

operating the patient should be thoroughly examined and suitable treatment administered.

The diseases of women are now treated by operations almost exclusively, and general practitioners, whose patients are pretty comfortable without such radical measures, must conclude that the uterus is made the scape-goat for the shortcomings of all other organs.

CLINICAL NOTES FROM JOHNS HOPKINS HOSPITAL.—CLINIC OF DR. KELLY.

BY ERNEST HALL, M.D., VICTORIA, B.C.

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CASE 1.—Woman, aged 36, complained of pain in right side, abdominal exploration, pelvic organs normal, small omental hernia found; part of omentum removed.

CASE 2.—Acute retroflexion, ventro-suspension; two silk ligatures inserted through peritoneum and sub-peritoneal tissues, half an inch behind the intratubal line. The advantage of this operation above other methods is its simplicity, its effectiveness as a support, and the fact that the operator has the pelvis open before him, and can manipulate and inspect the different structures. In many cases there are adhesions to be broken up, and occasionally a condition is found not previously diagnosed. In one case, Dr. Kelly found a small papillary cancer of the ovary, which he was able to satisfactorily remove without recurrence. The saving of this one life would influence him in no small measure to do the open operation. In over five hundred cases there has not been a case of strangulation, or hernia of the bowel, in connection with the newly-formed utero-abdominal ligament.

CASE 3.—Mass in left side of pelvis, crowding the uterus to the right, abdominal section; a small cyst of the urachus removed. The mass was covered with adherent and oedematous bowel. In attempting separation, thin pus oozed out. As enucleation of this dense, inflammatory mass, including ovary and tube, would risk laceration of the bowel, the coat of which was so oedematous that it would not retain sutures, the abdominal route was abandoned and the abscess punctured and drained through the vagina. A gauze drain was also inserted through the abdominal incision. If necessary, a complete enucleation will be done later.

CASE 4.—Young lady with pyuria presented for diagnosis. Complained of pain in various parts of abdomen, not localized over either kidney. An examination under anesthesia was made of the whole urinary tract, urethral glands, urethra, bladder and