, and a healthy reaction induced. The effect of astringent and caustic applications would be to close up and cap over these glands, shutting in their contents.

Our next duty is to repair the cervix. By grasping the anterior and posterior lips with tenacula, the cervix may be drawn well down into view. The cicatrized tissues to be cut away, from the edges and angles of the lacerations are marked out by an incision with a scalpel and removed by curved scissors. The edges of the laceration are now brought together by means of cumol cat-gut ligatures, the suture at the angle being placed first, and passed deeply through the tissues to prevent the possibility of hemorrhage from the circular artery of the cervix. Three or four sutures are usually sufficient for each side. We expect these lacerations to heal and these sutures to absorb within two weeks. To keep the endometrium clear and encourage free drainage of its glands, we will pack the uterine cavity with long, narrow strips of iodoform gauze. The end of each strip is brought down into the vagina to ensure patency of the cervical canal and to facilitate removal of the gauze. The vagina may now be loosely packed with gauze, an occlusion pad applied held in place by a T bandage.

The after treatment is simple; the vaginal dressing must be removed daily. The uterine packing may remain from 4 to 6 days, provided the temperature continues normal, when removed the cavity should be irrigated and repacked if the discharge be at all purulent.

Some of you will remember that in a recent clinic we curetted a case of puerperal endometritis, due to sapraemic infection, after abortion. It will be interesting for you to contrast the treatment of that *acute puerperal case* with the treatment of this *chronic non-puerperal case*, and in doing so I would ask you to note the following:—

1st.—In the puerperal case dilatation was not necessary, the canal being as it usually is quite patent; in this non-puerperal case forcible dilatation was necessary and somewhat difficult.

2nd.—In the puerperal case we used a dull curette passing it lightly over the surface. In this non-puerperal case we have used