

that the right was the one affected). The peritoneal cavity was almost free from blood, scarcely necessitating any sponging. The abdominal wound was closed by seven deep sutures of carbolized silk, antiseptic gauze and absorbent pads placed over the incision, and held in place by adhesive plasters, over which a flannel bandage was firmly applied. The patient was then put in a bed, prepared as in the previous case, and an enema of 20 min. of tincture of opium given.

The weight of cyst and contents (which resembled thick pea-soup) was  $7\frac{1}{2}$  lbs. Very little shock was observed, and scarcely any vomiting; the patient passing a good-night.

25th, 6 a.m.—Temperature 100, pulse 106. The patient made a rapid and satisfactory recovery, the temperature never reaching 100 after this record. Sutures removed on the eighth day—union complete; and on the 23rd day the patient returned home, being quite well. In a letter of March 10, 1885, she reported that she was quite well, and considerably more fleshy, and that she had passed the menstrual period five days. A later letter confirms her suspicions of March 10th, and she is now in the fifth month of pregnancy.

CASE III. Mrs. S—, of the County of Lambton, first consulted me Oct. 22nd, 1884, saying she had an ovarian tumour, and was directed to me by Drs. Crawford and McKinnon, of Alvington, both of whom kindly sent me letters in reference to the case.

Mrs. S— was 59 years of age, married, had two children, 37 and 35 respectively; no miscarriages. Previous to the age of 45, her menses had always been regular and normal, excepting the physiological rest incident to utero-gestation and lactation. Change of life occurred at 52, but for seven years previous to this, she had menorrhagia, oftentimes severe and alarming. Between 46 and 47 she first noticed a swelling, which gradually grew larger up to the age of 54, but growing less rapidly during the two years after menstruation ceased. I might say here that although the patient is ordinarily intelligent, it is more than probable that she was mistaken, and that the tumour ceased to grow, when she ceased to menstruate, and that the slight increase in growth after the

climacteric period was imaginary on her part. Upon examination, I found a tumour, firm and unyielding, and reaching up to the umbilicus, and which moved both by external and internal manipulation, and without pain. The sound passed nearly  $2\frac{1}{2}$  inches, and readily moved with every movement of the tumour. This latter, when taken in connection with the early symptoms, especially menorrhagia, extending over a period of many years, the slowness of growth, the cessation of growth, after the climacteric, and the generally healthy appearance of the patient, warranted me in coming to the conclusion that it was not ovarian, but most probably a uterine fibro-myoma, and so I recorded it in my case-book. I advised the patient that hers was not a case requiring operative interference for the present, and that I would write Drs. Crawford and McKinnon in reference to her case. She appeared to be not very well pleased with my advice, and said she would like to have it out. I then explained to her the risks of an operation for removal of the tumour, and the probabilities that her life would not be shortened on account of its presence. Her mind seemed influenced by a sense of notoriety, at least I judged so, for she still adhered to her text, "That it shall be removed," although she admitted she was not suffering much from its presence. However, I dismissed her, asking her to carefully weigh the *risks* and *discomforts*, and then see me in a few months hence. On the 18th of the following month, she, accompanied by her husband, entered my office. To my astonishment she said she came to have the operation done, that she had arranged matters at home, and had brought with her such clothing as she might want during her stay. Such was the importunity of the patient that I consented to operate, allocated a room to her at once, and prepared her for operation on the 20th, on which day, assisted by Drs. Fraser, Wilson, and Belton, and Mr. English, my student, and in the presence of several other senior students, I operated.

(To be continued.)

ERRATUM.—In our last issue, page 206, tonic normal urine should have read *toxic* normal urine.