

in peritoneal cavity. Cyst looked like ovarian cyst on right side. When tapped about eight quarts of yellow fluid escaped. A few small secondary cysts were broken up, and there remained one about the size of a hen's egg. Papillomatous growths were found lining interior of cyst-walls. Cyst apparently adherent to whole side of uterus. Bladder stretched upwards, adherent to anterior surface of uterus, and a papillomatous growth existed at junction of the two at upper border of bladder. Neoplasm also growing from left ovary. As it was found impossible to remove cyst without enucleating it, or to remove uterus with cyst on account of the bladder adhesion, it was decided to unite edges of opening in cyst to edges of opening in abdominal wall at its lower part, and a drainage tube was introduced. A tube was also left in peritoneal cavity. A single sponge was placed over opening of two tubes, but on third day a sponge was placed over each. Dressed under spray night and morning. Sponge over cyst tube fairly saturated with yellow fluid, other sponge fairly dry. Tube in peritoneal cavity was probably not required. Temperature, $99\frac{1}{2}$ night after operation, pulse 130; third day temperature normal, pulse 112. Appeared very well. There had been no pain, no vomiting, no medicine given. Craved for more food than was allowed her, as she had done before operation. Fourth day began to sink, pulse rapid and weak. Died fifth day, p.m.

At post mortem examination, by Dr. Teskey, no evidences of peritonitis were found. Kidneys very small, and pelvis enormously dilated. Abdominal wound perfectly united.

Dr. Grasset then showed a necrosed tibia, which he had removed.

Dr. Cameron presented a myo-fibroma, which Dr. U. Ogden had removed by abdominal section. The patient was a white woman, twenty-four years of age.

The President showed two small fragments of iron removed from the fundus of the eye by means of the electro-magnet. Both patients were first seen, and were operated upon, the day after the accident. In the first case there was already infiltration of the cornea, and indications of puro-lymph within the globe. In

the second, there was well-marked hypopion. The bad state of the eyes so early as twenty-four hours after receipt of injury, not unlikely due to septic material on the foreign particles, led to an unfavorable prognosis, which was unfortunately confirmed, enucleation being required for relief of ensuing panophthalmitis.

OVARIAN TUMOR.

Dr. Machell presented an ovarian cyst which he had removed. The history of the case is as follows:

Mrs. G., aged 60 years, first noticed unusual enlargement of abdomen in early part of April last. She continued to increase steadily in size up to the middle of September, when she measured thirty-eight inches at the umbilicus. Up to this time she was able to go about doing most of her work. During the first week in October she had more or less diarrhoea, and continued to suffer from it occasionally up to the time of operation. The diagnosis of ovarian cyst of right side was made. I removed the cyst, the contents of which with a little ascetic fluid measured between five and six gallons. The cyst wall was dark in colour, rather friable; quite thick in one part close to the pedicle, and very thin in other parts. On the thickened part were scattered several papillary bodies suggestive of malignant disease. Some of these little growths were also seen on the peritoneum, which was considerably inflamed, covering the intestines. The pedicle was tied with Tait's knot, and dropped back into the abdominal cavity. The left ovary, having one or two very small cysts in it, was also removed. There were very few adhesions, and very little bleeding. The abdominal cavity having been well sponged out, a long perforated drainage tube was fastened into the lower end of the wound, which was closed by seven sutures. Borated absorbent cotton was placed over the tube and wound.

For twenty-four hours she was given absolutely nothing by the mouth—afterwards, a mouthful or two of tepid water flavored with brandy. At the end of twenty-four hours a teaspoonful of bloody serum was drawn up out of the tube with a syringe. In forty-eight hours it was replaced by a piece of rubber drainage tube. The catheter was used about every six