pose; while the vagina is free from injections, escape of discharges, examination, or what not.

I have had cases where, after the stem was introduced, the uterus became retroverted instead of retroflexed. In these I introduce a Hodge's pessary with bars, which prevent the cervix from tilting forwards; and in that way the uterus is kept in a proper position. The accompanying plate shows the stem as now used.

The addition can be made to any of Dr. Greenhalgh's shorter stems, and in no way interferes with the mode of action or introduction. For cheapness, it can be made of vulcanite, though what I use are metal. This stem can be used after hysterotomy, and has advantages over Dr. Greenhalgh's original one.

DILATATION OF THE CERVIX UTERI BY GRADUATED BOUGIES IN CASES OF ANTEFLEXION AND MECHANICAL DYSMENORRŒA.

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How often does it happen in the out-patient department of hospitals, as well as among one's private patients, that the physician is called upon to relieve dysmenorrhœa, sterility, dysuria, and all the numerous symptoms resulting from anteflexion, and yet does not consider it prudent to resort to the intrauterine stem, unless the patient can be admitted or can rest at home, and all the necessary precautions can be taken to preclude any injurious results arising from its introduction. I am well aware that many regard the insertion of a glass, metal, or vulcanite stem as a matter of slight moment, and are in the habit of doing it frequently even among out-patients; but, although it may be done with impunity and even with benefit in many instances, still the proportion of those who have serious symptoms following its employment is sufficient to deter the prudent practitioner from resorting to this expedient until, after the application of leeches to the uterus and frequent passages of the uterine sound, he has accustomed the organ to tolerate the presence of a stem. It is in those patients in whom giving up their employment is simply giving up their means of subsistence, and where, therefore, it is out of the question, that the method which I adopt, and which was practised successfully by Dr. J. Mackintosh forty years since, seems deserving of more extended trial than it at present meets with, and well worthy the attention of practitioners, who are frequently called upon to alleviate the periodic sufferings of those whose life is rendered miserable by what should be a perfectly natural function. The instruments which I employ are similar in form to the ordinary uterine sound, varying in size from that of a No. 8 to No. 12 catheter.

In cases of severe anteflexion, or where this is but slight, and where the internal os or the cervical canal is constricted, a slight amount of inconvenience is generally occasioned by the first introduction. This, however, soon passes off, and gives rise to no further symptoms. My

usual plan is to commence with No. 8, and pass it once a week, gradually increasing the size according to circumstances, and allowing the instrument to remain in for about ten minutes, taking the opportunity to employ it within a few days of the expected appearance of the catamenia. I have found this method of treatment capable of far more universal application than the insertion of a stem; and beyond some temporary inconveniences, such as are met with frequently in passing a catheter in the other sex, I have had no reason to regret in a single case the employment of gradual dilatation. Should any discomfort ensue from the treatment, it is readily alleviated by the use of a pessary containing morphia and atropine. In cases of anteflexion, I always direct the patient to hold her urine as long as possible, thus gaining assistance by the hydrostatic pressure exerted upon the fundus uteri. A mixture of iron and strychnia is also of service; but it will not relieve the symptoms unless other measures be resorted to as well. A few illustrative cases will best explain my remarks.

CASE I.—Mary G., aged 35, had been married sixteen years, and was sterile. The catamenia appeared at the age of thirteen, and had been regular, but always accompanied by pain, commencing about forty-eight hours before the flow, and continuing during the three or four days that it generally lasted. She complained of "bearing down," "forcing of the water," and other usual pelvic symptoms. On examination, the uterus was found to be anteflexed. The uterine sound passed with pain and difficulty upwards and forwards, causing "spasm" at the internal os. A No. 8 thick sound was then passed with some difficulty and pain, causing a "feeling of soreness" for the remainder of the day. It was again employed a few days before the next period, which, as is not unfrequent, was anticipated by two days. Within five weeks from the first interference, menstruation again returned, and, according to the patient's own description, she got through it better than she had done for years, the flow being more free and of a better colour, and not accompanied by any aching or pelvic distress. She has since passed through another period without experiencing any inconvenience whatever; and I have abstained from further interference, in the hope that not merely the dysmenorrhœa, but also the sterility, may be relieved.

CASE II.—Augusta S., aged 38, married seven years, was sterile. The catamenia appeared at fifteen; they were regular, accompanied by pelvic pains and distress during the first two days of the flow. On examination, the uterus was found to be anteflexed, the uterine sound passing upwards and forwards. The thick sound entered with some difficulty. This was repeated three times, at intervals of a week. At the next period, although "she felt as if they ought to come on," nothing appeared. No further interference was resorted to, and she is now daily expecting her confinement. This patient had previously been under the care of another practitioner for "stricture of the womb," and was told that it was impossible she could ever become pregnant.

CASE III.—Emma W., married six years, had one child five years since. The catamenia appeared at the age of seventeen; they were profuse, painful, though regular. She complained of pain in the loins and lower abdomen for about three days before the appearance of the catamenia and during the flow; also of dysuria, etc. The patient was also subject to slight attacks of epilepsy, coming on from excitement or worry. She was admitted as an in-patient in the spring of 1870, and remained six weeks. A glass stem was inserted, but brought on an attack of epilepsy, and the stem was forced out. Every attempt to replace it gave rise to a return of the epilepsy. Further interference was, therefore, desisted from, and the patient left unrelieved. In the spring of the present year she again presented herself in the out-patient department, suffering from the same symptoms. I then commenced carefully the dilatation of the cervix by means of the metal bougies. The first few attempts invariably brought on an attack of epilepsy; but in a short time the uterus became tolerant of interference, and she is now better than she has been for years, and suffers no inconvenience at her periods. The uterus was originally anteflexed; but, owing to the stimulus excited by the passing of the bougies, the atrophied uterine fibres at the angle of flexion have become more developed, and the amount of flexion is considerably less.

POISONING BY PETROLEUM.—In a case observed by M. Lugol, a woman, aged 40, swallowed a full glass of petroleum, with the intention of committing suicide. The pulse was small and thready; no nausea or vomiting; some epigastric discomfort. Magnesia was prescribed in abundance. In the evening there was a stool, on the surface of which swam petroleum, which was easily set on fire. Although the first symptoms were slight, gastro-enteritis presently set in, and death occurred on the twentieth day. (*Repertoire de Pharmacie*, Sept. 1871.)