

it is necessary to urge the importance and necessity of Surgical Cleanliness. The mighty revolution that has taken place in surgical practise, and the brilliant results that are following in its track have simply swept surgical opinion all over the world, into one stream of thought and antiseptic surgery is no longer a subject for discussion.

There are still some details of the best method of reaching complete asepsis on which there are differences of opinion. On the question of the use of drainage tubes various views are held and the best and safest material for ligatures and sutures is still under discussion.

In many of the operations sterilized silk was used exclusively and in most cases it acted well and remained sterile, but a sufficient number of suppurating ligatures occurred to make one fear the use of this material. My choice for internal ligatures and sutures is sterilized cat-gut boiled in alcohol previous to the operation. In most cases drainage tubes were used, but in abdominal operations and some others they were dispensed with.

In the abdominal operations the wall was sutured in three layers; first, the peritoneum, then the muscles and fascia and lastly the skin. The subcutaneous suture is a great improvement in closing the superficial wound.

The operations included 12 cases of Abdominal Section, 6 cases of Vaginal Hysterectomy, 5 cases of Amputation of Breast, 1 case of Median Lithotomy, 1 case of Osteotomy for advanced Club-foot, 3 Arthrectomies, 1 Radical cure of Hernia, 2 Amputations, 4 cases

of Trachelorrhaphy and Perinorrhaphy. In all the cases but one I was assisted by Dr. Black, and the Staff of the Infirmary, and the House Staff of the Hospital.

The histories of the Hospital cases were prepared by Dr. Cogswell, the House Surgeon and those of the Infirmary by Dr. W. D. Finn.

CASE I. Large Dermoid Ovarian Cyst Coeliotomy; Recovery.—J. C., school girl, aged 11, admitted to surgical ward Oct. 26th, 1894. Family history good; Complained of an enlarged abdomen, 6 months standing. Developed slowly at first and without pain. Abdomen was aspirated four times while in medical ward, 150 oz, 170 oz, 185 oz and 240 oz respectively being withdrawn. Fluid straw colored, sp. gr. about 1008. It was not until the last aspiration that a tumor was positively diagnosed. Circumference of abdomen at the umbilicus $37\frac{1}{2}$ inches.

Oct. 29th. Was operated on. A large cyst was found adherent in some places to peritoneum and omentum. These adhesions were broken down and pedicle which was attached to right ovary ligatured and cut. Silk used for ligatures and sutures. Sterilized water for solution. Cyst was multilocular and contained a large amount of fluid. It was also partly dermoid, containing a great number of teeth as well as hair, skin and a well formed nipple. Left ovary normal. Patient made a good recovery. Temp. did not rise above 100° F. Discharged from hospital Dec. 8th, recovered.

This case was one of great interest not only on account of the age of the patient (11 years), the immense size of the tumor and its dermoid contents but the diagnosis was very difficult, for after each tapping a large hard mass remained floating about in what appeared to be the empty peritoneal cavity. The weight of opinion before the operation favored the diagnosis of ascitic fluid with a solid peritoneal or retro-peritoneal mass. On opening the abdomen it was found to be a very large, watery cyst attached to a hard mass of cyst growth.