A PLEA FOR OPERATIVE OR RAPID DILATATION OF THE CERVIX UTERI.

By T. Johnson-Alloway, M.D.,

Instructor in Gynecology, McGill University; Assistant Surgeon to the Montreal General Hospital; Gynecologist to the Montreal Dispensary.

Up to within four or five years ago steel uterine dilators were regarded by surgeons with a shudder somewhat akin to that experienced by visitors to the Tower of London when shown the "thumb-screw" and other ancient instruments of torture. They saw in it a powerful render asunder of vital tissues, and that such traumatism must be followed by dangerous inflammation. It was not however thought, that forcible dilatation of like nature was practiced as the safest method of opening deep-seated abscesses situated in equally vital parts. On the other hand, gradual dilatation by tents was regarded as an easy procedure. and within the province of every busy practitioner. the practice became so general with physicians that it was considered equally as necessary to have nicely assorted sizes of sponge, tupelo and tangle tents, as it was to have a pair of obstetric forceps. As a consequence of this, unfortunate women were required to undergo intense suffering, and were often destroyed through the intervention of septic peritonitis. employment of such methods in the past was justified only on the ground that no better were known at the time. cation can, however, no longer hold good, and I will endeavor to show, in as short a space as possible, why the more scientific, humane, and safe method should be employed in preference to the older and more dangerous.

In the days of our first endeavors in the practice of medicine, when each man estimated his prosperity and pubic value in accordance with the number of visits he was able to pay during the current twenty-four hours, he had of necessity quite a number of patients suffering from uterine complaints. The majority of these patients suffered from endometritis in some form or another. The treatment adopted in these cases consisted in forcibly pushing a tent as far as possible into the cervical canal, allowing it to remain there for twelve to twenty-four hours, then violently pulling and