

men opened. These preparations were rendered shorter at the time owing to the patient having been carefully prepared beforehand; the bowels having been well cleared out, strychnine  $\frac{1}{20}$  grain given 3 times a day, and a soap poultice put on the night before; so that all that was required before the operation was to scrub the abdomen with soap and brush and to shave it and the pubis, after which it was washed with 1 in 1000 sublimate solution, and then with plain boiled water so as to save the instruments. But no permanganate or oxalic solution was used, as I do not think that it is necessary to use them anywhere except on the hands. The same reason for using them on the hands does not apply to the abdomen which is always kept comparatively free from contact with infected surfaces. It only required a few minutes to open the abdomen and take up the uterus with a bullet forceps, the ovaries being small and giving no trouble, and the woman past the menopause, were left alone. The anterior surface of the uterus near the top of the fundus was scraped to the extent of an inch, and the corresponding surface on the abdominal peritoneum scarified; a couple of fine sterilised silk stitches were passed through the fascia and peritoneum and through the anterior wall of the uterus, but not going into the uterine cavity. During a recent discussion on the subjection of Ventrofixation, or as some prefer to name it, *Suspensio uteri*, it came out that it was not necessary to include the muscles or their aponeurosis in the ligatures which fasten the uterus to the abdominal wall, all that is necessary being to pass a very fine silk ligature through the peritoneum and uterine wall, whereby the opposing surfaces will be kept in contact until firm adhesions are formed, which is all that we really need. On several occasions I have trusted for this purpose to the silkworm gut sutures closing up the abdominal incision being passed through the scarified wall of the uterus; and the plan seemed to work well until I had a failure, since which I have always left two very carefully sterilised fine silk sutures. Occasionally these have suppurated and have had to be removed, but eventually the patients did well and have remained well ever since.

During the process of washing the field of operation, one of the visitors asked how I sterilized the soap, as he thought it inconsistent to sterilize the water and then to use soap full of disease germs. The answer is that soap is manufactured by boiling it at a very high temperature, very much higher than boiled water, a temperature in which no living thing can live; so that while the outside of a piece of soap