glycerine in the out-patient department. Pawlik is a great linguist, and speaks English, French and German perfectly, besides three other languages; but what he excels in is catheterizing the ureters. He showed me the instruments which he used twenty years ago in Vienna, where he told me the proceeding was employed for the first time, and by him. His skill in using the ureteral catheter is wonderful; he seemed to introduce it into the bladder and up into the uterer with one gliding movement. No dilator; no endoscope; no artificial light; not even by sight, but merely by the sense of touch. I asked him to measure the catheter, and it was found to be 32 centimetres long. In a case of pyonephrosis he first injected 200 grammes of water to distend the bladder and then introduced the ureteral catheter, and injected 130 centimetres of 1-3000 nitrate of silver solution, which he gradually increases after some days to 1-2000. Sometimes he uses sublimate solution. The patient told him when her kidney was distended, and on removing the rubber pipe the solution spurted out of the catheter. On making intermittent pressure on the kidney the liquid could be made to spurt out in jets. He also showed me the woman from whom he had removed the whole of the cancerous bladder.

LEOPOLD of Dresden. As my train did not get in till 9.30 a.m., and I did not reach the hospital until 10, I was too late to see him operating, which he begins every morning at seven o'clock. He is a firm believer in total extirpation of the uterus whenever both ovaries and tubes are severely diseased. He gave me his recent paper on the results of 67 such cases, with a mortality of one-and-a-half per cent. Also another paper giving results of 100 cases of removal of the uterus by the vagina for myoma with a mortality of 4 per cent.

OLSHANSEN of Berlin. I studied under him ten years ago, and was pleased to see that he had not aged at all since then. He gave me a kind welcome, and invited me to an operation next morning at eight. When he has several operations he commences sharp at seven, so one has to rise at 5.30 or 6 to be there in time. The case was a woman of 65, who had a bleeding polypus, which, on removal and examination a few days before, was found to be cancerous. He opened the two pouches and sewed the peritoneum to the vagina. He used nothing but catgut throughout, but he always ties three knots on the arterial ligature. The ligaturing of the broad ligament was greatly facilitated by his having the best needle I have ever seen, known as Olshansen's "Unterbrudungsnadel," and much superior to Deschamp's. As he trusted entirely to catgut I asked him how it was prepared: 1st, Soaked for six hours in sublimate water, 1-1000; 2nd, The water is removed by soaking for 24 hours in sublimate alcohol, 2-1000; 3rd, Matured for several months in absolute alcohol, and used directly from that. After the operation he took me over his wards and showed me a great many cases convalescing nicely from laparatomy. In the latter he closes the abdominal wound with four layers of catgut in fat patients or three in thin ones. He objects to through-and-through silkworm gut for fear that it will lead pus into the peritoneum; although another operator, Landau, told me of a woman having died on the sixteenth day owing to being closed up by layers of catgut; the pus could not get out, and so broke into the peritoneum, which would have escaped to the skin if she had been sewed up with through-and-through stitches. Olshansen dresses the abdominal wound with a very little iodoform and a single little strip of gauze, over which collodion is painted so as to completely seal the wound, and this remains undisturbed for twelve days. I saw several of these first dressings removed and they looked very well; the catgut was all absorbed, and the knots could be brushed off. As I thought the buried cat-