

Immediately after the operation the temperature was 96°.8, the pulse 92; three hours later, the temperature became normal, and did not begin to rise above normal until midnight, when it reached 100°.4 (pulse 104), falling again next morning to normal (pulse 84). At mid-day temperature reached 101° (pulse 112), its highest point. From this time forward both temperature and pulse approached the normal, the temperature becoming so on the second day after the operation, the pulse being much more tardy in regaining its normal frequency. The amount of urine secreted during the three days preceding the operation averaged daily twenty-four ounces, sp. gr. 1.009, average percentage of urea .005. The three days following operation average amount of urine secreted was thirteen ounces, the percentage of urea being for the same days .02, .029, and .0185, after which it rapidly diminished, averaging for the six following days .015, the amount of urine being at least double, one day twenty-eight ounces, the next thirty-four, and the following day twenty-six ounces. The tumor is multilocular cystic, and when the larger cysts were emptied weighed seventy-two ounces; when examined under the microscope, the walls of the cysts were found to consist almost entirely of connective tissue, having the layer next the fluid in the cyst lined with cylindrical epithelium, some of the cells assuming more of a goblet shape. The contents of the cysts were of a very varied character, dependent apparently on their size, the smaller ones containing a gelatinous fluid, whilst the larger ones contained fluid which appeared to differ very little from ascitic fluid.

There are two or three points in connection with this particular operation to which I wish to draw attention: In the first place, with respect to performing this operation in a general hospital. Almost all who have written on the subject say that it should not be performed in a general hospital, because of the greater mortality in those cases, due either to peritonitis or septacæmia. There are, no doubt, grave objections, but these have been overcome by the isolation of the patient in a ward which had just been thoroughly renovated, and more especially by the use of the antiseptic spray. In this case I think a matter of some importance is the form of antiseptic fluid, that which I used being absolute Phenol, which was then used for the first

time in the Hospital. It is much less irritating than carbolic acid, and consequently more valuable where the serous membranes are exposed.

Another manner in which I believe the spray to have proved useful, aside from all consideration of Germ theory, is the fact that when one of the cysts was accidentally ruptured, allowing its irritating contents to escape into the abdominal cavity, the serous membrane was less susceptible to irritative action through its previous bathing in the antiseptic fluid. The contents of ovarian cysts, especially after being once tapped, are of such an irritative character that, when escaping into the abdominal cavity, are a frequent cause of peritonitis, one of the commonest causes of death after this operation.

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HAGER'S DIGESTIVE PELLETS (*Globuli peptici*).

Dr. Herman Hager recommends the following compound as an excellent digestive, to be taken after a hardy meal:

Cinchonidia sulphate.....	5.0 gm.
Pepsin (<i>not saccharated</i>).....	30.0 "
Ginger, powd.....	3.0 "
Cardamoms, powd.....	3.0 "
Pimento, powd.....	3.0 "
Gentian root, powd.....	6.0 "
Althæa root, powd.....	6.0 "
Tragacanth, powd.....	6.0 "
Mix and add to them a mixture of	
Glycerin.....	10.0 "
Hydrochloric acid.....	6.0 "
Water.....	6.0 "

Make into 300 (to 360) pills or globules, dry them in the open air for about 10 hours, and cover them with pill-varnish (see page 296)—These pellets are useful either after a hearty meal, or defective appetite or digestion.

In the former case, according to the degree of "fulness" felt, 4-5 or at most 6 pellets are taken, which, in the course of one hour, will cause the sensation to disappear. In defective appetite 1 to 2 pellets may be taken two or three times before the meal in intervals of one hour, and immediately after the meal 3-4 pellets. Children may take 1 to 2. In gastric disturbances one pellet may be taken every 30 minutes or every hour, best with water a little.—*Pharm. Centralh.*, 1880, 37.

IODIDE OF POTASSIUM is decomposed by all acids and acidulous salts, except cream of tartar. Most of the metallic salts decompose it. If iodide of potassium and spirit of nitrous ether