adoption of the intra-peritoneal treatment of the ovarian pedicle; (2) the application of the antiseptic system to abdominal surgery; (3) the gradual abandonment of the practice of tapping abdominal cysts; (4) the increase in our knowledge respecting the proper use and management of the drainage tube; (5) the recent introduction of the plan of freely washing out the peritoneal cavity in cases complicated by the extravasation of blood or other fluid.

Dysmenorrhœa, Rapid Dilatation of the Cervix.—This is a favorite subject with Dr. Goodell in his clinical lectures. In my experience it is no doubt a most satisfactory operation in many cases of severe dysmenorrhœa. To obtain good results and safety it has, however, to be properly done, and this means experience. I am in the habit of combining with dilatation some cutting whenever the tension upon the instrument becomes extreme. I always exsect the posterior segment of the cervical wall at the same time.

"The patient is 25 years of age. Puberty began at 14, and ever since she has has had severe and obstinate dysmenorrhœa. She comes to us now not so much for the pain during menstruation as for pain produced by coition, a condition to which we apply the term dyspareunia. When a woman who has never borne children complains of dysmenorrhœa, the cause in the great majority of cases is anteflexion. The natural condition of the womb, as you know, is anteflexion. Retroversion and retroflexion, on the other hand, are usually the result of lack of involution after labor. The uterus is too heavy and falls backward, and we have, according to the degree of plasticity of the organ, retroversion or retroflexion. If the organ is easily bent, we have a flexion, bnt if the tissue is firm and the ligaments somewhat relaxed, there will be retroversion. As I have told you, this patient has had dysmenorrhœa since puberty, but since her marriage, three years ago, the pain has become much worse. The fact of painful menstruations indicates that she has one or two conditions, or possibly both of them. There is either an exaggerated anteflexion or stenosis of the cervical canal, or both. If the bend in the neck of the womb is great, no fluid can escape. The blood