is followed by fixation, it forms an artificial band over or under which the bowel frequently becomes strangled.

- VI. Removal of small fibroids by myomectomy. Rise of temperature after these cases is due to tying sections too tight. The tissues should not be blanched by the ligature.
- VII. Severe and exhausting hæmorrhages from uterus in a young lady are checked by curetting.

The uterus was opened from the fundus anteriorly along the middle line, thoroughly curetted and swabbed with alcohol. Appendages were not disturbed. Dr. Mayo has had several excellent results by this method and always tries it before resorting to extirpation of organs. Internal Alexandra was also done.

- VIII. Umbilical hernia. The Mayo flap operation.
- IX. Duodenal and gastric ulcers, non-active, the cicatricial indurated condition was plainly visible, both over the anterior portion of the duodenum and the lesser curvature of the stomach. Posterior gastroenterostomy.
- X. Intermittent hydronephrosis, moveable kidney. The kidney was withdrawn and a fibrous band found passing directly across and constricting the ureter at its upper part. This was severed, part of the capsule removed, twisted into a rope and secured through the adjacent muscles. The colon was then raised and stitched to the edge of the quadratus lumborum to fill up the space into which the kidney had sunk.
- XI. Carcinoma of jaw and glands of neck. The usual operation with removal of glands and cautery.
- XII. Polypus of sigmoid, diagnosed by sigmoidoscope, fully 13 inches from anus. The bowel was opened, the growth removed, and base cauterized.

An estimate of the value of the clinic may be gained from consulting the last, 1905, report of St. Mary's Hospital:—

Operations on the Stomach	217
Operations on the Intestines	808
Operations on the Liver, Gall Bladder and Pancreas	329
Operations for Hernia	294
Operations on Ovaries and Tubes	136
Operations on Uterus	211
Total intraperitoneal operations2	,024
Extraperitoneal abdominal	133
Total death rate intraperitoneal, 2.1 per cent.	
Total death rate in non-malignant intraperitoneal or	era-
tions, 1.7 per cent.	