

majority, although not wholly cured, were greatly improved. For example, one of them was formerly bedridden during the whole period of her menstrual flux, and had then to take large doses of morphia. She also suffered at those times from hæmatemesis and epistaxis. Since the operation she experiences pain for merely two hours, needs no anodyne, and has lost her ootopic hemorrhages. Her gain in health and flesh has been great. Another one, who was wholly crippled by her sufferings, and made nervous by the dread of them, is now a busy nurse. For one hour at every period she suffers acutely, but not enough to overcome her dread of taking ether and of having a second dilatation performed.

Of those cured, two had had Sims' cutting operation performed previously without benefit, and were afterward dilated; three were dilated a second time before a cure could be effected. The word "cured," in some of these cases, does not mean that the women were wholly free from any pain whatever, but that they did not suffer sufficiently either to go to bed or to take any stimulants or anodynes. The history of several cases merit more than a mere allusion. The sufferings of one of my patients, at every monthly period, has always been great, but while she was at boarding school they grew so excruciating as to cause furious delirium at those times. This finally culminated in permanent insanity, with suicidal impulses. While in this condition she was placed in my hands. After rapid dilatation of the cervical canal, the dysmenorrhœa wholly disappeared. The exemption from pain toned down some of her more extravagant delusions, but she did not wholly regain her reason until a few months afterward. She is now free from all menstrual pain, and is in the complete possession of her mental faculties.

A Hebrew lady, whose health had suffered from dreadful dysmenorrhœa, was so greatly improved by one dilatation that her physician and her friends were amazed at her rapid restoration to health. Not long afterward the doctor asked me to perform the same operation upon another one of his patients, who was, if anything, worse. Her sufferings were so severe that he wrote, "I fear that another period might kill her," and urged an immediate operation. The cervix in this case was conical and very dense. Fearing a tearing of the parts, I screwed the instrument very slowly up to one inch and a quarter, and kept up this amount of dilatation for twenty minutes. The cervix did not sustain any injury. The canal has since stayed open, and she is free from all menstrual pain. Another case was that of an unmarried lady, sent to me from a distant State, whose sufferings at her periods were so great that morphia, however administered, was not potent enough to allay them, and her nervous system became very much shattered. Finally, at her last monthly, she was compelled to have two physicians in attendance on her, who took turn about in administering

chloroform night and day for forty-eight hours. This experience decided them to send her to me. One dilatation of an inch and a quarter wholly cured her.

Of the married, sixty-nine were heard from. Of these, forty-seven were virtually cured, eighteen improved, and four unimproved. Out of these sixty-nine cases, eleven were not in a condition to conceive—four of them from fibroid tumors of the womb, two from destructive applications of silver nitrate to a torn cervix, three from being over forty-one years of age, and one from being a widow. This leaves but fifty-eight capable of conception, and of these, eleven, or about nineteen per cent. became pregnant. But the ratio is, in fact, larger, for I know that several of my patients, fearing pregnancy, employed preventive measures after the operation, and I suspected several others of doing the same thing. Then, again, I believe that yet others, who consulted me merely for painful menstruation, have not reported their subsequent pregnancies. For instance, of the eleven cases of pregnancy, five came to my knowledge incidentally, and not directly from the ladies themselves. It is not much more than a year ago that I learned, by the merest accident, the subsequent history of a clergyman's wife, whose cervical canal I had dilated six years ago. She had been making up for lost time by giving birth to twins within a year after the operation, and later to several other children. She had been married eight years before she came to me, and had had her cervical canal dilated by tents and siit up with Peaslee's metrotome by a skillful surgeon.

One word more: While you can expect much from this operation whenever it is for dysmenorrhœa caused by flexion or stenosis, you can not be so sanguine with regard to its results in sterility. The reason of this is, that sterility, associated with dysmenorrhœa, often leads to such tissue changes in the womb as in time to make it incapable of forming a nest for the ovum, which, therefore, either escapes or perishes.—*Medical News*.

SAFE, SIMPLE, AND EFFECTIVE MODE OF TREATING PROLAPSE OF THE RECTUM AND HEMORRHOIDAL TUMORS.

Dr. Q. C. Smith thus writes in *Gaillard's Medical Journal*:

By the method here proposed I have treated three cases of prolapse of the rectum and about a dozen cases of hemorrhoidal tumors.

The cases of prolapse of the rectum were all the result of parturition, and two of them were, or appeared to be, complete, *i.e.*, all the coats of the bowel had passed out through the external sphincter.

These cases of rectal prolapse and hemorrhoidal tumors were treated by injecting into the tissues with the hypodermic syringe an eight-grain solution