

life. She stated she had not been able to have intercourse with her husband on account of being so tender and sensitive. An examination verified her statement, and disclosed the presence of a severe leucorrhœa, an abundant discharge of viscid mucous, which led me to suspect uterine trouble. I attempted to use the speculum, but she could not tolerate it. I ordered hot vaginal injections for that evening and next morning, at which time I inserted a small tent, which by its gradual distention was borne four and a half hours quite well. I prescribed nerve tonics, and by the use of five tents, gradually increased in size, she completely recovered.

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Dr. W. H. Byford, in an excellent paper read before the American Medical Association, recently, draws attention to the great care required in the treatment of uterine diseases if we would avoid the dangerous consequences that not unfrequently follow examinations and operations. The following conclusions to his paper are worthy of careful study:

1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so slight as to be easily overlooked.

3. It may be an original condition; the sequence of an acute attack long gone by; or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the dangers of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and, when she complains of much suffering, desist, at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no

question, in my mind, that much less danger of ill-effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely passed off.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected, and its diagnosis be carefully considered in all cases of metritis.

9. When chronic parametritis is present, it should be the chief, if not the exclusive, object of treatment until removed.

10. It is not safe to use the sound, sponge-treatment, or intra-uterine stem, when there is perimetric inflammation.

11. It is especially dangerous to replace a displaced uterus, when it is, bound down by inflammatory adhesions, by any means which will overcome its fixedness by force.

12. The use of pessaries or supports of any kind, which find their lodgment in the pelvis, is generally followed by disastrous consequences when there is even slight primitive inflammation.

13. All local treatment of the uterus must be conducted with the greatest care in all cases where this complication is present.

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Dr. H. C. Howard, of Champaign, Ill., in speaking of iodoform says he finds that in so-called endometritis or uterine catarrh, that a suppository composed of one half-drachm of finely powdered iodoform with one ounce of the butter of cocoa, acts very beneficially.—The ointment will keep in a shallow jar, and 2 to 5 grammes may be introduced by means of a thin silver tube, about one-fifth of an inch in diameter, with a closely fitting piston. This tube is 8 inches long. By contracting the piston to a depth according to the required suppository, it is then filled by forcing it into the ointment. The tube is then passed into the uterine cavity, where the suppository is deposited by simply pushing down the piston. This preparation melts quickly, and causes no pain, in these respects being preferable to the gelatine pencils often used.