tage of Pryor's method is that we begin on easy side, and after securely tying the ovarian round ligament and uterine arteries, and separating the bladder, we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side, that is, the side where the tumor fills all the space between the uterus and the wall of the pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out, and by the time that it becomes necessary to cut anything on that side, the ureter is at least two inches away and quite out of danger. Doyen's method has this advantage on both sides, because he pulls the tumor off the bladder and ureters, and from the first he is getting further and further away from the bladder and ureters. But Doyen's method has the great objection of opening the vagina and thereby increasing time of anesthesia, loss of blood and risk of infection, besides the anesthetic one of shortening the vagina. The author lays even greater stress than Pryor does upon the importance of feeling for each individual artery and tying it before cutting it, and then putting a second ligature on it as the first one may loosen after the tension of the tumor has been removed. He also strongly advises chromicised catgut prepared by the operator himself, or else Red Cross cumol catgut prepared by Johnston, of New Brunswick, N.J., which he has found reliable. Besides the six principal arteries there are two small arteries which require tying on each side of the cervix. There is no need of disinfecting the stump beyond wiping away the little plug of mucus: but the cervix should be hollowed out so as to make an anterior and posterior flap which are securely brought together before sewing up the peritoneum. The omentum, if long enough, should be brought down to meet this line of suture, thereby preventing the intestines from sticking to it or to the abdominal incision. The author is opposed to leaving the ovaries and tubes, although he admits that in young women by so doing it diminishes the discomforts of the premature menopause. But in the majority of cases the appendages are diseased, and we run the risk of the whole success of the operation being marred by leaving the organs which sooner or later will cause more symptoms than did the fibroid itself. His experience of leaving in ovaries or parts of ovaries has been most unfortunate, having received no thanks for his conscientious endeavors but a great deal of blame for having failed to cure the pain, which in the patient's estimation was more important than the tumor.

He was also oppossed to myomectomy; the operation was