

enlarged by the fingers and the uterus is drawn down to the vulva by traction forceps. Two small forceps are then placed on each side of the lower vaginal portion of the cervix. Great care must be taken before closing the forceps that the integrity of the tissues is assured; the cervix is now entirely freed by the scissors. I am accustomed, next, to give a swinging motion to the uterine body, anteriorly or posteriorly, according to the greater facility given by its position and size. Two forceps placed outside the annexa, which follow the extraction of the uterus, assist very greatly in rapid total extirpation, and, in a measure, obviate the fear of infecting the pelvic peritonæum.

*Commencing Cancer of the Body.*

The method is the same. If it has lasted several months, the uterus has increased in size and become very friable, and extirpation may be *very difficult*. After opening the peritoneal *culs-de-sac* and completely freeing the cervix up to the level of the internal os, I perform median section, either anteriorly or posteriorly, according to the case; the danger to be avoided is the *slipping* of the traction forceps. This may easily be obviated by employing very small forceps and many of them, since with the cervix the multiplication of points of traction assists the operator very greatly and is an assurance that he will not see his instruments suddenly slip out of hand and the uterus rise in the pelvis.

By means of this method, pursued carefully as far as the fundus (which should always be protected by the finger), we reach a point when the uterus may be drawn down to the vagina and the operation completed by forcipressure of the broad ligament.—*The American Gynecological and Obstetrical Journal*, March, 1896.

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CHLOROFORM AND ATMOSPHERIC PRESSURE.—Benedicenti (*Archives Ital. de Biologie*, xxiv. 3) obtains the following results by chloroform anæsthesiation of dogs and rabbits under varying atmospheric pressures: (1) Chloroform introduced by the œsophagus is mainly eliminated unaltered in the expired air. (2) The elimination of chloroform by the lungs is very considerable during to first half hour after its introduction; it then progressively diminishes, though persisting to some extent for a long time. (3) The action of chloroform is more rapid but less lasting if the atmospheric pressure is reduced. (4) The elimination of chloroform by the lungs is much more rapidly effected in animals subjected to very low pressures.—*British Med. Jour.*