lutely free from any untoward results. Now, with reference to the other methods, besides the extra-peritoneal one, that have been adopted in such cases, such as where the pedicle is dropped after suturing the cervix with buried sutures, and a modification of Schroeder's old method, lately devised in Baltimore, whereby sutures buried and passing through the centre of the cervix were ligated on either side and the peritoneum turned in and sutured, these have all the two great dangers attending them of hemorrhage and necrotic changes taking place. In Eastman's method there is no danger whatever of this nature, there is no uterine tissue left to unite, only vaginal tissue, and that is covered by peritoneum. There is no doubt that this last method is a great improvement on all previous ones, the one drawback it has is the great difficulty of its performance. It is certainly the most formidable operation in surgery, and requires not only the greatest skill but also the greatest endurance.

*Dermoid Cysts of Both Ovaries.*—Dr. ADAMI exhibited two ovaries received from Dr. Alloway, both of which contained dermoid cysts. The right ovary was represented by a large, relatively thick walled cyst, 4½ inches in diameter. This upon first opening was found to be filled with a brownish blood-stained fluid, and in this could be distinguished old blood clot, a large amount of fatty debris, cholesterin crystals and hairs. On removing these and washing out the cavity, two fully formed teeth were found projecting into it from a patch somewhat raised above the level of the rest of the wall, and upon this patch were numerous hairs growing from the epithelial coat. The fat was due in part to degeneration of the cells and cell-debris thrown off the surface of the cyst, but probably, as has been found in other dermoid cysts, it has been given off from sebaceous glands associated with hair follicles and epithelium.

This tumor presented, therefore, the most common and characteristic features of an ovarian dermoid. That it was ovarian was manifested by the presence of portions of the fallopian tube still attached and of a small cystic graafian follicle imbedded in its walls. The interest of the case centres in the more unusual feature of the other ovary being similarly affected, though with multiple dermoids of smaller size. This, the left ovary, contained several small cysts, and one of these had its walls fairly well developed, there being a well marked cutis with small hairs growing therefrom. Two other rather larger cysts, the more important being ¾ inch in diameter, contained hair and fat, others again still smaller had merely fluid contents. In this specimen a fair amount of tissue still remained.

Dr. ADAMI called attention to the interesting series of cysts presented by these two ovaries, from minute cavities which apparently represented dilated graafin follicles, up to the large typical dermoid cyst of the right ovary. Cases like this, tending to throw light upon the dispute as to the origin and production of ovarian dermoids, are of high value.

Dr. ALLOWAY called attention to the interest attaching to this case—the presence of two dermoids in the same patient. The condition is relatively rare, Dolan in his account of 31 cases finding only 7 in which the condition affected both ovaries, that is to say, but a little over 20 per cent.

The history of the case was as follows: The patient, a resident in the United States, underwent examination in Philadelphia, and again in New York two years ago, and there already the diagnosis was given of pelvic tumor. Accompanying her husband, who had come to Montreal on business, she here began to suffer severely. She consulted Dr. Thompson, who referred her to Dr. Alloway.

It was difficult to make out her condition without putting the patient under ether, but when this had been done the uterus was found to be anteverted, there was a tumor in the right pelvis, low down and impinging upon Douglas' pouch. This filled the whole upper third of the vaginal space and encroached somewhat upon the left, but did not involve the left pelvis. The diagnosis was given of a pelvic tumor, probably containing fluid. The tumor was fixed but separate from the uterus and certainly not connected with that organ. The question was as to whether it was a dermoid or a cyst of the broad ligament. From the fact that the tumor had been diagnosed two years ago, and that only when these tumors become large and irritation and inflammation set in is any pain experienced and a physician summoned, makes it probable that the tumor in this case had been in existence for a long period growing slowly, and this led to a conclusion in favor of its dermoid nature.

At the operation, numerous adhesions were encountered. The tumor was adherent to the posterior face of the broad ligament and to the wall of the pelvis on that side It was also adherent to the wall of the rectum for a considerable distance. In such cases there is great danger of entering the rectum. To guard against this complication Dr Thompson, who assisted at the operation, was asked to pass his fingers up the rectum and keep them there as a guide while the adhesions were separated. The operation had been performed four days previously and the patient had remained perfectly well, the temperature never exceeding 99.5°.

Dr. ALLOWAY, continuing, said he had now given up ligatures in these cases. He finds Keeler, of New York, the most reliable source to procure catgut from; the size No. 0 ligature (simply the base fiddle string) is that used. It is, in his opinion, the best ligature extant to-