

After proper ligation of the ovarian and uterine vessels on both sides, there is no possibility of alarming hæmorrhage although there may be troublesome bleeding points after division of the vaginal vault. The use of long silk ligatures and leaving them to cut their way through the vessels may seem like a rather primitive method of procedure. However, we did not feel like trusting to the catgut alone for the control of the large vessels, as it was first intended to do. Moreover, the silk ligatures being brought into the vagina, acted as a means of drainage, and after they had done their work there were no foreign bodies left in the pelvis such as would have been the case had they been cut off short. It would perhaps have looked more like skilful surgery to have sutured the peritoneal flaps, but the result showed that this was not necessary. It has been urged by some that in removing the entire uterus there is greater likelihood of vesical, rectal or vaginal prolapse, than if the cervix were left. It is stated, however, by some who have a considerable experience, that this objection is more theoretical than practical, and certainly in this case up to the present time there is no sign of prolapse whatever. Avoidance of the ureters is a very important point. In its normal position the ureter on entering the pelvis crosses the bifurcation of the common iliac arteries and running beneath the broad ligament makes its way toward the bladder. The distance of the ureter from the side of the cervix is given by different authorities as from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch. At this point it is crossed by the uterine artery. As stated before, the ureters were not seen to be recognized as such throughout the operation in this case. In some cases, however, particularly where adhesions are present, the ureter may be much displaced from its normal position.

SOME LEADING EUROPEAN GYNÆCOLOGISTS.

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This letter will give a short description of what I saw at Leipsic and Brussels, and will conclude my series of three articles on the above topic :

SANGER of Leipsic is a man of about forty-five years of age, and, like all the great men I have seen over here, he is a tremendous worker. Although he is titular professor of the University, he has no beds at the public hospital, but he invited me to his private hospital, No. 24 Koenig Strasse, where he has twenty-five beds, and attends rich and poor alike. He told me that he had had no death there for seven months, during which time he had performed two hundred and twenty operations, seventy of them being laparotomies, either vaginal or abdominal. He attributed his success to his very rigorous asepsis, he and all his nurses and assistants preparing their hands for twenty minutes before the operation. For ten years he has been using coarse sand and soft soap for his hands, followed by alcohol and then sublimate water. He uses nothing but silk, which is prepared as follows : 1st, it is boiled in 1-100 of washing soda to remove the dirt, and then in Bergman's solution, namely 10 of sublimate, 200 of alcohol, and 800 of water. It is then wound on little pieces of wood on which the size is marked and kept in sublimate alcohol. The patient is always shaved the day before and her skin is prepared with soap and water, ether and alcohol and sublimate. The preparation of the patient occupied three-quarters of an hour. The assistant in charge of ligatures burned them instead of cutting them. The