out with warm water and the ligatures brought out through a drainage tube inserted in the lower angle of the wound. The operation was somewhat prolonged. It is noteworthy that two grains of opium were given immediately after the operation and one grain every third hour afterwards. It does not seem from this that Dr. Madden has the same holy horror of opium after abdominal operations as is felt by Tait and the modern school of laparotomists.

Dr. Trenholme of Montreal (CAN. MED. REC.) recently reported a case of removal of the uterus for sub-peritoneal fibroid in which the patient has made a rapid and uninterrupted recovery. To control hemorrhage he passed the hempen snare of an ecraseur around the uterus near the cervix which was gradually tightened when any sign of hemorrhage appeared. The operation only required about twenty minutes for its performance and the stump was stitched to the lower angle of the incision. Opium was sedulously avoided.

Mr. Lawson Tait at a recent meeting of the British Gynecological Society reported having operated on a lady for fibroid tumor with the result that she died of collapse a few hours afterwards. He upbraided Sir Spencer Wells for not having operated on her when he saw her ten years previously when Sir Spencer decided that it was in her interests to let her alone. The editor of one of the English journals says that Sir Spencer knew what he was about when he declined to operate an inoperatable case of fibroid. In my opinion the only cases of fibroid that one is justified in removing by operating are sub-peritoneal ones which are freely moveable in the abdomen. These are precisely the ones which are least amenable to electrical treatment, and it must be admitted that when the operation is performed as in the case of Dr. Trenholme there is very little risk about it.

In this connection I may refer to a case mentioned by Dr. McMurtry (*Jour. Amer. Med. Assoc.*, April 20, 1889) in which the operator was Bantock. After opening the peritoneal cavity with proper precautions (cleanliness but no germicides) the operator introduced two fingers and thoroughly explored the pelvis. The tumor was an uterine fibroid and was found to have extensive attachments to the sides of the pelvis and pelvic viscera. He decided that it was impracticable to remove it and the incision was at once closed. How much better to take this course than to have the patient die on the table or a few hours later from hemorrhage or collapse. This case could be handed over to a conservative gynecologist to treat by the harmless but effective continuous current. For in small interstitial or intramural fibroids Apostoli's treatment never fails.

As I am at present preparing a paper for the Newport meeting of the A. M. Association giving the result of the electrical treatment of fibroids in my hands, I will merely state at present that in every case without excepton the hemorrhage has been stopped; in all but one dysmenorrhœa has been almost or entirely relieved, and in all but one the tumor has been appreciably diminished in size, while there have been no deaths whatever and no accidents of any kind worth mentioning.

Dr. Joseph Price, of Philadelphia, in a recent paper strongly advocated abdominal section for pelvic abscesses with drainage through abdominal incision, thus differing from Martin, of Berlin, who in order to obtain the aid of gravity prefers to drain through the vagina. So important does Martin think this that he sometimes performs abdominal section only to aid him in reaching the abscess cavity through the vaginal roof. Dr. Price advocated the immediate removal of pus tubes and ovaries as soon as discovered. In the discussion Dr. Howard Kelly said that the natural history of this disease is one of attacks of recurring localized peritonitis, and that during the attacks they are exceedingly prostrated and the danger of operating in-