

by forceps, etc. Great care must be taken to avoid the entrance of air, and aspiration should never be attempted. With these precautions the neighbouring organs and the vessels are not damaged. The above proceeding Dr. Landau terms "palpatory puncture." It may prove sufficient by allowing contraction of the muscular coat, its effects then resembling the phenomenon which occur when the membranes are punctured in pregnancy. Should the flaccid tube fill once more after puncture the process may be repeated, the cavity being washed out with a three per cent. solution of carbolic acid, or tincture of iodine may be injected into the empty sac. Leaving a cannula in the sac is not advisable. In obstinate cases of refilling, incision may be performed. In a long series of cases where Dr. Leopold has employed simple puncture of the tube, he has opened by mistake ovarian, parovarian, and hydatid cysts and tubal sacs, without fatal results.

*A new method of performing Hysteropexy.*—DR. LAROYENNE performs hysteropexy in the following manner: A sound is passed into the uterus, and that organ is pushed up and pressed against the abdominal wall. An incision, about three inches in length, is made through the median line, well upon the fundus and anterior aspect of the uterus; the peritoneum is opened. A long needle, mounted on a handle, is passed through the muscular tissues of the abdominal wall, and through the peritoneum half an inch from its cut border, and is then made to transfix half an inch of the anterior aspect of the uterus at the level of the fundus, passing the peritoneum and muscular tissue of the abdominal wall on the side opposite the point of introduction. The needle is left in place, and two or three more needles are passed, in the same manner, lower down at the intervals of half an inch. The needles are then threaded with catgut. The uppermost suture is tied after the withdrawal of its needle. Then the next needle is withdrawn and its catgut suture tied. The process is repeated with the remaining needles and sutures. In this manner the uterus is kept steadily forwards till secured by all the sutures. The superficial wound is closed, and a plug of iodoform gauze is passed into the vagina, serving as a provi-