unless we conclude that there is still another calculus in the kidney, and this view is somewhat supported by the existence of a flattened surface on the irregularly shaped calculus which was removed. This flattened surface was observed at the time of the operation, and I searched very carefully for another calculus, but failed to detect one, and attributed the surface to the stone having been moulded in a calyx which fitted it closely. It is possible that so long as the wound in the loin remained open the pus discharged itself through that channel, and that when the wound closed the pus was obliged to find a vent along the ureter. Meanwhile the patient is enjoying a state of health and complete freedom from pain which she has not had for some years past.—*Lancet.*

THE ADVISABILITY OF PERFORMING DOUBLE OVARIOTOMY WHEN THE DISEASE OF BUT ONE GLAND IS BUT LITTLE DEVELOPED.

In performing the operation of ovariotomy, it happens in a certain number of cases that whilst cystic disease is so well pronounced in one ovary the other organ presents only a pathological state in its early development. When this latter condition is observed, a question must arise in the mind of the operator whether both ovaries shall be removed at one operation or whether the one least disturbed by pathological processes shall be left for a subsequent operation. The mortality from a double ovariotomy is undoubtedly larger than where a single ovary is removed, as has been shown by the statistics of Sir Spencer Wells and Kœberle. The fact that the patient is rendered sterile by the removal of both ovaries is also a point to be considered. The many sides to these questions have been discussed and a partial settlement seems to have been reached in favor of delay in removing the second ovary unless cystic disease is so pronounced in both ovaries as to make their removal a matter of urgent necessity.

Quite recently some statistics have been offered which seem entitled to consideration. In a paper entitled "Two Ovariotomies in the Same Patient" (*Med. News*, August 1, 1885,) the author, Dr. Ransohoff, of Cincinnati, discusses the question which gives the title to this article. Dr. Ransohoff disputes the statement made by Scanzoni that in fifty per cent. of cases both ovaries are affected. "In 366 operations for the removal of ovarian growths witnessed by Doran, the tumor involved both ovaries in 48, and in 20 other cases, 'suspiciously enlarged' ovaries were removed after the tumor had been cut away. Thus, in 18 per cent. of his cases both ovaries were affected. In 132 ovariotomies, Goodell found it necessary to remove both ovaries in 50 per cent of all cases. In 293, 101, 229, and 56, and 1000 operations made respectively by Kœberle, Tait, Keith, Olshausen and Spencer Wells, double ovariotomy was necessary in 37, 27, 13, 9 and 82. While according to the experience of Wells, both ovaries must be removed in 8 per cent. of all cases; according to that of others, double ovariotomy is indicated in 16 per cent. of all cases."

Dr. Ransohoff suggests that an examination of statistics will show that different operators are far from agreed as to what constitutes sufficient disease in the second ovary to call for its removal. It is the determination of this point which makes the decision a matter of practical difficulty at the time of operation. It is here that a strong judgment and an intelligent view of the conditions observed in the case will come to the material aid of the operator. The youth and conjugal relations of the patient present questions involving the propriety of removing both ovaries at one operation. Dr. Ransohoff's suggestion, "unless the less diseased gland be the seat of quite marked multilocular cystic degeneration, it would probably be better in many cases to leave it undisturbed or to empty the cysts of their contents," is worthy of practical consideration.

He has an eminent authority in Sir Spencer Wells in advocacy of this plan which he practiced on a girl of 19, from whom he had removed the right ovary. "The left ovary was enlarged to nearly double the normal size. Two follicles, about the size of cherries, were distended by clot. These I laid open, turning out their contents. It seemed hard to unsex a girl of 19, and if the disease should progress, a second ovariotomy could still be done. This operation was performed in November, 1864. After her marriage the patient gave birth to four children, and when last heard from, in 1881, she continued in good health."

In 32 cases, collected by Dr. Ransohoff, in which the operation was twice performed on the same patient, children were borne by five of these cases. The aggregate number of children borne between the two operations was fourteen.

Another important factor in favor of conservatism in dealing with a slightly diseased second ovary is the small mortality attending second ovariotomies. This mortality is estimated at about 12 per cent Wells' experience shows a mortality of 34 per cent., whereas 51 per cent. in the cases reported by Kœberle have died Dr. Ransohoff is very pronounced in favor of removing each ovary by a separate operation when the pathological condition of the ovary will admit of its retention. He concludes that double ovariotomy should be refrained from except in women approaching the climacteric, and unless the disease in the second ovary be quite pronounced.—*Maryland Med. Journal.*