

mense tumour occupying the greater part of the abdominal cavity, and overlaying it above. To its right were two large cysts, the walls of which I freely incised with the scalpel, thus giving immediate exit to, I should think between one and two gallons of serous fluid, together with numbers of smaller cysts. An attempt was now made to draw the tumour through the wound, which failed. I then deeply incised the mass, from which escaped some greyish granular matter together with a quantity of serous fluid, when repeated but fruitless attempts were again made to extract the tumour. I finally enlarged the wound by continuing the incision to about two inches above the umbilicus; when, by getting a hand on either side of and somewhat behind it, the tumour was brought through the opening. It proved the right ovary which was diseased. The pedicle was very broad, I should think fully five inches, and so short, that there was great difficulty in applying the clamp, which however was finally adjusted and tightened, although it had once to be loosened for the purpose of liberating a small fold of intestine which had unavoidably become engaged. The tumour was now separated about an inch from the clamp, and the wound brought together as quickly as possible, by using six common darning needles, each about four inches long, and held in situ by twisted suture, a point of simple suture being likewise inserted in the spaces between the needles. A dossil of lint was laid over the line of incision, the bandage tightened around the abdomen, and the patient lifted on a bed previously prepared. She was very exhausted, after being about fifty minutes under the operation, during which she had freely partaken of stimulants, which were still constantly given. There was no anæsthetic agent used. She was under the care of Drs. Digby & Brown for the first eight days after the operation, I being in Montreal, and for the first thirty hours it seemed impossible she could survive, so exhausted was she by incessant vomiting. It however finally ceased, when, by the administration of stimulants and nutritious beverages, her powers began to rally, from which time she gradually and slowly improved. The wound healed throughout by the first intention; the clamp separated on the fourth day, two needles were removed on the sixth day, and the remainder on the eighth. The point where the pedicle was brought through the wound was completely cicatrized on the fortieth day; and, in seven weeks from the day of operation, she was able to travel to Cleveland in Ohio, where she still remains with her health daily improving.

There was something very remarkable in the character and quantity of the matter ejected by vomiting after this operation, it appearing in all respects precisely similar to that which the cysts contained, even to its peculiar odour. I never remember having seen the same circumstance recorded as following ovariotomy, although about two years ago, I saw a woman who died of ovarian disease, and in whom a similar phenomenon occurred two or three days before her death. This patient was seized with profuse vomiting and purging, and the fluid resembled in all respects that which is usually found in ovarian cysts, and the quantity was so great that it had to be received in pails. She must have passed some two or more gallons, and strange to relate it was not followed by much if any diminution in her size. Both myself, and Dr. Brown who was her medical attendant, believed that a communication had been established between the cyst and some