been proposed. Today, however, its limitations are much greater than they were three years ago, and justly so. In order to avoid all the unpleasant sequences of castration, in order to reduce the mortality of abdominal section in general, and in order to favor the further propagagation of the race, it is but proper that the operation of hysterectomy be restricted to those cases in which any other procedure is contraindicated.

The *indications* for the operation are, therefore: 1. Cases in which there are urgent pressure-symptoms. 2. Cases in which other methods, including the more conservative operations, have failed. 3. Tumors of excessive size, which are becoming or have become intra-abdominal. 4. Tumors that have undergone degeneration, malignant or otherwise. 5. Large intraligamentous growths. 6. Where there is associated grave disease of the uterine appendages. The technic of the operation consists in the making of an abdominal incision; the freeing of all adhesions and the lifting of the tumor through the abdominal incision; ligation of the ovarian arteries on either side with preservation, if possible, of the appendages; division of the broad ligaments upon either side; ligature of the uterine arteries in the broad ligament tissues all about the level of the internal osuteri; the formation of two peritoneal flaps, one from the anterior and the other from the posterior aspect of the uterus; a wedge-shaped division of the cervix from before backward; closure of the cervical incision by a transverse line of sutures, thus shutting off the cervical canal; approximation and suturing of the anterior and posterior peritoneal flaps; suturing of the broad ligament on either side; irrigation of the pelvis, and closure of the abdominal incision.

Finally, *total extirpation* of the uterus by vaginal section for fibroid tumor is, as has been tersely stated by A. H. Goelet, both unnecessary and unjustifiable, since tumors which are sufficiently small to permit of removal in this manner, either need not be interfered with at all, or may be treated by one of the less radical operative procedures.

Luxation of Eye from Blowing the Nose.—Schanz (*Beiträge zur Augenheilkunde*, Heft 34, 1898) reports the case of a glass-blower who, while blowing, had the gas jet blown into his face, which caused him to sneeze and violently blow his nose; the eye became displaced forwards out of its socket, but was replaced, with some force, by a fellow workman. He consulted Shanz. who expressed some skepticism as to his story; he then blew his nose, and the eye became proptosed. Shanz pressed it back; the lids were tense with air and crackled when touched. The air could be partly expressed. In a week the emphysema had entirely subsided, and some inflammation of the disc had also disappeared, and vision was normal. The patient had always been accustomed to inflate his cheeks, and thence expel the air in the process of blowing glass, and not directly from the lungs. This had led to an increase in the patency of Steno's duct, so that the parotid gland became inflated at the same time as the cheeks. Examination of the nose failed to reveal where its walls were perforated.