

for intra-uterine applications and injections, this operation offers many advantages over any other means of dilatation.

In regard to the *after-treatment*, a hot water injection should be used immediately after the operation, and this should be employed, also, two or three times a day for a few days. It is advisable, likewise, for the patient to remain in bed for three or four days. If a proper time has been selected to perform the operation, viz., within a few days after menstruation, the danger of hæmorrhage is exceedingly small, much less at any rate than after the cutting operation, and the danger of inflammation is not so great as after using relays of tents.

3. *Clinical Cases.*—I shall now give a brief account of five cases, in whom I have operated by this method :

Case 1.—Mrs. M. came under my care July 6th, 1886, married for three years, never became pregnant ; slight dysmenorrhœa previous to marriage, which had gradually increased until her suffering became intense, necessitating large doses of morphia at the periods to give relief. On examination, the cervix was found greatly hypertrophied and the fundus doubled forward, pressing on the bladder. The cervical canal was small, and it was with difficulty a probe was passed, and gave a measurement of three inches. The case was plainly one of anteflexion, coupled with a narrow cervical canal. The operation of rapid dilatation was performed under chloroform. No bad symptom arose after the operation, although she was kept in bed four days and hot water injections used. In this case the dilatation was thoroughly performed and the flexion completely straightened. The time selected for the operation was three days after menstruation. The dysmenorrhœa was completely cured, and as she moved to the States shortly afterwards, I do not know whether pregnancy occurred or not.

Case 2.—Miss L., aged 27, came under my care Aug. 18th. For the past three years has suffered greatly from dysmenorrhœa, causing her to be fretful, nervous and irritable. She attributes the trouble to a severe drenching received in October, which caused an attack of inflammation of the lungs. At the time the wetting occurred she was menstruating, and the flow suddenly ceased. Before resorting to an examination, every known

remedy in the shape of medicine was used with no effect whatever. In the presence of her mother she was placed under chloroform and an examination made. The cervix was long, narrow and pointed, and the os-externum so small that only a fine surgical probe could be passed, and showed the uterus to be over three inches in length. No flexion existed, but the fundus was enlarged and slightly retroverted. Atlee's dilator was first used and the full extent of dilatation by that instrument accomplished. Then the Goodell Ellinger dilator was used, and the handles slowly and gradually brought together and kept there ten minutes. After the operation the uterus was shortened and the conical condition obliterated. She was kept in bed for a week, and hot water injections used, and no symptom of inflammation arose. On the first occasion of menstruation after the operation she suffered considerably, but the pain became less and less at each period, and four months afterwards the dysmenorrhœa had ceased, the nervous system became stronger, irritability subsided, and she became strong, robust and healthy, and as such she has continued since.

Case 3.—Mrs. G., aged 22, married ten months, has not been pregnant ; dysmenorrhœa began soon after marriage and it is increasing, frequent and painful micturition, bodily health fairly good. On examination, anteflexion and stenosis of cervical canal at internal os. Operation of rapid dilatation with Goodell's dilator, and the flexion straightened. In order to more thoroughly complete the latter, the instrument was withdrawn, carefully re-introduced and the blades opened opposite the flexion. The result was that the dysmenorrhœa ceased immediately, and pregnancy took place shortly after the operation.

Case 4.—Mrs. S., aged 31, married twelve years, no children and was never pregnant. Has always had dysmenorrhœa, the pain beginning several hours previous to the period and lasting a day or two after menstruation set in. Lately, excessive vesical irritability has arisen, the pain has increased and menorrhagia developed, the period lasting seven or eight days, and the quantity lost four times what was usual. From the condition reported, I suspected an intra-uterine polypus, and advised an examination. The uterus, on examination, was found very much hypertrophied, the fundus enlarged and retroverted, but there was no