the result was that vomiting was arrestsd and headache disappeared.

9th case. A lady who had been married three years and had one child. She was suffering from backache and intense headache and leucorrhœa, nausea and loss of appetite. There was also bilateral laceration of the cervix and endometritis After preparatory treatment for five weeks he repaired the cervix and shortened the ligaments, which were large and strong. She was now free from backache and headache and relieved generally.

These nine cases were in private practice, the other eleven being hospital cases.

In several of the cases he had performed tracheloraphy, perineoraphy and shortening the ligaments at one sitting. In one case the wound suppurated and the sutures had to be removed. On the sixth day, nevertheless, the operation was successful. In one case he feared he would have a hernia, and a truss was worn as a precautionary measure. In conclusion, he thought there was a good future for this operation in cases of retro-displacement with dasensus. He showed specimens of the round ligament dried.

Dr. Gardner said that he had come to think better of the operation than he had done at first, but he did not think that it was required in every case of retroversion, as this condition plays a very important part in many cases, and as pessaries are generally badly borne it is of great importance to replace the uterus, but the other element in the case must be carefully attended to. If there is a laceration it was to be repaired and the hypertrophied cervix must be removed and the endometritis cured. In one case he had failed to find the ligaments. The lower ends are often extremely small and difficult to operate.

Dr. Lapthorn Smith said that he had at first been opposed to the operation, but like Dr. Gardner he was beginning to think better of it. Having heard that Dr. Kellogg, of Battle Creek, had made some improvement in the technique he had written to ask him to show him his methods, and the day being appointed, he had gone to Battle Creek and had seen the operation successfully performed with the aid of no other anæsthetic than cocaine, of which as many as four grains were used in less than half an hour. Instead of cutting down upon the ligaments over the spine of the pubis, as directed by Alexander, Kellog marks a line in the skin with iodine from the anterior superior spine of the ilium to the spine of the pubis bisecting this into three equal parts. The line of incision is parallel with, and a quarter of an inch above, the middle third. After injecting the cocaine an incision one inch and a half long is made down to the external oblique, the tendon of which is barely nicked through and immediately the red fleshy belly of the muscle is seen and hooked up with the strabismus hook. Instead of cutting off the slack, the latter is tucked into the distal end of the inguinal canal, so that it may be still available in case of the ligatures giving away. The operation was quite as easy as the hooking up of the internal rectus muscle of the eye, and the patient chatted pleasantly during the whole course of the operation, of which she was an eye-witness. This ligament is really a muscle, for when fresh removed it contracts forcibly under galvanization. When strong and healthy it will bear a strain of nine pounds before breaking. The many failures to find the ligament in the early history of the operation were due to its being looked for at a point where it is white and tendenous and spreads out into a thin aponeurosis. It must be remembered, he said, that the operation was only suitable for cases in which the uterus was freely moveable.

Dr. England said that he had recently seen a patient who had been operated upon two months ago and who was supposed to be doing well, but who was suffering from a hernia.

Dr. Johnston inquired as to the effects of the operation on pregnancy.

Dr. McGannon said that he had had one of his patients operated on by Dr. Alloway and with good results. The operation seemed so easy that he undertook to do the next case himself, but after diligent search was unable to find the ligaments. The patient was not aware of this, and strange to say the result was extremely satisfactory. In another case he had found one ligament and had shortened it, but was unable to find the other, and the result was not so satisfactory.

Dr. Alloway, in reply, thought a great deal of the relief experienced was due to removal of pressure from the ovaries. He always insisted on preparatory treatment, such as rest in bed and soothing applications. He never relied upon the operation alone when other conditions are