

there was only a shell left but he reconstructed a uterus out of it, admitting that he was running more risk than if he had done a hysterectomy. *Case 7.*—Removal of three-quarters of the thyroid for exophthalmic goitre, (about the four hundredth thyroidectomy). *Case 8.*—Double inguinal hernia transplanting cord. *Case 9.*—Umbilical hernia by a new method. *Case 10.*—Removal of breast for cancer; patient and family doctor were aware that she had the tumour two years; glands in axilla full of cancer; bad prognosis. *Case 11.*—Double inguinal hernia; and thirteen other operations, including removal of double cataract by Dr. Charles Mayo.

On Thursday, the 19th March, there were twenty patients anaesthetized; on glancing over the list I see there were five cases of gall-stones, all of which had been treated for years for stomach trouble with occasional bilious attacks. Six cases of chronic appendicitis, one simulating hip-joint disease, because it had eaten into the psoas muscle and one simulating duodenal ulcer; three hysterectomies for fibroid (one by vagina); three cases of inguinal hernia and three cases of cancer of the breast, glands of the neck, etc.

On Friday there were twenty cases, of which six were for appendicitis, four for gall-bladder, one tubal pregnancy, two hysterectomies one of which was pronounced to be in cancerous degeneration; three for hernia; one for renal fistula due to a piece of cystic kidney having been accidentally left in by another operator; and a rare tumour, a desmoid of the abdominal wall. There was also exploring for duodenal or pyloric ulcer, but symptoms were found to be due to peritonitis set up by the gall bladder.

On Saturday he had only fifteen beds, so only that many patients could be operated upon, among which were five cases of gall-bladder trouble, one cancer, an abscess which he simply drained; another was a stone in the common duct, also two gastro-jejunostomies for stricture of the pylorus; three appendectomies; one exophthalmic goitre, a double inguinal hernia, one amputation at the hip by a bloodless method; a large Kocher clamp with one blade sharpened being plunged into the tissues in front and another behind, which when closed completely controlled the arteries for an indefinite time, and rendering the operation practically bloodless. The rest of the cases were mostly for chronic appendicitis.

By Monday they had eighteen beds again so they did three appendectomies; three operations on gall bladder and common duct; three inguinal hernias, an umbilical hernia, a large broad ligament cyst; an exophthalmic goitre, an Alexander and two perinorrhaphies, a removal of the parotid, and removal of breast.