and covered by rubber cloth, containing oval aperture, and held tightly down.

The incision in each case was between four and five inches long, extending from an inch below the umbilicus in the mesial line toward the pubes. After cutting through the abdominal wall, a tapping instrument with rubber tubing attached was plunged into the cyst, and the fluid drained into a vessel beneath. The cyst-walls were then gradually extracted, the adhesions being broken down by the fingers or handle of scalpel, the blade being used very little—numerous artery forceps were employed and allowed to remain suspended until the close of operation—torsion in many cases doing away with the necessity for ligatures. The large arteries were all ligated with cat-gut. The pedicle in each case was secured by a strong double silk ligature passed through its centre, then divided, each half being tied by its own half of the ligature. These were cut near to the knot. The pedicle being cut short was returned into the abdomen. Great pains were used to perfectly stop the hemorrhage before closing the abdomen. Finally, by a free use of sponges the oozing ceased. The nurse was again ordered to count the sponges while the external wound was being closed with interrupted sutures. In neither case was a drainage tube used. Dry lint was placed over the surface and long strips of adhesive plaster laid laterally over the abdomen. The patient was then removed to a bed in the same room, and shortly after returning to consciousness a dose of opium administered. The lightest diet was ordered for several days. An enema after three or four days and no dressing of abdomen for a week.

Mr. Bantock's operations, which resembled very much those of Mr. Thornton, with the single exception that spray was not employed, were all equally successful in the end. He had one rather peculiar case that created a good deal of interest. A woman aged about forty had an immense abdomen. He and several other physicians had, at different times, examined her very carefully. They could not, however, be sure in diagnosis, and so he announced to the class that as the case was doubtful he would make an exploratory incision. He made all the preparations for ovariotomy if necessary, and then making a straight linear incision in the mesial line for three or four inches, introduced a director and cut through the peritoneum. As a result there was an immense discharge of light straw-colored fluid ; the case being one of peritoneal dropsy. Numerous adhesions had been formed between the gall-bladder, liver and intestines and granulations were present everywhere. The case was dressed like one of ordinary ovariotomy and made a good recovery, though in all probability the dropsy would not be long in returning.

Before leaving this subject I may mention that prior to leaving Edinboro' I had a long conversation with Dr. Keith. He has the reputation of being the most successful ovariotomist in the world. In recounting his experience he stated that some years ago he performed six operations within a few days of each other. He used the spray in every case. They were all what he considered average cases, and he performed the operations in his ovariotomy ward at the Royal Infirmary. Three out of the six died being a mortality of fifty per cent. This shook his faith in the efficacy of spray protective, and he determined to perform his next six without it although in other respects using antiseptic routine. The result was most gratifying and consequently he continued the practice. Out of the last fifty-one cases, although all spray had been discarded, he had lost but one, or barely two per cent., the lowest percentage on record. This result has had the effect of thoroughly establishing his views. Dr. Keith claimed that there were three valid objections to the use of carbolic spray in ovariotomy. 1st. The constant throwing of spray over the abdomen of the woman for the length of time required to perform the operation, had the effect of thoroughly chilling the system, and acting as a vital depressant. 2nd. The amount of carbolic acid absorbed was sufficient to have a seriously sedative or poisonous effect. 3rd. The spray obscured the parts operated upon, and consequently rendered the operation itself somewhat more difficult and dangerous. One would imagine that Dr. Keith's objection's are hardly entitled to the weight which he gives them, when we remember that Sir Spencer Wells, with his habitual use of the spray, loses barely four per cent.

It seems strange to find in the regular surgical staff of any large hospital such a diversity of views entertained by the leading men. One would judge however, that extreme Listerism is on the wane. And why should it not be? when men who have