

flexion. On attempting to pass the sound the cervical canal was found narrowed, and at the os-internum complete stoppage occurred. With difficulty a fine probe was inserted. I freely dilated the cervix with the patient under chloroform, but found no evidence of a polypus. Clearly, the menorrhagia was due to hypertrophy consequent on the stenosis. The result was that the menorrhagia gradually ceased, and the dysmenorrhœa was very much relieved although pregnancy has not occurred.

Case 5.—Mrs. F., aged 28, married seventeen months, never has been pregnant; dysmenorrhœa severe, pain was present, slightly, previous to marriage. On examination there was found no flexion, but the cervical portion was elongated and the os-externum exceedingly small. The operation of rapid dilatation was performed with the patient under chloroform. The result was not satisfactory so far as the dysmenorrhœa was concerned, as it was only slightly relieved, but three months after the operation conception occurred.

As I have already hinted, this operation, while undoubtedly beneficial in suitable cases, should not receive excessive laudation, for fear of its being recklessly applied. Perhaps in no branch of the science of medicine have so many unwarranted and unworthy medical and surgical procedures been adopted, in blind faith, as in the science of gynecology. At one time everything was ulceration, and many a uterus was unnecessarily cauterized. Again, displacements became the pass word to gynecological success, and inventors plied their ingenuity to discover the most perfect support. Thus, many able gynecologists held that anteversion of the uterus was a pathological condition, and anteversion pessaries in abundance was the result. We all know, now, that the natural position of the uterus is the condition of anteversion, and any pessary applied to rectify the same, must of necessity increase the very condition which the version was claimed to cause—viz., vesical irritability. Likewise, the condition of anteversion can only be said to be pathological when it produces dysmenorrhœa. Not long ago, Dr. Emmett, of New York, started the theory that in laceration of the cervix was to be found the true solution of so many of the obscure female diseases, and that in the operation

of trachelorrhaphy was to be secured the long-sought for panacea. How soon this faith became established and gynecological literature teemed with its success. Recently, Prof. Næggerath, of Wiesbaden, has thoroughly enquired into the subject, and entirely disproves almost every contention of Dr. Emmett and his followers. He shows that laceration of the uterus does not conduce to miscarriage and that it increases the chances of conception; that the position of the uterus is not affected by it; the axis is not elongated thereby, erosions, and ulcerations, and cervical disease are not a consequence, and eversion of the lips is never directly produced by it. Finally, he proves that laceration has no influence in producing uterine disease, either as regards frequency or intensity, and the restoration of the shape of the cervix can have no influence on the uterus. Thus another theory is exploded, and another discovery proved fallacious if Næggerath's views be sustained. Undoubtedly grains of truth lie hidden in the chaff of all these statements and theories; time and patience, and earnest, honest investigation are needed to place the truth beyond the cavil of blind worshippers of any one doctrine. I take it that gynecology, like ophthalmology and laryngology, requires particular knowledge and experience for an accurate diagnosis; but the nervous phenomena playing so prominent a part in the subjects of these diseases, must be well understood and carefully considered in order to avoid error.

NECROTIC TONSILLITIS.*

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The name *diphtheria* always conveys to the lay mind so much dread, and justly so, that all cases of pseudo-diphtheria should, when possible to do so with certainty, be carefully distinguished to avoid giving needless alarm. The two following cases bear a certain resemblance to diphtheria, but at the same time present unusual characters worthy of consideration.

Case 1. M T., aged five; a healthy child, of good family history. Her mother had large tonsils, which had to be removed. The child's tonsils were very large, almost meeting across the

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