

or curette could be introduced without any previous dilatation. If any was needed, the steel dilator could easily effect it. He stated that he had never used strong caustics in the solid form, though where the endometrium is decidedly diseased it becomes more tolerant of heroic treatment; but in such cases he found the most effective agent to be the fuming nitric acid. This he applies by means of the cotton-wrapped applicator, guarded by a glass tube through the cervix, the lining membrane being pretty well swabbed. Except in obstinate cases, and then only at long intervals, the application has not to be repeated. Never had he seen colic or the other alarming symptoms frequently generated by crayons of strong, solid caustics. Churchill's tincture of iodine has been proven one of the most efficient applications, its action being that of a local stimulant to uterine contraction and a general alterative or nutritive. Nitrate of silver he seldom employs, because of its severity as an astringent to the small blood vessels, and its continued use causing too much contraction of the os and cervix. Its use should be confined to the soft flabby uterus with enlarged patulous os and profuse cervical discharge, its contracting effects being carefully watched. Carbolic acid and glycerine, one part to three, is a favorite mild application, the acid coagulating the albuminous secretion while the glycerine depletes the congested condition of the parts by causing a profuse watery discharge. Persulphate of iron is also a favorite with him when wishing to produce an astringent effect upon a granulating surface. Tannic acid is also a useful mild astringent, but has, like iron, the disadvantage of discoloring the patient's underclothing. Paquelin's cautery and the actual cautery he had no personal experience of, having always effected his purpose by other methods. Intra-uterine injections he considered of service sometimes, but on account of the pain and violent symptoms sometimes following, thought milder methods should be adopted. In old chronic cases, with the uterus decidedly enlarged and diseased, and the os flabby and patulous, the organ is so tolerant of manipulation that even injections may be employed with comparative safety. Whenever fluids are to be injected the cervical canal must be straightened and enlarged so as to admit Chamber's reflex current catheter, or some such device, which will secure a free return of the fluid. A safe method is the use of a small

graduated hard rubber uterine syringe having a long slender nozzle. The syringe having been filled with the fluid to be used, the nozzle is loosely wrapped with absorbent cotton and introduced within the cavity, and then injecting carefully and slowly just sufficient to saturate the cotton, the syringe is slowly rotated so as to swab the whole inner surface. But as injections offer no marked advantage the essayist thinks they should be abandoned, or certainly very rarely employed. In some cases caustics and astringents effect only partial cure. In obstinate endometritis with fungoid degeneration a muco-purulent discharge and long continued menorrhagia, energetic measures are necessary. The denudation of the endometrium must be penetrating. The most effectual method is by thorough curetting. The uterus should be firmly held by tenaculum or vulsellum forceps and the rough portions scraped out without any previous dilatation of the cervical canal. During the curetting, one hand should be placed over the uterus externally, pressing it down so that every part of the inner surface can be reached. The cervix becomes more tractable so that subsequently a larger curette may be employed if necessary. After the denudation the inner surface is to be thoroughly swabbed with fuming nitric acid, Churchill's tincture of iodine, Monsel's solution of iron, or some other agent of a penetrating character. Local treatment must be supplemented by constitutional. Aim at reducing the enlarged uterus by ergot and strychnine, followed by tonics, quinine and iron. In old chronic cases the curetting may have to be repeated two or three times after the menstrual periods, for, do what we will, relapses will occur, so that the treatment must be persevered in. In treating these disorders the constitutional element must be considered, for in some cases both local and constitutional causes are met with, and in most cases constitutional treatment is of great service, but we must aim to remove the cause, whether local or constitutional. Dr. Rosebrugh said that the frequency of the application depended upon the agent employed—as a rule every fourth or fifth day; if the patient came from a distance, once a week. He nearly always employs the cotton-wrapped applicator, and in order to thoroughly cauterize the surface makes two or three applications at each visit. In many cases where the endometrium seems involved he restricts the application at first to the