

evening, but did not cause so much mischief as before.

Sept. 6th—Had a good night, although frequently disturbed by quarrelling cats. Passed her urine voluntarily about 4 a. m. Skin normal. Said she was hungry and asked for breakfast, which she was taking when I paid my first visit. Tongue clean: all well.

Sept. 7th—All well; eats well and relishes her food. Complains of very slight pains over region of pedicle.

Sept. 8th—Sat up in bed for breakfast and dinner; all well.

Sept. 9th—Removed all sutures; union complete except at the two points already mentioned, where skin was turned into wound. All well, but ordered to keep quiet in bed.

Sept. 10th—Left off binder; all well.

Sept. 12th—10th day after operation. Patient up, dressed, and going round her room; all going well.

Sept. 13th—Moved round the house a good deal and had some pain in abdomen in the evening.

Sept. 14th—Found the two superficial small points suppurating; dressed the wound with carbolic acid, and re-applied the flannel bandage: to keep quiet,

Sept. 15th—Wound nearly closed; binder continued. All well.

Sept. 17th—Wound perfectly united. Allowed to go around freely during the afternoon.

Sept. 27—On calling to-day found patient at work envelope-making; since last visit has been perfectly free from pain or tenderness.

Oct. 27th—Has enjoyed uninterrupted good health; has been at her work for weeks past, and last week earned \$6.75. Cicatrix is about three inches long. Is quite regular in her menses and rapidly growing fleshy.

REMARKS.—There are a few points connected with this case which are, perhaps, worthy of notice. The family history of the patient is not very good as several died of pulmonary tubercle. It has also been noticed by Dr. Thomas Keith of Edinburgh, the most eminent ovariologist living, that apparently healthy cases, are by no means more apt to recover than those who have suffered long and are much broken down by the disease. I would also draw attention to a remark made to me by the same gentleman as to the early passage of flatus being a favorable prognostication as to the ultimate issue.

This case also illustrates the advantage of using carbolized sponges, ligatures, and carbolized water for washing the sponges in during operation, also the value of fine hempen ligatures for the pedicle, and deep sutures, as well as the use of a carbolized lint pad over the wound. The fine ligature, cut off short, can do but little mischief as a foreign body, and moreover, will be readily disintegrated and absorbed.

The use of carbolized horsehair for the superficial ligatures is all that could be desired, as they do not cause the least irritation, and make a firm, safe knot. There is just one remark I would further make, and that is with regard to the size of the abdominal incision, and extraction of the cyst. The incision in this case was too small, and required very much care to prevent the cyst from acting as a valve and thereby creating a vacuum in the peritoneal cavity by which capillary congestion would be induced, and create a fresh source of danger to the patient's life. To obviate this danger, for such it is to my mind, I directed my assistants to depress the walls of the abdomen on each side during extraction of the tumor.

Victoria Square,  
Montreal, Nov., 1873.

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### Correspondence.

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#### A MEDICAL BLACK LIST.

*To the Editor of the Canada Medical Record.*

SIR.—I have no doubt but that every member of the Medical profession in this City has upon his books the names of a large number of persons who employ physicians without rendering them any remuneration for their services, charging their attendant whenever a bill for past services is presented. Many of these are fully able to pay, but from meanness or avarice never intend to do so, knowing how seldom it is that such bills are sued.

To prevent this, would it not be well for the profession to establish an index, each physician furnishing his quota of names, and these latter submitted to a committee, so that any one name appearing in three lists shall be so indexed. Objection I know would be made to such procedure, but surely we have the same right to know our own victimizers as the merchant has his would-be customers.

The Medical profession give a considerable portion of their time to the indigent, who of course are unable to pay, but the class I refer to, should be