

During the discussion at the recent meeting of the British Gynecological Society, a gentleman reported a number of cases by the vagina with bad results, and the other speakers all pointed out with great stress that the vaginal route is not suitable for large tumours of any kind, whether fibroids or collections of pus, because it is almost impossible to deal with the adhesions which are so often present in these cases. In properly selected cases I feel sure that the vaginal route has immense advantages over the abdominal one.

One of the most interesting figures at the meeting was Doyen, of Paris, who showed two new instruments; one for automatically holding open the abdominal incision, and the other his instrument for arresting hæmorrhage without ligatures by means of an enormously powerful crushing machine. The broad ligament with the ovarian artery is seized and compressed for a minute with such force that it is completely crushed, and when it is taken off no blood flows. I was told in Paris that it was not to be depended upon, as several times secondary hæmorrhages had followed. I would prefer to trust Dr. Skene's electric clamp, which dessicates the artery. One of the most interesting features of the meeting was a cinematographic representation of an abdominal hysterectomy given by Doyen in one of the large halls of the University, at which there were over six hundred doctors present. He is a very rapid operator, and has devised a new method which only requires four minutes from the first incision until the whole uterus, including the cervix, is in the dish. The salient feature of his method is to put a clamp on the two ovarians and then to catch the cervix through an opening in the vagina in Douglas' cul de sac and draw it up forcibly, tearing it away from its connections laterally and to the bladder in front. The uterine arteries are thus distinctly brought into view and clamped. It only takes two or three minutes for removing the uterus, and some eight or ten minutes more are used in tying the arteries and closing the opening in the pelvic peritoneum. I had the pleasure of being one of eight or ten who saw Doyen do two total abdominal hysterectomies for fibroid in Prof. Simpson's service at the Royal Infirmary, and he did one of them quite as