

possible and easy the removal of blood and bloody serum, it enables him at once to see if the bleeding is serious, and to take measures to arrest it without taking out the tube or opening up the wound, and, in a number of such, the method has been to inject through the tube a watery solution of perchloride of iron, a procedure he has found perfectly successful. Silk is the material for the abdominal sutures, and it is passed through all the structures, muscle included, by a triangular needle threaded with a very long piece, which is passed continuously, leaving long loops, which are then cut, and so make the ordinary interrupted sutures. No superficial sutures are ever used, and certainly no extraordinary care taken to secure accurate coaptation of the edges. The dressing always consists of pads of gauze filled with plain absorbent cotton, held on by loosely applied strips of adhesive plaster, and over all a cotton bandage. It must not be supposed that doing, as I have many times seen him do, the most difficult and complicated things in an incredibly short space of time he gives the impression of haste or hurry, or that anything is left undone or done in a perfunctory manner.

Of the many interesting things I saw Mr. Tait do, I can briefly relate to-night only a few. One of the first cases was that of a lady from America, who presented the symptom of passing fecal matter from the uterus. She was unmarried and past the menopause. Some solid masses could be felt in the pelvis. He did not bother much thinking what it might be, but cut in to see, when he found a multinodular myoma. He immediately concluded that the source of the trouble was a nodule which had become adherent to intestine and breaking down by a process of suppuration or necrosis had discharged into both uterus and intestine. He treated the case by hysterectomy, and cured her. I saw her five weeks afterwards, just before she left for home, and she was quite well. And while on the subject of hysterectomy, I saw two others, both treated extra-peritoneally by the Koeberlé serrenœud, the method Mr. Tait always adopts. He has also tried the intra-peritoneal method, but found it unreliable in controlling bleeding, and so, after losing some cases, he has gone back to the old method. After one of these operations,