

used in Germany for testing the presence of sugar in the urine.

Dr. Gardner read a paper on *Common Errors in Gynaecological Practice*, in which he referred to the following mistakes:—1. Overlooking slight forms of pelvic peritonitis; 2. Mistaking an inflammatory exudation or fibroid for retroflexion or retroversion of uterus; 3. Overlooking shortening of ligaments, especially the posterior; 4. The injudicious use of pessaries in displacements of uterus—they were useful in certain cases, but care must be exercised; 5. Expecting too much from local treatment or operative interference, while constitutional treatment was neglected.

Dr. Heywood Smith, of London, Eng., said that in enumerating the morbid conditions that might be mistaken for slight attacks of pelvic cellulitis, or even might result in it, we must not omit to mention pelvic hæmatoceles; this condition, he considered, existed more frequently than one ordinarily supposed, and was not unfrequently the result of an early abortion, or even of the rupture of a small extra-uterine foetation. With regard to the risk of operative interference, by tents or otherwise, as, *e.g.*, the replacement of a retroflexed uterus, we must bear in mind the chain of events that followed a strain or similar accident. First, the uterus got misplaced, then there arose passive congestion and consequent chronic inflammation, resulting often in induration. Now, in treating such cases, we must begin in the reverse order—first of all, subdue the inflammation by absolute rest, leeches or puncturing of the cervix, followed by tampons of wool saturated with glycerine and hot (112°-120° F.) water injections, night and morning for a week, and only after the uterus has been rendered fit to suffer the passage of the sound without pain should we proceed to its replacement and the introduction of a suitable pessary. Of course these remarks did not apply to those cases where no inflammation exists, and where we might proceed to replacement, and where the introduction of a pessary would often result in a cure with no further means. We must always remember that many of these cases of retroflexion are very tedious, requiring 12, 18, or 24 months to effect a cure. With regard to what had been said

about the tension of the utero-sacral ligaments, there was no doubt sufficient attention had not been given to this condition. In a case where there was retroflexion of the uterus, when the uterus was replaced and held so, the utero-sacral ligaments were found very tense; in this case he divided the right ligament with the result of (after a slight peritonitis) a perfect cure of the retroflexion. As to the differential diagnosis of retroflexion and post-uterine tumor of all sorts, the use of the uterine sound should invariably be had recourse to as alone giving the desired information.

Dr. Trenholme thought slight attacks of pelvic inflammations were frequent, and sometimes not very important. There was not, therefore, much danger in overlooking them. He thought there was little probability of even a student mistaking an exudation for a dislocated uterus. Uncomplicated cases of dislocation of uterus, especially retroversions, were generally curable.

Dr. Gardner, in reply, believed in the efficacy of pessaries, but a great deal depended on the case. Simple, uncomplicated cases of dislocation of the uterus was, in his experience, a rare curiosity. He agreed with Dr. Smith about the frequency of mistakes with reference to hæmatoceles. He rarely used the sound in replacing the uterus, as he considered it dangerous.

Dr. Playter read a paper on *The Relation of the Medical Profession to the Public*, in which he urged that greater attention should be paid to the prevention of diseases.

Dr. McMillan, of Hull, Eng., thought a physician should be retained to give advice in general on sanitary matters and receive extra fees for extra duties. As regarded the working classes, in the cities in England they formed clubs, and by paying a small subscription each retained the services of medical men on whom they could call at any moment. The fact that a working man knew he had a physician thus at call would induce him to apply for aid at first symptoms of disease and thus prevent a great deal of misery and suffering.

Dr. Gurd presented a patient in whom a murmur could be heard at a short distance from the mouth, transmitted apparently up the trachea