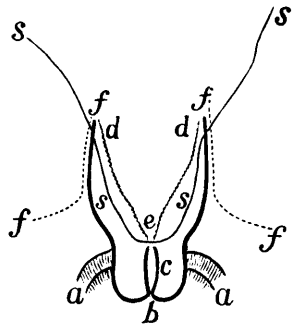
follows: "After the tumor has been brought out through the incision, the upper portion of the incision is closed. The broad ligaments are secured in two places and divided between the ligatures and the elastic ligature applied. After the tumor is cut away the end of the stump is stitched as shown in the drawing (Fig. 1). The elastic ligature is then removed; and new stitches put in if there is bleeding, the uterine arteries being tied separately when visible. The broad ligament pedicles are drawn up and stitched to the side of the stump around which the parietal peritoneum is adapted. The sutures to close the abdominal wound are then passed, those next the uterine stump being passed through it." Fritsch has operated in this way on 19 cases, without a death.



(*a*) Vaginal wall. (*b*) External os. (*c*) Cervical canal. (*d.e.d.*) Funnel shaped raw surface left after excising mucous membrane. (*r*) Peritoneum. (*s*) Suture.

At a recent meeting of the American Association of Obstretricians and Gynæcologists, Dr. Werder read an interesting paper on the elastic ligature in the extra-peritoneal treatment of the pedicle. In speaking of its advantages, he says that the elastic ligature gives absolute security against hæmorrhage, and with it there is less danger from sepsis, because the dressings do not require to be disturbed for the first few days; nothing, therefore, prevents the formation of firm adhesions between the approximated peritoneal surfaces within the shortest space of time, thus securely excluding all septic matter from the peritoneal cavity that may subsequently form about the pedicle.

In the discussion that followed, Dr. Krug, of New York, said that he had given up the employment of the elastic ligature and extra-peritoneal treatment of the pedicle. He believes in not leaving any stump, and takes out all the uterine tissue and drains by the vagina. He has had remarkable success by this method, having operated in several cases without a death.

It is very difficult, or almost impossible, to get statistics of cases of abdominal hysterectomy, as writers give them along with their results of operations for the removal of fibroids tumors, not specifying the respective operations.

Thos. Keith reports 26 cases with four deaths. Tait, 88 cases, with a mortality of 11.3%, the last 31 being without a death. Joseph Price, 26 cases, without a death. In all, I have been able to collect 94 cases with 15 deaths. In 57 of these the stump was treated extra-peritoneally, with seven deaths; 22 intra-peritoneally, with four deaths, and in the remaining 13 it was not specified whether the treatment was intra, or extra-peritoneal.

There can be little doubt but that the safer way of treating the pedicle, from our present knowledge, is by the extra-peritoneal method, either by fixing it with *serre-nœud*, clamp, elastic ligature, stitches, or Tait's pins. Tait and Bantock both remark that certain cases of pedunculated fibroids might be treated by ligature and dropping the pedicle; but some pedicles would be insecure and dangerous, no matter how carefully they were tied, and even the most tempting pedicles cannot be relied on, for after they have been tied ever so tight they may begin to bleed within 24 hours.

On the Continent better results have been obtained from the intra-peritoneal treatment of the pedicle.

Sir Spencer Wells, in speaking of hysterectomies and the best means of treating the stump, says:— "I cannot help thinking that, as in ovariotomy, the clamp at one time gave better results than the ligature, but gave way to intra-peritoneal methods, so it will be with hysterectomy. But this is a matter for further observation, and improvements in the mode of applying the ligatures will, no doubt, be suggested."

(*To be continued.*)

The *Therapeutic Gazette* says that one part of menthol, twenty parts of alchohol, and thirty parts of simple syrup relieve nausea and vomiting—sometimes even the obstinate vomiting of pregnancy—if given in teaspoonful doses every