

is washed out with a 0.05 per cent. sublimate solution. This washing is better than swabbing (*ecouvillonnage*). The after-treatment consists in the administration of antiseptic vaginal injections, and in the introduction of iodoform-glycerine tampons. With the above precautions the curette may be safely used in cases of pure endometritis.

*The Treatment of Interacting Bladder and Kidney Disease in Women.*—This clinical lecture is based upon two cases of women with simultaneous pain in the bladder and kidneys. One patient passed urine full of pus, the kidneys were large and painful, and she suffered from agonizing attacks of vesical spasm. There was also feverishness, with dry tongue and dyspepsia. On mature deliberation, M. Guyon concluded that the origin of the trouble lay in the bladder, and that it was not advisable to operate on the kidney at once. The bladder was therefore laid open from the vagina, and kept open. The vesical pains at once ceased, the spasms never returned. More slowly the condition of the kidneys improved, the pain disappeared, and then they diminished in size until they ceased to palpate on manual exploration. M. Guyon bases treatment of this kind on a careful examination of the bladder. When, as in this case, the sound causes severe pain when it touches the mucous membrane, when the bladder is tender on pressure of the hand over the pubes, or of the forefinger against the anterior vaginal wall, the primary lesion will be in the bladder, and the renal swelling and pain will be secondary. Let the bladder rest then the kidney will empty itself and this will cause subsidence of the pathological changes in the renal pelvis and glandular tissue. All such cases do not demand so active a treatment as cystotomy. Simple medical treatment of cystitis, rest and weak antiseptic injections may be sufficient if taken in time. On the other hand, Bozeman's treatment of pyonephrosis by establishment of a vesico-vaginal fistula and subsequent catheterization of the ureters cures the renal complication on the same principle; but the practice is only to be undertaken by experts. The gynecologist and surgeon must not be misled by theories about reno-vesical reflexes, which imply that the primary disease lies in the kidney. M. Guyon's second patient was in an earlier stage of treatment when the lecture was delivered, but the vesical pain, fever and dry tongue had disappeared. In a