cured by the first. It is much more satisfactory to us, to the patient, and to the good name of surgery to do all that has to be done at the one sitting, if they can all be done in about an hour. Why did I remove the other ovary? 1st, because tubal pregnancy never occurs in healthy tubes; and 2nd, because when one tube is diseased the disease nearly always spreads to the tube and ovary; 3rd, because several cases are on record where one tube and ovary having been removed for tubal pregnancy and the other tube has been left, the patient has had to have a second abdominal section for tubal pregnancy in the remaining tube.

This patient has made the most remarkable recovery I have ever known. Her operation took place at 10.30 a.m. Saturday, 20th Oct., and she was sitting up and dressed at the same time the following Saturday, 27th Oct. Next day she began walking about her room, and 13 days after the operation she went home, walking down stairs without help. She was carefully watched, but not only was not worse for getting up so early, but is apparently much better. She has her very small abdominal incision guarded by eight silk worm gut sutures, which will be left in for four weeks after the operation. By that time the incision will have become united by non stretchable material, so that there will be no hernia. The effect of the operation has been very satisfactory, the pain which she has suffered for several years having disappeared after the operation, and has not returned. In fact, she has assured me every day since that she is absolutely free from pain.

CASE III. *Hæmatoma of left ovary. Chronic Salpingitis. Removal of appendages. Recovery.* Mrs. L., 25 years of age, mother of one child, consulted me on 6th Aug. because she had never been well a day since the birth of her baby, 18 months ago, when she was confined to her bed for three months with milk leg and fever. Her labor was instrumental, and seems to have been a severe one, for she has the greatest possible dread of having another child. She has never had a miscarriage. Her periods last eight days, and return every three weeks. She suffers so much pain on coitus high up that she cannot endure her husband. She has also had a barking cough for nearly a year, but there are no physical signs in the chest.

On examination there is found a deep bilateral laceration of the cervix, and upon the left side near the uterus there is a lump about the size of a small orange. Examination by the speculum shows the cervical tissue very inflamed and of a bright red color.

I treated her by the usual means for reducing congestion of the pelvic organs twice a week during August, and up to the 6th of September, when she was still complaining greatly of the pain in her side. On that date the uterus was dilated and curetted, and the laceration carefully repaired, these operations being followed at the same sitting by cœliotomy and the removal of both appendages. The left ovary was firmly attached to the posterior surface of the broad ligament, and on detaching it, it burst, and about 2 ozs. of grumous blood escaped. As the uterus was in normal position, though large, ventrofixation was not performed. The peritoneum and fascia were closed with buried silk, and a layer of through and through silk worm gut stitches, which had been passed previously, were then tied. The patient made a good recovery, being up in two weeks, and going home in a little over three weeks. The silk worm gut was left in for over four weeks, being removed at a subsequent visit at my office. In removing the stitches I take care to draw them up, so as to cut a good distance from the knot, thus avoiding stitch hole abscess by infecting the track of the ligature. She has had no return of the pain in her side, and her cough has almost disappeared.