vaginal wall were operated upon after Tait's method. Patient left hospital eighteen days afterwards in excellent health.

CASE X.—*Trachelorrhaphy and Perineorrhaphy.*

Age 25; married 6 years; 2 pregnancies; admitted into hospital June 25th. Ever since marriage has complained of severe pain over hypogastrium and left side; painful defecation; dysmenorrhœa; leucorrhœa very profuse; general debility and ill-health.

Examination.—Uterus low down and retroverted; bilateral laceration of cervix with eversion; pelvic floor somewhat fixed and very tender. This patient was kept in bed for several weeks on preparatory treatment. The pelvic floor became movable, free from tenderness, and the uterus regained its normal position.

July 28th.—Dr. Alloway performed Schrœder's trachelorrhaphy and Tait's permeorrhaphy.

August 20th.—Patient discharged well.

CASE XI.—*Curetting and Trachelorrhaphy.*

Aged 28; married 6 years; 2 miscarriages, no full term children; admitted July 9th, complaining of severe headache, pain in side and hypogastric region; menstruation every two weeks, accompanied with severe pain; leucorrhœa very profuse, and external parts irritated by discharge. This patient had been under the usual medical treatment for the past two years, consisting of hot medicated vaginal injections, rest in bed, etc., without benefit.

Examination.—Cervix lacerated bilaterally to the vault of vagina, everted and enormously hypertrophied. There was chronic metritis and endometritis; pelvic floor fixed and very tender; uterus anteverted.

After a few days rest in bed and the usual preparatory treatment, Dr. Alloway dilated the cervical canal with steel dilators, sharp curetted the diseased endometrium, and performed Schrœder's trachelorrhaphy. Three weeks afterwards left hospital perfectly well.

[This case clinically demonstrates the eteology of many such