

or a non-pregnant uterus. The essayist closed with the report of a case of rupture of the uterus at parturition, in which he performed section, removing all the blood from the abdomen and drawing a gauze drain down through into the vagina. Recovery followed.

Dr. J. C. Webster, of Edinburgh, read a paper on Pessaries. He said that, owing to the advance in our knowledge of the etiology and pathology of displacements of the uterus, the use of pessaries was becoming less and less; for instance, in cases of anteversion the mal-position was due to a chronic metritis, so that the cure of the condition lay in the treatment of the metritis. In regard to ante flexion, there was considerable difference of opinion in regard to pain and sterility. It was extremely improbable that excessive ante flexion *per se* was really the cause of these symptoms; for many women are found in whom the ante flexion existed without these symptoms. It was to the pathological accompaniments that attention must be directed, in the uterine wall and outside, and the treatment of stenosis of the os. The danger of the use of pessaries in this condition was pointed out. All forms of the stem pessary should be abolished in the treatment of this condition. Where the uterus was very much enlarged (though usually it is small), the Hodge pessary or the ring pessary might be used tentatively, until the congestion had subsided. In regard to retroversion, he said, that there was considerable difference of opinion as to the part played by backward displacements of the uterus in the causation of symptoms often found accompanying this condition. Some authorities held that retroversion, *per se*, did not produce troublesome symptoms. Such authorities held that the normal uterus was constantly changing its position according to changes in the bladder and bowel. They held that the pain and weakness in the back, menorrhagia, etc., were due to accompanying pathological conditions, viz., inflammations outside and in the uterus, of the subinvolution, prolapse, etc. In favor of this opinion might be mentioned the fact that cases were found in which, along with the retroverted uterus, no pain was found. Another school held that backward displacements led to bad symptoms. The former school held that the pessaries should be used not at all, or only in a small number of cases. The latter school held that where the uterus was retroverted, it should be turned to the front and kept there by means of pessaries. The writer's opinion was that more attention must be paid to the views of the former school than had been done. The pessary should be used in this condition with great discrimination. The essayist called attention to those varieties of retroversion in which the pessary might be used. In every case the accompanying causative condition should be attended to in like manner. A similar principle, the doctor held, should guide the practitioner in the treatment of the other misplacements.