

firm adhesions which had to be tied and cut. When the pedicle had been tied and cut, the colloid matter sufficiently scooped out to allow the removal of the cyst, the bowels were so glued together as to remain above and leave a cavity before occupied by the cyst. The wound was then closed, but she only survived the shock about an hour.

CASE 7.—Mrs. J. C., *æ*t. 32. Never had any children. About two years before noticed abdominal enlargement. The operation, which was done in Picton, was very simple, and was entirely completed in twenty-five minutes; the fluid was clear and watery; there were no adhesions; the pedicle, which was small, was tied and dropped; and her recovery was rapid and complete.

CASE 8.—Mrs. N., *æ*t. 35. Has had several children. Suffered for years from ovarian dysmenorrhœa, and as every remedy failed I advised removal of the ovaries. On opening the abdomen I found the uterine and ovaries so firmly bound down by adhesions like bands of fibrous tissue that it was impossible to raise the ovaries from their bed, so, for fear of serious consequences, I abandoned their removal and closed the wound. She recovered in ten days without any trouble, except some pus in the abdominal wound, which took three weeks to heal.

CASE 9.—Mrs. J. D., *æ*t. 34. Never had any children. Three or four years ago she noticed abdominal enlargement, and on admission to hospital was prepared for operation. On opening the abdomen the cyst wall was noticed to be unusually vascular. A large amount of greenish fluid was removed by the trocar, and on drawing out the cyst walls it was found to be a fibro-cystic attached to the fundus of the uterus. The opening in cyst was then sewed up, and it was replaced in abdominal cavity. It should have been opened up, stitched to abdominal wound and drained. However, she recovered quickly without any bad symptom, but I have had to tap her several times since.

CASE 10.—Mrs. E. S., *æ*t. 30. Had three children. Suffered severely from pelvic pain, menorrhagia, and dysmenorrhœa. As the pain had become unbearable, and no remedy had any effect, I advised removal of the ovaries. The operation was simple and presented no difficulties. She recovered so as to be up in two weeks, but soon developed chills and pain, and died about a month after the operation. On post mortem examination found an abscess at seat of one of the ligatures.