not say a few words about the successes. The most gratifying results have been from the operation of ventrofixation, especially when it has been accompanied with dilatation, curetting, repair of lacerated cervix and perineum, and removal of the diseased appendages. I regret that the limited time at my disposal will not permit me to mention these 43 cases in detail, but I may at least take time to say that the majority of these women had been incapacitated for many years from performing domestic, social or marital duties. On making a vaginal examination, the finger came at once upon the tender and swollen ovaries imprisoned in Douglas cul de sac by dense adhesions, due to one or more attacks of pelvic peritonitis, and the slightest pressure on them caused unbearable pain. Coitus, with such a condition of things, was out of the question, while walking was almost impossible, because the heavy uterus was retroverted and lying upon the sensitive ovaries, which had to receive the whole weight of the intro-abdominal pressure at every step. The removal of the diseased ovaries and the suspension of the uterus to the abdominal wall immediately put an end to their sufferings. Certainly they have been among the most grateful of my patients. In one case only, as far as I am aware (and I have re-examined most of them), has the uterus fallen again, and that was due to my having removed, at the end of a month, the stitches which held the uterus up. I now invariably leave in two or three carefully sterilized iodoform silk ligatures which have been dipped in saturated solution of iodoform in ether, and which appear to give no trouble.

The cases of fibroid treated by Trenholme's operation have also made splendid recoveries. In some of the cases the hæmorrhages previous to operation had been terrible, but in none of them was there more than one hæmorrhage after the operation. One of the worst of them was seen a year later, when the tumor had shrunk to one-third its former size, and the patient expressed herself in perfect health. It was with great pleasure that I read in a monograph by Cushing, on the "Evolution of Abdominal Hysterectomy in America," which reached me to-day, the following words: "A more important advance was the application of Trenholme, of Montreal, in 1876, of Battey's operation of oöphorectomy to the treatment of uterine fibroids. Reasoning correctly that if this operation would stop menstruation, and thus cure dysmenorrhœa, it would also cure menorrhagia, and probably bring about the atrophy of the tumor, which so often occurs after the natural menopause. Trenholme published his first case in July, 1876."

The result of the removal of the tumors of the kidney by the abdomen has also been very successful; one of them is now over seventy years old and in excellent health. The other a young woman with a cystic kidney which almost filled the abdomen, walked out of my private hospital in thirty days; and has remained in perfect health since, now nearly two years. Her kidney contained besides semi purulent urine, several calculi. The rapidity of her pulse after the operation gave me some anxiety, it remaining about 140 for nearly a week, with the temperature normal. I have read somewhere that this has been noticed in other cases of removal of the kidney. I am much in favor of the abdominal route for extirpating the kidney, for several reasons, not the least of which is that we are thus enabled to ascertain whether the patient has another kidney before we remove even a bad one. Another reason is that we have plenty of room to do good clean work, and see what we are doing. In the last mentioned case a drainage tube was used for a few hours only, but as nothing came from it, it was promptly removed.

The sections for tubal pregnancy were also very satisfactory. Two of them were diagnosed before operation, but not so the other. In all of them rupture had occurred, and free clots in various stages of organization were found in the pelvis. One of these patients insisted upon walking out of my private hospital in twelve days, owing to sickness of her children, but kept her stitches in for thirty days. She appeared none the worse for it. The other insisted upon walking out of the Western in fourteen days, and also made a good recovery. The third case presented a history of diseased appendages for many years, and when I examined her at her home, I found them very large and painful, and advised their removal. There was much free blood in the abdomen, but I did not learn that she had fainted before taking to bed, until I made rigorous inquiries about it after the operation. I was in doubt about remov-