In the Soptember number of the Canada Medical Journal, Dr. Cruik has published another case of Ovariotomy, operated upon by himself, and I am happy to find that the medical men throughout the Dominion are beginning to record such cases of interest as must daily fall to their lot.

There are still certain points connected with Ovariotomy, which I think are not fully decided upon by operators, and the first to which I shall allude is, the best time for the performance of the operation; or, as Dr. Craik puts it, "whether would it be better to operate early, while the general health and strength were still unimpaired, or to wait until the disease had begun to tell seriously upon both;"

The rule which has been adopted by myself, and which I feel disposed to recommend, is not to operate early, for I have seen numerous cases where timely treatment has kept the tumor in abeyance, and ultimately reduced it to such a chronic condition, that for years the woman has been enabled to enjoy life and attend to her domestic duties, with but little inconvenience. Surely, therefore, the medical attendant would not be justified in subjecting his patient to so formidable and dangerous an operation, until he had exhausted the medical means at his command.

On the other hand, when these means fail, and one or more cysts take on rapid development, and the patient begins to loss flesh and strength, I believe, with Dr. Craik, that the scener the operation is resorted to, the better will be the chances of the woman's recovery. Yet, the truth of this opinion will hardly be borne out by the cases which I am about to publish; for an some of the operations, early performed, the patients did not do as well as several in whom it was postponed until no other hope was left. This important point can only be settled by a faithful record of all the cases operated upon by men who are not ashamed to publish their unfortunate as well as fortunate operations.

The other point not yet fully settled is, the treatment of the peduncte. Mr. Spencer Wells, the most successful operator, and who has performed more operations than any man living, generally uses the clamp, while others still advocate the ligature, the ceraseur, or the silver wire.

No universal rule can be applied to these cases, and it would be almost impossible to decide what treatment to adopt, until an