gested food, set in. The temperature only reached 102°. During the septic period the patient slept badly. Eczema of the skin around the pedicle became troublesome in spite of the use of mildly alkaline and antiseptic unguents. Albumen appeared in the urine, together with fatty and granular casts on the twelfth day. The urine was reported as normal before operation. She suffered much abdominal pain even after the removal of the clamp and made a slow convalescence, having just barely escaped with her life. My anxiety was great, and continued until after the clamp was removed. After this period large gray sloughs came away from below the seat of constriction.

Case 3. A case of fibro-myoma about the size of a child's head. Pedicle fastened with pins and clamp in lower angle of wound. Drainage tube used above this for four days. In this case the hemorrhage was troublesome from the stump. Though tanned thoroughly, the blood would ooze out of a pedicle almost as hard as bone on the surface. On two occasions I was hastily summoned to find the patient covered with blood-stained dressings. The nurse becamed alarmed and sent for me. I never encountered such an obstinate pedicle. If left untightened for an hour or two, it would bleed. Everything went well, with the above exception, until the sixth day, when the temperature rose to 103° and pulse to 100. Septic diarrhœa set in, accompanied by distension. The motions became greenish in color and offensive. The patient then went into what I call the typhoid condition of the second week. She lost rapidly in flesh and barely escaped with her life. Subsequent convalescence was very tedious. An abscess formed around the pedicle. After the clamp was removed on the seventeenth day, a large hole remained to granulate from the botton, and sloughs came away from below the site of compression.

We now review three cases done by the no-pedicle method:

Case 1. Had been previously operated on by another surgeon, but had only one ovary removed. Tumor was very adherent. Had a mitral heart murmur and was not robust. The operation was a difficult one, but with Trendelenburg's position, vaginal staff, and a Wood's hernia needle, I soon managed to remove the uterus. There was some hemorrhage from adhesions deep in pelvis, and iodoform gauze packing was required to control it. This was removed next day. The pulse and temperature rose at once to 100 and 102° respectively. Cough was troublesome from the irritation of ether. The greatest amount of disturbance of pulse and temperature occurred during the first few days subsequent to operation, and then everything went along smoothly. The patient made an easy convalescence, though affected with extreme nervousness for some time. She is not yet free from this nervous condition, due to the induced menopause. The wound healed by first intention. The stitches came away from the vagina, as did those tied on the broad ligaments.

Case 2. Operated on two years previously. Ovaries and tubes removed, but hemorrhage and pain continued. The operation was very difficult, and could not have been completed by any extra-peritoneal method. The patient was very anæmic before operation. The pulse was 100 when she left the table and 120 an hour later. The discharge of serum through the gauze packing in vagina seemed excessive. For the first few days the pulse ran high; I attributed this to the great anæmia and excessive discharge of serum. The pulse reached 148 on the second day, and remained above 130 for twenty-four hours, when it gradually came down. I put two nurses to nurse her, and ordered whiskey and milk every fifteen minutes by the mouth, treating the case by elevation of the foot of the bed as I would a case of severe hemorrhage. She made a rapid convalescence. The wound healed by first intention, and the stitches came away from the vagina without any difficulty.

Case 3. A case of five months' pregnancy and a fibro-myoma. Removed uterus and myoma. No pedicle left. Patient left the table with a pulse of 86. Pulse once reached 112. Highest temperature 105⅕. There was some distension that was easily controlled by purgatives. The wound healed readily throughout, and the patient made an easy convalescence. When leaving for Muskoka on May 19th last, she was sitting up and able to be out of bed, looking the picture of health. She was then four weeks past the time of operation. During my absence in Muskoka, symptoms of bowel obstruction set in and she died. At the *post mortem* examination