blood-pressure and to cause the heart to act so much better? He rather favoured the view that the warmth acted as a stimulant to the nervous system, for in experimenting on frogs' hearts, if after the heart has ceased to beat, salt solution is run through it, it will be stimulated into activity. The stimulating effect of the warm bath is familiar to all. He thought that sterilized water would have acted in a similar manner. He looked upon the ascitic fluid as and excretion, and being such could not be absorbed again.

Ovarian Cyst and Chronic Salpingitis.—Dr. A. L. Smith exhibited the specimens and read the following report of the case :—

Mrs. B., aged 41, was sent into the Woman's Hospital by Dr. England. She came under my care there on January 1, 1892. She was a tall, rather thin, but wiry-looking woman, and bore on her face the traces of prolonged suffering. She was maried, the mother of six children, and had her last child six years ago. She had no miscarriages. Menstruation had been normal as a girl; since marriage it had been normal, but for the last six years it has been exceedingly painful, irregular, and profuse. She eujoyed fairly good health until three years ago, when she was taken ill with inflammation of the bowels (pelvic peritonitis), which confined her to bed for seven weeks, five of which were in hospital. She has never been a day well since. Locomotion has been painful, and there has been unbearable dyspareunia. She was unable to work, and had to spend the most of her time in bed or lying around. On examination, the cervix was found to be lacerated and hypertrophied, but slightly movable; the fundus was firmly fixed. Just above the cervix, in Douglas' pouch there was a sharp angle, into which the finger tip could be introduced, and above that a large, round, sensitive swelling which felt like a retrofixed fundus. Pressure on this caused a sickeniug sensation and the sound entered the uterus forwards. All above and on both sides of the uterus the pelvis was filled with a hard mass which could not be moved. Diagnotis before operation was, therefore, pyosalpinx with local peritonitic effusion binding down the ovaries and tubes in Douglas' cul-de-sac.

Operation.—After several days of preparatory treatment—hot baths, purgatives, hot douches and dieting—the patient was anæsthetised with the A.C.E. mixture at 12.30 on the 9th Jan. Dr. England assisted me, and there were present Drs. Campbell, Reddy, Bruère, and the members of my class. The abdomen was shaved and scrubbed with soap and water and bichloride. A three-inch incision was made in the median line, and on introducing two fingers of my left hand into the abdomen I found the true pelvis walled off from the rest of the abdominal cavity by a false membrane, which I had to go through in order to reach the uterus on the left side. My finger then came upen a fluctuating sac about the size of a small orange which was continous with the tube. With the greatest difficulty I managed to dig this out of the mass of adhesions in which it was buried, which I had to dissect with my finger until I reached the bottom of Douglas' pouch. The cyst proved to be the ovary with the tube enlarged and adherent to it. On the right side, deep down, I dug out without much difficulty what proved to be a coil of small intestine. On trying again I brought up the very much thickened right tube, which I ligated and cut off. The right ovary seemed normal, and I therefore left it. The cut ends of both tubes were touched with Paquelin's cautery. The peritoneal cavity was then flushed with a gallon or two of boiled water at 110°F. until it came fairly clear; some of this water was left in. A long glass drainage tube, open at both ends and perforated on the sides, was introduced to the bottom of Douglas' puch, and the abdominal incision was closed with six silkworm gut sutures passed through the entire wall three-quarters of an inch from the edge. The The drainage tube was fastened to the nearest of these stitches and filled with a strip or wick of sterilized gauze. The wound was then buried in a thick layer of boracic acid and a dressing of gauze placed over it, the drainage tube being closed with absorbent cotton. The vomiting after the operation was very severe, and persisted for several days. The tube was removed at the end of forty-eight hours, and was found to be full of coagulated bloody lymph which the wick had failed to aspirate. Efforts were made to move bowels with Rochelle salts at the end of twenty-four hours, and were repeated every four hours for two days before anything passed through. A great many things were tried to stop the vomitting, but what succeeded best was one grain of calomel and five grains of bicarbonate of soda every hour. A turpentine enema and turpentine stupes brought away the first wind and promptly reduced the commencing tympanitis. I allowed her one small hypodermic of Battley immediately after the operation, and the house surgeon gave her another the second night. After that the pain was relieved with hot fomentations, which were very effective. The temperature has been 98½° most of the time, except on the evening of the fourth day, when it rose to 101½, and two or three other times when it reached 100½°. This is now the fourteenth day and there is every prospect of her recovery from the operation.

Dr. A. Bruere gave the following report of the microscopical examination: The transverse sections of the tube reveal round-celled infiltration of the fibrous connective tissue of the mucosa. In many of the folds of the mucous membrane these cells have undergone fatty degeneration, and fat globules and detritus are to be seen. The ciliated epithelial cells lining the mucous