that should be enclosed in one ligature, that it affords a safe knot, is easily disintegrated and removed by absorption. This ligature should be soaked at least 24 hours in pure carbolic acid before using, and not allowed to come in contact with water, and for convenience it may be cut into lengths of about 15 inches and allowed to stand in pure alcohol. For closing the abdominal wound there is nothing better than silver wire for the deep, and carbolized horse hair for the superficial sutures. Great care should be taken when closing the wound to have the divided structures carefully coapted, while at the same time avoiding the inclosure of any muscular tissue—as advised by Dr. Goodell.

By attention to this last point we avoid suppuration in the track of the sutures, and save the patient a great deal of suffering. There can be no advantage from effecting union between the recti muscles. It cannot possibly strengthen the abdominal wall, and must interfere with the proper action of these muscles.

In removing the silver sutures cut the wire close to the skin, with the blades of the scissors lengthwise of the body. In this way, pain and injury of the tissues in the track of the wire are avoided. In all my operations I use horse hair for the superficial sutures, and never, in any instance, has it slipped or caused the slightest irritation. As to the abdominal wound there is much need for good judgment in selecting the best place and mode of making the incision.

It is most important to confine the wound, as nearly as may be, to the medium line midway between the umbilicus and the pubis. In no case should the incision be extended toward the pubis nearer than one and a half inches. The reason for this is that the lower parts of the abdominal wall are the most important for sustension of the bowels, and also because the ligamentous structures of that part when once divided are difficult to co-apt and retain in juxtaposition till union takes place. A small incision of 1½ to 2½ inches is all that is needed in most cases of ovariotomy or removal of the uterine appendages, and when this wound is properly made, it unites perfectly and becomes almost obliterated after a few months.

The abdominal incision should be made in the median line, so as to divide the sheath of the recti muscles without cutting a single muscular fibre, for the reasons already given. The division of the skin and adipose tissue should be made at one stroke of the scalpel; it is worse than mere waste of time to divide the structures upon a director layer by layer; it is a bungling way to operate, and leaves the edges of the wound in such a state as to interfere with primary union. Care is needed in entering the peritoneal cavity; but be sure you are in the cavity before proceeding further with your operation—I have seen more than one operator attempt to enucleate the cyst before cavity had been reached.

In ovariotomy or spaying, having reached the pedicle, it should be ligated in small segments, taking care to avoid wounding any vessel, and when possible ligating the larger vessels by themselves—use the linen thread, tie firmly and cut off short—you need not fear hemorrhage. Always divide the distal end of the pedicle with the scissors, and at least ¼ of an inch from the ligature. I need not refer to the importance of thoroughly cleansing the cavity, and introducing a drainage tube when necessary or a piece of carbolized lint. It is not advisable to allow a drainage tube to remain longer than 36 hours.

We have already referred to the closure of the wound and, therefore, speak of external supports. I advise the use of carbolized gauze to the wound, a pad of 6 or 7 thicknesses, 3 inches wide, placed on the wound, and kept in place by 2 or 3 straps of rubber plaster, not more than 10 inches long. I allow no other dressing, except in those cases where the tumor removed was of enormous size and the parieties flabby, when an abdominal bandage is applied for 24 or 36 hours.

Bandages are of no use, they greatly inconvenience the patient, and interfere with the use of hot water fomentations which are of great comfort and service in almost all cases for the relief of pain and arrest of threatened inflammatory action. Another point is, that I allow my patients to move in the bed so as to secure the most comfortable position. If the vessels are properly secured there is no danger of hemorrhage, and the relief from a constrained position, long maintained, is of great value in securing nerve and muscular rest. I also believe such movement favors the restoration of the natural position of the bowels, which sometimes become deranged during the operation. Anyway, I have never seen any ill effects from such movements.

With regard to removal of uterine fibroids I have been led to vary the operation a good deal. When the growth is large, I think it well to divide