patient gave no further anxiety. The clamp was removed on the 13th day. Convalescence was interrupted by an attack of cellulitis, from which she recovered perfectly. The catheter was at no time necessary. The case furnishes an exemplification of the fact that when undertaking the removal of the appendages for myoma, the operator may find, when he gets into the abdominal cavity, that he cannot do this, but may have to proceed to hysterectomy. In this case the extra-peritoneal method most in favor with British operators, and so successful in the hands of Keith, was selected, although it must be admitted that the intra-peritoneal method, when perfected, is that which, in the future, will probably give the best results.

Dr. Alloway spoke of having assisted Dr. Gardner, and of the gratifying results obtained by the operation.

Alexander's Operation.—Dr. Alloway read a report of a case of extreme retroflexion, for the cure of which, after all other means had failed, he performed Alexander's operation of shortening the round ligaments.

Dr. KENNEDY remarked that the operation was still on its trial.

Dr. SMITH said that Dr. Alloway's diagrams were most instructive and accurate, and that he congratulated Dr. A. on being the first to perform this operation in Canada. It would, however, be interesting to see the effect of future pregnancies upon Dr. A.'s patient.

Dr. WM. GARDNER said he had been present both in consultation and assisting during Dr. Alloway's operation. He looked upon the case as one of the most typical he had recently met with for Alexander's operation. There was not the slightest evidence of pelvic inflammation nor ovarian disease, and still the patient was, and had been for some time, a confirmed invalid, although every other known method of treatment had been adopted for her relief. Dr. G. said, in regard to pessaries in these cases, that increased experience had led him to use them very much less often of late than he had formerly.

The PRESIDENT remarked that he had the pleasure of being present at Dr. Alloway's interesting operation, and that he fully appreciated the difficulty in performing it.

Dr. TRENHOLME also reported a case of Alexander's operation, and stated that though some time before the profession, it had not yet obtained an unquestioned place in gynæcological surgery. There is still doubt as to the particular class of cases in which it may reasonably be expected to be useful. Further study is needed as to the anatomy of the round ligament. This line of investigation could be helped forward by those who have charge of the dissecting rooms. If the ligament is frequently found to be imperfectly developed, we will then have to see in what class of cases this anomaly exists, for upon this fact will depend the selection of cases. He said it was with this end in view that he now gave the details of a case lately under his care. The history is as follows: The young lady is 26 years of age, slight build, but regularly and well developed, and from earliest appearance of menses has been a sufferer. There are severe pains preceding and following the menstrual flow. Her sufferings are so severe that she is obliged to lie in bed and take sedatives, or resort to hot water fomentations for their relief. The menstrual pains are gradually increasing in severity and duration, so that at present they last for six or seven days. During the flow, and for about a week before the premonitory symptoms of the flow, she enjoys comparative comfort. Upon examination, the uterus was found retroverted and the fundus well down into the hollow of the sacrum. The left ovary was displaced and occupied the pouch of Douglas; it was also tender and slightly enlarged, probably due to chronic inflammation. The right ovary and left Fallopian tube were normal, but there was inflammation of the right Fallopian tube. The uterus was easily replaced, but the prolapsed ovary on the left side and the diseased tube on the right rendered the retention of any form of support a difficult matter. There were no indications of thickening of the tissues from pelvic cellulitis. Under these circumstances he proposed Alexander's operation as a substitute for the more serious one of removal of the ovaries and tubes. The operation was undertaken, when he found the left round ligament so extremely attenuated that it afforded no hope of a successful result, and, consequently, the operation was abandoned. The vein accompanying the cord was very much congested, which he regarded as indicating venous congestion of the pelvic viscera. Dr. T. said that in this case he had no doubt but that the congenital defect of the round ligaments was responsible for the displacement and sufferings of his patient. He might add that withdrawing the cord to the extent of two inches gave no control of the uterus