is no laceration, nor forcing of the tissues, and almost no risk of septic or inflammatory troubles. For the therapeutic purposes this dilation is much better than when performed in the interval. In the case of sterile women over forty it is almost impossible to dilate in the internal os unless the above method be adopted; but on the last day of the flow it is easily performed. Stress was laid upon the above-mentioned point in a paper read by Dr. Albert A. Macdonald, and published in the April number of the CANADIAN MEDICAL REVIEW, page 123. It is worth remembering.

A NEW METHOD OF ANCHORING THE KIDNEY.—Dr. Reed reports a method in the *Therapeutic Gazette* which is simple and almost bloodless. A perpendicular abdominal incision is made over the middle of the kidney; as a rule it is two and a half to three inches long. The kidney being exposed, is brought into place, two long thin needles, threaded one on either end of a piece of aseptic silk or silk worm gut, are used. The first needle is inserted through the upper and inner part of the cortical substance of the kidney directly through the muscles of the back, coming out between the eleventh and twelfth ribs. The second needle on the other end of the ligature is also passed through in a similar manner, about an inch from its fellow, through the upper and outer cortical substance of the kidney. The ends of this ligature are tied on the integument. Another suture may be inserted through the outer margin of the kidney, the first needle being placed an inch below the last needle of the first suture; the second needle of the second suture being placed an inch below its fellow, passes also through the outer portion of the cortical substance of the kidney and is tied on the integument. Care should be taken not to draw the sutures too tightly, but only enough to hold the kidney in place and set up a little irritation. The abdomen is closed in the ordinary way. Adhesions form in from one to two weeks, when the sutures may be withdrawn. Results so far are satisfactory.—*A. A. M.*

WESTMARK'S OPERATION FOR UTERINE PROLAPSE.—This consists in first amputating the cervix if it is too large. If cystocele exists, an elliptical piece of the vaginal wall extending from the anterior lip of the *portio vaginalis* to within one centimetre of the urethral opening, is dissected up, and the wound closed by deep and superficial sutures. The uterus is drawn to the right side and an incision is made from the anterior part of the cervix down the side of the vagina to within three centimetres of the vaginal opening; parallel to this and from one to