

replaced by soft rubber tube. This removed on twelfth day, drainage having ceased entirely. Patient made an uninterrupted recovery and remained in good condition afterwards. One point of interest presented in her case, *i.e.*, regarding glass drainage tube not being turned and raised each day by the nurse, its becoming quite firmly attached in position and removed with some difficulty. Patient discharged on twentieth day.

CASE 16. Miss I. R., æt. 26. Family history only fairly good. Suffered from dysmenorrhœa, and severe, well-marked attacks pelvic peritonitis. Feeble and emaciated when I saw her with family physician, with great effort continuing her work, that of bookkeeper in large store. Had continued indigestion with vomiting. Case evidently one of salpingitis, and probably double pyosalpinx. Coeliotomy April 5, 1889. Many firm adhesions, difficult to separate, but removal appendages completed. Pelvis left in good dry condition. Patient vomited from time of operation, at last a spinach-like substance. No distension abdomen; bowels moved safely, no symptoms obstruction, but patient died from inanition on eleventh day. Autopsy showed evidence general peritonitis. Careful going over of technique of operation and surroundings failed to show any evidence of error.

CASE 19. Mrs. F. W., family history good. Menstruated at fourteen; married at fifteen; fourteen months later delivered of living child at seventh month; premature delivery caused by boy jumping on abdomen; second delivery normal and child still living; one miscarriage since at third month; menopause at forty-eight. October, 1888, operated on by Dr. Boyd for prolapse of uterus; no evidence of tumor at that time; thinks growth since to have been occasioned by resting filled coal scuttle upon left ovary at times for past six years. December, 1888, observed aching pain in this region; some bloating, and felt ill all winter; blisters and hot applications used; first noticed enlargement, size of goose egg, in February, 1889; examination in May gave all the symptoms of ovarian cyst. Operation June 15, 1889; diagnosis confirmed; cyst removed; quite a number of adhesions; drainage; recovery, followed by hernia some six months afterwards.

CASE 20. Mrs. B. A., æt. 22, family history of phthisis. Met with injury May, 1888; following October abdomen enlarged; tapped April 18, 1889, fifty pounds of fluid drawn; circumference at umbilicus, forty-four inches; though desperately ill, yet she and her friends were very anxious for an operation. Coeliotomy August 22, 1889; time required, one hour and thirteen minutes; very extensive and firm adhesions of sac to peritoneum; much hæmorrhage; multilocular cyst, left ovary removed; right ovary enlarged, with evidence of another cyst developing, also removed; glass drainage; every effort made to bring patient out from condition of shock,