tal performed a vaginal Hysterectomy for cancer which he did in the following manner:

1. He curetted the uterus, washed it out and tamponed it well with iodoform gauze, he then scrubbed the vagina with soap and brush. He then detached the vagina from the uterus, front and back, and pushed off the bladder with his finger nail. He then tied the uterine arteries with strong silk ligatures and cut between the ligatures and the uterus. This enabled him to draw it down a little more so that he was able to put another ligature on the broad ligument with a large blunt aneurism needle. He then cut again close to the uterus and drew it down still further. He was then able to place a ligature over the top of the broad ligament and to separate the uterus completely on that side. The same thing was done on the other side and the uterus was cut away in thirty-five minutes from the first incision. Owing to the vagina having been injured on some previous occasion by an overflow of caustic and subsequently cicatrized and the uterus being also very large and the speculum very long, the operation was a very difficult one. Dr. Krug has performed this operation a great many times with a very small death rate, and appears to be one of the most courageous of the new school.

Dr. Boldt is another comparative young man who, by his untiring energy, is rapidly rising to the top rank. He was kind enough to arrange a vaginal hysterectomy at the St. Mark's Hospital. It was a similar case to Dr. Krug's and was performed with equal skill, most of the bleeding being controlled by ligatures, but three or four clamps being left on. In each case the vagina was stuffed with iodoform gauze. Dr. Krugstated afterwards that if he had to do the operation over again he would prefer to use the combined abdominal and vaginal method, tying the vessels and the broad ligament from above. One of the best appointed hospitals that I have seen, everything being provided absolutely regardless of expense, was the New York Hospital, where a young Canadian, Dr. Ferguson, has risen to the position of pathologist, and to whom I was indebted for an introduction to Dr. Weir. This latter gentleman is one of the best operators I have ever seen, his great fort being bad cases of hernia, of which he has operated a great many. He kindly invited me to an irreducible umbelical hernia. He made a large incision through the very thick abdominal wall, sufficiently far away to be outside of the sac, thus starting from the healthy intestine and working in towards the adherent portion. The adhesions were very dense and required constant ligaturing with fine cat gut. At last he arrived at the centre where there had on some previous occasion been a strangulation followed by necrosis and a fœcal fistule. The intestine at this point was carefully closed with three layers of fine silk sutures, the two last ones being Lembert's. Some idea of the magnitude of the operation may be judged from the fact that it occupied two hours of steady work. The other case was one of irreducible inguinal hernia which he operated after the method of Baccini which consisted in cutting down on the cord, then exposing the sac, then opening the sac, detatching the adherent omentum, tying and cutting off the superfluity of it and returning it into the abdomen. The sac was then tied and cut off and finally the separated pillars of the ring were stitched together with catgut. Dr. Weir combines with wonderful skill and caution as an opertor, the most charming manner as a gentleman. This was evinced in a striking manner when a visiting doctor just in from the country, without taking off his overcoat or washing his hands, was just going to lend a hand with the operation by putting his finger into the abdomen. I could hardly restrain myself from springing upon him full of indignation, when Dr. Weir merely restrained him by a gentle rebuke,