

and the author of the valuable little book on "Tumors of the Ovary, Fallopian Tube and Broad Ligament." No spray. Long abdominal incision. After tapping and separation of anterior and other adhesions, Dr. Bantock proceeded to incise the peritoneal investment of the cyst near its base, and to enucleate it. This was not so difficult a procedure as might have been expected. It left a very extensive oozing cavity composed of the whole floor of the pelvis. Adhesions to the uterus were so dense, and bled so freely, that the operator decided to treat it by hysterectomy. A Koeberlé's serrenœud was applied to the cervical portion, screwed up, and the uterus cut off. The stump was supported by two pins, made to transfix it and rest on the abdominal wall. The peritoneal cavity was washed out, the edges of the cavity whence the cyst was enucleated attached to the edges of the abdominal incision and a drainage-tube carried to its bottom, and after a most careful toilette of the peritoneum, the incision was closed by silk-worm gut sutures, the material Dr. Bantock always uses for this purpose. The most accurate coaptation was effected. This operation lasted two hours, and was beautifully and most carefully done. Dr. Bantock showed me his patient next day. She recovered perfectly.

Mr. Thornton's case was a pelvic abscess bursting into the vagina and leaving a fistula. He is a beautiful operator, careful, dexterous, giving great attention to details, and taking plenty of time. Listerian precautions throughout, including dense carbolic spray from a large apparatus. A long incision, careful and clever tucking up of the intestines with a large flat sponge. Right ovary and tube extensively adherent and filled with pus. Bursting of the abscess during separation of adhesions with the fingers. The pus horribly foetid. Tube and ovary tied with silk and quickly removed. The stinking pus was mopped out with a sponge dipped in 1-1000 sublimate solution, by which the odor was quickly destroyed. The raw, pus-secreting surface was further dosed with a strong solution of iodine, and then again and again boiled water was poured into the abdominal cavity in large quantity till it returned perfectly clear and odorless. The water was carefully sponged out, and then a glass drainage-tube carried to the floor of the pelvis. Abdominal