Vessels slightly enlarged, walls not thickened-2 cases.

Vessels decreased in number-6 cases.

Vessels increased in number-1 cases.

Few vessels with thickened media-6 cases.

Few vessels with hyalin or colloid degeneration-4 cases.

Combination of the last two-1 case.

Of these 3S cases, 15 were forty years old or upwards, and the eldest was fifty-four.

Shaw accordingly refuses to accept the arterio-sclerotic type of metritis. He affirms that these arterio-sclerotic changes are often found in a similar degree in so-called normal uteri, and that these changes do not account for the uterine hæmorrhages.

Shaw next considers the question of the change in the relative amounts of connective tissue and muscular tissue in the uterine wall. As he says, it is usually conceived that there is in chronic metritis a great proportional increase in the fibrous tissue. His method of estimating the relative amounts of these tissues is as follows.

The "slide" representing the whole thickness of the uterine wall was put on a mechanical stage, and consecutive fields estimated one after another. This was done two or three times, and with an interval of some months between the estimations. He states that in all his cases the uterine wall was greatly thickened, the average thickness being 18.1 mm. The normal thickness of the wall is 8.7 mm. The increased thickness was due to hypertrophy and hyperplasia in both the muscular and connective tissue elements, and there was no relative diminution in the amount of muscular tissue.

It has been shown by Meier that the proportion of connective tissue to muscular tissue in the normal uterine wall is 46.5 per cent. Shaw, in his normal uteri, found the proportion 39.4 per cent. In his cases of chronic metritis the proportion of fibrous tissue was 40.4 per cent. It is clear from this, he says, that a difference of 1 per cent. in the proportion of connective tissue in the normal uteri and those of chronic metritis, would not account for the great increase of 10 m. in the thickness of the uterine wall.

We can sum up the advance made in our knowledge of the condition of "Fibrosis Uteri" by saying that the most common type is not a *fibrosis* but proportional hypertrophy and hyperplasia of the cell ele-