

so) against the operator who neglects to thus close the abdominal wall. The sutures through the whole act as supports or splints, and though silkworm gut is efficient, silver wire, in my estimation, would be better.

Dr. Wm. Gardner considered the specimen of great interest, as such a condition is very rare. There is nothing of the dermoid nature about it. He had removed many dermoids, but had never come across a cyst containing bone and cartilage. It is very generally admitted that menstruation may exist independently of ovulation; the persistence of menstruation after the removal of the ovaries may be accounted for by some portion of the ovarian stroma being left behind at the time of the operation, or that ovarian stroma may have existed in some other situation as between the layers of the broad ligaments. It often, unhappily, occurs that menstruation and pain are not relieved by the removal of the ovaries. Regular menstrual discharge also persists in double ovarian tumours, due, probably, to some of the stroma remaining unaffected. In regard to the technique suggested, he thought it a very complicated method. In his experience hernia is exceedingly rare, and he had never taken such precautions. Mr Tait, in a lecture which appeared in a recent number of the *London Lancet* (Sept. 12, 1891), laid great emphasis on not making the incision in the linea alba, but on opening the sheath of one of the recti muscles, and by this procedure claimed that the danger of hernia is lessened. He (Dr. Gardner) simply repeated the statement, but was not able to confirm it. If a splint was needed for the abdominal incision, he thought silkworm gut was infinitely superior to catgut, as it could be buried and would be permanent. Speaking of catgut as a material for ligatures, he said that he had, during the last few months, used a large quantity of it, and it had never showed any evidence of setting up trouble. He had much more confidence in it now than formerly, and in plastic operations on the vagina nothing was equal to it.

Dr. Mills said that in the lower animals, what corresponded to menstruation is always associated with ovulation, and he thought that as the process of civilization had produced disturbances of the menstrual function, so there may also be a more or less dislocation of the two processes. Again, as the genital organs constitute a complex whole governed by a complex nervous mechanism, there may be other influences that tend to bring about menstruation independent of the reflex action from the ovaries. Periodicity may also account for the appearance of menstruation after the removal of the ovaries.

Dr. Shepherd thought that the tumour was congenital; it was something like a tumour he had seen in the floor of the mouth. As for closing the abdominal wound with buried sutures, it was very good in theory, but he did

not know if it had been proved that hernia occurred after such a preceeding. He had only one case of hernia following abdominal section, and that was in a case where there was a large stinking abscess about the appendix, which was plugged with gauze and allowed to heal by granulations. In using catgut, he never felt sure that it was aseptic. He preferred the finest silk for buried sutures, and thought that it was the safest material that could be used.

*Statep Meeting, January 22nd, 1892.*

WESLEY MILLS, M.D., IN THE CHAIR.

*Carcinoma of the Ovary.*—Dr. Alloway exhibited the specimens and gave a detailed account of the case.

Dr. Laphorn Smith congratulated Dr. Alloway on his presence of mind. He said that it was formerly the custom to apply a tight binder about the abdomen to prevent the blood flowing into large abdominal veins after the pressure of the fluid or the tumour had been removed, and thus increased the pressure in the coronary arteries. He thought that the salt solution in this case acted in the same way.

Dr. W. Gardner could not explain why collapse had come on so long after the operation. He asked why Dr. Alloway had used such a strong salt solution; that which he was accustomed to use was very much weaker. He noticed that the ovaries were very small for this condition, and asked Dr. Alloway if he thought that the disease was primary in the ovaries, with secondary deposits in the omentum and retroperitoneal glands. He had had a number of cases of carcinoma of the ovary with ascites, but always found the organs markedly enlarged.

Dr. Alloway replied that he thought the disease was primary in the ovaries; he could give no reason for their being small. The disease appears in both ovaries nearly twice as often as in one. The only explanation he could give for the syncope not occurring at the time of the operation was the stimulating effect of the ether, and when that passed off the diaphragm dropped and removed support from the vessels, and the patient was literally bleeding to death within her own veins. In carcinoma the ascitic fluid is poured out and is not absorbed; because the lymphatics are blocked.

Dr. J. E. Molson asked how, then, was the salt solution absorbed?

Dr. Alloway said that the salt solution was much more absorbent than the grumous ascitic fluid.

Dr. Mills was glad Dr. Alloway did not explain the absorption of the salt solution on the theory of osmosis; he had always opposed this theory, and thought that before very long it would disappear from physiology. Would the saline fluid be so rapidly absorbed as to raise the