

provided for any emergency of the kind that might occur. If plugging were required, the accoucheur should first introduce a tampon of styptic cotton saturated with alum or with persulphate of iron, and then pack the cervix with as many layers of cotton as could be introduced into the vagina. The plugging must always be done by means of a Sims' speculum, with the woman in the semi-prone position; and each layer of cotton must be smoothly and accurately placed in position. After the removal of the tampon, frequent irrigations of carbolized or thymolized water must be made for two or three days, until all possibility of sepsis had been removed by the development of the granulation process. In describing the operation for closure of the lacerations, Dr. Pallen said that he had performed it at least fifty times during the last six years on hospital patients; and it had been done in many other cases since 1866. The proper time for performing the operation—which should be done in all cases, however slight the laceration—was four or five days after the cessation of the menstrual flow. In operating, the patient should be placed on the table in the left lateral semi-prone position, with the perineum retracted by a Sims' speculum, or one of its modifications. Dr. Pallen had hitherto frequently operated without anæsthetics; otherwise he had used ether, but would in future employ nitrous oxide. The instruments used for paring the edges of the laceration were scissors, about seven inches in length, of a variety of curves. During the dissection, the cervix was steadied by a tenaculum as long as or longer than the scissors; the point being very hard and bent at an acute angle. An assistant sponged the bleeding surface rapidly and thoroughly with very small sponges. To control bleeding, Dr. Emmet had described a tourniquet; but Dr. Pallen found a very hot douche just prior to the operation generally sufficient. In general, the loss of blood did not exceed an ounce. Sometimes, however, very large vessels were cut, and, when these ramified in the dense cicatricial tissue, bleeding might continue until the edges were firmly approximated by the silver wires. If the cicatricial tissue were not all cut away, it might altogether interfere

with healing, or its retraction during healing might give rise to secondary hæmorrhage. The sutures were applied by means of short, straight, well-tempered needles, with very sharp and hard points; sometimes, to pass the sutures through the upper angle, a needle shaped like a fish hook was necessary. Before twisting the wires, all clots should be sponged away, and the edges of the wound accurately approximated; the sutures must be bent on the flat and curved on the cervical tissue, and cut off about two lines from the wound.

The President referred to the value of the paper, and expressed a fear that, on this side of the Atlantic, there were few who were competent to discuss the matter from personal knowledge. He thought it possible that it might not be necessary in every case of lacerated cervix to sew it up.

Dr. Graily Hewitt, London, observed, in reference to the question that had been raised as to the frequency of laceration of the uterine cervix, that he had formerly not observed it particularly; but, since his attention had been drawn to the subject by Dr. Emmet's recent paper, he had met with the condition in several cases.

Dr. Marion Sims, New York, looked upon this operation as one of the most important additions to gynecology in modern times. He had overlooked the condition until his attention was drawn to it by Dr. Emmet. As regarded the primary operation, he thought the laceration would not be diagnosed or operated on frequently, but the chronic condition every one could recognize, and it must now be treated. The operation was done with great frequency in New York, and did produce good results in cases which had resisted all other means of treatment. He thought it was now done sometimes where it was not necessary. It was only necessary when the mucous membrane was hypertrophied and ectopic.—*British Medical Journal*.

ON CONGESTIVE HYPERTROPHY OF THE MUCOUS LINING OF THE BODY OF THE UTERUS. —By GRAILY HEWITT, M.D., F.R.C.P. (London).—The author related a case in which a lady, single, aged 42, was suffering from great