cases.* Tyler Smith used Indian hemp; Marian Sims, silver wire; and others various other agents, such as horse-hair, catgut, whip-cord &c. It was claimed that catgut, being an animal substance and absorbable, would prove to be more effectual than any other agent; but experience proved that it was liable to slip and become untied, and consequently it failed to meet the expectation of its advocates. Gradually the good, old-fashioned, silk ligature, itself an animal product, has become the favorite for this purpose; strange to say, however, whatever ligatures are used, it is impossible to find them a few months afterwards, and the question is, what becomes of them? It has been suggested that they become partially if not entirely absorbed; but the experiments of Spiegelberg, Waldeyer, and Maslowsky, on the horns of the uteri of animals, prove that not only the ligatures, but also the stump beyond them, become encapsuled by effused lymph. It is claimed for this intra-peritoneal method, that it is simple, easy of adaption, applicable to all pedicles, and admits of the immediate closure of the abdominal wound in its whole length. That the "tying and dropping" method is a good and successful one, and gradually coming into popular favor, it is needless to dispute; indeed, it is easy to foresee that it is destined, ere long, to become the favorite procedure.

Having given as much space to the consideration of the best methods of securing the pedicle, as a paper of this kind will permit, it is now only necessary to make a few remarks by way of endeavoring to "draw the lines" a little closer than has heretofore been attempted. We have seen that there are two methods worthy of commendation: *The extra-peritoneal*, and *the intra-peritoneal*. We have seen that the extra-peritoneal method is best accomplished by means of a clamp, secured external to the abdominal wound, and the intra-peritoneal method. by either enucleation, the actual cautery, or the silk ligature; neither method appearing to possess advantages superior to the other.

The conclusion that forces itself upon the writer is, that either method, well-performed by a painstaking and skillful operator, who gives personal and great attention to the details of the preparation, and after treatment of his patients, will yield about equal results; and, consequently, it does not matter much to which method recourse is had, provided it is well executed and receives the same vigilant supervision.

It is highly important, therefore, that the operator should be unprejudiced—not wedded to any particular plan; but that he should proceed to each case prepared, and desirous to adopt that method which, under the circumstances, seems best adapted to that particular case.

(To be continued.)

* I am myself inclined to the use of the ligature, and I now again refer to Dr. Tyler Smith's method of treating the pedicle as the best of all methods, and the one to which all others will, in my opinion, ere long give place."—Dr. E. R. Peaslee.

SECONDARY UTERINE HÆMORRHAGE.

BY A. D. MILLER, M.D., NEW DUNDEE, ONT.

Allow me space in your valuable journal for notes of an alarming case of secondary uterine hæmorrhage which I had the misfortune to encounter in my short experience in practice.

Mrs. M.—æt. 24. Canadian, strong constitution. Weight about 110 lbs. First confinement difficult; child expired on 2nd day. From her description subinvolution probably existed. Her health was poor until after her second confinement, which was quite easy. Tolerably healthy afterwards, but womb (to use her expression) "size of goose egg, up near the navel and pointing forward." During her third pregnancy she suffered from lameness of the left leg, and considerable pain in the breasts at night.

On the 24th of Oct., 1877. I was summoned to attend her in her third confinement. Labor difficult; as the legs were becoming paralyzed, uterine pains strong and child making no advance, I delivered her by instrumental aid (forceps.) Child still born, and seemed as if it had been dead for some time. Weight of child nearly 12 lbs; dimensions of head, bi-parietal, diameter 5 inches, occipito-frontal 5¾ inches, occipito-mental 6¼ in. Had I not seen the case, I would not have believed that so small a woman could have given birth to so large a child, without mutilation.

Oct. 28th. Well as could be expected; uterus apparently large but not tender on pressure; discharge natural.