are more difficult, and should have a higher mortality than the mere removal of tumors, it speaks much for Mr. Tait's dexterity. In speaking of the ultimate result following these appendage operations, Mr. Tait pays a high tribute to Dr. Arthur Johnston of Danville, Ky., for having discovered that there is a large nerve trunk entering (or leaving) the cornu of the uterus, in the angle between the round ligament and the tube, which seems to have a powerful agency in the process of menstruation. This nerve should be secured in the ligature during the operation. Mr. Tait next touches upon the treatment of uterine myoma by electricity, and has been rather disturbed of late by the receipt of a pamphlet entitled "Electricity versus Tait." The author's views on this subject are well known, but are well worth reading in the present paper. As a contrast to the electrical method of treatment of myoma uteri he submits a group of 148 cases of removal of the appendages with three deaths, a mortality of 2.03 per cent. as against 99 in former series with a mortality of 7 per cent.

The next group is that of 88 hysterectomies, with a mortality of 11.3 per cent. as against 54 cases with a mortality of 35.7 per cent. in his first series. Mr. Tait feels very keenly upon this point of high mortality in his first series, and comments bitterly upon the conduct of Dr. Keith in refusing to allow him to witness his (Keith's) method, the secret of which consisted in ligaturing the broad ligaments separately and stripping them off the uterus, thus preventing occlusion of the rectum by taking off strain. Tait has now had 31 consecutive recoveries following hysterectomy, and thinks that he will ere long bring the mortality down to that of ovariotomy.

Mr. Tait has operated 26 times in cases of suppurative peritonitis and saved 22 patients, and he therefore pleads strongly for the early operative treatment. We do not keep pus long in the pleura, why should we allow it to remain in the peritoneum. Mr. Tait, however, speaks with bated breath concerning abdominal section in the treatment of puerperal peritonitis. He has operated four times with only one recovery, but says he nearly had two other recoveries, and had he had twelve hours of a start