

9th June, 1903, of a healthy female child, just fifteen months after ventrofixation, was perfectly normal.

Dr. Allan also sends me a report of another case, a Mrs. G., aged 25, married eight years. She always had been regular, but suffered a great deal. Before marriage and for six months after, the periods were very profuse. As no treatment seemed to benefit her, and she was becoming a chronic invalid, she was sent into hospital, and had curetting and ventrofixation, the ovary and tube on one side being removed completely, and a portion of the other one. Seventeen months afterwards she had a healthy female child, followed by a miscarriage, and after that two more healthy female children. On the 13th May, 1903, Dr. Allan confined her of a healthy ten-pound boy, the confinement being absolutely normal.

In my opinion all the disasters occurring in women who had ventrofixation, and who subsequently became pregnant, were due to the exceedingly faulty manner in which the operation was performed during its early years, the uterus being put upside down forwards, and fastened there with its back to the abdominal wall, so that the cervix pointed towards the liver. How could we expect a normal labor after such an operation? As I have already stated, the anterior surface of the fundus should be scarified, and it should be attached to the abdominal wall just above the pubis. If this were invariably done, we would hear no more of abnormal labors after ventrofixation.

A MEDICAL MEDLEY.*

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This title I have selected in order to introduce many varied and important interests or suggestions, which, from an experience of more than thirty years in active practice, I have considered worthy to present to you—you who are baring your breasts and about to kiss the rod, in other words, preparing yourselves for admission as co-worker with us of the medical profession.

“A wise physician is more than armies to the public weal,”

*Prepared by special request for the Student's Medical Society of Toronto University.