was experienced in saving the patient's life, she ultimately made an excellent recovery, and is now in perfect health. In many others there were dense adhesions between the tubes and the intestines, causing slight tears in the latter, which were repaired, and the patients recovered.

One of the three deaths among the pus tube cases was due to drainage tube infection. For the first few years the drainage tube was used in nearly every case, but since we have the Trendelenburg posture, the drainage tube is rarely required, because we are able to see every part of the broad ligaments and tie every oozing part.

In this case the tubes and ovaries were densely adherent, and when they had been removed there was still a good deal of oozing, the source of which could not be found, so that a drainage tube had to be employed. But it led to fatal peritonitis. In the second case of death after pus-tube operation, the patient had had many attacks of pelvic peritonitis, so that the tube, which was a large one, was firmly imbedded in exudation. In digging it out it was torn in many places, so that it was almost impossible to avoid leaving some small portions of it. But the abdomen was carefully flushed out several times, and a drainage tube inserted. She had a fast pulse from the first day, and died of acute sepsis on the third day.

The third death occurred in a stout woman who had had many attacks of pelvic peritonitis, until she had become a chronic invalid. Her invalidism preventing her from taking exercise, she had grown very stout, and this rendered the operation more difficult. Layer after layer of dense adhesions were broken through, and the ovary and tubes were torn to shreds in the process of removal. Gauze packing was used to arrest the oozing, but this was removed in two days. The patient developed sepsis, and died on the sixth day. At the *post mortem* the peritoneum was found clean and free from fluid. This was the only death that has occurred at the Samaritan. All three of these deaths could have been prevented by a much earlier operation. There is still one other death to be accounted for, and that occurred in a case of simple cystic ovary, the cyst being about the size of an orange. The operation was quite easy, and there was every promise of a good recovery. On the fourth day saline mixture was ordered, and as it suddenly began to operate while the nurse was out of the ward, the patient attempted to get up to go to the chamber, but fell back exhausted and fainted. I was immediately sent for, but found her with a rapid pulse but low temperature; she never rallied. No *post mortem* was allowed, so that I am unable to state whether she died of hæmorrhage or not. Eight of the eleven deaths may fairly be put down to the operation, which would give a mortality of five and three-quarters per cent. in a hundred and forty-three cases.

Now as to the ultimate results of the 132 cases which recovered from the operation, the two cases of tubercular peritonitis and the case of cancer of the uterus, subsequently died from the progress of the disease, the latter case dying about four months later from cancer of the liver, while one of the tubercular cases died three months afterwards, and the other three or four weeks later from hæmorrhage of the bowels. Of the remaining 129, all gave excellent results, with the following exceptions: One of the pus tube cases who had had several severe attacks of pelvic peritonitis, in the midst of one of which the operation was performed, has never been well since, having a constant discharge of acrid pus from the uterus as well as suffering much pain in that organ, notwithstanding that she had been curetted and the lacerated cervix repaired previous to the removal of the two ovarian abscesses. In her case the uterus must be curetted again and drained, or else it will have to be extirpated. Her husband contracted gonorrhœa quite often, and may have reinfected her on her return home.

In three of the cases of retroversion and fixation, the ovaries and tubes being torn out of Douglas cul de sac, where they were adherent, were not removed, at the patients' urgent request, although I urged them before the operation to leave the matter to my discretion. These three women tell me now that they regret that they did not leave me to do as I thought best, as they still suffer from the ovaries, although the pain in the back and other symptoms of retroversion have been cured.

In several other cases I have opened cysts of the ovaries, and removed portions of the ovaries instead of removing the whole of them; but this procedure has not always been satisfactory.

Having said so much about the failures, may I