the injections kept it in abeyance. I continued this treatment for upwards of two years, and though the patient slowly lost ground and finally died, the hæmorrhage never once recurred to an alarming degree, and I have no doubt but that life was prolonged for a year or more in consequence of this treatment. But it is not of its use in such cases that I am now speaking, in them hysterectomy should be performed, but its good effects in this one encouraged me to try it in others. And I soon found it applicable to a variety of cases.

The fluid I usually employ is the iodised phenol as recommended by the late Dr. Batty. It is made by dissolving one part of pure iodine in two parts of carbolic acid by the aid of a gentle heat, a small quantity of methylated spirits should then be added to keep it sufficiently thin for use; the effect of this when injected into the cavity is to cause the surface with which it comes in contact to shrivel up, and in a day or two to peel off, in fact it acts primarily as a mild caustic: some of the iodine no doubt is also absorbed and many patients complain of the taste of the iodine in the mouth. In cases therefore in which there is reason to believe the lining membrane of the uterus to be unhealthy, and where the symptoms are not sufficiently grave to induce us to decide on dilatation and curetting, the injection of the iodised phenol is indicated. I have also on several occasions employed it when patients for some cause could not or would not submit to curetting, and in a considerable number of them found it effected a cure, or at least be productive of marked benefit.

In two cases in which menstruation continued to be so profuse some months subsequent to abortion, at an early period of pregnancy, and the uterus remained so large and soft as to lead to the belief that a portion of the membranes might be retained, the injection has been followed by the expulsion of a mass which I believe to have been the remains of the ovum shrivelled up by and then expelled, in consequence of the action of the phenol. In both these cases recovery was perfect without further treatment.

In all cases in which I dilate and use the curette I inject the iodised phenol several times, at intervals of from four to six days according to the nature of the case, commencing on the third or fourth day after the operation. I have several times been consulted by patients who have been curetted without deriving permanent benefit therefrom, and believe that this has been in general due to neglecting to adopt this practice or some such self-treatment, and I have generally found, if the interval since the operation has not been very long, that the injections of the iodised phenol succeeds in effecting a cure in them.

The number and frequency of the injections must vary with the nature of each case, and therefore must be decided by the practitioner at the time, but it is necessary to bear in mind the fact that the first, and possibly the second, injection is often followed after the lapse of a few hours by some bleeding. This is specially the case if the curette has not been previously used, and it is probably due to the action of the phenol causing the superficial layer of mucous membrane to peel off rapidly, leaving a vascular surface exposed, which bleeds sometimes freely. This bleeding is of no importance, but sometimes alarms the patient, and she should be told that it may occur. If it continues after the injections have been repeated three or four times, it generally indicates that patches of large and vascular granulations exist, which, if the curette has been used, have escaped its action, and, whether it has been used or not, proves that the further use of intrauterine injections will be useless.

I am far from wishing it to be understood that I deem this treatment applicable to even the majority of cases of disease of uterine cavity, but I believe that it will frequently render the use of the curette unnecessary, and that, if not always essential, it is so in the majority, and useful in all those in which curetting has been practised, while in cases where uterine catarrh is present great benefit will often be derived from the practice.—*British Medical Journal.*

Cerebral Tumour Removed Twice in the Same Patient.—

Erb (*Wien. med. Presse*) reports the following case. A man, aged 47, had clonic convulsions affecting the left arm and leg, and the left side of the face. This condition was followed after a time by hemiparesis of the whole of the left side. Tre-