removed by scraping them off with the ends of the fingers. The oozing was now very free, but was eventually stopped by ligatures on the ovarian and branches of the uterine arteries. The bleeding from the back of the uterus still continuing, a purse string silk suture was placed just below the surface all around the bleeding area, and when this was tightened, the bleeding was completely arrested.

I might here add that without the Trendelenburg posture, this operation would have been a desperately difficult one on account of the bleeding; but being able to see the bleeding surfaces, it was a comparatively easy matter to grasp them with a long Pœan forceps, and encircle them with a ligature.

The uterus was then fastened to the anterior abdominal wall, after scarifying the opposite surfaces, and the incision closed with through and through silk worm gut sutures. No drainage tube was employed; in fact, from being an ardent advocate of the tube, I have come to consider that its usefulness has gone. With our ligatures securely tied, all oozing stopped and the peritoneum thoroughly cleaned, what need of a tube? The Trendelenburg posture has done away with the need of it.

Although the patient suffered a good deal of pain, necessitating four small hypodermics of morphia, she made an excellent recovery, getting up in three weeks and going home in four and a half, and I have since heard from her physician that she is feeling perfectly well.

The most interesting points in connection with these cases are, first their pathology, second their diagnosis, and third their prognosis.

As is well known, two different pathological conditions may present somewhat similar appearances with those found in my case. The most common is due to papillomatous cysts of the parovarium. These cysts sometimes become so filled with warty growths sprouting into their cavity from their lining membrane that the cyst finally bursts through the broad ligaments, and turns inside out, as it were, presenting a dense mass of warty material. Some of them become detached, and are carried by the movement of the intestines to distant parts of the peritoneum, where they become engrafted. I once saw Olshausen in Berlin operate on such a case, and the abdomen was so filled with these masses growing from every portion of the peritoneum that there was nothing left for him to do but to sew the patient up without attempting their removal.