dilators, by means of continuous elastic pressure, is highly ingenious. It will, in the great majority of cases, effect its purpose well, and secure full and complete dilatation of the cervix. But, unfortunately, the method has many serious drawbacks. It is tedious, the process occupying from twelve to forty-eight hours. It requires very careful adjustment of the elastic cords in order to direct the dilator in the right direction. Should the uterus be retroflexed or anteflexed the dilator is apt to plough its way into the muscular tissue of the uterine wall and not dilate the internal os at all. It necessitates frequent attendance and repeated examinations on the part of the medical man. It usually causes the patient much pain, sometimes necessitating the free administration of morphia. But probably the most serious objection to the method is that it is rather apt to be followed by inflammatory mischief in and around the uterus, partly from mechanical irritation, partly from sepsis. I used this method exclusively for over four years, but was compelled reluctantly to abandon it in favor of rapid dilatation by means of Hegar's dilators, or some modification thereof. This latter method is infinitely easier, simpler, and less troublesome for the surgeon ; it entails no suffering on the part of the patient, being effected under anæsthesia ; and I am convinced that it is safer. Whilst the dilatation it effects is not so perfect as that attained by Mr. Tait's method, it is all that is required for the purposes of curetting.

The particular dilators I myself prefer are those introduced by my friend Doctor Hawkins-Ambler, of Liverpool. I have used them extensively for the past ten months, and have found them very satisfactory. They consist of a graduated series of metallic bougies constructed on the principle of the " wedge-shaped " bougies used for dilating the male urethra. Being made of solid steel they are easily rendered aseptic by boiling in soda solution (one per cent.) for a few minutes. Having a highly-polished surface, they slide in with a minimum of friction. A set of six will be found sufficient for all ordinary purposes, and will easily, rapidly, and safely effect dilation.

The anterior lip of the cervix should be seized with vulsellum forceps and drawn down to the vulva. If the uterus be so held by adhesions that it cannot be pulled down, the operation had better be abandoned. Having ascertained by means of the uterine sound the precise depth of the uterus and the direction of its canal, the surgeon holds the vulsellum firmly in the left hand and with his right slowly passes the smallest-sized dilator (smeared with some antiseptic lubricant) into the uterus. If it meets with no resistance he at once withdraws it and passes the next size. If the cervix grips the dilator and resists its passage, the surgeon must press the instrument slowly inward. Having gotten it in he should wait a little before withdrawing it. After a longer or shorter pause the grip of the cervix will be found to relax, and then the instrument may be withdrawn and the next size inserted. If this relaxation of the cervix does not occur within a few minutes the instrument should be withdrawn and re-inserted.

The limit of safe dilatation varies in different cases. Where the patient has previously had a child it is usually easy to dilate the cervix until it will admit the forefinger. But if the uterus be nulliparous, and particularly if it be infantile, the process of dilatation is more difficult, takes a longer time to effect, and should not be carried to the same extent. As a rule it is possible to dilate a parous uterus in from ten to fifteen minutes, whilst a nulliparous womb may require half an hour or more. When the most resisting part of the cervix is at the external os it is sometimes necessary to nick it bilaterally with scissors before dilating. The chief objection to the method of rapid dilatation is that if the tissue of the cervix be very resistant it will not stretch but tear. If unnecessary violence be employed, the uterus may be perforated or even ruptured by vertical splitting. Such accidents, however, should never occur if reasonable care be taken and there is no undue force or haste on the part of the surgeon.

A less serious accident is laceration of the cervix, which may occur if its tissue be very soft and vascular, the teeth of the vulsellum tearing out when the dilator meets with resistance. If the degree of dilatation will permit, the forefinger should now be passed into the uterus and its cavity explored.

Application of the curette.—For nearly all cases the sharp curette will be found preferable to the blunt one, and the best form is a modifiction of Simon's sharp spoon. It should be made wholly of metal so that it may be sterilized by boiling before each operation. The largest size that will easily pass the cervix should be gently introduced and passed without any force until it impinges on the fundus. Steadying the cervix with the vulsellum, the sharp edge should be pressed firmly against the mucosa and the curette drawn closely down—scraping off a vertical strip of the whole thickness of the mucous membrane and exposing the muscular coat.

By a repetition of this manœuvre a series of parallel strips are removed until first the anterior, then the posterior, and then the lateral walls are completely denuded. The surgeon must then carefully curette the fundus and the two upper lateral angles leading to the Fallopian tubes.

Cleansing the Uterus.—The flushing curette is a most useful instrument when the uterus contains much debris—as in cases of retained secundines. The handle and stem are tubular, and if the instrument be connected with the tubing of a