and broad ligaments were firmly tied to the sides and bottom of Douglas's pouch behind, and also to the back of the bladder and abdominal wall in front, by extensive old adhesions. No tumour of any description was found, and the ovaries were small and healthy, so, taking into consideration the extent and character of the adhesions and the risk there would be of injuring the rectum, bladder and ureters by any attempt to break them down, it was decided to do nothing further. The abdomen was closed in two layers, and the wound dressed with cyanide gauze.

The after progress of the case was quite uneventful and apyretic. The wound was dressed on the sixth day and had healed by first intention, and on the fourteenth day the patient was allowed up and to partake of her ordinary diet. Three weeks after the operation, the patient being quite convalescent and all her previous trouble having entirely disappeared, she was again examined, when it was found that the "swelling" in Douglas's pouch had completely disappeared. She left hospital on July 25th, 1903, one month after the operation, apparently quite relieved of all her troubles.

A CASE OF OVARIOTOMY PERFORMED AT THE MILITARY FAMILIES HOSPITAL, DEVONPORT.

By MAJOR G. CREE.
Royal Army Medical Corps.

MRS. D., aged 29, was sent into this hospital from Bodmin on March 12th, 1904, suffering from an ovarian tumour.

Operation.—On March 17th the abdomen was opened in the usual way under chloroform, and the tumour found to be an unilocular cyst of the left ovary. Being too large to deliver en masse through the abdominal wound, it was punctured and gradually drawn out. There were two moderate adhesions to omentum, which were ligatured and divided. The pedicle was of moderate length and thickness, and was ligatured with the usual precautions. The cyst held about one gallon of fluid. The right ovary being found normal, the wound was closed in three layers, silk being used in each instance.

Progress.—There was very little shock after the operation, and practically no vomiting, the temperature the same evening being only 98·4° F. The patient expressed herself as being very comfortable, there being but little pain. On the following day (18th) the morning temperature was 98·8° F., and the evening temperature 99·6° F.; on the next day (19th) the morning temperature was 100·5° F., and the evening temperature 102·8° F. This sudden and acute rise of temperature was in itself somewhat alarming, but the absence of vomiting, distension of abdomen and pain prohibited the idea of septic absorption. The follow-
ing morning (20th) the outer layers of the dressings were removed, and
the wound was found quite dry. There was found to be, however,
considerable tenderness over the right ovary, and she also complained of
pain in the right parotid region. From this day forward there was, in
spite of a most irregular temperature, uninterrupted convalescence. All
the sutures in the skin were removed on the 25th, when the wound was
found quite firmly healed. She was eating her ordinary food and allowed
up on the twenty-first day after the operation, and left for Bodmin
on April 21st.

The irregular, and at first somewhat alarming temperature in this
case, I put down entirely to "hysteria." She was of an extremely
neurotic temperament and very excitable. The pain in the ovary and in
the parotid region was only transient, though it was at first feared there
would be an exhibition of the classical abdominal parotitis.

REPORT ON A CASE OF CHRONIC HYDROCELE TREATED
BY OPERATION, "OPEN METHOD."

By Major J. H. Brannigan.

PATIENT reported sick at the Station Hospital, Sheffield, on February
2nd, 1905. He stated that he first noticed pain and swelling in right
side of scrotum in December, 1903, whilst on furlough in London. In
December, 1904, patient was again on furlough in London, when scrotum
became very much enlarged and painful; he attended a civil medical
practitioner, who on three successive occasions tapped the hydrocele,
giving temporary relief. On returning to Sheffield, the fluid hav­ing re­
accumulated, he was admitted to hospital. I recommended the "open
method" of operation for a cure, to which he consented on February 7th.
The patient having been chloroformed, I cut down or).
the hydrocele by
an incision through the upper part of the scrotum, and, separating the
tunica vaginalis from the superjacent structures, I then opened the
cavity and snipped away with scissors, close to the testicle, the parietal
portion of the tunica; several vessels required ligaturing; a small drain­
age tube was inserted, the wound being closed in the usual manner.

The wound healed by first intention, with the exception of that portion
where the drainage tube was inserted.

Patient left hospital on February 28th, 1905, for duty. Had he not
also been suffering from an enlarged testicle, he would have been dis­
charged to duty on the 16th.

Thorough aseptic surgery was observed throughout.