cases of pelvic inflammation. The condition is kept smouldering by irritation and septic infection afforded by a diseased endomentrium, associated with a virulent muco-purulent leucorrhœa. The only treatment at all satisfactory consists in thoroughly removing every vestige of diseased endometrium with Martin's sharp curette, and exsecing the cervix by Schræder's method. The cervix in such a case only serves as a channel for infection, and can never be of any other usc.—
T. J. A.]

CASE XII.—Emmet's Trachelorrhaphy and Alexander's Round Ligament Operation.

Age 21; married four years; 2 pregnancies, last child born 2 years ago; menstruation regular, but profuse and very painful. Admitted July 1st, complaining of severe pain in back, constant bearing-down pain, painful and frequent micturition, painful defection, and general debilitated condition of health.

Examination.—Bilateral laceration of cervix, eversion of cervical segments, and retroversion of uterus. The displacement was easily corrected, showing no adhesions present.

July 18th.—Dr. Alloway performed Emmet's trachelorrhaphy and Alexander's operation of shortening the round ligaments, at the same sitting.

This patient had an uninterrupted convalescence, and left hospital three weeks after operation had been performed. The inguinal wounds healed by primary union, the uterus was found anteverted when examined in the standing position, and the patient was in excellent health when discharged.

CASE XIII.—Emmet's Trachelorrhaphy and Alexander's Shortening of the Round Ligaments.

Age 21; married four years; 2 pregnancies, one miscarriage two years ago. She complains of severe pains in lumbar region, of bearing-down character; leucorrhœa profuse; dysmenorrhæa and dyspareunia; micturition painful and frequent.

Examination.—Bilateral laceration of cervix, with extensive glandular hypertrophy and ectropion, uterus enlarged, hard, tender and retroverted to third degree. The uterus could easily