Intraperitoneal Hemorrhage; Reopening of the Abdomen; Recovery. By HENRY W. FREEMAN, F. R. C. S. T. The bleeding came from a rent in the pampiniform plexus of the broad ligament, between the uterus and the stump of the clamped pedicle. The rent was probably due to traction on the tumour in lifting it out of the pelvis before the pedicle was clamped. No bleeding occurred when the pedicle was drawn upwards owing to mechanical closure of the rent by the traction thereby exercised on the broad ligament.

The author directs special attention to the fact that he was enabled to establish his diagnosis of secondary hæmorrhage (and thus save the patient's life) by means of the glass drainage tube which he had fixed between Douglas' pouch and the lower angle of the abdominal incision.—*Lancet*, Vol. i, June 4, 1887.

III. Total Extirpation of the Uterus by the Vagina for Carcinoma; Recovery. By Dr. E. C. STIRLING, of Adelaide Hospital. Having divided the inferior attachments of the uterus the operator forcibly anteverted it and drew it out of the vagina by the help of an assistant's fingers behind and a Barnes's polypus hook in front.

There was troublesome hemorrhage from the stump of one broad ligament, its ligature having slipped, and the need of strong and large artery forceps was felt.

A T-shaped rubber drainage tube and frequent antiseptic irrigations were used.

It appears that the whole of the disease was removed, but the question of recurrence must remain as the operation was performed only in September last.—*Brit. Med. Jour.*, May 21, 1887.

A. F. STREET (Westgate).

IV. On the Control of Hemorrhage by Forceps in Vaginal Extirpation of the Uterus. By Prof. P. MUELLER. The best method for vaginal removal of the whole uterus is still an open question. Two difficulties are met with: one the long duration of the operation, the other the uncertainty in controlling hemorrhage. These become very important, whereas frequently the patients are greatly weakened before the operation. On the basis of five cases, M. here