been said. I only feel that too radical treatment is often followed by accident. I know something of live steam,—one case developed atresia of the cervical canal with a following blockage and damming back of the blood, which led of necessity to a vaginal hysterectomy. One must not carry the local treatment too far. This paper of Dr. Monod's has given us once again the opportunity to say that in the matter of the menopause, hæmorrhages occurring at or after that time, demand a thorough examination of that uterus. All of us who have to do with operative work knew how ghastly the picture is of cancer of the uterus. Now hœmorrhage though it is not the first symptom of cancer of the uterus is often the first symptom. I have a case in the hospital which has been bleeding for two years with cancer of the body of the uterus.

DR. MONOD: With regard to the cure of the condition, as Dr. Smith has so confidently stated, I hardly think he has come across a case of an angiomatous uterus. There is no hypertrophy of the mucous membrane and the epithelium is normal, but the vessels are all dilated; there is really a vascular new formation and secondarily a kind of angioma of the mucous membrane and this can be detected even outside the uterus.

DR. SMITH read a paper on the placing of perineal sutures in position before laceration takes place. This paper appears on page 24 of this number.

DR. MORROW: One objection is that there may be some difficulty in obtaining the patient's consent to this procedure.

DR. CHIPMAN: I think in difficult cases there is no objection to its being done. Dr. Smith has told us that there is no retraction of the muscles in cases where the suture has been placed in beforehand. If you do not happen to get your sutures in the right place the result will not be good, the muscle might retract past the suture. We all know that if we do not take a proper hold with our suture we are apt to get developed a rectocele, that is, the mucosa slips past out sutures.

DR. ENGLAND: It occurs to me that while the sutures might be introduced in this way for a simple laceration of the superficial parts, in the case of lacerations which are bad, and really need surgical treatment the laceration is not always centred in the middle line but runs up towards the side. These I think require a different treatment. I think it is not always possible to foretell the direction in which the tear will appear. And again I think the strain which is sufficient to separate the parts may be likely to tear out the sutures.

DR. SMITH: In my paper I mention that the first stitch is to be 2½ inches in the vagina, for the very purpose of taking in any of the tears in this direction, but in tears higher up than 2½ inches this is not of benefit and requires one higher up still. It is so hard to get the parts