

fectly still, and have opium in the first twenty-four hours every two hours, and afterward as required. The urine is drawn off with the catheter, and the patient has a heavy application over the abdomen, keeping perfectly still. An occlusive disinfecting pad is placed over the external genitals. The vagina itself remains without treatment. As every laparotomy has a weakening influence upon intestinal movement, toward which the author thinks it possible that the strong purgatives usually given before operation contribute, he feeds patients up even to the day of operation. If symptoms of paresis of the intestine then occur, he gives purgatives and enemata along with wine, even on the first and second days.

*The Development of Intra-Pelvic Treatment of the Stump After Hysterectomy for Fibroid Tumours.*—(Dr. J. RIDDLE GOFFE.) In this paper the author dwells upon the value of the operation described by him, which has the following features : (1) The large, distinct peritoneal flaps with which the stump and all traumatic tissue involved in the operation are buried beneath the peritoneal cavity ; 2) the transfixion of the stump inside these flaps ; and (3) the utilizing, when necessary, of the cervix as a draining tube. He tells that in 1891, Zweifel, of Leipzig, reported a series of fifty-one cases with two deaths, by a method that corresponds in all essential particulars with Dr. Goffe's method, thus giving a mortality of only four per cent. This is the best record made by any operator with any method, and puts the operation on a par with the success of ovariectomy. Competition for supremacy lies between this method of leaving the pedicle and total extirpation. The disadvantage of total extirpation is the technical difficulty of removing the cervix. By leaving the cervix as a stump the traumatic tissue is disposed of with all the nicety of a plastic operation, the parts are restored to their normal relations in the pelvis, and no raw surface is left to contract adhesions or produce obstruction. Statistics are strongly in favor of retention of the cervix. Fifty-one operations with only two deaths, a mortality of four per cent., and the last twenty-seven an unbroken series of successful cases, is the standard that is set for the total-extirpationists.