and all the other so-called aphrodisiacs, I never found any; nor do I believe that in those cases there had been any attempt to administer them.

ART. V.—Two Successful Cases of Ovariotomy. By Lombe Atthill, M.D., F.K.Q.C.P.; Master of the Rotunda Lying-in Hospital; Consulting Obstetric Surgeon to the Adelaide Hospital; President of the Dublin Obstetrical Society, &c.

The details of the two following cases, in which ovariotomy has been successfully performed, afford some points of interest. The patients came under my care almost simultaneously; they lay in the same ward, and while presenting features very markedly different, were throughout treated on the same principles, both as regards therapeutics and hygiene.

Margaret M'D., unmarried, aged thirty, was admitted into the Adelaide Hospital on the 13th March, 1875. She stated that her health had always been good till about ten weeks previously, when, on recovering from a sharp feverish attack, the result of cold, she perceived that her clothes had become too tight for her, and since then she increased rapidly in size—so much so as to have become the object of unjust suspicion; indeed, she subsequently stated that it was in consequence of the annoyance she experienced from it being reported that she was pregnant that she sought medical aid, coming for this purpose from a remote country district. Her general health was good; she complained only of thirst and of a frequent desire to micturate; her appetite was fair, menstruation normal, nutrition good.

She measured, on admission, 39 inches round the abdomen, at the umbilicus; fluctuation was distinct all over the abdomen, which was dull on percussion anteriorly from the pubes to about an inch above the umbilicus, but resonant in both flanks; the uterus was normal in size, shape, and position; the vagina was narrow, and the hymen perfect. She was low-spirited and desponding, and while absolutely refusing to consent to an operation, urged that something should be done for her. Therefore, with the view of gratifying this wish, I tapped her on the 6th April, and drew off 256 ozs. of a dark and somewhat gelatinous fluid. After the tapping the circumfluence of the abdomen was reduced to 29 inches. She subsequently suffered no inconvenience, and after a short stay in hospital was discharged. She returned again
on the 8th June, when the circumfluence of the abdomen was 35 inches. From that date it continued steadily to increase till the 12th August, when she expressed her willingness to undergo any operation which would promise relief from her intolerable condition. Before the operation the diagnosis of a unilocular ovarian cyst, with but little solid matter, was made.

The operation was performed on the 18th August, in a spacious lofty room, usually used as a children’s ward. It was lighted by five large windows, and was previously thoroughly cleansed and ventilated. I was assisted by my colleagues, Drs. Walsh, Richardson, and Barton. Mr. Croly was also present.

On the morning of the operation she had, at 6 a.m., a light breakfast, consisting of a cup of tea and a little dry toast; and at 8 a.m. an egg, beaten up with half an ounce of brandy, was given. The bowels were freed by means of an enema, and at 10 a.m. she was placed on the table, clothed in a flannel jacket, drawers, &c. Ether was the anaesthetic selected, which was administered by Dr. Richardson, he using for the purpose his own inhaler, which acted most satisfactorily. The patient was difficult to narcotise, and, before she was thoroughly under the influence of the ether, vomited—the egg, taken quite two hours previously, being rejected undigested—a circumstance which deterred me from giving one on the next occasion. She vomited also three times during the progress of the operation, and several times subsequently. An incision, not quite five inches in length, was made in the median line; the cyst was without difficulty exposed; a sound passed round its surface proved it to be quite free from adhesions; Spencer Wells' trocar was then plunged into it, and the contents evacuated, without one drop of fluid escaping into the abdomen; the cyst was drawn out, some little difficulty being experienced in extracting the solid portion, which was of about the size of a man's fist; the pedicle was secured by means of Spencer Wells' clamp, and after being divided was seared with the actual cautery; the edges of the incision were then brought together with carbolised catgut sutures; the abdomen supported in the usual manner, with broad strips of adhesive plaster and a flannel roller. The patient was then put to bed, no anodyne being given, nor any stimulant administered. The operation terminated at 10:45, occupying, from the commencement of the incision till the wound was closed, in all about 25 minutes. At 11 a.m. the pulse was 88. She remained in a state of semi-unconsciousness till noon, when she woke up and