

the wounding of the deep vessels produces profuse bleeding. Again it is always well to warn the patient not to move, and what is going to be done, otherwise a sudden frightened jerk on her part may drive the blade even up to its hilt. The punctures should be confined strictly to the cervix, and in every case that part should be well in view and well cleaned before the knife is applied. If the speculum slips, or in any way the vaginal wall be punctured, as I have known happen to inexperienced or careless operators, furious and even dangerous hæmorrhage may be caused. I have never known punctures made in the way I have described—merely through the cervix—cause bleeding which could not be stayed by a minute's firm pressure of a wool mop; and it is most important that in every case all bleeding should be quite stopped before the patient rises from the couch. The advantages of the plug are great; the glycerine maintains of course a drain of serum from the punctures, and so continues and increases the depletory action, and the cotton wool acts also mechanically as a direct support to the vagina and uterus. The conclusions I would draw in brief are these: First. That where the cervix uteri is deeply congested, deep red, bluish, or purple in color, local depletion by scarification generally gives immediate relief. Second. That where this congestion is caused and kept up by flexion of the uterus obstructing the return of the venous blood from the cervix, and causing chronic enlargement of the uterine veins generally, local depletion allows a pessary to be inserted with safety and comfort to replace the organ, which almost certainly could not otherwise be tolerated. Third. That in every case, of course, the possibility of the patient being pregnant would be investigated before scarification were attempted. Fourth. In cases of subacute ovaritis or obscure throbbing pain in the pelvis cupping or leeching externally frequently relieves the patient immediately. Fifth. In cases of vaginismus from inflamed hæmorrhoids or other rectal congestive conditions leeches round the anus give rapid relief or cure. Sixth. That scarification is the simplest and safest method of abstracting blood from the cervix, with the precautions I

have enumerated, leeches or cupping being kept for external use only.

ONTARIO MEDICAL ASSOCIATION

Dr. Temple, of Toronto, read a paper on the use of pessaries.

Formerly he was in the habit of using them very extensively, but recently he found that many of the cases in which he once used them could be more advantageously treated without them. There is reason to fear that in the hands of the general practitioner the pessary is sometimes used injudiciously, to the exclusion of other measures. The use of the pessary calls for a very careful consideration of the general state of health of the patient, as well as of the condition of the pelvic organs. The natural movable state of the uterus must be remembered, and the tendency towards its downward displacement by the dragging of clothing suspended from the waist. A healthy uterus should not be felt by the person at all; but when it becomes fixed by adhesions, or pressed upon by an ill-fitting pessary, or when it becomes displaced, the nerves of the part are stretched or pressed upon, causing neuralgias, derangement of menses and bladder affections. Hence pessaries are only useful as aids in selected cases. Of the many varieties of pessaries none is more generally useful than Hodge's. The use of the intra-uterine stem pessary requires more care and watchfulness. Before inserting a pessary, careful examination of the pelvis should be made to see if there is any inflammation present; perineum should be examined for lacerations, the size of the os in length and breadth must be noted, and a pessary of the appropriate size and shape selected. The uterus must be placed in the proper position before the instrument is adjusted. If pain is caused the pessary must be removed by the patient at once, by means of a string attached for that purpose. As a rule, a pessary should not be worn for more than eight or ten weeks. If the uterus is bound down by adhesions do not put in a pessary at once, but use tampons for a time until the adhesions yield. Sheep's wool is infinitely better than a pessary in some cases, espe