

veins must be respected, for if they are torn we are in the presence of a surgical accident of some gravity. The internal iliac vein may be tied without bad results, but in the only case reported (by Kelly), in which the common iliac vein was torn, although hæmorrhage was stopped by successfully tying the vein, yet the leg became gangrenous.

All visible glands and all fat which may contain glands having been removed, the cut in the peritoneum on each side is united with catgut as far down toward the bladder as possible. The peritoneum is cleansed, all sponges removed and the ureters laid as far as possible in their proper positions, the omentum is pulled down and the abdomen closed.

Next the patient is placed in the lithotomy position and the uterus is pulled down, the everted vagina is carefully cleansed and disinfected, and the diseased tissues enveloped in a pad wet in bichloride solution. The vagina is then severed well above the disease, when the uteria is pulled out, followed by the pad which has been sewed to the fundus.

The free edges of the pelvic peritoneum are easily found, brought down and united with catgut, although this is by no means essential.

The vagina is tamponed with gauze and for the last twelve years I have always used a convenient adaptation of the Miculicz packing for tamponing the vagina in cases of vaginal hysterectomy. A square of gauze is seized by the middle with a clamp and introduced as far as may be necessary. The gauze is then fitted with the fingers to the pelvic space and into the bag thus formed strips of gauze are introduced sufficiently to stop all oozing. This method has the advantage that the strips may be removed singly on the next day, relieving pressure on the bladder and rectum; but the bag remains for several days until the raw surfaces are completely roofed over by adhesions.

THE TREATMENT OF NASAL DEFORMITIES BY SUBCUTANEOUS INJECTION OF HARD PARAFFIN.

BY

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At the meeting of the Canadian Medical Association in September, 1902, I had the privilege of reading a short paper on the subcutaneous injection of paraffin wax, and of exhibiting two patients that I had subjected to that treatment; since that a much wider experience of the method has been gained, the technique improved and some of the results obtained by Eckstein, Paget and others, are I venture to suggest little short of marvellous.

Melted paraffin wax has been used with success to overcome many