matching of the colours was no doubt good, as far as it went, but it did not go far enough; and moreover, it took up too much time. He (Mr. Rudall) adopted the confusion tests, the test of flags, disks, and coloured lights. As to Dr. Jamieson's statement that the Victorian Government was in advance of other Governments, this was not absolutely true even of the railways; besides, as they issued no definite instructions, the tests were insufficient. The whole contention of his paper was that there should be definite instructions to those who conduct the examinations, and examiners should be experts. Dr. Shields' remarks had strengthened his case that the examination generally made was not sufficient.

A conversational discussion followed, in which Mr. Rudall stated that he had detected colour blindness in a draper, whose business assumed the possession of exact skill in colour recognition.

Dr. Graham then read for the author, the following paper :—

OVARIOTOMY—RECOVERY.

By Robert Denham Pinnock, M.B. Ch. M., of Ballarat.

The patient, Mrs. H., aged 67, a small spare woman, was first seen by me on the 17th of August, last year, for an attack of acute peritonitis, and the tumour was then discovered. The peritonitis had apparently been set up by a blow on the abdomen from the handle of her mangle. As soon as the inflammatory symptoms had subsided, viz., 21st of August, I aspirated the tumour, and drew off 144 ounces of viscid reddish-brown fluid, of sp. gr. 1030; neutral reaction; containing much albumen. Under the microscope, the fluid showed a quantity of cholesterine crystals and numerous granular cells without nuclei (Drysdale's cells), also red corpuscles. The tumour receded very slightly after tapping, giving rise to the suspicion—afterwards verified—that extensive adhesions existed.

The present enlargement was first noticed two years ago, sometimes in one flank and sometimes in another, but she only observed the abdomen enlarge in front about three months before the attack of peritonitis. She never suffered pain, and was at work up to the date of the peritonitis. Heart, lungs, and liver healthy; urine, pale amber, slight flocculent precipitation, sp. gr. 1010, acid, no albumen.

After the tapping on the 21st of August, she was fed up and given tonics, and not allowed to work.

On the 20th of September, the cyst having filled up again, I operated at 4 p.m. in our private hospital, Dr. Eastwood administering bichloride of methylene, and Drs. Hudson, Ochiltree, and Salmon, kindly assisting. Median incision, four inches long, between umbilicus and pubes. Almost the whole surface of the tumour was adherent to omentum, intestines, bladder, and brim of pelvis. Some of the adhesions, being recent, were broken down without much difficulty. Others were so firm that great care and patience were required to separate them. But by sacrificing the outer coat of the sac wall in some places, cutting between double ligatures in others, and using the thermo-cautery where required, the cyst was eventually removed, after emptying it with a Wells trocar. The pedicle was secured with strong carbolised hemp, and dropped into the abdomen; it gave no trouble, being long and thin; it sprung from the left broad ligament. I endeavoured to examine the right ovary, but could not find it.

After carefully cleansing the abdominal cavity and intestines, and checking all oozing, the peritoneal incision was secured by a continuous over and under suture of fine carbolised gut, and the abdominal incision by five deep sutures of carbolised hemp, and a few intermediate superficial ones of carbolised silk. The operation was not performed under the actual carbolic spray, but a steam spray was playing in the room before and during the operation. The wound, having been well dusted with iodoform, was covered with a dry strip of Boric lint, and over this a pad of salicylic wool, the whole being secured by a broad bandage of soft flannel. The tumour was unilocular, and with its contents weighed rather over nine pounds. Owing to the trouble with the adhesions, she was not in bed until 5.30 p.m., one hour and a half after being anæsthetised, and was then suffering greatly from shock; the pulse being 60, very weak and small; temp. 94°. Surface and extremities quite cold, and respiration shallow. A self-retaining catheter was left in the bladder. She was wrapped in hot blankets and hot bottles applied to every available part. Small quantities of hot brandy and water given frequently, and strong ammonia to nostrils, until she gradually rallied, and by 9.30 p.m. the pulse was 92, regular and firm; temp. 98·6°.

The progress of the case was almost uninterruptedly favourable, the highest temperature recorded being 99·3°.