was sought for, found and secured by a strong screw clamp and a ligature, the latter above the former. The pedicle was then divided above the ligature and the tumour drawn upwards while the adhesions to the small intestines and the mesentery were separated as much as possible, but at the left side a portion of the ileum was found so firmly adherent that it could not be separated without imminent risk of lacerating the bowel. Serious symptoms of exhaustion shewing themselves at this stage of the operation and all prudent efforts to separate the remaining portion of the tumour being ineffectual, the adherent part of the cyst was left attached to the bowel and the remainder of the tumour cut away. The portion thus left was about five inches long and three broad and to render it as innocuous as possible, the inner or secreting surface was dissected off as carefully and quickly as possible. The abdominal cavity was then carefully cleansed with clean sponges, the other ovary examined and found healthy, and the wound closed by means of gilt needles with whipcord twisted over them in the form of the figure 8.

The patient was now put to bed at 4.50 p.m., warm flannels applied over the abdomen and a drachm of solution of morphia administered, after which she fell into a gentle sleep, waking at intervals of from 20 to 30 minutes and again dropping off to sleep.

At 11 p.m., then was little or no change in her condition; the hands and feet were still cold, but the pulse was quite perceptible at the wrist though too frequent to be counted.

January 4th. At 4 a.m., she was slightly restless and the pulse rather feebler. Another drachm of solution of morphia was given with brandy and water, the latter repeated at short intervals. She seemed to rally for a short time, but about five o'clock she began to sink rapidly and died at half past seven—15 hours after the operation.

The autopsy, 8 hours after death.—There had been no hemorrhage from the pedicle. The lips of the wound were adherent throughout, requiring some slight force to separate them. The peritoneal surface was somewhat injected in patches, particularly over the small intestines where the adhesions had been strongest, and in several places, loops of intestine were glued together by recently effused and healthy looking lymph. There was no trace of hemorrhage. The portion of the cyst which had been left adherent was now cautiously detached, without lacerating the bowel, but the force required was altogether greater than would have been considered justifiable in a living person. The solid portion of the tumour weighed 7½ pounds, and was multilocular, and the fluid drawn off during the operation measured 20½ pints.

Remarks.—There can be little doubt that had ovariotomy been