

ployed in the series of cases. After the crisis all medication is stopped and the patient put on some tonic and a liberal diet. Lindsay has never used ice-poultices or ice-bags, a method of treatment not gaining in favor. As regards alcohol, Lindsay inclines to its use in moderate quantity in severe cases.

Retrodisplacement of Uterus.—J. M. Caballero (*Revue de Gyn.*) has applied the following technique in 350 cases and praises its advantages. The tip of the kinked round ligament he sutures to the fascia of the rectus after it has been brought up through a tunnel parallel with the farther end of each tube. By this method the uterus is left freely movable, so in a later pregnancy there is no disturbance; and there is no alteration in the direction of the uterus to the axis of the pelvis.

Controlling Hemorrhage in Thyroidectomy.—E. O. Jones (*Surg. Gyn. & Obs.*) has the following procedure: The usual transverse collar incision divides the skin and platysma. The upper flap is freed to the upper border of the thyroid cartilage. At a point opposite the middle of this cartilage the fascia over the vertical muscles is slit in a longitudinal direction, a finger's breadth inside the border of the sternomastoid muscle. The slit is extended upwards and downwards about two inches. The fascia of sternohyoid and sternomastoid is drawn outward, and the sternohyoid and sternothyroid muscles inwards with narrow-bladed retractors. The finger is pushed down through this space until the carotid is felt, and then, by blunt dissection the fascia just to the median side is penetrated and then the finger is in the loose areolar tissue in front of the longus colli. Then retractors with longer blades are substituted; and the sternomastoid and carotid sheath are drawn well outward while the vertical muscles and thyroid gland are displaced inward. Now the carotid tubercle should be located. About a finger's breadth below this the artery is sought with two pairs of blunt dissecting forceps. When a short arc is freed, a ligature is passed around with an aneurism needle. This is tied, and parts allowed to fall back to their place. The operation can then be proceeded with in the usual manner.