

an inch above the needles ; the wound is closed in the usual way and the stump dressed with perchloride of iron. Mr. Tait says it takes less time to perform the operation than it does to describe it, and that any inexperienced young practitioner can perform it successfully if the patient has not been mauled about by ineffectual attempts to deliver, and that its mortality will not exceed that of ovariectomy.

*The Mortality of Abdominal Section.*—At a late meeting of the Royal Medical and Chirurgical Society, Mr. W. A. Meredith (*Lancet*, October 27, 1888) read a paper, the purpose of which was to draw attention to certain points affecting the present death-rate after abdominal section, and with this view operations for ovarian growths were chosen, as being to some extent representative of the entire subject under consideration. As a basis for the inquiry, the results of the author's own work in this connection, amounting to 126 operations, were examined with regard to the chief causes influencing the mortality, special reference being made to the ten deaths which occurred in the series of 104 completed ovariectomies. All the operations were performed with strict antiseptic precautions, including the use of the carbolyzed spray. He was now less inclined than formerly to look upon the latter as an absolute essential to the safeguards of antiseptic abdominal surgery, but he still considered it valuable as the most convenient and effectual means of antiseptic irrigation at our disposal when dealing with the peritoneal cavity. Both ovaries were removed in seventeen cases, two of which terminated fatally, but in neither instance was the result in any way attributable to the removal of the second ovary. Complete enucleation was performed in five cases, all successful, the resulting rent in the broad ligament being closed by means of a continuous silk suture. He advocated the use of the drainage tube in all cases of ruptured or inflamed cysts, in any case in which irritating or septic fluid had escaped into the peritoneum, in all operations complicated by serious injury to bowel or urinary bladder, in every instance in which washing out had been resorted to, and in all cases of severe operation in middle-aged or elderly women. For washing out the peritoneum, where