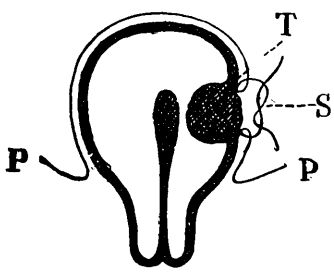
place by an abdominal bandage. About twenty vessels were ligated with silk, and cut short as was also the ligature of the pedicle. All the ligatures and sutures (of different sizes) were of Skene's silk, which was simply corded surgical silk, boiled for some hours in a mixture composed of carbolic and salicylic acid, each one drachm, and white wax one ounce. The patient re-acted well. ½ grain of morphine was given occasionally; catheter used every six hours; temperature taken every two hours. But I need not weary you with a long record of the same. The first few days she vomited often, which the ordinary remedies did not check. Bismuth, soda and carbonic acid water were all used without avail. On the fourth day she asked for lager beer, and as that is principally carbonic acid water containing a small quantity of alcohol and malt extract in solution, I could see no objection to its use, and allowed half an ounce every two hours. The first dose stopped the vomiting. The next day it was alternated and the dose increased to first one and then two ounces.



The stomach caused no more trouble after this. On the eighth day steak and potatoes allowed, as also eggs. On the next day the temperature went up to 102½. It had always been about 100, rising to 103 on the 11th day. Two grains of quinine every two hours were ordered. A small abcess along the course of one of the deep abdominal sutures was the cause of the trouble. It broke on the 16th day and the temperature fell to normal. I now thought that the patient could soon be discharged, when she got a severe chill and pelvic cellulitis developed in the right side. Quinine was used freely, and iodine applied over the seat of the trouble. In the course of ten days the swelling and other symptoms gradually subsided, and five weeks after the operation the patient was discharged—cured. A few days later she was at her usual vocation, dressmaking, running a sewing machine, walking over a mile on a stretch, and so on. The large tumor was 4½ inches in its long diameter and three inches in its short diameter. The small one was 1½ by one inch.

CASE II.—Mrs. S., aged 45; sterile; family history good; never was sick until eight years ago. She noticed that menstruation was profuse. This gradually increased until two years since, when she noticed an enlargement of the abdomen, and then consulted a physician who told her she had a tumor but should let it alone. The hemorrhage became more persistent, continuing for three months. Sometimes it would stop for a few days, and again last for weeks and months. When she consulted me she was very weak and anæmic. Examination revealed the os uteri dilated about one inch, and just within, a tumor could be felt like a child's head. It was a sub-mucous fibroid which had gradually been forced into the uterine cavity. The hemorrhage and severe labor-like pains required prompt attention, and I advised an operation. She consented, and on the 25th of August, assisted by Prof. Webber and Dr. Jones, of Leesville, I operated. She was put under the influence of chloroform, placed in Sims' position and a perineal retractor introduced. Efforts to dilate the os proved unavailing, and then with a pair of dull scissors I snipped the os towards the rectum; grasped the tumor with a vulsellum forceps, and was then able, after considerable work with a spoon saw, to apply the ecraseur and remove the growth, which was about four inches in its long and three inches in its short diameter. I then sewed the cervix with silk. I tried to use perforated shot, but found the latter not large enough to slip over the silk, and so had to make an ordinary knot. I generally use perforated shot to hold the sutures when operating for lacerated cervices, fistulæ, etc., as follows:—I slip on the two ends of the sutures three to six perforated shots and compress the last one only. If I want to remove the sutures I have only to cut the suture between the last two shots, pull off the others and have the long suture to catch hold of and pull out. This plan facilitates the removal of the sutures which is sometimes troublesome. My patient rallied well and rapidly gained strength—she was able to sit up on the sixth day.

If I should draw any conclusions from these cases and my experience, in abdominal sections in general, I should say it is often impossible to decide