ease. I learn from a paragraph in an American journal, that an eminent ovariotomist requires all who witness his public operations to sign a paper certifying that they have not seen a dead body or an infectious living case for seven days; but such a sweeping precaution, even if it can really be enforced, seems to me uncalled for, when the operator must, in the ordinary course of practice, be daily placing his fingers in contact with discharges from the uterus quite as offensive, and probably as dangerous, as anything met with even in a *post-mortem* examination. I do not think anyone would be justified in making a *post-mortem* examination or going to an infectious case just before an ovariotomy; but I have great faith in a night's rest and a morning bath for removing all taint from the living body. Were it otherwise, indeed, I do not see how any one could practice his profession with safety, and the effect of such a regulation as that given above would be to confine ovariotomy to a very select circle of operators.

The operation was performed on December 6th, the patient being under the influence of ether. I made an incision exactly in the middle line, three inches and a-half long, beginning about midway between the umbilicus and pubes, and carrying it down towards the pubes. Having opened the peritoneum, I divided it to the same extent on a director, and the bluish cystic tumour at once came into view, there being no ascitic fluid. I then passed my hand in to make sure that there were no adhesions, and afterwards tapped the presenting cyst with a large trocar. Through this cyst, I tapped other cysts, but was unable to reach the large cysts in the left flank; and, therefore, having drawn the empty cysts forward, I tapped at a fresh spot. Having emptied two or three cysts through this opening, I was then able to draw the entire tumour out; Dr. Williams, who assisted me, carefully guarding against any prolapse of the intestines. The fluid of these cysts was thin, and ran readily through the canula; but not unfrequently one meets with such dense cyst-contents that it is necessary to scoop them out with the fingers, the aperture in the cyst being enlarged with scissors so as to admit the hand, and the greatest care being exercised to prevent any escape of the contents into the peritoneum. The only adhesions were two of the ometum to the tumour, and these I tore through, afterwards putting fine silk sutures upon a couple of bleeding vessels.

Next came the important question of the treatment of the pedicle. Having tried all the modern plans, I gave the preference to that of "tying and dropping"; *i.e.*, I tied the pedicle with silk and cut the ligatures short, so that I might close the wound completely. In doing this, it is important that there should be no risk of the ligatures slipping, and the best way is to use a double ligature, passing it through the pedicle with a probe, and then tying the two halves separately; and then, as an extra precaution, one of the ligatures is made to encircle the entire pedicle again on the uterine side of the other ligatures. I then divided the pedicle half an inch beyond the ligatures, and removed the tumour, which weighed three pounds and three quarters after the removal of five pints of fluid by the tappings. The tumour involved the left ovary; and I proceeded to examine the opposite one, and, finding cystic disease commencing there, I removed it with the same precaution. The edges of the incision were brought together with five silk sutures, which were passed deeply through the entire thickness of the abdominal wall, including the peritoneum. Mr. Spencer Wells settled the question of including the peritoneum by experiments on animals (the specimens from which are in the College of Surgeons' Museum), and showed that, if the edges of the peritoneum were brought together, they united rapidly by lymph, and thus effectually closed the peritoneal cavity again and prevented the access of inflammatory products. The same rule would hold good in cases of accidental wound of the peritoneum. No superficial sutures were used, but the abdomen was padded with cotton-wool and carefully strapped with plaster, so as to give support to the abdominal wall and contents, and thus to obviate vomiting to a great extent.

I need not trouble you with the details of the after-treatment, which consist simply in careful nursing, a dose or two of morphia to relieve pain, a simple injection on the fourth day, and a dose of castor-oil on the fifth day. The