

collects in the cavity of the womb, distending it, and at last the canal is straightened and the fluid escapes with a gush. Sometimes the occurrences of this sudden escape of blood is not recognized by the patient, but on close inquiry she will tell you that the pain goes on increasing until it reaches its acme, when there will be a sudden diminution in its intensity, when it will again gradually increase. There is often some difficulty in deciding whether or not a patient has stenosis by angulation, for during the intermenstrual period the sound may readily pass, but at the time of the period the mucous membrane becomes swollen and the canal is occluded. In married women who do not become pregnant there is superadded the congestions from coition. The accumulation of fluid in the cavity in the uterus at the menstrual periods leads to hypertrophy of the uterine muscle, so that we have the monthly congestions and the engorgements from coition acting on an organ already enlarged. As a result, we have a subacute form of endometritis, and the ovaries also become congested and tender. The cervix, which ordinarily is very insensitive, will at times become the seat of exquisite sensibility. This, in my experience, is most frequently seen in those who are employing preventive measures to avoid conception. This woman is anxious to have children, and it is evident that her condition is not the result of any evil practice. Antelexion of itself calls for no treatment, but when it causes dysmenorrhœa, and when the pain is not due to irritability of the womb, the antelexion should be relieved.

“The patient has now been placed thoroughly under the influence of ether. There is a decided antelexion, and the sound gives a measurement of three inches. The best method for the treatment of this condition is dilatation. This is much better than the cutting operation, which consists in slitting up the posterior lip of the cervix to the vaginal junction and then introducing a knife within the canal and cutting the little spur of tissue that remains. This is not so successful as dilatation, and is far more dangerous. Many lives have been sacrificed by the bloody operation, as it has been termed. I have performed the operation of dilatation in 317 cases and have never had any alarming