

ranged in a row at a little distance from the foot of the table. Contrary to general custom, Schröder stands on the left of the patient; on her right is his assistant, Hofmeier, Secundärarzt to the hospital. No spray. The instruments lie in shallow glass dishes, covered with an antiseptic solution, within easy reach of the operator. The needles and ligatures are in charge of a nurse who stands near the head of the patient. Schröder uses a knife with a blade at least four inches long, and by a few rapid cuts from pubes to umbilicus upwards, opens the abdominal cavity. He then makes a rapid survey, searching for and separating anterior adhesions. No trocar is used, but the knife is plunged into the cyst, the woman being turned on her side while it empties, but no particular care is taken to prevent entrance of cyst fluid to the peritoneal cavity. The abdominal suture is made by curved steel needles, held by a needle holder. They are passed through the whole thickness of the abdominal wall, nearly an inch apart. A few superficial sutures are used, but no great care to carefully adjust the edges.

I saw Schröder do four ovariectomies, three of which were simple enough and soon over, but the fourth was evidently a malignant tumor, with numerous very vascular, parietal and pelvic adhesions—some to viscera. The bleeding points were tied where practicable, but as troublesome oozing from the pelvis continued, the vagina was tightly tamponed, while sponge pressure was being made from above in the pelvis. Abdominal suture was then rapidly completed, and compresses over the parietes with a firmly applied bandage—the whole a very different method to Lawson Tait's for similar complications.

Gusserow is the second professor of obstetrics in the University of Berlin—a quick, nervous, excitable, friendly little man, speaking English fairly well. His clinic is a fine new building, one of the departments of the great Charité Hospital. I saw him do two laparotomies—the first a so-called Tait's operation, but of which I am sure that distinguished surgeon would absolutely refuse the paternity. I arrived late and did not get a good view, but this much I did see—an enormous quantity of silk for ligature purposes left in the peritoneal cavity. The ligatures were all applied by transfixing the part with a curved