

separates the Small-pox hospital from the neighboring buildings, can we attribute a minor degree of vitality to the small-pox germs which must be wafted out of the ventilating shafts in countless numbers to be distributed in the neighborhood? Experience has taught us that we cannot.

Another, and perhaps more likely, source of infection must not be overlooked. On the 11th and 12th ult., I attended for a *confrere* a case of Scarlet fever in the immediate vicinity of the hospital, and on the evening of the 12th I went direct from the house to the hospital. At this period she was almost convalescent. The stage of incubation is so variously placed by different authors, ranging from three days to a month or more, that this may have been an instance of prolongation of the period of latency. With an impoverished condition of blood the Scarlet fever poison may not have met with sufficient quantity of that "mysterious something," different for each exanthem, upon which the germs are supposed to live, grow, and at last, happily, exhaust; and hence a lengthened period of incubation, with retardation of the eruption.

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*Case of Multilocular Ovarian Tumour.—Removal.—New Method of Ligaturing the Pedicle.* By JOHN BELL, A.M., M.D.

On the 14th of June, I was requested by Madame M. to see her daughter who was suffering from a tumour in the abdomen. I saw her the next day, and diagnosed the tumour to be ovarian and cystic in its nature and recommended its removal.

The patient, a French Canadian, recently came up with her family from Rivière du Loup, *en bas*. She is 21 years of age, single, of medium height, of well-developed figure and frame, with pale or rather sallow skin. Until the last few days she had been able to walk about with comparative comfort, but now she spends most of the time lying down. Her appetite has been habitually poor, and there were but