

two months from the day of the operation. A colotomy was attempted but the tissues of the abdomen were too extensively infiltrated to allow of its being successful. The other four patients are alive and well at the present moment, all having been heard from within the last day or two. They were operated on May 3rd, 1903, December 6th, 1905, and September 10th, and November 26th, 1908, respectively, the last two being too recent to be of any value from a prognostic point of view. The nature of the growths in these patients who are still alive was fibrosarcoma in three (two cystic and one solid), and in the other one the cells were oat-shaped and carcinoma was present as well.

Judging from our present knowledge, all ovarian tumors⁸ ought to be removed as soon as discovered, and great care should be exercised not to allow of the escape of any of their contents during operation. All should be most carefully examined by an experienced pathologist microscopically, as malignancy is thus often discovered which otherwise would escape notice. If any sign of this is seen, the uterus and ovary of the opposite side should be removed at as early a date as possible, if we would give our patients any chance of cure.

Case 1, Mrs. J. C. æt 51 years, was sent to me by Dr. C. J. Edgar of North Hatley, P.Q., in April, 1903, complaining of pain in the lower abdomen and a leucorrhœal discharge. In 1901, after one year's amenorrhœa, she had hæmorrhage from the vagina for one week. All during the following winter there was a bloody discharge which kept up, off and on, until admission to hospital. This discharge was not foul smelling but occasionally had a "stale" odour. She began to have severe pain in the lower abdomen in December, 1902, for which she was curetted. There had been some loss of weight during the last six weeks. She suffered from indigestion all of the winter and in February, she passed masses resembling pieces of "flesh," and had a great deal of hæmorrhage at the same time.

Her pulse, on admission, was small in volume, regular and beat 115 to the minute.

Examination showed the abdomen to be full and tense with the superficial veins of the upper and lower parts distended. There was a large mass to be felt in the right iliac region which was quite tender. Dullness was elicited over the mass, and in the right flank. There was also dullness in the left flank, but this disappeared on turning the patient over on her right side.

The vaginal opening was capacious with a sanguinous discharge coming from it. The os was dilated and filled with blood clot. The cervix was free but fundus was enlarged and lying to the front, and its mobility was impaired. A mass, the size of a large orange, was felt through the right fornix.