

pulse increased to 108, and the temperature to 102. Upon examination the drainage tube was found full, and turning the patient on her side four ounces of very offensive pus flowed away. The pulse, the same evening, fell to 85, and the temperature to 99½. During the following three days, the patient was morning and evening turned on her side, and each time a small quantity of pus was discharged, and on one occasion some "fleshy pieces". No disinfectant syringing was resorted to. The sutures were removed, some on the 9th, the remainder on the 13th day, and with the last stitch the clamp fell off. The patient was soon up and about, and from time to time, reported herself as feeling "as well as ever."

CASE III.—*Multilocular Ovarian Disease.—Ovariectomy.—Pedicle treated by the Intra-peritoneal Method.—Partial Enucleation.—"Tied and Dropped."*—*The Drainage-Tube.—Fever.—Recovery.*

Miss N., from the county of Brant, (through the kindness of Dr. W. Corson of Brantford,) consulted me on Nov. 1st, 1877. Her health has been rather delicate since her childhood, but never had any severe illness. Her digestion had always been good until within three or four months, when she noticed that she felt full and uncomfortable after meals, this caused her to seek the advice of Dr. Corson, who discovered that her abdomen was considerably enlarged, due to the presence of an ovarian tumor.

For about a year she had been aware that she was gradually becoming stouter, and at Christmas (1876) her dressmaker remarked it; but this did not occasion any surprise, on the contrary, she rather congratulated herself, as she presumed she was "growing out" of her former delicate condition.

Present state.—Of medium size, sandy complexion; fairly well nourished. All the organs and functions of the body appear to be in a normal condition. Her friends remark that she does not look so well in the face as she did two or three months since. *Physical signs.*—In the standing position she appears very much like a woman seven months gone in pregnancy. The tumor is not very rotund and prominent; it is rather flat, but entirely fills up the hypogastric, both iliac, and the umbilical regions, extending upwards three inches above the navel. Under pressure it resists like a full sac, but does

not feel solid like a fibroid. The whole surface yields dullness under percussion, and deep-seated fluctuation is obscurely elicited, with the exception of a large portion occupying the right iliac region, where the tumor is hard and uneven. Simpson's sound passes 2½ inches into the uterus, in the left lateral direction. The tumor is felt by the finger, on the right side of the uterus. The measurements are as follows:

Girth at umbilicus.....	33	inches.
From umbilicus to ens. cartilage.....	5¾	"
" " " pubes.....	5¾	"
" " " right a.s.s. process....	7¼	"
" " " left a. s. s., "	6	"

Tapped with a hypodermic syringe, the cyst yields a thin straw colored fluid, which is not spontaneously coagulable.

Diagnosis. Ovarian tumor,—multilocular, springing from the right ovary.

Miss N., having been in the city several days, occupying her "quarters," getting accustomed to her lying-in room, and other surroundings; the menses having ceased five days since; and being now in all respects in a pretty good and hopeful condition the operation was proceeded with.

The patient having been chloroformed, and the abdominal section five inches in length made in the usual way, the tumor was readily brought into view; the patient having been turned on her left side, the cyst was tapped with an ordinary trocar, and the contents being thin, it was rapidly emptied of about twelve pints of thin straw colored fluid. The tumor was then brought through the incision without further enlargement, and found to be composed of an aggregation of small cysts, somewhat resembling the honey-comb, filled with a similar fluid to that of the parent cyst. The weight of the tumor and contents was eight pounds. The pedicle was very short, and had to be enucleated (according to Dr. Miner's process) several inches from the tumor, before sufficient length was obtained to permit of manipulation. The sound part was then ascertained to be too short for the application of a clamp, and recourse was had to "tying and dropping." A double silk ligature was passed by means of a large needle through a thin part near the centre of the pedicle, and each half first secured separately, and then as an extra precaution one of the ligatures was tied tightly around