sure you are in the cavity before proceeding further with your operation; I have seen more than one operator attempt to enucleate the cyst before the cavity had been reached.

In ovariotomy or spaying, having reached the pedicle, it should be ligated in small segments, taking care to avoid wounding any vessel, and, when possible, ligating the larger vessels by themselves—use the linen thread, tie firmly and cut off short—you need not fear hemorrhage. Always divide the distal end of the pedicle with the scissors, and at least ¼ of an inch from the ligature. I need not refer to the importance of thoroughly cleansing the cavity, and introducing a drainage tube when necessary, or a piece of carbolized lint. It is not advisable to allow a drainage tube to remain longer than 36 hours.

We have already referred to the closure of the wound, and therefore speak of external supports. I advise the use of carbolized gauze to the wound, a pad of six or seven thicknesses, three inches wide, placed on the wound, and kept in place by two or three straps of rubber plaster, not more than ten inches long. I allow no other dressing, except in those cases where the tumor removed was of enormous size and the parieties flabby, when an abdominal bandage is applied for 24 or 36 hours. Bandages are of no use, they greatly inconvenience the patient, and interfere with the use of hot water fomentations, which are of great comfort and service in almost all cases for the relief of pain and arrest of threatened inflammatory action. Another point is, that I allow my patients to move in the bed, so as to secure the most comfortable position. If the vessels are properly secured there is no danger of hemorrhage, and the relief from a constrained position, long maintained, is of great value in securing nerve and muscular rest. I also believe such movement favors the restoration of the natural position of the bowels, which sometimes become deranged during the operation. Anyway, I have never seen any ill effects from such movements.

With regard to removal of uterine fibroids, I have been led to vary the operation a good deal. When the growth is large, I think it well to divide the mass in a vertical line, having, of course, constricted the pedicle to prevent bleeding, and then having enucleated the growths, I form the stump of the uterine tissue only, making the V incision, referred to in a former paper upon this subject. This mode of forming the pedicle has been used by myself for some years; yet inasmuch as Auguste Martin has adopted the same procedure, I am unable to say which of us is entitled to priority. One great advantage in thus operating is that a pedicle can always be secured, and the vascular connection of the flaps with the pelvic circulation need not be completely cut off. By this procedure the roof of the pelvis is maintained for the support of the abdominal viscera. The quilting, or shoemakers' stitch, used by me to coapt the flaps, suffices to control all hemorrhage after the ligation of the uterine arteries. The advantage of this mode of dealing with the pedicle requires no special pointing out. Another thing to which I would refer, is the value of linseed tea enemata; they greatly facilitate the passage of flatus, and give much comfort to the patient, while they are valuable for the sustentation of the patient at a time when but little nourishment can be administered by the mouth. The value of hot water fomentations in threatened peritonitis and cellulitis, is worthy of more attention than is generally supposed to be necessary. To be useful, however, they must be efficiently applied, and here I would say, trust no one to do the work without you have seen that they can do it well.

As to medicinal treatment, I hold but little to it. Aconite in solution, in two or three drop doses every four hours, is of some value when the pulse is wiry and quick, and the skin hot and dry. For the distress arising from flatulence, I have found caraway tea frequently do good service. When possible, avoid using the catheter; allow the patient to pass her water voluntarily.

There are many points connected with uterine ovarian operations which I have not alluded to, but have briefly referred to some things that I deem to be original, and to others that, perhaps, are not generally known. My main object, however, has been to elicit a discussion, and if in this respect my hopes are realized, I shall be satisfied.

An interesting discussion followed upon the reading of the paper, a report of which will appear in the "Transactions of the Canada Medical Association."

THE London *Lancet* will be edited by Dr. Wakley, nephew of the late editor.