

freely movable. The tubes and ovaries are apparently healthy. With an Edebohls'-Speculum we retract the perineum and expose an hypertrophied and congested cervix. You will note that it is deeply lacerated on both sides of the os. The mucous membrane is everted and eroded. There is a whitish purulent discharge through the cervical canal. Evidently this is a case of chronic endometritis, depending no doubt in some measure on the laceration. To relieve these conditions we must curette the uterus and repair the cervix. The case is of special interest, because it is characteristic of what you will frequently be called upon to treat and you will derive more benefit from the study of these matters of every day occurrence than from those of great rarity.

If we catch the anterior lip of the cervix with a vulsellum, we can draw the uterus down and steady it; before using the dilator it is well to pass the uterine sound to determine the direction of the cervical canal and the length of the uterine cavity; in this case you see the canal is normal in direction, but the cavity of the uterus is longer than it should be. With a small Wylie's dilator we will stretch the cervical canal sufficiently to allow us to use this large Goodell dilator, the blades of which are corrugated and parallel when open. You will please note that, *first* :—we hold the cervix and the dilator firmly to prevent the blades slipping backward; *second* :—we change the position of the dilator turning it from side to side so as to dilate equally in all directions; *third* :—we apply the force intermittently as nature does. Having dilated to the requisite calibre, say an half inch, we select a medium sized sharp curette and beginning with the anterior surface we scrape away the granulations and diseased endometrium down to the firm healthy tissue; in the same way we go over the fundus and posterior surfaces. Next we take this small sized sharp curette and clear out the cornua—the lateral sulci—the granulations around the internal os and the cervical canal. Care must be exercised not to let any portion of the endometrium escape the curette. This part of the operation being complete, we proceed to wash out the cavity of the uterus with sterile water—for this purpose I have found this dull douche curette very useful as it breaks up clots, loosens up the debris and at the same time irrigates. For this case we will use no astringent or caustic rem-