of infundibulo-pelvic ligament, and on the pedicle, which was rather small and easily disposed of by double interlocking ligature. The most dense adhesions were encountered in the attachment to the bladder during the separation, of which the outer layer of cyst wall gave way, remaining attached to the bladder, and opening up several small abscess cavities in the cyst wall proper, which would undoubtedly very soon have ruptured into the bladder, and thus constituted a very unpleasant complication.

With the tumor now entirely disposed of, we had a large cavity lined throughout by a raw, torn, freely oozing surface, and in one place, when a portion of outer layer of cyst wall was left adherent to bladder, a surface which had been bathed in pus. This was carefully cleansed, and then the entire cavity tightly packed with iodoform gauze, the end of which was brought out at the lower angle of the incision, which was then closed around it with through and through sutures of silk-worm gut. The patient was then put to bed with a pulse running between 80 and 85, which almost immediately ran up to 100, 110, 120, and in about two hours to 140, with other symptoms of shock, which, however, yielded to hypodermic injections of strychnia and normal saline enemata; and after the first twenty-four hours the convalescence was absolutely normal. The gauze was removed on the fourth day, saturated with dark, bloody fluid, and two rubber drainage tubes substituted, one passing down to bottom of Douglas's pouch, and the other just through abdominal wall, and the cavity was thereafter flushed out daily, at first with sterilized normal saline solution, and after a couple of days with solution of boracic acid, introducing the douche tip into the long tube, and allowing the fluids to return through the short one. This was continued until the cavity was practically filled up, which took about three weeks. This patient was one of those whom it was a pleasure to wait upon, always cheerful and appreciative, her invariable answer after the first day to the query, "How are you this morning?" being, "Just splendid." Fig. 4 shows the cyst, with a perfectly developed tooth, which was attached to interior of cyst, lying on top.

CASE 3.—Large monocyst of right ovary with twisted pedicle. Miss F. B., age 18; always enjoyed good health; menses normal and regular. On Sunday, March 5th, was taken with severe paroxysmal abdominal pain, which prevented her lying down, as pain was aggravated, and induced by lying down. These symptoms and the accompanying tenderness passed off in a few hours. On March 9th, being called in consultation by Dr. Hall, I found, on examination under anesthesia, the following conditions: The abdomen presented the appearance of pregnancy at about the beginning of the eighth month (see Fig. 5), the enlargement reaching up half way between umbilicus and ensiform cartilage. Palpation