performed at the time of the injection with iodine there, would have been a good prospect of success, as there were then few if any adhesions, and her strength, although much reduced had not so completely given way as when the operation was afterwards undertaken. I have little doubt also, from the severity of the symptoms which followed the injection of iodine. that some of the iodine escaped into the peritoneal sac, producing the extensive and firm adhesions which virtually obliterated that cavity. Many will perhaps think that the major operation ought to have been insisted upon in the first instance, but it is a very serious matter to urge an operation which has proved fatal in one third of the cases, even in experienced hands, and more particularly serious when the operation is a new one, and there is no possibility of consulting any surgeon having personal experience in such cases. Besides, when one has to deal with persons of intelligence, it seems to me that the proper course is to lay the whole circumstances of the case as fully and fairly as possible before the patient herself and her friends, and to leave them to decide the question.

The rapid course of the disease in this case and the fatal rapidity of the secretion are worthy of notice. From my first visit to her on the 6th of October till her death on January 4th,—a period of exactly 90 days,—I drew off no less than 130½ pints of thick albuminous fluid, being considerably more than a pound a day of nutritive material withdrawn from the circulation, even allowing for the time during which the accumulation was going on before I saw her.

### Case II.

*Double Ovariotomy.—Successful.—Free use of carbolic acid.*—Miss L. a tall and remarkably well-formed young lady, consulted me in June 1868, concerning a slight enlargement which she had observed during the latter part of May, and which had made its appearance so gradually and with such entire absence of constitutional disturbance, that her first idea was that she was simply growing stout. She had lost two sisters within a few years from phthisis and she herself had a narrow escape about three years ago from the same disease. Her health since that time had been good, though not robust, and there had been no arrest or even irregularity of the menses. The enlargement was soft, uniform and without any perceptible solid portion, but percussion produced a dull sound in front and at the lower part of the abdomen, and distinct resonance at the upper and lateral parts. I had no doubt whatever that the case was one of ovarian disease, but as there were as yet no urgent symptoms, and the weather in town was very warm, I advised her to go to the country for a few weeks, and prescribed for her a dessert spoonful of a saturated solu