Four p.m., that afternoon, her temperature was 104; pulse, 120. I then assumed all responsibility and began to prepare for operating. I prescribed magnes. sulph., ℥ii.; tinct. hyoscyami, ℥xv.; agaric, ℥ii., to be given at 6 o'clock, and repeat at 10 o'clock, if required. The repeat was given, and during the night the bowels were thoroughly evacuated.

June 7th, 9 a.m. Temperature, 102: pulse, 104 Tumour more prominent, and very sore if touched Patient anxious to have the lump taken out.

Four, p.m. Temperature, 104½; pulse, 120. I decided to operate next morning. All the usual antiseptic measures were attended to, and half a pint of hot milk and water ordered to be given patient between 6 and 7 o'clock next morning. The hot milk was given at 6.30, and produced free catharsis.

June 8th, 9.30. Temperature, 102, pulse, 100. The patient was then anæsthetized; and having the valuable assistance of Drs. Mallock, Miller, McCabe and Cockburn, I opened the abdomen. I found the omentum adhered to the tumour, but it was easily detached. The tumour was very firmly fixed to a large surface of the pelvis, and the intestines were adhered to it in a number of places. In my efforts to bring the tumour through the abdominal wound, it burst, when its contents were seen to be dark venous blood and fatty material. The quantity of fluid would be about a gallon, and it gave off a distinct fæcal odour. Having drawn the tumour through the abdominal wound as far as possible, the small intestinal adhesions were tied and cut. I then found that the cyst communicated with the intestines by a ragged opening three inches long. I made a clean cut of the cyst from the intestines, tied and cut the adhesions between it and the left broad ligament, then tied the pedicle which sprung from the left iliac fossa, and brought the whole away. The edges of the opening into the intestines were then trimmed, the mucous and muscular layers united by a continuous catgut suture, and the serous layer, the edges of which being well inverted, was united by interrupted catgut sutures. The bowel was then dropped into the abdominal cavity, which was then washed out thoroughly with hot water, and the abdominal wound united and dressed in the usual manner.

Time of operation, two hours. At 4 p.m., patient had rallied nicely. Temperature, 99; pulse, 108. From this time temperature never went over 100. On the morning of the fourth day after operation, the bowels moved four times without pain. On the seventh day, I removed abdominal sutures and found the wound completely healed. On the fifteenth day, patient walked down stairs to hospital door and went to her home in her carriage. Three weeks from the time of the operation she was perfectly well and going about.

Nothing but water and a little beef tea was given for three days after the operation; then milk *ad lib.*

Case 2.—Mrs. Beare, aged 30, mother of three children, youngest aged five years. Menstruated every two weeks during last year; sent her mother on June 14th to my office for medicine to relieve pain in and irritability of the bladder. Sent her a mixture of pot. bicarb. and tinct. hyoscyamus. On the 16th she came herself, and reported no improvement. Made examination per vaginam; found what I thought was an enlarged uterus badly retroflexed, but so firmly fixed I could not replace it. Sent her home, promising to see her there next morning, and put womb in its place. On 17th, visited her, and on further examination, found a tumour as large as an ostrich egg on right side of pelvis, behind the ovary. On 18th, she was anæsthetized and examined by bimanual method, tumour mapped out, and diagnosis ot previous day confirmed. An operation was advised, to which patient and her friends consented readily. On the 19th, she was taken to St. Joseph's Hospital and having been properly prepared, on the morning of the 21st, with the assistance of Drs. Mallock, Miller and Cockburn, I opened the abdomen and found the tumour in the folds of the right broad ligament, behind the ovary and slightly adherent to the right posterior aspect of the uterus. I had not much difficulty in enucleating the cyst from between the layers of the ligament with my fingers and bringing it through the abdominal wound. The pedicle was tied with strong silk, dropped into the abdominal cavity, which was thoroughly washed out with hot water, and the usual dressing made. The patient rallied quickly. The temperature never went over 100, and in two weeks she was up and walking about feeling completely well.