result satisfactory if, in the place of an aching ovary, we leave a painful ventral hernia. A few words, therefore, on the prevention of ventral hernia may be opportune. When the edges of the abdominal incision are brought together clean and not bruised, and with corresponding layers of tissue in exact apposition, we obtain union by first intention. Under this term we may include all cases of union in which there is no suppuration or granulation, although it does not necessarily follow that there is an exudation of plastic lymph. The ideal union by first intention is, of course, one in which the cut openings of vessels and the cut fibres of other tissues exactly correspond and unite; but this probably never occurs after an abdominal section. The union is rather due to the exudation of plastic lymph from the opposite surfaces, which forms a gelatinous glue and which eventually becomes organized into white fibrous tissue. We can obtain a good idea of this process by observing what takes place when the tendon Achilles is cut by the orthopedic surgeon, for the cure of talipes equinus. After the subcutaneous division of the tendon, the foot is kept for three days in its former faulty position, so that the divided ends of the tendon shall become joined again by the fusion of plastic lymph. When a sufficient quantity of this has exuded, and while still in a soft and stretchable condition the surgeon gradually brings the foot to right angles with the leg, until there is perhaps a space of two inches between the cut ends of the tendon, which are united, however, by this band of soft plastic lymph. The foot is then left in position until this material has become thoroughly organized, when the patient will be found to have full use of the part. The same thing, I take it, occurs after an abdominal section, and it is owing to the too early removal of the suture while the plastic lymph is still soft and stretchable, and before it has become organized into white fibrous tissue, that we owe the great frequency of ventral hernia. By leaving in the supporting silkworm gut sutures for one month after the operation, we can avoid not only the risk of ventral hernia, but we are also saved the anxiety of the incision being torn open during a fit of coughing or other effort, and the intestines escaping out of the abdomen, as has occurred in several recorded cases. If the silkworm gut sutures are left in for a month, as I have done in my last fifteen or eighteen cases, they can do no harm, and this accident is absolutely prevented from occurring, although I am not positive as to the exact time it requires for conversion of this plastic lymph into dense white fibrous tissue, yet I will be in favor of leaving in the sutures at least until this process has had time to be completed. In my last few cases I have been introducing a few buried silkworm gut sutures through the cut edges of the abdominal fascia, which of course remain during the whole of the patient's life, and which therefore render the occurrence of ventral hernia impossible. These were introduced after the through and through sutures had been placed in position, and before the latter were tied.