movable body in the left broad ligament, which I believe to be the left ovary, that is adherent high up behind the uterus. The right ovary, too, is enlarged and plainly adherent, so that they are both giving her more or less pain and destroying her health.

I shall feel justified in removing her ovaries under these circumstances, if she desires to have the operation done after I have explained to her the results. I tell women in these cases that they will probably gradually lose in a measure their sexual feeling, although it will not cause in them so much difference as castration does the opposite sex. The popular idea, that if a woman has her ovaries removed her voice will change and hair will appear on her face, is a mistake. Such changes do not take place when the ovaries are extirpated after puberty.

It has been stated that in fifteen per cent. of the cases oöphorectomy there is a loss of all sexual desire. It is difficult, however, to arrive at the true statistics, because women do not like to be approached on this subject. It is often the case that many women, after having their ovaries removed, will have for awhile greater sexual desire than they had felt for a long time. This is because the ill health, resulting from the long ovarian suffering, has been cured by the operation. But in a few years' time there will be a lessening of sexual feeling, and in some a complete loss. In the opposite sex after castration the sexual desire may remain for some time, also the power of erection and ejaculating a prostatic fluid, which, of course, contains no semen. Analogous sexual capacity is observed in oxen, geldings, and in other altered animals long after castration.—Dr. Wm. Goodell in *Med. News.*

THE CLAMP AND CAUTERY OPERATION FOR HÆMORRHOIDS.

My object in presenting this subject to-night is not that the procedure is particularly novel or original, but because it is practiced to such a slight extent in this country that its merits are by no means appreciated. Believing it to be by far the best operation in its general application to all varieties of internal hæmorrhoids, I now propose to describe its technique in some detail and to point out what I regard as its chief merits.

The instruments required are five in number—the pile-clamp, a Paquelin cautery, a speculum, a tenaculum forceps, and a pair of scissors.

The operation is simple. Anæsthetize the patient, put him or her in the lithotomy position, stretch the sphincters with the fingers so as to be able to secure room to work, but without any idea of causing a temporary paralysis, and put in a speculum, so as to get a perfect view of the lower rectum. Having now determined upon the amount of tissue to be removed, the speculum may be thrown aside. In fact, I now seldom use it at all, as the fingers answer the purpose perfectly well. I generally begin on the pile nearest the posterior median line, so as not to be interfered with by the bleeding.

Now grasp the tumor with the forceps and draw it well down and out, and with the scissors loosen it from the margin of the skin, just as in the old ligature operation. In the groove thus made grasp the base of the pile with the clamp, and, while the enucleation is thus controlled, cut off the tumor, apply the cautery to the stump, and remove the clamp. There are two points here to be emphasized: In applying the clamp, especially where a large grip is necessary, include the tissues so as to leave the resulting scar placed longitudinally in the bowel, and, in cutting off the redundant tissue, do not fail to leave pedicle enough for a thorough cauterization. Deal with other piles in the same way, and the operation is complete. A simple dressing, consisting of a firm gauze or picked lint pad over the anus and a tight T-bandage, easily controls all hæmorrhage from the external scissors cuts.

This operation takes about two to four minutes, more or less, in my hands, although if there was any hurry it could be done in less time.

It is apparent from this description that the operation is identical with that of the ligature, except in the means of controlling hæmorrhage. In one the base of a vascular tumor is constricted by a tightly tied string, while in the other the open mouths of vessels are secured by an application of the actual cautery. In both the amount of tissue removed is the same, and in both the process of cicatrization gives the same ultimate result.

The question naturally arises, Has the clamp and cautery any advantage over the old and universally popular ligature? I think it has, and I base my preference entirely on experience, apart from any theoretical considerations. The radical cure of varicose conditions, whether in the rectum or in any other locality, can be accomplished on well-known surgical principles. Varicose veins of the leg are best treated by multiple ligation or by complete resection of varices. The operations for varicocele all aim at the more or less complete obliteration of the diseased veins of the spermatic cord, and varicose veins of the rectum differ only in locality. The rational surgical treatment is removal more or less complete. All operations are but different methods of reaching a desired result, and the best is that one which cures with the least amount of danger, pain, and delay.

Of the various dangerous complications, the most frequent is undoubtedly hæmorrhage. I speak of secondary hæmorrhage, coming on any