After questioning her as to the state of her bowels, urine and stomach, which I found to be normal, I then proceeded to make a thorough examination of the abdomen, at the seat of the pain, which pain, according to her story, was nearly at the pit of the stomach, a little to the left side. Upon palpitation, I found a tumor on the left side, in the left lumbar region, close up to and under the cartilages of the ribs, and pressing against the diaphragm. The tumor is not movable, and is about the size of the closed fist, and of a firm and hard structure. This growth was evidently the cause of those pains and obscure gastric symptoms already mentioned. Strange to say that, although the growth was situated in such a position that it must have been compressed by the clothing fastened to the waist, yet the patient had never recognised its presence till I had pointed it out to her. Upon questioning the patient as to her history, I found that about twenty years ago she had received a severe injury or bruise on the left side by a fall, from the effects of which she soon recovered. This was the only thing that I could ascertain as having the least connection with the tumor.

The treatment adopted at this stage was simply hot stupes to the abdomen, and opiates. With regard to a diagnosis, I did not feel there was enough ascertained, or even ascertainable, to warrant it, and so resolved to wait the issue of events. I may say that there were no indications, nor history, of cancer. The position of the tumor showed that it could not possibly be ovarian. It was not connected with the stomach or spleen, as the latter organ could be detected of normal size, and the former was in good order. It seemed too much to one side to be connected with the omentum, and too high to be attached to the kidney; and, besides this, the urine was apparently normal in color and quantity, and the patient had never complained of the slightest nephritic symptoms. By the 25th of April the tumor had so increased in size that it was as large as a head and occasioned difficult respiration, in addition to severe pains in the part, and general constitutional disturbance. On this day, Drs. Hingston and F. W. Campbell saw the patient with me, and, after a thorough examination and discussion of the case, we came to the conclusion it must be a partly fluid and partly solid cyst, but not connected with the ovary.

On the 26th, Dr. Burnham, of Lowell, Mass., the well-known ovariotomist, saw the case with me, and, after he had thoroughly examined the patient, he could not determine the nature of the growth, but thought it was probably a blood tumor; he ventured this opinion from the fact of the tumor being partly solid and partly fluid, and its rapid growth and position in the cavity. The solid part of the growth, by deep pressure, could be detected below and to the inner side of the enlargement. This fact had been recognized, as already stated, by myself and also by Drs. Hingston and F. W. Campbell. Dr. Burham agreed with us, that the feeble state of health, the age of the patient, and the uncertainty of the diagnosis, precluded the idea of abdominal section. I may here state that Dr. Burnham had a case very similar to the present one, where he undertook to operate for ovariotomy, and, upon making his incision, found that the tumor was an hermatocele, the walls of which he could not ascertain. He incised the tumor, evacuated its contents, closed the abdominal cavity, and the patient made a good recovery.

To return to this case, however, I may say that by the 28th of April the tumor had enormously increased. The patient had had severe rigors, her breathing was greatly interfered with, and her sufferings were so great and urgent as to demand relief. In the afternoon, Dr. F. W. Campbell saw the case with me again, when we determined to draw off the contents of the cyst, which (we judged) would be probably purulent on account of the preceding rigors.

A medium-sized trocher was introduced about half way between the umbilicus and cartilages of the ribs, about three inches to the left of the median line, and a little below the most prominent part of the tumor. The withdrawal of the trochar was followed by the discharge of about thirty ounces of a clear, pale, straw-colored fluid; after which, about the same quantity of pus came away, and the canula was removed. The solid part of the tumor was now quite perceptible, and appeared to be about the size of a large fist. This operation was followed by such a severe shock that I feared for my patient's life. In a short time, however, she rallied, and passed a tolerably comfortable night, and the next morning declared she had not felt so well for months past. The patient now enjoyed a few days of respite, when the tumor once more began to enlarge, and soon attained its former dimensions. On the 15th of May the enlargement so seriously interfered with respiration and ingestion, that a repetition of the operation of tapping was urgently called for. On this day, Drs. Hingston and F. W. Campbell saw the case with me, and as there was no difference of opinion as to the necessity of the operation, it was performed in the same manner as before, and with the discharge of the same quantity and characters of fluid, except that a few flakes of albumen and