

then decided on, the cervix ought to be brought fully into view, so as to reveal even its vaginal attachments, and in a sufficiently good natural light to show even a speck of dust on any part of its surface. If, moreover, the lips were morbidly open, they should be separated by a bivalve speculum, with the assistance of uterine sound, so as to allow the eye to penetrate into the os as far as possible. The lesions thus brought to light were the lesions which characterize mucous membrane similarly diseased in all parts of the human economy—those produced by inflammation and ulceration. He, and the continental pathologist who had preceded him, had described, under the head of granular inflammation, chronic inflammation of the cervical mucous membrane, unattended by any solution of continuity, and characterized by the hypertrophical condition of the mucous follicles strewn over its surface, which give it a kind of strawberry appearance. They also gave the name of ulceration to all solutions of continuity, the result of morbid action, and characterized by the existence of pus or sanies secreting erectile granulations, such as are formed on all gores or wounds healing by second intention, and that whether the granulations were so microscopic as to constitute a mere abrasion or superficial ulceration, or so large as to constitute a luxuriant fungus sore. Such conditions responded to and tallied with the definitions of ulceration given by all classical writers. Some of his opponents had denied that the lesions found in this region were ulcerative, and had endeavoured to make the profession believe that they were merely forms of "granular inflammation." They had never, however, deigned to explain what they meant by granular inflammation, or given a definition of it. If it was their intention to repudiate the established nomenclature of surgery, and to give to what had hitherto been called ulceration the name of granular inflammation, he for one would not object to the change, provided it could be established that such a change was desirable and necessary. But in the meantime, he repudiated the term as thus applied. In a communication recently read before the society, it had been stated that there was no proof before the profession that ulceration

ever existed in the virgin. Although he was fully aware that he did not, unfortunately, possess the confidence of the author of the paper alluded to, he was surprised to find such a statement made, considering the publicity given to the case furnished to him by Mr. Anderson, his late colleague at the Western Dispensary. It would be seen by the examination of the uterus of Mr. Anderson's patient, a young female of eighteen, who died of acute disease, with an intact hymen, which uterus was in the hands of the members, that a large inflammatory ulcer occupied the os and its vicinity. Even if his experience and statements were repudiated, this case ought to have brought conviction to the mind of the practitioner to whom he referred. He would take this opportunity of again asserting, as he had ever done, that the physical examination of a virgin female could only be warranted by severe and intractable disease, and ought always to be looked upon as a last resource,—as one not to be contemplated until after months or even years of unavailing general and non-surgical local treatment. Indeed, as he had stated in his work, it ought not to be taken by any practitioner on his own responsibility, unless his position as a consulting authority in female disease warranted his so doing. The rules which guided him in the treatment of the local element in these inflammatory affections of the neck of the uterus might be stated in a few words—it was the treatment followed in all chronic inflammatory diseases, situated in a position attainable by surgical means. If acute or sub-acute inflammation was present, it ought first to be subdued by antiphlogistics and astringents; and if the morbid action still persisted, it should be modified and converted into healthy vital action by direct stimulation of the diseased tissues. This indication was obtained, in successive stages of intensity, by the nitrate of silver, solid or in solution, by the mineral acids, and lastly, by the actual cautery and potassa fusa, or potassa cum calce, which he preferred. Potassa cum calce was first introduced as means of stimulating unhealthy uterine sores, and of melting induration in this region, by M. Gendrin, of Paris. When, however, he himself left Paris, nine years ago, if