

He was much opposed to the cautery, because it leaves behind it a very lowly organized structure (scar tissue), which falls a ready prey to the disease. Besides removing the cervix almost never removed the whole disease.

He then took over the instruments, and operated in a few minutes on a case of lacerated perineum. The case was peculiar in that there was no laceration, it having been nicely closed up by some other surgeon, and because he called it a case of rectocele, although the operation was his well known and improved laceration operation. A little further modification is that he passes his needles from above downward, so as to draw the perineum up, and he takes care not to put any stitches through the skin of the labia, all the stitches being inside the vulva, except one or two in the stem of the Y.

I went down to Philadelphia to see Goodell perform forcible dilation of the uterus, but was disappointed, he having done one the day previous, which was doing well, as they all do. He is careful to keep the speculum filled with sublimate solution while using his dilator. Strangely enough he was just doing the same operation on the perineum that Emmett did the day before, and gave the same reasons for it.

Dr. Osler is making a great name in Philadelphia as a teacher and consultant, being frequently called in by his elder colleagues in difficult cases. I must now close, but will write again from London.

Yours truly,

A. LAPHORN SMITH.

LONDON LETTER.

DEAR RECORD,—I had only time to write a few lines from New York, and I omitted to mention that Emmett, in answer to my enquiry as to what he thought of

ALEXANDER'S OPERATION.

replied that he did not believe in it, for the reason that the benefit resulting from it could not be lasting, and, moreover, that any good obtained by it could be reached better by other means. When in Liverpool I made a point of interviewing Dr. Alexander. He is a medium-sized rather young looking man, peculiarly unaffected in manner, appearing more like a Canadian in this respect as well as in accent. He was engaged in getting up his statistics for a paper to be read at the International Congress, although he will not be there him-

self, but received me very cordially, and arranged to have a case to operate on, when I returned to Liverpool in July. He said he was more in favor of the operation than ever, one of the last cases he performed having been complicated with inguinal hernia, for the radical cure of which, as much as for the displacement of the uterus, he operated. He thinks the cause of disappointment in the hands of other operators is that they do not pull the ligament out far enough, it generally requiring to be shortened as much as four or five inches. He is always anxious to include the peritoneum in his ligature for closing together the pillars of the ring, the material for his ligature being silkworm gut. This he leaves in for several months if it does not cause any irritation, but removes it sooner otherwise. He does not leave any deep sutures in, but brings them right through the skin, and ties them on the surface.

I made the acquaintance of several gynecologists in Liverpool, but none of them had ever done Alexander's operation, nor did they seem to believe in it.

I spent an afternoon with Dr. Warren of the Infirmary, and the leading gynecologist there, who performed an exploratory incision, and subsequently drainage for removal of a purulent collection in the abdomen, resulting from the breaking down of a cancerous uterus. Speaking of ovarian and tubal disease, he said dilatation of the tubes was a very common condition, and in support of his statement he proceeded to pass Simpson's sound through the tubes of half a dozen women, right into the peritoneal cavity. This potency of the Fallopian tubes made clear to me several rather puzzling cases, in which I had, in my practice, passed the sound a distance of six or seven inches, much to my horror, as I thought at the time that the patients must have been pregnant, but they were not. I had merely, without knowing it, passed the sound through the Fallopian tube. Dr. Warren was opposed to the so frequent removal of the ovaries as was practiced by Tait and others. He referred to the case of Dr. Trulach, one of the leading practitioners of Liverpool, who was dismissed from the Hospital for having spayed a number of young girls, somewhat on the general principle, apparently, that girls were happier without ovaries than with them.

In London I found Gynecology in such a dif-fused condition, that one could not spend one's time very profitably in studying it there. It is