interstitial portion of the tube, closing the wound in the usual manner with a running catgut.

If by reason of anatomic anomaly or enlargement of the collateral branches a second ligature is necessary, it is applied after or before the removal of the clamp, but always in its course in the substance of the tissue and often in the parchment-like clamped portion.

In hysterectomy both the uterine and ovarian arteries are clamped off and tied in precisely the same manner (Fig. 4).

Used in this way there can be no slipping of the ligature, or contracting and withdrawing of the artery from the stump. The advantages claimed for this method are:

1. Complete and permanent hemostasis, with no pos-

Fig. 5.—The linear stump after the use of the Newman clamp and ligation of the ovarian artery.

sibility of the ligature slipping either off the end of the artery or of the stump.

2. Inability of the artery to contract and draw away from the grasp of the ligature and form hematoma or hematocele.

3. By the combined use of the angiotribe and ligature multiple thrombi are formed, plugging the vessels most securely.

4. There is no puckering up or massing together of broad-ligament tissue to draw upon or displace other organs or structures.

5. No strangulated stump tissue remains to slough, granulate and form adhesions.

6. The amount of foreign matter left in the wound is reduced to a minimum.

7. The rapidity of this method and its bloodlessness materially lessen the danger of postoperative shock.

8. Convalescence is eased materially and hastened to a marked degree.

100 State Street.

Clinical Report.

VALUE OF METHYLENE BLUE IN OPERATING ON FISTULOUS TRACTS.

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On June 23, 1901, I was called by Dr. S. to see Miss B., aged 43, she having had during the previous winter an abscess, situated between the right tuberosity of ischium, and anus, opened and twice operated on by a Philadelphia surgeon.

This had refused to heal. On examination, a line of scar tissue was found to extend from the outer side of the anal sphincter almost to the ischial tuberosity; about the center of the scar was a small opening from which oozed pus and the margins of which were undermined and unhealthy. A probe passed upward and outward into the right ischio-rectal fossa, a distance of three and one-fourth inches, but no opening into the rectum could be detected at this examination. The tract was cleaned by hydrogen dioxid and water, equal parts, and afterward with alcohol 50 per cent.; this was continued for about two weeks, tenderness disappeared and the general appearance improved. On using hydrogen dioxid, in full strength with force, a very slight foam discharged from the anus.

Examination by speculum revealed a minute opening about three inches above the anal margin. The patient's general health had improved and we determined on an operation.

Whether by inspiration or unconscious plagiarism, which is so common, I resolved to inject the tract with a solution of methylene blue, thirty grains in an ounce of 50 per cent. alcohol. This was done with considerable force three times during twenty-four hours. The patient having been prepared and an anesthetic administered, the anus was stretched and the small opening in the rectum, stained blue, could be easily seen nearly three inches above the anal margin. A grooved director was passed and the intervening tissue, including the sphincter, divided; separating the edges of the incision, the fistulous tract could be plainly seen stained a deep blue and Y shaped, the prong of the Y, extending into the ischio-rectal fossa, was about one and three-fourths inches; the straight line opening externally was the same length.

The deeply-stained tissue could be easily distinguished, and was removed with a sharp curette and the space carefully cleaned and packed about a moderately soft rubber tube in the rectum, extending beyond the dressings, which were changed as needed.

As so much has been written about the hairpin in surgery, I will state that one spread and bent at an acute angle to keep it from slipping was used inside the rubber tube and prevented obstruction by pressure of packing. The tube allowed passing of flatus and fluids, gave the patient much comfort, and avoided the necessity of changing dressings frequently.

The patient recovered nicely and now has control of stools and flatus. I expected later to make end-to-end suture of the sphincter, but she is satisfied with the result.

The deep staining of the diseased tissue and the ease with which it can be distinguished and completely removed leads me to report this case. I do not think in any other way can we be certain of its complete removal, which accounts for the two previous failures of operation. The injection of methylene blue as described will enable the surgeons to follow any tortuous tract and can be applied to old sinuses of any kind.

18 N. Pearl Street.

The Lisbon Method of Prohibiting Expectoration in Public Vehicles.—The authorities at Lisbon have issued regulations forbidding spitting on the floor in public vehicles, under penalty of a fine. The point that distinguishes the measure from others of its kind is that the conductor of the vehicle is the responsible party, and the penalty fine is collected from him unless he can produce evidence to prove that he appealed to a policeman and that the latter refused to interfere.