

believe that women were never really well after ovaries had been removed; in the majority of cases the operation has completely restored them to health. Among the most interesting cases was one of obstruction of the bowels ten days after removal of very adherent tubes and ovaries. The abdomen was reopened nine hours after fœcal vomiting had begun, and the intestine was found kinked and adherent; it was detached and straightened out, and the patient recovered. He considered the management of tubal pregnancy was one of the most brilliant advances in abdominal surgery. He reported a group of seven cases, all of whom recovered. They had all been sufferers for years from tubal disease, and two of them had been urged to have their tubes removed several years previously. In four of the cases the diagnosis had been correctly made and the other three were mistaken for pus tubes. In two of the cases a live child was floating about in the intestines and in the third it was lying in the ruptured tube. In these three cases there were from one to three quarts of blood in the abdomen. The symptoms in these seven cases were not exactly the same as those described in the text-books. Most of these women had had their periods regularly, but in all the breasts were enlarged. He thought that when we had these three symptoms: enlarged breasts, irregular flow and a painful rapidly enlarging mass in one side of the pelvis, we might suspect tubal pregnancy. If this is followed by an attack of syncope we might almost be sure of it, and should lose no time in operation, thereby saving every case. He thought that it was a disastrous policy to let them alone. Some of the nine cases of ventral and umbilical hernia were exceedingly difficult, it being necessary in some cases to leave at least one layer of the abdominal wall on the bowels which were adherent to the sac. They were nearly all closed with buried silk or worm gut sutures, which were left in. Although he had had a few cases of hernia following his early operations, during the last three or four years he had not had a case. This was owing he thought to leaving in the sutures for one month, a plan which he was the first to advocate. Since he had the Trendelenburg posture he did not use drainage,