

inconvenience experienced was that incident to the repeated passage of instruments along the urethra.—*Thera. Gazette.*

Recurrent Spontaneous Epistaxis.

Natier (*La Parole*) holds that the hemorrhage always takes place from the septum, and by predilection from the cartilaginous septum, about four-fifths of an inch behind the free border and an equal distance from the floor of the nose. The seat of epistaxis can often be perceived by lifting the tip of the nose and allowing light to fall in without the use of the speculum. It is rarely bilateral. It is often persistent, recurring without treatment for many years. The immediate treatment of these cases consists in packing with antiseptic cotton or gauze. The curative treatment, designed to prevent recurrence, consists in transformation of the ulcerated and friable mucous membrane from which the blood flows into cicatricial tissue. This is accomplished by cauterization. The author prefers the galvanocautery, the region having previously been anesthetized with cocaine.—*Thera. Gazette.*

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, JAMES F. W. ROSS, ALBERT A. MACDONALD,
H. C. SCADDING AND K. C. McILWRAITH.

Ventro-Fixation of the Uterus.

In the November number of the *St. Paul Medical Journal*, Ground has a long and able article on "Uterine Deviations," in the course of which he makes the following remarks:

"Operations then for ventro- or vesico-fixation except in rare instances are contra-indicated, because they are unnatural and unsurgical.

"They institute a condition that is pathological. It is admitted that adhesions are abnormal when restraining the uterus in a backward position, and I would ask what makes adhesions not abnormal when confining the uterus in an anterior position? It is conceded too, that there is no fixed normal position for the uterus, but that its normal condition is that of mobile equilibrium, and that it is only when its mobility becomes restricted and when it becomes adherent that it produces symptoms and requires relief.

"Adhesions are always pathological whether arising from the natural evolution of the disease process or from the misguided efforts of the surgeon, and these menacing bands would be considered proper subjects for operative procedure had they originated otherwise than by his own voluntary act. I will not.