the constricting wire, served to close off the constricted portion of the stump from the peritoneal cavity at the lower angles of the wound, and a stitch similarly placed above the stump served the same purpose above. These stitches, whilst serving to close the abdominal wound, insured closure of the perietal peritonæum upon the peritoneal covering of the tumor sufficiently below the constricting wire to be well out of the area of necrosis which would result from constriction by the wire. The other part of the abdominal wound was closed in the ordinary way. The stump was transfixed in the wound by one pin, iodoform gauze being packed around it. This remained almost completely dry, and has only had to be changed a few times up to to-day. The manner of securing shutting off of the peritoneal cavity by use of the single suture seems good, and is certainly a much more rapid way than by suturing the peritonæum alone, as advocated by many. There is a point worthy of special notice in this and in many cases. It is the difficulty of determining the exact position of the bladder. Here we were satisfied that it was too close to the constricting wire, so, before tightening the wire, Dr. Baines passed a sound into the bladder which was found to spread out upon the neck of the uterus up to the wire, which had to be moved higher up. It is an easy matter to include the bladder in the grasp of the constricting wire, with direful results.

Recovery from shock was very satisfactory—a good quantity of urine was secreted, the bowels were moved by calomel and rectal injections of mag. sulph. solutions on the second day, and fair expectations of recovery are entertained.

A few words might be said with regard to choice of mode of removal of these tumors of the uterus. Of late years certain operators have advocated the total extirpation, or intra-peritoneal treatment of the stump, and such would seem at first glance to be the ideal methods, but in surgery we cannot afford to be carried away by theories, nor can we adopt new and comparatively untried methods for the older and well-tried ones. On this continent J. Price has strongly upheld the extra-peritoneal method, and he says that it is the safest way. "That the nœud should never slip, that the bowel should never be included in it, and that by care the bladder and ureters ought never to be involved."

J. Greig Smith, of Bristol, in the fifth edition of his work on abdominal surgery, published this year, states that the mortality is about twice as great in cases where the pedicle is treated in the intra-peritoneal method as where the stump is secured outside. Vautrin gives intra-peritoneal treatment, 56.2 mortality; extra-peritoneal treatment, 33.3 mortality. In deciding which plan to adopt we must not