position and introduce this duck-bill speculum to draw back the perineum. Then it becomes evident that the swollen elongated cervix occupies a considerable part of the vagina. The only treatment that will give this patient, or any woman suffering from a like condition, any prospect of cure is by adopting the common sense treatment and removing the mechanical obstruction to conception. The operation is one which requires care both in its execution and in subsequent treatment, but otherwise it is by no means difficult. Formerly it was usual to remove the cervix *en bloc* by the écraseur. And then you will understand the possibility of the accident which occasionally occurred—to the danger of the patient and to the considerable discredit of the operator. The wire was passed round the cervix as high up as possible, and as it was tightened up by the screw, it not only crushed through and separated the tissues which it constricted, but, as you will easily understand, it drew down the mucous membrane above it to a very considerable extent. The consequence was that sometimes when the tissue which had been severed by the wire came away, it was found that the peritoneal cavity had been opened either in front or behind by the dragging down of tissues into the loop. On the other hand, well-skilled operators who desired to avoid this danger and who, therefore, used the wire at a lower level on the cervix, when they had cut through the tissue, sometimes found that there was still left a considerable length of the elongated cervix. Again, in many of these cases the result of the crushing of the tissue by the wire caused subsequent sloughing and a condition resembling that of septicæmia. Or again, in some instances, a contraction of the tissues was caused which really repeated the previously existing condition, and the last state of that patient was sometimes even worse than the first. Finally, we have to remember hat we are, in these cases, not only dealing with an elongated cervix, but with a congenital contraction and obstruction in the cervical canal as well. So that it is not sufficient merely to remove the hypertrophied portion of the cervix, but we must also take measures to render more patent the canal which is left. I have, therefore, myself, for some years adopted what I believe to be a more rational and scientific method, and one, at any rate, which has proved to be, in its results, more uniformly successful than that which I have described. The patient, being under an anæsthetic and in the lithotomy position, the perineum is drawn well back by a duck-bill speculum, and the cervix fixed and drawn down by a double hook. Then, an ordinary sound having been passed to define the length of the cervical and uterine canal, and, therefore, the approximate position of the external os, the mucous membrane covering the cervix is cut circularly through with a sharp-pointed bistoury an inch below this level. The cervix at this denuded circle is grasped by catch forceps, and then, slightly below it, the cervix is removed by one or two cuts of broad-bladed scissors. Any arteries are caught up and tied. Then the sides of the cervical canal are slightly incised, and the edges of the mucous membrane are brought together with one or two stitches, so as to retract the lips. A glass stem is placed in the canal of the cervix, and the wound, as a rule, heals rapidly, and the stitches can be removed about the fourth day; there is no raw surface left for the absorption of septic material, and it is very rare, in my experience, for any rise of temperature to occur. The glass stem, after a few days, may be replaced by a galvanic wire stem, and the patency of the canal is maintained until convalescence is complete, when the patient is permitted to rise and follow her ordinary occupation. The results of this treatment are not only that recovery from the operation is rapid and complete, but in a considerable number of cases the sterility has been completely cured.

This patient illustrates, in a minor degree, the same cause of sterility, She has been married for six years, but has never been pregnant; the cervix is of normal length and size, but the os is markedly small, and, to the finger, feels the size of a pin's head. On inspection, you observe that it is impossible to insert, through the orifice, even this fine-pointed probe—the case, in fact, is one of extreme cervical stenosis. She suffers from the dysmenorrhœa which is almost invariably associated with this anatomical condition, and the mechanical reason for the sterility is as plain as in the previous case which we have just seen. The treatment, therefore, must be directed towards removing the obstruction. Formerly there were many who advised—and there are, even now, some who practise—the treatment of this condition by gradual or rapid dilation of the canal by the passage of metal sounds in graduated sizes. As a matter of practical fact, however, the results are most unsatisfactory, seeing that the contraction is a congenital condition and inevitably returns immediately the dilating sounds are removed. The common-sense treatment, therefore, is to remove the constriction altogether by widely incising the sides of the canal, and this is usually effected in some such manner as the following: The patient being under an anæsthetic and in the lithotomy position, the perineum is drawn back by a duck-billed speculum and the cervix drawn down and fixed by a double hook. Graduated sounds are then passed of increasing calibre until the canal is rendered sufficiently patulous to admit the blade of a strong pair of scissors, and then first one side of the cervix is cut through close up to the internal os, and then the other side is similarly incised. The method of treating the lips of the wound