attendants was taken. A short incision was made, sufficiently large to admit two fingers. The great thickness of the abdominal wall, fully two inches, the very deep pelvis, and the firmly bound down ovaries and tubes presented a formidable case to deal with "Even in the hands of surgeons of the highest skill, it has not infrequently been abandoned as impracticable." (Page 195, Greig Smith) Rather than depend entirely on the fingers the operator preferred to enlarge the incision to five or six inches, and operate by the aid of sight.

Both ovaries were found enlarged filled with cysts prolapsed into the pouch of Douglas and firmly adherent to one another to the uterus in front of the rectum behind, and to a loop of intestine in the pouch, the tubes being enlarged and thickened. They were separated and removed, the pedicles secured with Lawson Tait's knot. Some difficulty was experienced in freeing them on account of the number and firmness of the adhesions. Oozing of blood was checked by sponge pressure. The peritoneum alone first closed by a continuous suture, afterwards the abdominal wound was closed by sutures extending down to but not through the peritoneum. A glass drainage tube was used extending down into Douglas' pouch, and a moist bichloride dressing put on, the end of the drainage tube extending up through the dressing. The tube was packed with moist gauze, and the whole covered with a large pad of moist bichloride gauze and a binder applied. Forty minutes being consumed by the operation proper.

Considerable vomiting, cramping pains and tympanites following operation. Thirst was relieved by enemata of water, the flatulence by citrate of magnesia till the bowels moved, the pain by morphia and atropia hypodermically. The pad covering the tube and the packing in the tube were removed at first every four hours, a soft catheter passed into the tube and the bloody serum pumped out with a glass syringe. The urine was drawn off every 5 or 6 hours, or rather when asked to be done. There was very little oozing, at no time were there more than a few drachms obtainable as most of it drained up through the packing in the tube into the pad which it discolored.

First day —Evening temperature 100·2, pulse 112.

Second day.—Evening temperature 99·8, pulse 108, pain not so bad, but thirst tympanitis and retching still severe, serum pumped out and packing in the tube changed every eight hours.

Third day.—Oozing very slight, pad very slightly stained, only a few drops could be pumped out, evening temperature 100·4, pulse 96.

Fourth day.—Nothing could be pumped out, drainage tube removed, and dressing removed and re-applied, wound found everywhere united.

Following the dressing patient complained a great deal of cramping pains and tympanites, retching again became severe, and temperature rose to 102·8, pulse 130.

Fifth day.—Morning temperature 99⅘, pulse 104; evening temperature 100·8, pulse 100, resting better.

Sixth day.—Morning temperature 99 6, pulse 88, very much improved.

Following this patient went on well without any bad symptoms.

Thirteenth day. —Dressing changed, opening for drainage tube completely closed.

Twenty-seventh day.—Put back into general ward, still without any bad symptoms.

The points of interest in this case, are many:—1. As far as can be ascertained this is the first time this operation has been performed in Manitoba, and certainly a more difficult case could not well be presented. 2. The "Furies of Abdominal Surgery" though showing angry signs were always kept under control. 3. "When not a drachm of serum could be withdrawn from the pouch of Douglass" it was then deemed necessary to remove the drainage tube.

CEREBELLAR ABSCESS.

T. J. C———, age 24, farmer, admitted November 17th, with typhoid fever. When quite young patient lost use of right ear as result of an injury; this ear has troubled him ever since, always aching a great deal, but never discharging much.