

catgut, or a silk ligature. All danger of hæmorrhage being in one way or the other guarded against, the pedicle is permitted to subside into the pelvic cavity.

(4) *Treatment of Adhesions.*—The only point I wish to note on this part of the subject is the vital importance of securing every point that shows the slightest inclination to bleed. Much patience and perseverance are sometimes required for this part of the operation, but it is impossible to over-estimate its urgent necessity. The best ligatures to use in this situation are those made of carbolized catgut. They are, of course, cut off close to the knot.

(5) *Drainage of the Peritoneal Cavity.*—The only method of drainage now resorted to is that by means of a glass tube, the lower end of which rests in Douglas's cul de sac, while the other projects through the lower end of the wound in the abdominal wall.

The drainage tube may often be dispensed with, and the operator will always be glad to omit its use when he feels that he can do so with safety. In cases where there is any prospect of extensive effusion, especially if there is reason to fear oozing of blood, the drainage tube is *indispensable*. It was first used by the late Professor Peaslee, but at least one fundamental alteration has recently been made in his method of using it. Peaslee kept a plug of carbolized cotton in the mouth of the tube, and he removed this from time to time and allowed the accumulated effusions to escape. Now the effusions are not permitted to accumulate, the mouth of the tube is always kept free, and the effusions are provided for by the application of a large soft carbolized sponge over the end of the tube. The sponge is enveloped in a sheet of rubber cloth which has a hole in its centre through which the end of the drainage tube projects. The fluids are thus caught in the sponge, and at stated intervals the nurse unfolds the rubber sheeting and replaces the saturated sponge with a clean one. In this way the fluids are got rid of as soon as secreted, and at the same time their quality and constitution afford valuable information to the surgeon. Just as soon as all appearance of effusion has ceased the tube may be removed

and the opening closed with a hare-lip suture. This will sometimes occur as early as the fourth or fifth day.

If the discharge from the tube presents any signs of becoming purulent the peritoneal cavity may be washed out with a weak solution of carbolic acid and common salt, a drop or two of the former and five grains of the latter to a pint of water at a temperature of 100° Fahrenheit. This is an expedient which, in my experience, never fails to afford material relief and comfort to the patient.—*Walsh's Retrospect.*

EMMET'S OPERATION FOR LACERATION OF THE CERVIX.

At a meeting of the Obstetrical Society, of London, March 1st, the President, J. Matthews Duncan, in the chair, Dr. W. S. Playfair read a paper on the above subject, in which he spoke very favourably of the operation, and paid a high tribute to Dr. Emmet for introducing such a great improvement in gynecology. In a somewhat lengthy discussion which followed, some spoke rather disparagingly about the so-called improvement, others gave it *faint* praise, and a few (notably the President and Dr. Sharp) exhibited a lamentable and inexcusable ignorance of the subject which appears very remarkable to us on this Continent. We have a right to expect that men so distinguished, and holding such high positions in the medical world, as the gynecologists referred to, should, before discussing an operation of such importance, attain an exact knowledge of what they are talking about.

Dr. Savage (*British Medical Journal*), said Dr. Playfair proceeded on principles directly opposed to those of Dr. Emmet, who insisted that the operation should not be performed when there was any sign of disease in the cervix. The American School professed to believe that every disease (none excluded) incidental to the uterus might be, and generally was, the direct consequence of a cervical laceration. The English School disbelieved this on good grounds. The diseases alluded to in Dr. Playfair's paper could be seen in their entirety through an ordinary Ferguson's speculum. To