very severe a few days before each period. The usual routine treatment had been tried, including dilatation and curetting of the uterus. On July 10th I performed a celotomy and removed both ovaries, which were markedly diseased, especially the left one, upon which was a cyst as large as a walnut, and was ruptured while being removed. She made a rapid recovery, and is now quite free from pain.

Case 3.—Miss M., aged thirty, was a case of irreducible right inguinal hernia, upon which Dr. Wood kindly asked me to operate. She had a lump in the inguinal region about half the size of the fist, and evidently containing fluid and probably omentum. She has frequently suffered from indications of strangulation, which have subsided without any further trouble than an increased size of the lump, probably due to increase of its serous contents. On July 11th, I made an incision over the tumour, and, on opening the sac, found it full of a straw-coloured fluid, and at the bottom a piece of omentum was protruding through the external ring and bound by adhesions to its edge. These adhesions were freed by dissection, the omentum drawn down, secured by double silk ligature and removed. In order to do this, the ring had to be enlarged with a probe-pointed bistoury. There was now found to be considerable oozing of blood, and it became necessary to open freely the canal, and with my powerful hand electric lamp the bleeding was seen to come from the deep epigastric artery which had been cut. This was at once secured and tied. The sac was then tied and excised, the edges of conjoined tendon stitched with silk-worm gut to Poupart's ligament, and the wound closed. She made a good recovery, some of the stitches being left in for three weeks.

Case 4.—Miss M. T., aged thirty-four, was very similar to Case 2 in every way. On July 12th I performed a celotomy and removed both ovaries, which were badly diseased, especially the right one, upon which was a large dark cystic tumour. In this case I closed the wound with silk-worm gut sutures through all the tissues, and not by buried cat-gut and continuous tissue sutures, as I have been in the habit of doing in my other cases. She made an uninterrupted recovery, and has been quite free from pain. It is hardly necessary to say that every aseptic and antiseptic precaution was most carefully carried out, and to this it is largely due the success we have had with these cases in the new building.

Case 5.—Mrs. J. K., aged forty-three, came to me five years ago suffering from the results of a neglected laceration of the cervix. I did a trachelorrhaphy on June 19th, 1889, but two years ago she had another child, the labour being very severe, and she now returns much broken down in health, suffering from profuse menstruation, greenish-yellow leucorrhœa, and pain in back. I found a double laceration of the cervix, cystocele and lacerated perineum. On July 13th I did a trachelorrhaphy, using, as I always do in these cases, chromic cat-gut, which remains in for two weeks, and does not require removal as silver wire and silk-worm gut do, thus endangering the opening of the wound while a great discomfort to the patient. I then did