surface of the uterus as high as the fundus can detect any adhesion, and can tear it if it is not too strong. The uterus may then be lifted on the finger while the external hand is inserted behind the fundus, so as to draw it forward. If the organ cannot be replaced in this manner, the portio vaginalis is drawn backward and downward, and is held in this position, while the operator pushes the fundus upward with his left index finger, assisted by manipulation through the abdominal wall. It is sometimes possible to hook the tip of the fore finger over the cicatricial bands, and to draw them downward and forward so as to stretch or tear them. If this fails, the cervix is again pulled down, and the index finger is pressed against the right corner of the uterus, while the external hand pushes the fundus over to the left as far as possible reversing the manœuvre if necessary.

The following is a brief report of the cases successfully treated by the writer.

Case I. The patient, æt. twenty-three, suffered from dysmenorrhœa, vesical irritation, and dyspareunia. The uterus was retroverted; a broad band could be felt extending from the upper part of the posterior aspect of the organ to the sacrum.

After preliminary treatment with "absorbifacients," attempts were made twice weekly to replace the organ, with ultimate success, the symptoms above mentioned disappearing entirely.

Case II. A woman, æt. thirty, who had had two children by her first husband, married again, and remained sterile after four years. Her uterus was retroverted and attached by thick bands to the left sacro iliac synchondrosis. After preparatory treatment, the adhesions were torn in two attempts, and the uterus was restored to its normal position, the patient eventually became pregnant.

Case III. The patient, twenty-four years of age, had suffered with pains in the rectum and abdomen of six years standing. The uterus was adherent in a position of left retrolateral flexion. It was restored to its normal position after two applications of the treatment above described. The patient was entirely relieved, and became pregnant.

Case IV. The patient, æt. twenty-three, was married at twenty-one and had borne one child; she had septic trouble after confinement, and on convalescing developed pains in the back and abdomen, menorrhagia, and hysterical attacks before the menstrual periods, which recurred at irregular intervals. The uterus was enlarged, retroflexed, and adherent to the right border of the pelvic brim. After repeated efforts, the adhesions were separated and the organ was brought to the median line. Hemorrhage followed the operation, but this ceased spontaneously. In the course of two weeks the uterus was in its normal position, so that a Hodge pessary could be inserted. In two weeks more the symptoms disappeared, and the pessary was eventually removed. The patient remained under observation for a year, and there was no recurrence.

In several instances adhesions were broken up at the writer's office without preparatory treatment. Ordinarily two attempts were make weekly, but if much pain resulted, only once a week. If the bands are very thick, one must be content with simply stretching them a little each time, instead of endeavouring at once to tear them. If the entire posterior surface of the uterus is adherent, or the organ is buried in a mass of adhesions, he does not try to detach it.

Progress of Science.

THE TREATMENT OF CARBUNCLE WITH CARBOLIZED SPRAY.

By Professor Verneuil, Paris.

For nearly forty years, during which time I have been practicing surgery, I have seen a great variety of methods employed in the treatment of carbuncle, and have observed that these methods tend to become less surgical or operative, but are no less efficacious on that account. At the beginning of my practice, like others, I treated this affection with very deep and long incisions. But I soon observed that this cruel practice was not at all necessary, that it was even dangerous sometimes, and that in the majority of cases recovery was just as rapid without this proceeding. I then recommended, some time ago at the Societie de Chirurgie, to use the knife only in cases where the pain was violent, and when the disease showed a tendency to spread rapidly, leaving to themselves those which were not very painful, or in which the affection was circumscribed.

As soon as Paquelin's thermo-cautery was introduced into practice, I substituted its use for that of knives, which often aggravates the disease by leading to septicæmia, hemorrhages, etc. I made deep and multiple openings, disposed in rings over the affected parts, plunging the cautery into the healthy parts all round. The dressing was an antiseptic, carbolized one. The objection to this method was the time required. When the lesion was extensive, as many as one hundred and fifty cauterizations were sometimes necessary, and they