

symptoms. In a few instances there has been a slight metritis, with some involvement of the peri uterine peritoneum. I shall now proceed to the performance of the operation in this case. We employ thorough antiseptics throughout the operation. The vagina is first cleansed with a 1 to 1000 solution of corrosive sublimate. After introducing a speculum, I catch the cervix with a tenaculum and hold it while I introduce Ellinger's dilator, and then reverse it. This readily passes. When it does not enter at first, introduce it as far as it will go and separate the blades. Then close it and introduce it a little further, and in this way you can soon tunnel your way through the canal. Care should be taken to see that there are shoulders on the dilator to prevent it from entering too deeply into the cavity of the womb. The shoulders should be two inches from the extremity of the instrument, and there should be at least half an inch between the ends of the dilator and the fundus of the womb. If the blades were in contact with the fundus of the womb, they would be liable to tear the tissue as they were opened and cause serious results. Having the dilator properly introduced, I gradually separate the blades, not using too much force at once. I have torn the cervix while dilating. The tear did not give any trouble, but there was a certain amount of hemorrhage. This was controlled by the application of Monsel's solution and the introduction of a tampon. I have now dilated as far as can be done with this instrument. I next employ a much more powerful dilator, the blades of which have no tendency to feather. Having slowly dilated to one inch and a quarter, I remove the ether, and allow the instrument to remain until the patient begins to show that she feels it. Before the beginning of this operation, I always direct that an opium suppository be introduced into the rectum, so that it will have begun to act by the time that the effect of the anæsthetic has passed off. Before removing the dilator the vagina is again thoroughly cleansed with the corrosive sublimate solution, and some of it is allowed to enter the cavity of the uterus. This is perfectly safe when the os is in the patulous condition. The dilator is now withdrawn and a ten-grain suppository of iodoform is slipped into the vagina. I can confidently recommend this