

He was strongly opposed to vaginal morcellement which is not to be compared with Pryor's method. It is much more dangerous, much more difficult, and keeps the patient a much longer time under the anaesthetic. The operation is carried on in the dark, and the ureters are frequently wounded, while complications such as adhesions of the vermiform appendix, and tears off the intestine which are easily dealt with by the abdomen, and the patient in the Trendelenburg posture is 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 unsuitable 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 silk worm gut left in 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 to the end of the case. Besides they can be passed very quickly, thus saving ten minutes in the duration of the anaesthesia.

248 Bishop Street.

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### VALEDICTORY.

*To the graduating Class delivered at the Annual Convention, held in the Synod Hall, Montreal, 26th April, 1900.*

By Andrew Macphail, B.A., M.D.; M.R.C.S., Eng.; L.R.C.P., London.

Professor of Pathology, University of Bishop's College.

Mr. Chancellor, ladies and gentlemen,—But it is to you, graduates, that I direct myself, being chosen by my colleagues to address to you a word of farewell, and if I import into the task something of what I feel, it is because this is an occasion differing essentially from the meetings of the classroom or the examination hall. Our relations are changed. There, it was our place to speak with authority, not with the authority of office, but in virtue of possessing a little more knowledge than you. I say a little more, because in com-