posterior edges of the vaginal wound. The portions of the cervix below the line of union are amputated. Finally a Hegar kolpoperineorrhaphy is performed. The writer claims that the cicatrices which result furnish a firm support to the uterus. Thirteen successful cases are reported.

Vaginal Hysterectomy with the Angiotribe.—TESSIER (Paris thesis; abstract in *Centralblatt für Gynäkologie*, 1899, No. 14) reports twenty-nine operations by Tuffier, with two deaths. His technique is similar to that of Doyen. The peritoneal cavity is opened anteriorly and posteriorly, the uterus bisected, and each half is pulled down. The angiotribe is then applied to the upper portion of each broad ligament from above downward, screwed tightly, and the tissue between the jaws of the instrument and the uterus is divided, after which the former is removed. The lower portions of the ligaments are treated in the same manner. In cases in which the uterus is fixed, clamps may first be used, the angiotribe being applied outside of them, after which the clamps are removed. The main point in the operation is to tighten the screw as firmly as possible while the instrument is held perfectly steady, otherwise when the tissues are friable it may tear away. It is also advisable not to grasp too much tissue at one time.

Vaginal Section.—DALLY (Paris thesis; *Ibid.*) argues against the advantages of the vaginal as compared with the abdominal incision, on account of the greater danger of injuring important structures. He would limit vaginal section to cases in which a collection of pus is easily accessible through the posterior fornix. Diseased adnexa are best removed by celiotomy or vaginal hysterectomy. Explorative vaginal section furnishes much less information in a doubtful case than is obtained by the abdominal route. While the mortality is certainly small, the ultimate results of vaginal section are not as satisfactory as has been represented, especially in complicated cases; fistulæ frequently persist, requiring a subsequent radical operation for their cure.

Disinfection of the Hands with Alcohol.—AHLFELD (*Zeitschrift für Medicinalbeamte*, 1898, Heft 17 and 18) wonders that surgeons assign so little value to alcohol as a disinfectant. The statement of Mikulicz that it does not destroy the bacteria in the deeper layers of the skin he believes to be erroneous. Alcohol having a strength of 96 per cent. is preferable to weaker solutions. Bichloride solution is unnecessary, and other antiseptics in order to be efficacious must be used in such strong solutions as to injure the hands. The writer believes that the method of disinfection by scrubbing with soap and hot water and then with alcohol will be preferred in the future, by both surgeons and midwives. Moreover, brushes, catheters, intra-uterine tubes, etc., can be disinfected in the same way. A 50 per cent. solution of alcohol is useful for disinfecting the external genitals in obstetric practice.

TRAJEN (*Zeitschrift für Geb. u. Gyn.*, Band xxxviii, Heft 3) believes that alcohol is a good germicide as well as a mechanical cleansing agent. From a large number of bacteriological experiments he infers that 75 and 90 per cent. alcohol has a more powerful bactericidal action than either 50 per cent. or absolute. He recommends Fürbringer's method. Over four hundred examinations of the hands of midwives were made after careful disinfection, and