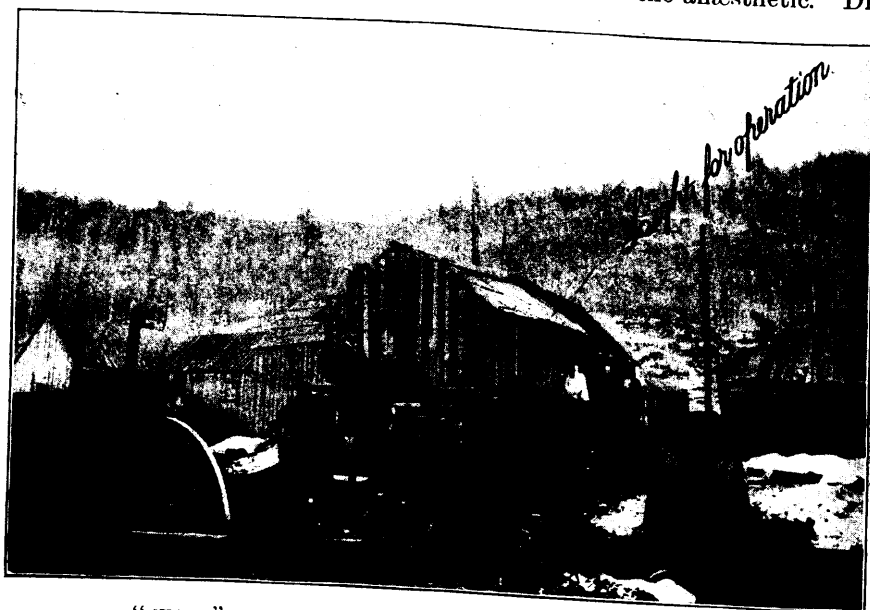


I had plenty of boiled water at a proper temperature, and for preparation of our hands I procured five graniteware wash-basins. These were boiled before using. In one I had hot water with green soap on the side, another contained solution of permanganate of potash, another saturated solution of oxalic acid, in the fourth 1-1,000 bi-chloride solution, and in another was plain sterilized water to finish up with, a scrubbing brush in each washdish except the last.

After the patient was put on the table I cleaned the vagina preparatory to a curettage of uterus on account of the foul discharge, but found nothing of any consequence; I packed the cavity with iodoform gauze and then proceeded to the major operation, rendered necessary by the condition, verified by a further examination under the anæsthetic. Dr.



"SHACK" WHERE OVARIOTOMY WAS PERFORMED SUCCESSFULLY.

Kenning prepared the patient's abdomen by scrubbing, shaving, and cleansing with green soap, ether, bi-chloride solution and plain water. After making incision in the median line I had the patient placed in the Trendelenburg position; with difficulty I broke up the adhesions, during which I ruptured a cyst of the ovary, holding about a quart of fluid. I got the right ovary and tube out, and tying with silk as close to the uterus as I could with a quilted suture, three knots, cut off the tube, holding the pedicle with ligatures to see that there was no hemorrhage, finally cutting off the ligatures and dropping the stump into the cavity; I removed the gauze pads put in to hold the bowels back, lowered patient and douched with plain sterilized water; the normal saline solution had not been prepared as ordered the day before. The peritoneum I closed with separate continuous cat-gut suture; for the fascia and external