

abundance. The quantity which escaped after this operation was about half a gallon, but it continued to flow freely all that day, and slowly for two or three days afterwards. The escape of the fluid was followed by a subsidence of the abdominal tumour, and a discontinuance of the attacks she had suffered from daily. She remained in Montreal for two months after this. The menstrual fluid appeared to flow for a day or two after the operation, but on the next monthly return, it was discharged freely for five days, and she experienced no uneasiness whatever. Since the operation I have introduced bougies every two or three days to keep open the passage and have met with no obstruction.

I need hardly point out to the reader how much more satisfactory the plan of treatment adopted in the above cases was, than if in accordance with the precepts of some, I had plunged a trocar into a small, moveable, and empty uterus, under the supposition it contained a collection of menstrual fluid, or if in the second case a trocar had been introduced, to evacuate a collection, it had first traversed a dense intervening structure, and then gone, it is difficult to say where,—perhaps into the bladder, perhaps into the rectum, mayhap into the uterus, but most improbably, through the natural channel from the vagina into the uterus. The records of surgery furnish us with numerous examples of the dangers of this heroic treatment. At one time a surgeon taps the bladder instead of the uterus—at another, the post-mortem examination shows that the uterus was perforated and likewise the rectum. It is unnecessary, however, to multiply instances of the injuries that have been inflicted on surrounding parts by the incautious use of cutting and perforating instruments in this locality. The cautious plan of first perforating the obstructing structure by making a slough and then searching for the natural channel, and enlarging it either by incision or dilatation, so as to restore it to its natural condition, as well as to afford an outlet for the contents of the uterus, when that organ is distended by pent up menstrual fluid is the plan of treatment I intend pursuing, and is the one I recommend to the notice of the profession.

BOWMAN'S OPERATION FOR EPIPHORA.

MR. BOWMAN'S operation for the cure of Epiphora, or as it is now frequently called by English oculists the "Weeping Eye," is certainly one of the greatest improvements that has been introduced in this department of surgery for some time, and is of such easy performance by any operator familiar with the anatomy of the lachrymal apparatus, that it is said to have carried the treatment of this affection from the hands of the specialist to those of the general surgeon. As I am not aware of this operation having been performed in this city, except in the following cases, I will briefly relate their particulars.

Case 1. Mrs. —, aged 33, from a village on the Ottawa River, came to consult me, under the impression that the old operation would be performed for the relief of an Epiphora of four years standing. The canaliculus being quite free and the weeping still continuing, I proposed that Bowman's operation should be performed, to which she at once consented. Assisted by my pupil, Mr. Fulford, I performed it on Nov. 19th in the manner directed. Probes