advantages; but the remaining two methods—the actual cautery and the ligature—demand especial consideration.

The Actual Cautery.—This method introduced by Mr. John Clay, a celebrated ovariotomist, of Birmingham, England, for the purpose of arresting hemorrhage from parietal and visceral adhesions, was seized by Mr. Baker Brown, for the treatment of the pedicle also; and with most excellent results. It consists in compressing the pedicle with a temporary clamp while being divided, or rather sawed off, by a wedge-shaped cautery iron, heated only to a white heat, so as to burn its way slowly through the structure. The clamp is then unscrewed, and after waiting a short time, to secure if necessary any bleeding vessel, by a ligature or another touch of the cautery, the stump is allowed to recede into the peritoneal cavity, and the abdominal wound is completely closed. Although this plan of dividing the pedicle yielded unparalleled results in the hands of the late Mr. Baker Brown, very few since his lamented death, have adopted his procedure, except in cases with very short pedicles, and then only as a *dernier ressort.* Recently, however, one of the most brilliant ovariotomists of the day, Mr. Thomas Keith, of Edinburgh, has practiced this method in over fifty cases, "and out of 241 operations, (by various methods) has saved 206 lives—a success hitherto unequalled in the history of any capital operation." But most operators seem anxious to avoid this mode, except in cases where neither the clamp nor ligature is applicable; appearing to think that the danger of secondary hemorrhage decomposition, and septic absorption is increased thereby. For instance take the following quotations:

"In ovariotomy, the great thing is security against hemorrhage; and that, I think, is best gained by the use of the clamp or the ligature." Dr. Robert Barnes, "Transactions of the "International Medical Congress," of Philadelphia. Page 806.

Prof. Thomas, in his excellent work on the Diseases of Women, says:

"Mr. Baker Brown introduced the plan of amputating the tumor by means of the actual cautery, and claimed the astonishing results of twenty-nine cures in thirty-two operations. The insecurity against hemorrhage attendant upon the method will probably prevent its competing with those already mentioned, but in certain rare cases in which the part to be amputated is deep within the pelvis, it offers great advantages."

Schroeder, in his recent work, page 422, remarks as follows:

"The actual cautery is especially recommended by Baker Brown. The fear that the gangrenous eschars, replaced within the abdominal cavity may excite peritonitis, seems to have little foundation. The reproach is better grounded that cauterization does not surely prevent subsequent hemorrhage, especially from the large vessels; and the combination of ligature with cauterization of the pedicle seems to involve serious danger, because gangrene of the ligated portion more readily occurs under these circumstances."

And very recently, in a clinical lecture on the treatment of the pedicle in ovariotomy, Mr. Christopher Heath, made the following statement:

"I have employed it (the actual cautery) in several of my cases with good effect, but I do not think it so safe as the ligature: for however careful you may be to cut the pedicle slowly with an iron, not too hot, so as to seal the cut edges thoroughly, there is always the risk of some small vessels bleeding and requiring a ligature, and sometimes the burnt edges become separated and the bleeding is free. It is exactly the difference between applying torsion to a large artery and putting on a ligature; with the last, one feels perfectly safe, whilst with the former something *may* go wrong."

On the other hand, Mr. Thomas Keith after his large experience with the cautery, gives it as his opinion that:

"It is a good method and one which has had scant justice done since Mr. Baker Brown's death."*

Apart, however, from Dr. Keith's large experience, nearly all ovariotomists agree that the cautery method possesses great advantages in certain cases, especially when the pedicle is very short and deep within the pelvis. The only conclusion, it appears to me, deducible from this reasoning, is, that if the cautery method offers great advantages in certain difficult cases, it would answer even better in all favourable ones.

The Ligature.—The most approved manner of securing the pedicle by this procedure, consists in passing a strong double ligature, made of silk through the centre of the pedicle near its root, with a probe or large needle, dividing the loop and tying each half separately, and as an extra precaution passing one of the ligatures tightly around the whole pedicle; the ligatures are all cut off short, the pedicle divided half an inch outside of the ligatures, the stump dropped into the pelvis, and the abdominal wound absolutely closed. This method of "tying and dropping," according to Dr. Peaslee, one of the best authorities on these questions, was practised in New York over fifty years ago. But to the late Dr. Tyler Smith, belongs the honor, at all events, of reviving and popularizing the method, he having had a series of most successful

* "The great strength of Dr. Keith lies in the thorough preparation of his cases, and in the care which he takes with them, personally I am ready to use any method that the case may demand." Dr. Alexander R. Simpson, of Edinburgh, at International Medical Congress, Philadelphia, page 807.