

the Women's Hospital or the Post Graduate. He is a splendid speaker and so good natured as to place his visitors at perfect ease, he being about the only one that they venture to seek information from. Dr. Hanks is the inventor of the well known Hanks dilators, being a set of curved graduated sounds made of hard rubber and also of one of the best intrauterine stems I have ever seen, his one being provided with perforations for stitching the stem into the uterus with silver wire. I had the pleasure of seeing him use both these instruments with great skill. In reply to our questions he stated that he was in the habit of leaving in the stem for a month or six weeks, or in fact until the next period had passed, or until the patient became pregnant.

Dr. Cleveland is one of the senior members of the staff and is an elegant man of about 50 years, and I saw him perform an exploratory laparotomy with a patient in Trendelenburg's position but finding the ovaries and tubes cemented by inflammatory exudation into one solid mass in the pelvis, he wisely refrained from interfering. The patient took the anæsthetic, which was chloroform, very badly and nearly died, requiring artificial respiration for several minutes. This new position, as you all know, consists in placing the patient with her feet high in the air away from the window and her head away down near the window, so that her bowels fall down towards the diaphragm, so that when the abdomen is opened the light streams into the pelvis and its contents are plainly visible. If any manipulations are required the intestines are out of danger and give no trouble. Some of the operators at the Women's Hospital and nearly all at the other hospitals sew up the peritoneum and abdominal fascia with continuous catgut sutures before tying the previously introduced silk sutures passing through the entire abdominal wall. I noticed that few if any of them were using silk worm gut which I have found so satisfactory for this purpose,

and they generally remove their sutures in six to eight days instead of leaving them from 16 to 30 days as I am in the habit of doing in order to avoid any risk of the incision bursting open. Several of them informed me that stitch abscesses were rather frequent, while at the discussion at which I was present a few days ago at the Gynæcological Society, it came out that ventral hernia was becoming exceedingly frequent, almost as high as 50 per cent. of cases operated on.

The suppuration at the line of the incision may be due to some slight failure of aseptic precautions, which I hardly think possible in view of the extraordinary care exercised in this direction, or what I think is more likely to the bruising of the delicate fatty tissue by the pressure forceps used to control the first bleeding. One of the finest inventions I have ever seen is the Cleveland ligature carrier for passing the ligature through the broad ligament previous to removing the tube and ovary. It resembles a left hand scissors only that the blades are probe pointed and instead of a cutting edge it is serrated, the fine teeth of the two blades fitting into each other. It is especially useful in cases where it is difficult to bring the appendages up to the surface. The instrument being then passed through the tissues and slightly opened, when the assistant slips between them, the end of the ligature which is therein withdrawn. It is made by Tieman. No abdominal surgeon should be without it.

I was particularly anxious to see vaginal hysterectomy for cancer. Only two cases were available and I had the pleasure of witnessing two of the brightest of the modern school perform them. I was invited to see another by a young assistant surgeon at the Cancer Hospital, but owing to the difficulty in drawing down the uterus and the friable condition of the cervix—offering no hold for the tractors—he was obliged to abandon the operation.

Dr. Florian Krug, at the German Hospi-