

in a wet sheet and rolling in blankets is unpleasant for the patient, and has no special advantage. What about diuretics? In the early stage, with active congestion and bloody urine, no; but later they may be advantageously employed, and good fresh water may be taken freely and often answers the purpose. It is of importance to keep up the amount of urine for two reasons; first, the larger the quantity the more solid matter will be removed; and second, the *tubuli uriniferi* are thereby flushed (Dickenson), the *debris* washed out, and *choking* of the renal drains is in this way prevented. If a special diuretic is indicated, the Inf. Digitalis as used in cases I. and II. may be given. The diet should be light and nutritious; not much meat. Milk is much used in these cases, and the diet may be restricted to it as in case I.

OVARIOTOMY.—FIVE CASES.

DR. W. T. AIKINS, TORONTO.

Case No. 1.—Under care of Dr. George Hodge. Miss H., of Mitchell, Ontario, æt. 30, greatly reduced in health and strength by a peritoneal inflammatory attack. Was tapped Oct. 16th., 1880, as a means of gaining time, affording relief, and effecting a general improvement in her condition. 1880, Oct. 29th.—Health considerably improved. Operated at her home in Mitchell, ably assisted by Drs. Hodge and Lehman. Multilocular right ovarian cyst removed. Adhesions anteriorly and to the omentum, somewhat extensive, though yielding readily. Pedicle cauterized. Several bleeding points in omentum tied with carbolised catgut. Owing to oozing from abdominal walls, and to some of the cyst contents falling into the abdominal cavity, the pelvis and adjoining peritoneum were very carefully sponged, and glass drainage tube inserted. Deep sutures of silkworm-gut (embracing skin, muscle, and peritoneum), and superficial intervening ones of catgut—Lister's dressings.

Temperature at midnight, 100.5° F. (highest); fell to 100° on first, and to normal on second day. Pulse four hours after operation 128, twenty-four hours later 114, second day 84. Very slight vomiting towards evening, urinated

freely at 8 p.m. Was given $\frac{1}{4}$ gr. morphia. Passed comfortable night. For twenty-four hours following operation had no food and only a few teaspoonsful of hot water. Sponge over drainage tube found wholly free from fluid at each of the early dressings, tube therefore removed. Patient made a rapid recovery and is now in good health.

I feel under great obligations to the care and good judgment of Dr. Hodge in the management of this case.

Case No. 2.—Miss W., Toronto, æt. 22, patient of Dr. Thomas Hobley. Abdominal enlargement first noticed in the winter of 1879-80; health began to fail in spring; in summer was confined to house and bed. For many months preceding operation patient almost waxy pale, emaciated, very weak, and suffering from amenorrhœa and elevation of temperature. Was tapped by Dr. Hobley about October 16th, 1880; a decided improvement in her health resulting.

November 6th, 1880.—Operated at her own residence in Toronto, assisted by Drs. Hobley, U. Ogden and Watt. Multilocular tumor of left ovary removed; pedicle cauterized; troublesome oozing from adhesions, high up anteriorly, necessitating extension of abdominal incision; drainage, sutures, and dressings as in previous case. Patient was placed in bed pale and weak; foot of bedstead raised fifteen inches. Temperature on November 6th, 7th, and 8th, 100°, 101°, 9th falling, 10th normal. Pulse for three days following operation from 150 to 130, fourth 112; sixth day 105 and falling.

Nine hours after operation had $\frac{1}{4}$ gr. morphia being restless and wakeful. No vomiting at all; no food, and only one ounce hot water for twenty-four hours. For several days dark coloured serous fluid continued to come up through drainage tube, necessitating the change of the sponge.

On second day was ordered quin., sulph., gr. ij. and tr. digitalis, m. xv—ter. in die. Bowels moved for first time on sixth day. Patient improved slowly.

May 20th, 1882.—Patient to-day is "better than ever before in her life."

Case No. 3.—Mrs. H. G., Harriston, æt. 38.