

operation was abdominal hysterectomy for multiple fibroids in a woman who had also prolapse of the vagina; he left a small portion of the cervix to which he afterwards stitched the upper part of both broad ligaments in order to draw up the vagina. He used isolated silk ligatures for the two ovarian and two uterine arteries, and he operated very quickly. The silk was prepared by first soaking it for 12 hours in ether to extract the fat, and then sterilizing it in steam for two hours after which it remains indefinitely in 2 per 1000 sublimated alcohol. As it appeared to be particularly good, I took down the address of the manufacturer: Bouti, silk manufacturer, Porta Rossa, Florence. He afterwards removed a cervix which had been left after hysterectomy two years before, and which had now become cancerous. Some of the old silk ligatures were found encysted and calcified. He then took me over his hospital and showed me about 20 patients convalescing from laparotomy. I would strongly advise those who intend to visit gynæcological clinics in Europe to spend a few days with this talented gentleman.

SCHAUTA of Vienna. During my short stay I was unfortunate in not seeing him operating, but this was amply compensated for by seeing his first assistant, Dr. Schmidt, perform a vaginal extirpation of the uterus and appendages for pyosalpinx. He opened the anterior vaginal fornix first and then the posterior, sewing the peritoneum carefully to the vaginal edge, in order to avoid hæmorrhage, after which he placed just six silk ligatures on the broad ligaments, completely controlling the bleeding, of which there was almost none. By cutting off the lower half of the uterus he obtained more room for the difficult task of detaching and bringing down the densely adherent appendages. I spent another profitable evening with

DR. GUSTAVE KOLLISCHER, second assistant to Professor Schauta, who is quite celebrated for his work on the bladder. He catheterized the ureters, and gave me a fine view of the bladder with the catheter in the ureter, by means of his cystoscope, which is a modification of Nitze's and Brenner's. I was so pleased with its easy working after seeing it used on several cases, that I procured one at Leiter's, instrument maker, Vienna. It has many advantages over examination by speculum, the principal one being that it does not require any dilatation nor external light. All you have to do is to draw off the urine, fill the bladder with clear warm water, introduce the cystoscope and touch the button for connecting the current from a little 5-cell battery, when the whole of the bladder is beautifully lighted up, and the smallest foreign body, as well as the openings of the ureters, can be easily seen. There is a small channel adjoining the optical apparatus through which the elastic bougie is passed, and can be guided into either ureter. He also showed me a beautiful little curette for removing granulations, and also little scissors for cutting off polypi, and forceps for seizing calculi. He told me that he had removed several wandering silk stitches from the bladder, which had ulcerated into it after laparotomies and vaginal fixations.

PAWLIK of Prague received me very kindly, and put me in a good humor by mentioning many of my papers. Speaking of electricity, he said he had employed Apostoli's method in a great many cases, and with very good success in arresting hæmorrhage, in diminishing the size of fibroids, and in expelling some of them from the uterus, but he had given it up, because he could not be sure of the result in any given case. He removed a large ovarian cyst by the abdomen, using catgut for ligature and burning instead of cutting off the tumor in order to avoid adhesions to the bowel, and also to lessen risk of sepsis. He closed the abdomen with two rows of burned catgut and a third of superficial silk sutures. He prefers the abdominal route for fibroids and pus tubes. I saw them using 3 per cent. of ichthyol in