DR. GARDNER said no, for it might produce gangrene or septic peritonitis, and often the ovaries are in a bed of inflammatory exudation.

DR. TRENHOLME said the operation might be performed through the vagina if there were no adhesions.

DR. OSLER was surprised to find that ovaries so slightly diseased required such heroic treatment.

DR. GARDNER said the operation was indicated even if the ovaries were healthy, for you remove the organs which are the cause of all the monthly symptoms. His case was not ovarian, but uterine dysmenorrhœa.

DR. F. J. SHEPHERD read the following paper on *Two Cases of Wound of the Palmar Arch:* Perhaps there are no more troublesome cases to treat, or ones that give rise to greater anxiety, than wounds of the palmar arch. If treated properly, as a rule, these cases terminate favorably, but even with the most skillful treatment serious results sometimes follow. It seems extraordinary how often wounds of the palmar arch are badly treated, when every text book in general and minor surgery gives such definite directions as to what should be done. But a case is brought to the surgeon where there is a small wound in the ball of the thumb which has bled freely at first, but now the hæmorrhage is arrested, and he probably merely applies dressing, with perhaps a small compress, and sends the patient away; in a day or two when the clot breaks down, profuse hæmorrhage comes on (possibly at night), and before a surgeon can be found the patient has lost a great deal of blood. Now a compress may not arrest the bleeding, and the brachial artery may have to be tied to save life, or the forearm may in worst cases have to be amputated. These serious results would not have happened had the surgeon in the first instance enlarged and thoroughly cleansed the wound, plugged it from the bottom with lint, placed a compress in the palm of the hand, and bandaged the whole firmly and evenly, and then left alone for three or four days. Very often the wound is plugged, and a compress and bandage applied; but the anxiety or overofficiousness of the surgeon prompts him to examine the wound daily, to see that everything is all right. This disturbs the parts and oozing commences, which cannot be arrested by the most careful pressure, and in consequence the serious operation of tying the brachial has to be resorted to. The truth of the old axiom that "meddlesome surgery is bad surgery," cannot be too often insisted on. When the wound is once plugged and properly bandaged, it should be left undisturbed for at least three or four days, if the pain or discomfort is great, morphia should be administered to allay it; but on no account should the wound be disturbed. In exceptional instances the plug causes a grangrenous condition of the wound, or a diffuse cellulitis is developed, and the surgeon may have to resort to amputation to save life. I shall now relate two cases which came under my observation during the past year, and which fortunately terminated favorably, though at the time they caused me much anxiety.

CASE I.—J. S., aged 15, while washing bottles fell with one in his hand. The bottle broke, and cut him severely in the ball of the left thumb, a little to the ulnar side and parallel to the first metacarpal bone. There was considerable hemorrhage at the time, which was controlled by a tight bandage round the arm. In this condition he was brought to one of the hospitals; as there was no hemorrhage from the wound, it was not explored, but a couple of stitches were put in and the wound was dressed with dry absorbent cotton, kept in position by a light bandage. The boy was then sent home. This happened on Tuesday, March 7th, 1882. The dry dressing was left on till Saturday, the 11th, when, as the wound was suppurating, it was removed and replaced by water dressing. On Saturday night profuse hemorrhage suddenly set in from the wound. The boy was brought to the General Hospital as quickly as possible, and one of the house staff controlled the hemorrhage (temporarily) by means of a cork compress and tight bandage. On Sunday evening there was slight oozing, but very little blood was lost till next morning, Thursday 13th, when the hemorrhage became again profuse. I saw him now for the first time. The bleeding was controlled by an Esmarch bandage, and the wound was examined. It was found to extend through the ball of the thumb down to the bases of the metacarpal bones of the thumb and forefinger, which could be felt quite bare. On cleansing the wound and loosening the Esmarch, no bleeding point could be discovered, as the tissues were much infiltrated with effused blood, which also welled up from the bottom of the wound. The Esmarch having been again applied the wound was thoroughly cleansed, and plugged from the bottom with a firm cone of absorbent cotton, soaked in carbolic oil (1-16), over