passed so gently as not to wound. The danger was not less in injecting fluids such as tr. iodi, zinc chloride, etc., and in washing out the uterus. But there were other dangers arising from these, the fatal uterine colic that had so often followed injection into the uterus. The pain came on five to ten minutes after using the injection, it might last for hours. It was not very dangerous, and was cured by a dose of morphine. No means that had been used for avoiding these disagreeable symptoms had had any success. Whether the injection was used cold or warm, whether injected slowly or quickly, was all one. The principal thing was to leave none of the fluid in the uterus. It was useful to withdraw any of the fluid remaining with a syringe. More serious, but also much more rarely, were peritonitic pains after such injections. They did not come on immediately, but frequently only after some hours, and they always began in the neighborhood of one or other tubal opening. Not unfrequently there was fever. The pains continued several days The speaker had never observed a serious diffuse peritonitis, but such appeared to take place occasionally. The observation of such cases taught us that the peritonitis was without doubt caused by the passage of fluid through the tubes or into the peritoneal cavity. The introduction of instruments and fluid into the uterus might be dangerous in other ways, especially when the tubes were unusually large. Contraction of the tubes might be set up and their infectious contents forced into the abdominal cavity. The application of Playfair's probe was very extensive. For disease of the body of the uterus it was not suitable. It was only exceptionally that the internal os was so widely open that the medicament would not be wiped off before it reached the cavity. It was certainly an advance, therefore, when further form of treatment by Sanger's instrument was invented, consisting of an extraordinarily fine sound of silver which passed through the orifice enveloped in wadding, and by means of its pliability found its own way into the uterine cavity. As regarded artificial dilatation of the uterus, there were only two methods deserving of use, these were laminaria tents and dilatation by means of iodoform gauze packed into the cavity. All others were more or less rejected, and suited only for special cases. Dilatation by means of blunt instruments was not to be practised in the great majority of cases. It presupposed an extraordinary size of the interual os. Where naturally or otherwise the os was so wide that a 6 to 7 mm. sound could pass, it could be increased by these means. Another form was bloody dilitation for the removal of intra-uterine polypi. Here it was advantageous to incise the cervical portion. On the whole, the method of dilating by means of gauze was the best and most suitable. This procedure was generally considered to be free from danger. The speaker was not of that opinion. He had frequently heard of colleagues who had had an accident with such dilatations. Such cases were not unfrequently met with in literature. He had himself had four cases of undoubted sepsis.

One was a case of broad intra-uterine myoma that was removed. To remove the remnants the uterine cavity was dilated again. This was done by means of relays of iodoform gauze. The temperature rose, and in spite of careful removal of the gauze and washing out, the woman died. This case was not certain, as possibly there might have been iodoform poisoning. In a second case the course was similar, and the patient also died. He had quite recently had two other cases, that fortunately recovered. They were both cases of submucous myoma with thick pedicles. In one case dilatation was performed, a portion of the tumor removed, and iodoform gauze again packed in. The temperature rose to 38° C. The gauze was at once removed, and the cavity washed out with sublimate. In a few hours a rigor occurred and the temperature rose to over 40° C. The only thing that prevented him removing the uterus was that the pulse remained good. A similar case occurred in the clinic at the same time. This patient soon showed grave symptoms that plainly pointed to a form of the most acute sepsis. For this reason twenty hours after removal of the polypus the uterus was extirpated with a favorable result. Shortly after the operation it was shown that the infection had already passed beyond the uterus, for the broad ligaments were already infiltrated. The temperature also showed the same thing. It did not sink to 38° C for four days. In another case the temperature sank at once. These cases might serve as a warning to those who held dilatation by means of iodoform gauze to be free from danger. With all the precautions taken one might ask: How could sepsis take place? Above all, it must not be forgotten that in obstetrics and gynæcology one never had pure asepsis. The vagina was never free from germs, and after the introduction of gauze, possibly a passage was opened for them. This procedure was frequently undertaken also when free bleeding was going on. In spite of this, however, the method was indispensable. We should know the danger and use the procedure as little as possible. Dilatation by laminaria was doubtless still more dangerous, and should be used as rarely as possible.

The most important and more dangerous intra-uterine treatment was curettement. No gynæcologist would to-day deny that curettement of the uterus was a mos. beneficial procedure, and many cases could not be successfully treated without it. He was of opinion, however, that it was employed much too frequently. He only knew of