dressing, which had been kept for me, and which I found to be saturated with bile coming from a small intestinal fistula. This, however, gradually diminished, and at the end of a week had closed entirely. The temperature did not fall to normal until the fifth day, since which it has never gone above 100°, and it has reached that only once or twice. This is now the 26th day, and the patient is walking about the ward eating heartily, and free from pain and fever, and is to go home to-morrow. The stitches were removed on the 20th day.

Mrs. L., a very stout Indian woman, 35 years of age, came under my care at the Montreal Dispensary with all the complete set of reflex symptoms which would have filled the programme for either an umbilical hernia or a lacerated cervix, both of which conditions act as irritants to the great sympathetic nerve. In order to cure her, I determined to remove the two sources of irritation at the same time; so after a few weeks preparatory treatment I took her into the Women's hospital, and, with the assistance of Dr. England, performed abdominal section. The incision was begun four inches above the round opening in the abdominal wall, and had to go through more than two inches of fat before reaching the external oblique. In continuing my incision downward on the director inserted under the skin I suddenly came upon many coils of the intestine over which there was absolutely nothing but the parietal peritoneum and the skin, which was not thicker than the finest kid. If I had made my incision as usual through the skin I would certainly have gone through the intestine, of which there was much more than one would have any suspicion of there being, judging from the outside appearance. Just above the hernial sac the abdominal wall was fully three inches thick, while over the sac it was not more than one-sixteenth of an inch thick. The intestine was returned and the hernial opening was closed with carefully prepared catgut. Previous to closing the opening, three silkworm gut sutures were passed about an inch from the edges of the opening, and they were only tied after the opening was closed with the catgut. My object in not dissecting out the sac was, to obtain a larger area of adherent surface than could be obtained by leaving only the clean cut edges of the peritoneum. The wound was dressed with dry boracic acid, and the patient being drawn down to the edge of the table, her cervix was repaired according to Emmet's method. The two operations consumed less than an hour, the A. C. E. mixture being used. She had no vomiting afterwards, and she was up and about on the 14th day, and is going home to-morrow, the 21st day.

Mrs. B., æt. 36, came under my care at the Montreal Dispensary, suffering from pain and other symptoms which appeared to be due to a tumor filling the right vaginal fornix and pushing the uterus to the left, which was very tender on pressure and firmly fixed to the floor of the pelvis, and which I took to be ovarian. Acting on the principle that all ovarian tumors should be removed as soon as diagnosed, I advised operation, to which the patient consented, owing to the severe attacks of pain and reflex symptoms. My colleagues concurred in the advisability of this course, and, accordingly, on the 5th March, assisted by Dr. England, I made a section. The adhesions proved to be very dense, and snapped like violin strings. When near the surface the tumor burst, and its contents escaped into the abdominal cavity. The cystic ovary and tube of the right side was ligated and removed. The abdominal cavity was well irrigated with boiled water, a drainage tube inserted, and the wound closed with silkworm gut. There was a great deal of vomiting and thirst, and I allowed her to take considerable water. She was very restless on the third day. There being nothing but a little clear serum coming from the tube, I removed it, and ordered salines to start the bowels; and that night they suddenly began during the temporary absence of the nurse, when the patient raised herself in bed to reach to the bed-pan, but fell back in a faint. During the night they were moved a great many times, and she complained a great deal of pain. When I saw her on the morning of the fourth day she was very comfortable, although her pulse was weak and rapid. There were no other symptoms of hemorrhage, but her face appeared haggard. That evening I was hurriedly summoned and found her sinking fast. She did not appear blanched, and I did not feel justified in opening her. This was a mistake, for she died a few hours later, as I believe, from hemorrhage, although the friends absolutely refused to allow a post-mortem.

Dr. Hingston had met with a somewhat similar condition, though there was no hernia, and the patient enormously fat, and that he had come down on the peritoneum when he least expected to.

Gastro-Enterostomy.—Dr. James Bell then read a paper on this subject,

The patient, a young married woman, 31 years of age, was admitted to hospital, under