quite as dangerous as hysterectomy; there was very seldom any reason for it, most of the women who have fibroids being either unmarried or at an age too advanced to raise children to advantage or having passed the child-bearing age. After submitting to such a serious operation the patient has a right to be guaranteed against a second or third one in the same disease. So many women have been disappointed by these operations—incomplete or so-called conservative operations—that their friends who really could be cured by an operation hesitate to undergo it. He would make an exception, of course, in case of there being apparently only a single polypus, no matter how large, or a single pediculated tumor.

He held the opinion that all fibroid uteri should be removed as soon as discovered, because the woman with a fibroid is liable not only to the hemorrhage which may not be great, but to the reflex disturbances of digestion and circulation. Besides every day it grows, its removal is becoming more dangerous and the chances of its becoming malignant are greater.

He was opposed to a preliminary curetting because it was unnecessary, and second, because when done it was seldom done effectually. Having examined fibroid uteri immediately after removal which had been curetted just before, he had found only about a twentieth part of the uterine mucosa removed.

He was strongly opposed to morcellement, which is not to be compared with Pryor's method. It is more dangerous, much more difficult, and keeps the patient a much longer time under the anesthetic. The operation is carried on in the dark, and the ureters are frequently wounded with complications such as adhesions of the vermiform appendix, and tears of the intestine which are easily dealt with by the abdomen, and the patient in the Trendelenburg posture, are almost impossible to manage when working from the vagina. Moreover, nearly all women with fibroids are nulliparous and the vagina is consequently narrow; they are nearly all elderly and the passage is consequently inextensible. No more suitable class of patients could therefore be chosen for this most difficult vaginal work. The author strongly advises the closure of the abdomen with through and through silkworm gut sutures left for three, or better still, four weeks. If not tied too tightly, and if dressed with boracic acid in abundance, the one dressing, or at most two, will suffice from the beginning of the case. Besides they can be passed very quickly and thus save ten minutes in the duration of the anesthesia.

Montreal, April 24th, 1900.