

spoken very favorably of Alexander's operation for the cure of displacements, owing to the difficulty experienced in finding the round ligaments and to the danger of leaving a hernia. Since I have seen the operation performed without general anæsthesia, but merely by the aid of a hypodermic injection of cocaine, and by the improved method of Dr. Kellogg, of Battle Creek, I have been led to think more favorably of it. While visiting the large sanitarium at that place last month, Dr. Kellogg kindly operated on a case which he had been keeping for me, and I was astonished to see how freely he used the cocaine. During the course of the operation, including two sides, he used a syringe containing four grains of hydrochlorate of cocaine. In other words this lady received in the course of half an hour four grains of cocaine divided into four injections of a grain each, and with no ill effects whatever. During the whole time she was watching the operation and asking what each thing was as the Doctor picked it up with his forceps or hook, with the exception of a few minutes, when he insisted upon her laying her head down. Dr. Kellogg has performed the operation sixty-five times, and the most of them with an important modification. Instead of looking for the terminal extremity of the ligament where it is merely a thin aponeurotic expansion, he makes his incision directly over the line of the inguinal canal between the internal and external abdominal ring, when, on making a tiny incision in the aponeurosis of the external oblique, the red fleshy belly of the muscle is seen. This is hooked up with a small strabismus hook and it is pulled out of its sheath as far as it will come. The uterine end of the loop is then stitched to the wall of the canal and the two inches or so of slack are carefully tucked back into the canal. Fine iron dyed silk is used and the operation is performed antiseptically, his results being very good. The only time the patient complained of pain was when he was pulling

out the muscle from its peritoneal sheath. It is probable that cocaine is destined to take a still more prominent part in gynecology and surgery generally. Dr. King, of New York, in a private letter, tells me he uses it invariably in applying electro-puncture to uterine fibroids through the abdominal wall, an operation which he has performed over 400 times.

In the *British Medical Journal* there is an article on the treatment of cancer of the uterus by carburetted hydrogen mixed with equal proportions of olive oil. Of course, it is only palliative.

Dr. J. H. McBride, in the *Medical Standard*, reports several cases of paralysis and neuroses in uterine diseases; but I think they are pseudo-paralytic symptoms, such as are due to dyspepsia, as I have frequently seen the same symptoms in dyspeptic men, in whom there was no nervous disease whatever.

Dr. W. Gill Wilie (*College Medical Journal*), in a very interesting article, strongly recommends boro-glyceride and cotton as a substitute for the pessary; but he says it is a mistake to regard a simple displacement of the uterus as a disease, although it is frequently associated with serious diseases. As a rule, if the disease is cured, the displacement is of little consequence, and that the pessary is only a helping instrument, that it is only palliative, and that its use alone is not good practice. He uses with great success one ounce of boro-glyceride and enough of pure glycerine to make a pint, and one ounce of sulphate of alum if he requires an astringent; if not, the acetate of aluminum. He takes the borated cotton, which comes in flat sheets, rolls this firmly into a roll about one inch in diameter and two inches long, tying it with a good flax string at the end; this, thoroughly saturated and put into the vagina, will retain the shape for four days. It will stay where it is put, and in four days it will be in almost the same position. For the first twenty-four hours after it is introduced