fenestrated and bracketed plaster splints, the bran box, etc., I have settled upon one method as being the best under all ordinary circumstances. The plan referred to is to make an anterior and a posterior splint, each of eight or ten layers of cheesecloth and each extending from the toes to the midthigh. The anterior one only needs to be removed for the renewal of the antiseptic dressing over the wound. MacCormac gives outlines of good patterns for these splints, and I present for your inspection a complete pair. The plaster posterior splint, described as best for simple fractures, I have used in but a single case of compound fracture. It gave satisfactory support, but not as free access to the wound as would have been required had the latter done badly from any cause.

In conclusion, permit me to submit the following propositions for your discussion:—

1. Plastic appliances are the best for the fixation of fractures of the leg in all their forms and at all stages of their treatment. Exception, certain cases of Potts' fracture.

2. For the early fixation of simple fractures, the plaster posterior splint is the best and safest appliance yet suggested.

3. Next to it should rank side splints made from plaster, soaked blanket, or open-meshed cotton, bandaged on so as to be hinged along the back.

4. In the later stages of all simple fractures of the leg, the complete encasement of the limb by plaster bandages is the preferable plan of treatment.

5. In treating compound fractures of the leg, posterior and anterior splints made of plaster-soaked gauze, are ordinarily the best for fixation. Exceptionally fenestrated or bracketed plaster splints may meet the indications more perfectly. Without considerable practice in the use of plaster, the fracture box suspended may be safer, both for the patient at the time and for the surgeon subsequently.

SOME FEW NOTES ON ABDOMINAL SURGERY.

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Altogether I have opened the peritoneal cavity for various diseased conditions sixty times, with forty-nine recoveries and eleven deaths:

	No. of Cases.	*Recoveries.*	*Deaths.*
Ovariotomy	47	41	6
Abdominal Hysterectomy	1	0	1
Removal of Uterine Appendages	7	5	2
Abdominal Section for Pelvic Abscess	3	1	2
Abdominal Section for Chronic Peritonitis, with Dropsy	2	2	0
Total Cases	60	49	11

It is not my intention to enter into a separate report in each individual case, but merely to make a few brief remarks on some of the more interesting ones. Many of these cases were both interesting and difficult from extensive adhesions.

They were nearly all private cases, though a large proportion were done in the pavilion of the Toronto General Hospital, a building, from its isolation and excellent sanitary arrangements, admirably adapted for such operations. Some were performed at their own homes in Toronto and some in the country. Of the six fatal cases following ovariotomy, the cause of death in two was shock. In both cases the women were old and much enfeebled from the long continuance of the disease, and the only reason I consented to operate at all was at their own earnest solicitation; one was aged 72 and the other 68. In both the adhesions were very extensive, and the tumors large. Both ovaries in each case had to be removed. Many ligatures had to be used, in consequence of the extensive adhesions, and the operations necessarily lasted a long time. In both cases the patients lived only two or three hours, the immediate cause of death being shock. I have concluded that in such cases, one had better not operate; the long duration of the disease, the age of the patient, the emaciated condition, and probably extensive adhesions, not being favorable conditions for recovery.

Two cases were sarcoma of the ovary. One patient lived two, and the other seven days. In regard to malignant disease of the ovary, no attempt at removal had better be made. Death follows rapidly in such cases. After the exploratory incision reveals the true nature of the disease, the wiser plan is to stitch up the wound and leave the case to nature.

One case died of acute peritonitis thirty-six hours after operation. It was a simple unilocular