

process. It is absurd to think that tents can be made aseptic by any process whatsoever. The instrument makers are responsible for nothing but the shape and size of the tent, notwithstanding how positively they assure us that those of their special make are aseptic.

It is not my intention to describe precisely the operation of rapid dilatation of the cervical canal by means of the steel dilator, but I *do* wish to speak of the great advantage of the operation over the gradual or tenting method. To perform rapid dilatation it is necessary to see the operation done, there are so many important details in connection with it. The patient should be profoundly under ether. The instruments which give the best satisfaction are Sims' glove-stick dilator and the Ellinger-Goodell serrated dilator. These instruments can be thoroughly boiled and otherwise prepared before using. The vagina is washed out with soap and warm water, and then irrigated with 1-1000 sublimate. The operation can be combined with that of incision to any degree the operator determines upon. My experience has led me to think that the combination is a good method, better probably than simple dilatation as practised by Goodell. I have now performed the combined dilatation and incision operation so often, and under varied conditions of the pelvic organs, without having had an interruption in recovery, that I feel convinced the operation should have absolutely no mortality.

This short report is not intended as an essay upon dilatation of the cervix uteri, but as a warning and protest against the use of the dangerous tent. Before closing, however, I must not forget also to protest against the half-hearted sort of tampering with steel dilators, so often adopted in office practice, before making uterine applications of caustics. This practice is most iniquitous, and more cases of pelvic inflammation have followed it than has been credited with. The vagina in such cases cannot be properly cleansed, the uterine tissues are resisting without anæsthesia, and any lacerations made are direct inlets of infection to the lymph spaces and vessels. Put your patient thoroughly under ether, conduct the procedure as you would a laparotomy, and avoid tampering with patients' lives to suit a little personal convenience on your part.