

saying: "I cannot extend to you so much courtesy as that."

One of the greatest pleasures of my visit was still in store for me. I called upon Dr. Alex. J. C. Skene, of Brooklyn, the author of what is perhaps the most practical work on gynecology we possess, and found him a noble type of the Scottish-American. He is above the average height, with curly iron gray hair and a countenance beaming with benevolence. He seems to be idolized by his students as well as by his patients. He invited me to be present at the Long Island College Hospital where, after introducing me in a neat little speech, in which he favored annexation with the Canadian medical profession at least, he requested me to address his class. The question of raising the standard of medical education seems to be a burning one here, as the secretary of the college, who happened to be present, requested me to give a brief statement of the present condition of the laws governing the practice of medicine in Canada. They were especially anxious to know what their graduates would have to do in order to obtain a Canadian diploma. I suppose this was with a view to taking a diploma in England, as I could hardly imagine a graduate leaving a country like the United States, where the fees are so large, to practice in a country like Canada where they are so ridiculously small. I was gratified on this occasion as well as on many others at the high esteem in which Canadian graduates are held, and I think still greater efforts will be made throughout the United States to weed out the short course colleges. Dr. Skene then operated upon a very bad case of lacerated cervix and rectocele. During the former operation I saw used, for the first time, Skene's hawk-bill scissors with which he deftly removed the whole cicatrix at the angle of the laceration. These scissors would reduce the time required for these operations at least one-half, which is an important point when we wish to perform three or four operations at

one sitting on the same patient. Neither Skene nor any of the other operators whom I saw, with the exception of Krug and Boldt, used continuous irrigation. It seems to me a pity as it takes two assistants to attend to the sponges and fully one-half of the total time required for the operation to do the sponging. Another convenience which none of them seemed to take advantage of is the substitution of the German *Kugelzahn* or bullet forceps for the old tenaculum which is everlastingly slipping out just at the time we want it to stay in. On one occasion this annoyed Dr. Emmet so much that he threw it down with the remark that the manufacture of the tenaculum was a lost art.

Dr. Skene is a very fair and impartial believer in electricity in gynecology, having a splendid battery both at his house and private hospital which he tells me he makes daily use of with the most satisfactory results. Considering that Skene is a past master of pelvic surgery, his testimony is above suspicion. His use of it so far has been limited to galvanism or continuous currents. He also tells me he makes frequent use of the galvano-cautery. For this purpose he employs a storage battery which is kept constantly charged by means of half a dozen gravity cells. His private hospital is a model both as regards the heating, ventilation and plumbing by means of which it is singly impossible for sewer gas to obtain admittance. It is in charge of Dr. Wm. H. Skene, who is a genial young Scotchman who is rapidly becoming Americanized although his uncle has still retained his decidedly Scotch accent. It may be of interest to note that both the first and second editions of Dr. Skene's book have been sold and he is at work on a third one. I was pleased to be able to tell him that it is the one I recommend to my students as a text book. I was very much surprised to find the scoffing tone in which electricity was spoken of a few years ago completely changed, even men like Hanks boldly testi-