

graduates, would receive generous treatment. We realized that these were advantages which later on we might not have been able to secure. By the arrangement which has been entered into, all the graduates in medicine of Trinity secure enrolment and status in the Provincial University, enjoying the same rights as her own graduates in the selection of representation to the senate and governing bodies of the University.

In conclusion, I can but thank you for your patient hearing, and wish you all the most abundant success in the honorable calling which you have selected for your life's work.

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### ADDRESS IN GYNECOLOGY.—THE SURGICAL TREATMENT OF COMPLETE DESCENT OF THE UTERUS.\*

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BY E. C. DUDLEY, M.D., CHICAGO, ILL.

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Complete descent of the uterus, descent to the third degree, which may be defined as that deviation in which a part or the whole of the uterus is outside of the vulva, is always associated with extensive injury to the pelvic fascia, the pelvic connective tissue, the muscles of the vaginal outlet, the perineum and the vaginal walls, in fact, these injuries of the pelvic floor constitute the essential lesion, the mal-location of the uterus being an incidental factor.

The uterus, in its normal position, lies across the pelvis, the fundus pointing in a slightly upward anterior direction and the external os in a slightly downward posterior direction. The long axis of the uterus in this normal direction makes an acute angle with the long axis of the vagina, which extends from the vulva upwards and backwards in the direction of the hollow of the sacrum. Generally speaking, mobile anteversion, with some degree of ante flexion, is the normal position of the uterus; at any rate, the uterus in its normal range of movements does not deviate, unless temporarily, beyond the limits of a certain normal anteversion and ante flexion.

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