upon her without warning, and have been increasing in frequency of late years. Her attendants and friends become greatly alarmed during the attacks, which gives her the appearance of being in a dying condition. She has been treated "for heart disease," liver complaint,' epilepsy, passing of gall-stones, 'ulceration of the womb,' and a host of other maladies, without benefit. She suffers from intolerable attacks of indigestion, reflex pains in almost every part of her body, particularly her head, back and sides. She spends nearly all her time in bed, and carries a mixture of bromide and another of laudanum to make her condition tolerable. Her menstrual function is still active, but irregular; the flow has always been until the last year, very excessive in quantity, and accompanied with pain. On vaginal examination, the pelvic peritoneum and parametric cellular tissue are found quite free from callosities or other evidences of past inflammation. The uterus is freely moveable, and all pelvic parts painless to the touch. The vaginal walls are normal: the uterus is acutely anteflexed. If the perineum be now well-retracted by Sims' speculum, a very odd-looking, large tongue-like body is seen hanging down two inches and a half into the vagina from the vault above. In searching for the external os, none can be found, but high up on the posterior surface of this cervix-like body, about half an inch from the vaginal vault, the sound suddenly passes into an opening and disappears forwards to the depth of about two and a half inches. On carefully examining this peculiar cervix, the anterior surface appears to be of the normal squamous epithelium of the portio-vaginalis exterior, while the posterior surface has the microscopic appearance of the gland tissue lining the cervical canal. The case now appeared to be an extensive posterior laceration of very long standing. Hypertrophy had taken place from the advanced state of cystic degeneration and other chronic changes consequent upon constant and long-continued irritation to which the exposed gland tissue had been subjected. The operation for the cure of the lesion consisted in making a long horse-shoe shaped denudation three-eighths of an inch wide and very deep, so as to excise as much cicatricial and cystic tissue as possible, and then drawing the edges together by six wire sutures, rolling the denuded edges of the cervix inwards upon its longitudinal axis. In this way the cervix was reformed back to its normal condition and shape, the external os being formed at the apex of the body of the last suture. Union was complete throughout; the sutures were removed on the tenth day. The convalescence was slightly protracted from debility, but the patient is now in perfect health, and takes a great deal of exercise. She is free from pain, dyspepsia, and "nervous spell." She is no longer troubled with her heart or liver, *and has not passed any more "gall-stones."* The flow has returned two or three times since operation, but when last heard from she stated that seven weeks had elapsed since her last period; probably the menopause had set in.

Dr. ALLOWAY drew attention to the extreme rarity of this lesion. Emmet states that of 164 operations, only 4 were for posterior laceration. Goodell, in 113 successful cases, records no posterior laceration; and in no other reliable authority can he find reference to this rare lesion. Emmet supposes that when it does occur it heals spontaneously, but that it often causes parametric inflammation, with cicatricial bands and retroflexion resulting.

Salivary Calculus.—Dr. Hingston exhibited a salivary calculus which had ulcerated its way out of the sublingual duct. The patient had been sent to him to be operated on for supposed malignant disease. The parts about the floor of the mouth were greatly inflamed. This condition had lasted for months.

Dr. JAS. BELL said that some time ago he had removed a similar calculus from Wharton's duct. The patient had been sent to him from the country o be treated for cancer in the mouth.

Dr. SMITH mentioned having removed last year a phosphatic calculus from the tonsil 1¼ inch long.

Stated Meeting January 22nd, 1886.

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

Pathological Specimens.—Dr. WM. GARDNER exhibited the following specimens: 1. *A Fibrous Polypus of the size of an orange,* removed from a woman aged 48. The growth hung in the vagina, and was attached along the whole length of the posterior walls of the uterus. The patient was blanched to translucency by hemorrhage, which had lasted almost constantly for five years. She made a good recovery. 2. *Two diseased Ovaries* slightly enlarged and cystic, being the second ovaries respectively from two cases of ovariotomy —the tumor in one case being a unilocular ovarian cyst; the other the ordinary multilocular cys-