

orrhoea, and pain and smarting in the vagina. Menstruation began at 15, and was irregular before marriage. She was married at 20, and had three children, all born with instruments, and after the last child she had puerperal fever, which kept her in bed for three months. The pain began last March, and has continued ever since. She had pleurisy, chorea, and syphilis, at different stages of her career. At present she is constantly subject to headaches, and is very nervous. The cervix was found to be badly lacerated, very hard and everted; so that it would have been difficult or impossible to have done an Emmett operation. I therefore dilated, curetted, and amputated about three-quarters of an inch of the cervix, by my method, which consists in making an incision through the mucous membrane, just back of the scar tissue caused by the laceration, and pushing it back and drawing the lacerated cervix out. As in the first stage of vaginal hysterectomy, the broad ligament is tied and cut away from the uterus, and then the cervix is amputated, after which the mucous membrane, which formerly covered the cervix, is now made to cover the stump by a couple of stitches attaching it to the cervical canal, above and below, after which the slit in the vaginal roof on each side is brought together by a fine running cat-gut suture; and if nicely adjusted primary union is obtained, so that it is impossible to tell, a few months later, that the operation had ever been done. She made a good recovery, and was discharged on the thirteenth day.

Next morning at 7 o'clock, the following operations were performed at the Samaritan, in the presence of another group of visiting members.

Miss T., aged 63, came to me at the Montreal Dispensary, complaining of pain in her back, which prevented her from doing her work as a general servant. On examination, I found the uterus was completely retroverted. She had begun to menstruate at 12, and it had always been scanty and painful until it stopped at 51; so that she had suffered more or less for 39 years. Since two years she was much worse, having pain in her back on both sides of the abdomen, low down. She had great difficulty with her bowels, owing to the retroverted uterus pressing upon the rectum—and just here, I might say that in all chronic cases of constipation, whether in a married or single woman, the family physician would do well to make a vaginal examination, in order to ascertain whether the constipation is due to a retroversion, as I have known it to be in several hundred cases. The abdomen was opened, the uterus was scarified and attached by two iodoform