CASE V.—Age 50. Had borne one child twenty-five years ago. Had worked very hard all her life. I found her a confirmed invalid, unable to leave her bed. Complained of severe backache, headache, nervous exhaustion and insomnia. Uterus low down in retroversion, cervix appearing at introitus, great descent of vaginal walls, and incomplete rupture of perineum, with atrophy from pressure. She was removed to a private hospital, where, after a few days preparatory treatment, I repaired the perineum by the flap-splitting method and shortened both round ligaments. This patient is now conducting a retail store and is doing heavy work. Uterus high in pelvis and in anteversion.

CASE VI.—This was the case of a young lady who had suffered from severe backache for some years past. Menstruation very profuse and over-frequent, accompanied with pain. Great prostration, but little or no headache. She can scarcely walk, movement causing her so much pain. Uterus very low down, retroverted, and fundus exceedingly tender. Cervix elongated and congested. Endometritis present.

After a few weeks of preparatory treatment, I shortened the round ligaments September 27th. November, returned to her work as saleswoman. Uterus anteverted, lying close to the pubic symphisis. Absolutely free from tenderness and all symptoms formerly complained of.

CASE VII.—This was a young lady who had suffered from severe backache for some years past, but especially severe during the latter four months; also severe intermenstrual, hypogastric pain and irritability of bladder. Feels an inability to walk much, as, if she should have a sudden jar, it causes her very severe pain. Uterus retroverted and fixed in cavity of sacrum. Exudation mass in Douglas's pouch. Utero-sacral ligaments very tense and tender by rectal examination. This patient was confined to bed for one month on preparatory treatment.

Sept. 26th—I shortened the round ligaments. They were extremely thin on both sides.

Nov. 6th—Called to say she was going home the following