come to stay towards the end of the 24 hours. This seems to reassure them greatly. With multiparæ it is, of course, very different. I have known labor to be completed in two hours from the first pain.

Those who have been writing lately on laceratiou of the cervix admit that in many cases the accoucheur is to blame, owing to interference, especially with instruments, before dilatation is complete. This is contrary to the opinion of Emmett, who says that the accoucheur has nothing to do with it. I for one venture to differ from so great an authority on that point. In my own first hundred confinements laceration of the cervix occurred at least half a dozen times; in my last hundred it has not happened once. My motto now is: The bag of waters is the accoucheur's friend."

In laceration of the perineum the immediate operation is now the rule, and it is just possible that laceration of the cervix may be sewed up with advantage at the time of the accident. There is no doubt that many of the cases of flooding that we hear of are due to laceration right up to the circular artery of the uterus. It would be a good custom to inaugurate for the attendant to examine such a case at once, and either to put in a few stitches himself or to send for a gynecological confrere. If he has not the materials with him the bleeding may be temporarily arrested with very hot water douches while he is away for his instruments. Family doctors cannot too fully realize the importance to their patients of seeing that these two injuries are repaired before they have had time to undermine their patient's health.

The most notable feature in the progress of gynecology is the extraordinary large number of cases of extra uterine pregnancy which are being reported as having been saved by operation. The question naturally arises whether they are genuine, or really cases of mistaken diagnosis, and second, if genuine, is the accident not becoming much more common than formerly? Probably there are many mistakes in diagnosis, while the increased frequency of the accident can be fairly well explained by the greater number of women in all ranks of society in whom the mucous membrane of the Fallopian tubes has been deprived of cilia by gonorrhœal or other inflammation, so that the ovum is stranded in the tube, while no waving obstacle is offered to the onward march of the bold spermatozoid. For, in my opinion, these latter have no business to go any further than the cavity of the uterus, although I am aware that they have been seen on the ovary, and even in the abdominal cavity, but the observers do not tell us that in those cases the mucous membrane of these tubes was healthy.

A complete revolution in the treatment of endometritis and menorrhagia has been inaugurated on this continent by the adoption of what I described a few years ago, in my letter from Berlin, as Martin's method, which consists in rapidly dilating the uterus with solid instruments under constant irrigation, then curetting out the uterus with a sharp curette (Martin's preferred) until the whole diseased mucous membrane is removed, then applying a light coating of pure carbolic or iodized phenol, and then packing the uterus full with a strip of iodoform gauze, the end of which is left projecting from the os, and which ensures perfect drainage. Of course this is an operation which must not be lightly undertaken by those who are not thorough masters of the principals of asepticism.

Dr. Wiley, of New York, has a remarkably clear article on this subject in the January number of the *American Journal of Obstetrics*. The conclusions are as follows:—

1st. Perfect drainage of the uterine canal is of the utmost importance in all diseases of the endometrium.

2nd. It has been practically overlooked by gynecologists, and its importance disregarded in treatment.

3rd. That it can best be secured by free