

dous worker ; his book on gynæcology being one of the most complete that has ever appeared. I was always puzzled to know how he managed to find the time to write such a work, and on expressing my curiosity he told me that he had obtained leave of absence from the university and from the hospital, and, taking many cases of note-books and monographs with him, went to Montpellier, where he shut himself up like a hermit for two years, writing for fifteen hours a day. I saw him do an abdominal hysterectomy, during which, in order to give himself more room to work, he first split open the fundus and enucleated a large, hard fibroid by screwing a specially made corkscrew into it. The remainder of the operation was exceedingly simple, because relieved of its load the uterus was easily lifted out, including the cervix, and the six arteries ligatured individually with catgut and the peritonæum closed. As far as I could learn, vaginal hysterectomy is gradually being abandoned in France, where it had its greatest stronghold, and Howard Kelly's method of abdominal hysterectomy is gradually taking its place, Pozzi getting the city council of Paris to build a one hundred thousand dollar operating theatre and laparotomy pavilion. It will be without wood—marble and cement throughout, so that each day it may be washed with a stream of bichloride solution with the hose.

SECOND is next in seniority to Pozzi, and is about forty-eight years of age. He is a man of great force of character and is making a marked impression on the progress of gynæcology in France. He was a strong advocate of vaginal morcellement of the uterus for pus tubes, fibroid tumors and all conditions in which both tubes and ovaries had to be removed. While visiting America a year ago he performed this operation eleven times before large assemblages of gynæcologists, and he did them so elegantly and quickly that he elicited the admiration of all who saw him operate. But though he came to show American surgeons what could be done with vaginal hysterectomy, they in turn showed him what they could do by the abdominal method, with the result that Segond became converted by those whom he came to convert, and ever since his return he has become so strong in his advocacy of Kelly's method as to carry all before him. They all, however, still remove the cervix, even when there is no suspicion of malignancy, their sole object being to obtain vaginal drainage which they think was the strong point leading to their great success in the vaginal method. In this, I think, they are mistaken, as it adds very much to the time required for the operation, several whom I saw doing it taking more time to arrest the vaginal hæmorrhage than was required for the ligature of the six arteries and the removal of the tumor. Moreover, I think it important to leave the *healthy* cervix to avoid shortening of the vagina, and, as a rule, there is so little to drain that it hardly justifies the opening of the vagina. Segond is a great admirer of everything American, and he told the large staff present that the finest hospital he had ever seen was the Royal Victoria at Montreal, and in his writings—which are very forcible and convincing—in their style—he loses no opportunity of praising the skill of American gynæcologists. I saw him doing an abdominal hysterectomy for cancer of the uterus, in which he also removed the upper part of the vagina which was affected. He had great difficulty in stopping the bleeding. He admitted on my inquiring, that his experience with hysterectomy for cancer was very discouraging, as I suppose they have the same difficulty to contend with in France as we have, namely, the cases come to us too late. The above case was at the Salpêtrière; the next one was at the Baudeloque, where I saw him remove a papilloma of the ovary with secondary grafts on the peritoneum and ascites. After removing the disease he placed a drainage tube and gauze packing on account of the