

necessary. The principle of elevating the uterus and its appendages out of the lower pelvis, releasing them to a considerable extent from impaction and thereby promoting nutritive changes, is undoubtedly a correct one; but its usefulness is restricted within certain limitations. Its contra-indications appear to be fever, subacute or chronic peritonitis, strong adhesions and abscesses. Its use should never be persisted in when it causes pain, but when it affords relief, its employment is pretty certain to be followed by good results. In doubtful cases it would be well to proceed cautiously at first until its efficacy is tested, after which, if favorably indicated, we may go ahead with confidence. The residues due to laceration of the cervix or other portions of the utero-vaginal tract usually require surgical measures for their cure. One of the important benefits of trachelorrhaphy is found in its prevention of, or the relief it affords from, those secondary conditions liable to follow in the train of an unrepaired cervical rent—either tissue changes, reflex neuroses, or an extension of the inflammatory products into other organs or tissues. Hence, in making the operation, it is expedient to excise all cicatricial tissue and hypertrophic thickening of the everted cervix. In displaced uteri, caused by inflammatory remnants, a reasonable effort to free the organs from their moorings and restore them to their proper positions may be made, but it should not be attempted with the uterine sound or other intra-uterine redresser. The sound has little or no place in the management of these cases, either for purposes of diagnosis or treatment. Pessaries, too, are of no avail, and may do positive harm if resorted to before the uterus is made to move freely in the pelvic cavity. If this mobility can be re-established through any agency free from harm or danger, then a suitable pessary may prove serviceable. The formation of pus in the pelvic cavity is not an infrequent ending to either acute or chronic inflammation, and when established, furnishes an interesting field for the surgeon. When large abscesses form as the result of acute inflammations, it is not difficult to decide upon the proper course to pursue; but such is not always the case when old residues finally break down into pus sacs. In the former the symptoms are urgent, some-