slow interruptions, the two poles being introduced into the uterus or merely into the vagina. This sets up thousands of contractions in the muscular fibres of the uterus and its ligaments, and so to speak puts them through a series of gymnastics. I have had a great many cases of relaxed condition of the pelvic organs completely cured by this means. When the uterus is bound down with adhesions, faradism will of course be useless. In this case I am in the habit of doing one of two things: either to gradually stretch these adhesions with the above tampons, placing in two or three or more each time, and occasionally painting the vaginal roof with tr. iodine, or else making one or two constant galvanic applications with a ball electrode in the vagina. By this means I seldom fail to stretch and absorb the adhesions and to restore the uterus to its normal position. Or else I perform hysterorraphy (or sewing of the uterus to the abdominal wall) in the following manner: I carefully wash and scrub the abdomen with soap and sublimate solution; I then make an incision in the median line as near to the pubis as I can without risking the bladder. I then introduce one or two fingers of the left hand into the abdominal cavity and seize the fundus, tearing it away from the adhesions, while an assistant pushes it towards me with a stout rod in the vagina. When it has been quite freed I seize it with a pair of bullet forceps near the fundus and hand them to another assistant to hold. I then with my scalpel make a number of cross scratches as in vaccination on the anterior surface of the fundus, and then pass a curved needle, threaded with silkworm gut, through the abdominal wall of one side, then through the anterior wall of the uterus, and then out through the other side of the abdominal wound. Three stitches are thus introduced at such a distance from the edge of the inversion that when they are drawn tight the abdominal wound is not only closed but also it is reinforced by the uterus behind it. I performed this operation twice last spring, once on an Indian woman from Caughnawaga, sent to me by Dr. Patton of that place, in whom the uterus was hanging outside of her body and was bruised and bleeding from contact with her clothes. The pelvic floor was so relaxed that no pessary would have remained in. The operation only required twenty minutes, and was not followed by any pain or fever whatever. Her husband came to take her home on the 14th day, the stitches having been removed on the 10th day, but he declined to take a cab on account of the expense, and made her walk over a mile to the Bonaventure depot. I was anxious lest the new adhesions should have given away, but I have been informed by Dr. Patton, to whom I wrote to kindly examine her, that it was firmly attached behind the symphysis pubis. The other was a sad case of a single lady, sent to me by Dr. Brown, whose health and happiness had been wrecked and her life rendered wretched by prolapse of the left ovary, with retroversion of the uterus, the whole firmly adherent to the sacrum. I performed the same operation, but in addition removed the ovaries. I examined her a few days ago, nine months after the operation, and found the uterus still where I had sewed it; but it had become so atrophied that it was not larger than half the adult size. Both these patients are now in fairly good health.

I will reserve for a future communication some remarks on the early diagnosis of tumors of the uterus and appendages and the importance of early operation.

SIMPLE ULCER OF THE CORNEA; A CLINICAL STUDY FOR NON-SPECIALISTS.*

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In a previous "Study" I endeavored to point out the characteristics of phlyctenular keratitis. Since the disease, in the later stages, is an ulceration of the cornea it

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