

ministered, assisted by Drs. Holden and Coburn. Incision made, under carbolic spray, four inches long, between umbilicus and pubes. Tumor tapped and about ten quarts of thick syrupy fluid removed. No adhesions. Tumor grew from right ovary. Pedicle ligatured with carbolized silk and dropped in. About half a dozen sutures put in, and dressed with carbolized gauze. Adhesive straps over this, and cotton wool and flannel bandage. Half a grain of morphine suppository, together with quarter grain hypodermically, was required to relieve pain after the operation.

Nov. 15.—Dressing changed for first time under spray. Wound looks well. Has complained a good deal of pain in abdomen and down right thigh since operation, for which she has had two or three opiates per day. This has seemed to keep up some vomiting, but the temperature has only been up to 100° F. once, on the morning of the 13th. Pulse now 104, temp. 99.5° F.

Nov. 18.—Doing well; no opiate since the 16th. An enema brought away some fæcal matter and a good deal of wind yesterday.

Nov. 19.—Wound dressed; sutures removed. Small spontaneous motion of bowels to-day.

Nov. 22.—Wound dressed with adhesive plaster. No pus has been seen at any time.

Nov. 29.—Sitting up for last two days. Pulse 100, temp. normal. As bowels have not moved for several days, some citrate of magnesia was ordered.

Dec. 4.—By dint of citrate of magnesia, castor oil, and enemata, a large quantity of hardened fæces has been got away during the last few days.

Dec. 14.—Doing well; is about house. Gaining in flesh and strength.

Nov., 1884.—Was married a little more than three years ago, and has since borne two children.

CASE IV, March 13, 1879.—Miss M., æt. 27. Came to me from the country yesterday; gives as a reason for not coming before, that the doctor in her neighborhood always told her that nothing could be done for her. As she began to think that death must soon come, she decided as a last resort to consult me. Was generally healthy till six years ago, when she first noticed an enlargement of the abdomen. No distinct lump ever felt. She has steadily increased in size till she now measures seventy-two inches around body at umbilicus, sixty-six inches around waist, and fifty-six from one

anterior superior spinous process of ilium to the other. Has not suffered very much pain, and has had no difficulty with bladder or bowels. The catamenia grew gradually more and more scanty, till they ceased about two years ago. The upper part of her body is extremely emaciated, while the abdominal walls and legs are immensely swollen. Many large veins course over abdomen. The lower end of sternum is pressed so much outwards that it stands at right angles to axis of body. When standing on feet the œdematous abdomen reaches quite down to upper edge of patellæ, and when she sits, it rests upon the seat of chair between the thighs. The upper half of abdomen distinctly fluctuates, but the great œdema below prevents my getting this sign clearly. Per vaginam, the hymen acts as an obstacle to a satisfactory exploration. Per anum, a soft doughy mass can just be touched with finger at roof of pelvis. Pulse 120, weak and thready.

March 14.—Thinking it better to tap the tumor, and thus take the pressure off the kidneys and allow them to remove the anasarca somewhat before proceeding to abdominal section, I passed in a long curved trocar with point downwards, and drew off seven gallons of thick treacly-looking fluid. The size of patient did not seem much reduced by the operation. At the end of the flow there came away about an ounce of purulent-looking fluid.

March 15.—Patient rested pretty well last night, but complains a good deal of soreness, which she thinks is largely due to my keeping her quiet in bed since yesterday. She therefore asks to be up, as is her custom. I consented, with the understanding that she should not move about the room. Measurement is now sixty-two inches about umbilicus, and fifty-seven inches around waist. Pulse as before. A slight hacking cough, which has troubled her for a few months, has left her since the tapping. This is probably due to removal of pressure from lungs.

March 19.—As there seems to be little or no improvement in patient's general condition, and as she is urgent for an operation, I agree to remove tumor on the morrow; bowels to be freely opened previously.

March 20, 11.30 a. m., Operation.—Ether administered, assisted by Drs. Coulthard, Coburn and Ellis. On making incision I found tumor exten-