

America, and its cost being over a hundred thousand dollars. The nurses are Catholic sisters. He has opened the abdomen by vagnia, mostly for hysterectomy, seven hundred times with a death rate of less than two per cent., and he has performed over one hundred abdominal laparotomies for removal of the uterus and appendages with less than two per cent. of deaths. His method of disinfection is peculiarly his own, so I will describe it: 1st. He scrubs the patient with green soap dissolved in alcohol, and shaves her himself. If the operation is a vaginal one then he uses a sponge on a holder to scrub the vagina. The field of operation is then scrubbed with equal parts of saturated solution of carbonate of ammonia and bitrate of soda. He then scrubs with alcohol, then with two per cent. of formaline. The first morning he did a perineorrhaphy, taking a great deal of time to it, but doing it beautifully, using black silk for most of the stitches, only three of them being of silkworm gut. The stitches were only one-eighth of an inch apart. He then sealed the wound with alternate layers of iodoform and collodion, so that it was quite air and water proof. He obtains his silk from a Bordeaux chemist already sterilized, wound on glass tubes and enclosed in other tubes sealed with a rubber band. The Bordeaux firm buys it from a Philadelphia firm, which in turn buys it from an English firm, which in turn obtains it from China. He has also the daintiest operating room I have ever seen, all the tables being of polished brass and plate glass. Next day he removed the uterus tubes, and ovaries by the abdomen for double pyosalpinx, an ovarian cyst and a fibroid tumor. One peculiarity about his method is that he cuts first and ties only the vessels which spurt as he goes along, his object being to put four or six ligatures at the most on the isolated arteries and not on the nerves. And this reminds me of his answer to the important question which was the main object of my visit to Brussels. Why, I asked, did he abandon vaginal hysterectomy with clamps in which he had become so wonderfully successful? Because, he said, with the clamps you compress the nerves and cause the woman so much suffering for two days that it takes her two weeks to get over it, while if you tie only the arteries and close up the peritoneum, she will be practically well the next day. In this case as the tubes were adherent to the whole anterior surface of the rectum, he carefully detached these with scissors until he had entirely freed the two large tubes as thick as sausages. He then removed them in one piece with the uterus at the level of the internal os, and cauterized the cervical canal, and sewed the two flaps of the cervix together. The denuded rectum was cleverly covered by sewing the anterior flap to it. He had the fewest assistants I have yet seen, one of them being dispensed with by using an abdominal speculum or retractor at the lower end of the incision, and this was held tightly drawn down by having a chain and a weight attached to it, and he did not have any side holders. In closing the abdomen he used thin buried silkworm gut for the peritoneum and fascia, and larger ones for the fat and skin, and he dressed it with plain dry sterilized gauze; but this was covered most thoroughly with diachylon plaster, several layers, each piece overlapping the other. He was very careful and took nearly two hours to the operation, chloroform being used; he tells me that he considers half an hour more of no consequence compared with the importance of thorough hemostasis. Like Sanger, he brings the skin sutures very near the edge of the wound. Next day he removed an ovary and tube from a young woman, although he told me that his experience with conservative surgery was far from satisfactory. In cases in which he had cut out the half of an ovary they had suffered for many years afterwards from cicatricial contraction in the portion that was left; while in cases in which he had