glide into the uterus when the negative wire is made to touch it, when that same sound cannot be made to enter even by force before the electrical connection was made. If there is anyone who doubts it, I will gladly demonstrate it for him at my office, if he will provide me with a patient into whose uterus he will admit that he could not pass the sound. In the majority of cases the second or third period following the treatment comes on without the patient's knowing it, while in the cases in which it fails there probably exists some disease of the appendages, as I was able to demonstrate in several of them in whom I eventually had to open the abdomen when the tubes were found occluded at one or both ends, and the ovaries diseased.

4th. For those who are not conversant with the electrical treatment, or who are not supplied with the simple outfit necessary for its use, rapid dilatation comes next in value after therapeutic measures have failed. I will probably prepare a list of cases I have so treated, with their results, for the British Medical Meeting; but until I have collected all the cases, I can only estimate approximately that I have treated about three hundred in this way, with about 100 failures. With the exception of five or six of them, in which Hegar's conical dilators or bougies were used, all were dilated first with Wylie's and afterwards with Goodell's dilator. This is not the safe and simple operation that one might suppose it to be. The patient must be profoundly narcotized in order to paralyze the circular muscles in the cervix; and unless you are in a position to carry out absolute asepsis in the minutest details, it were better not to attempt it at all. Among the untoward results I have seen are general peritonitis and death; one perforation of the posterior wall of the uterus, which, thanks to asepsis and subsequent laparotomy and suture, caused no ill effects; several considerable lacerations of the cervix, and quite a number of cases of quiescent pelvic peritonitis relighted by the manipulations. The rather common practice of using the dilator in the office without antiseptic precautions cannot be too severely condemned. When dilatation is performed it must be done thoroughly, at least half an hour being spent in separating the blades to a width of an inch and a half, and all the while a stream of sterilized water should be allowed to flow over the field of operation. Dilatation should in every case, in my opinion, be followed by curetting, especially of the thickened mucous membrane around the internal os, which acts like a valve over the opening and prevents the exit of the menstrual flow. The whole inside of the uterus is then to be coated liberally with a mixture of equal parts of Churchill's iodine and carbolic acid, partly as an antiseptic, and partly because it helps to cure