

become miserable and wretched in the extreme. The usual treatment for such cases was explained, and she consented to put herself under my care for operation. On the 2nd of June, immediately after her menstrual period, the operation of ovariectomy was performed under chloroform at the private residence of the patient. Prior to this date I had read with much interest the valuable practical remarks on this subject quoted by Dr. Gardner of Montreal in the May No. of the CANADA MEDICAL & SURGICAL JOURNAL from a paper by Dr. Nœggerath, introducing a novelty of detail in the operation of a most useful character, namely, the evacuation of the contents of the sac by a trocar *before opening the peritoneal cavity*, a practice which cannot be too highly recommended, and of which I availed myself in the present case. The ovarian sac was found so tough and tense, that very considerable force was necessary, accompanied by a rotatory movement similar to drilling, before the trocar could be made to enter. The escaping fluid was of a peculiar character, very unlike that which I had seen in similar cases before, being usually of a dark straw colour, whereas this resembled "thickish arrowroot prepared with water"; from this cause it took at least twenty minutes to discharge itself, in quantity about three gallons. The sac was found entirely free from adhesions, arising from the right ovary, the pedicle was easily reached and secured by clamp, which was retained in position outside the wound at its inferior angle. After removal of the sac, the incision was brought together by five carbolized silk sutures, and covered with carbolized pledgets of lint. The operating table had been so arranged as to fulfil all the purposes of a bed, on which she was left for some days; 40 minims of laudanum were given as soon as she was put to rights; it was very shortly rejected by vomiting, and the same result took place on repetition of the dose; an enema of a teaspoonful of laudanum with a wine-glass of water thrown into the rectum was retained, and no more vomiting or unpleasant symptoms occurred. The urine was drawn off towards night, and at my morning visit I found she had slept comfortably and was progressing most favourably; no pain, no thirst; pulse 82, temperature about 99°. A daily record of the case would be tedious.