

was now almost devoid of danger, while it was absolutely effective. Pryor's method is by far the best, and to it the author believed was due the absence of mortality in these ten cases. The great advantage of Pryor's method is that we begin on the easy side, and, after securely tying the ovarian, round ligament and uterine arteries, and separating the bladder, we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side, that is the side where the tumor fills all the space between the uterus and the wall of the pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out, and, by the time that it becomes necessary to cut anything on that side, the ureter is at least two inches away and quite out of danger. Doyen's method has this advantage on both sides, because he pulls the tumor off the bladder and ureters, and from the first cut he is getting farther and farther away from the bladder and ureters. But Doyen's has the grave objection of opening the vagina, and thereby increasing the time of anesthesia, the loss of blood and the risk of infection, besides the aesthetic one of shortening the vagina. The author lays even greater stress than Pryor does upon the importance of feeling for each individual artery, and tying it before cutting, and then putting a second ligature on it, as the first one may loosen after the tension of the tumor has been removed. He also strongly advises chromicised catgut prepared by each operator himself, or else red cross cumol catgut prepared by Johnson, of New Brunswick, N.J., which he has found reliable. Besides the six principal arteries there are two small arteries which require tying on each side of the cervix. There is no need of disinfecting the stump beyond wiping away the little plug of mucus; but the cervix should be hollowed out so as to make anterior and posterior flaps which are securely brought together before sewing up the peritoneum. The omentum, if long enough, should be brought down to meet this line of suture, thereby preventing the intestine from sticking to it or to the abdominal incision,