

has little effect upon menstruation—the most extreme stenoses have been observed with absolutely no accompanying symptoms. Prolapse, not version, is the cause of symptoms. A pessary gives relief by taking up the slack in the broad ligaments, supporting the blood-vessels and relieving congestion, not by merely holding the uterus up in its place. A pessary similarly relieves the troublesome symptom of irritable bladder, which is incorrectly attributed to pressure, but is really due to traction by the cervix on the utero-vesical folds. While not opposed to the use of pessaries, he believes they are used too frequently and too soon. They have a limited field and a definite time for employment. He is becoming more and more convinced that lacerated cervix is the fruitful cause of epithelioma. In the way of treatment for dysmenorrhœa, he recommends hot-water douches given at short intervals from the first pain till relief is obtained. He has abandoned intra-uterine medication, and believes that since doing so his patients require about seven weeks less treatment. The uterus is a very ready absorber, but its proximity to the peritoneum makes this dangerous; pelvic inflammation is very apt to be excited by intra-uterine applications. He owns neither a sound nor a uterine probe. In displacements, he first corrects the prolapse by cotton wool pledgets with glycerine, and waits for the absorption of old products of inflammation before introducing a pessary.

DR. BANTOCK agreed with Dr. Emmet that 6, 9, 12 months rest in bed, with hot douching, etc., would cure many cases; but, unfortunately, there are many patients who cannot, or will not, submit to such a long treatment, and for such, intra-uterine treatment must be resorted to. For dysmenorrhœa, he believes in forcible dilatation of the cervix; we stretch the sciatic and other nerves for the relief of neuralgia, and similarly we stretch the cervix. He believes in pessaries, and uses them early, so that he may, as soon as possible, correct the passive congestion and restore a normal circulation. Chronic inflammation is a misnomer. Inflammation is always acute, lasts but a few days, and leaves behind it effects which should be called chronic passive congestion. In such cases, if the uterus is lifted into place, the