

The tumor was smaller, more distinctly circumscribed and fixed in the right iliac fossa.

It is thus evident that the injection with iodine has proved a total failure having completely failed to arrest or even to retard the secretion, and from the inflammation set up it has evidently produced firm adhesion to the surrounding parts.

The patient's strength which had been steadily failing from the beginning, was now seriously reduced, and it was perfectly evident that she must inevitably sink in the course of a few weeks unless relief could be obtained by some other means. Of course the chances of success from ovariectomy were very much diminished by the effects of the injection with iodine and this was clearly explained both to the patient and her friends; but as there was evidently no prospect of her surviving without it, both she and her friends desired that she might have the benefit of any slight chance of cure which the operation under these circumstances might afford. It was therefore agreed that the operation should be attempted on the 3rd of January, 1863.

*The operation.* January 3rd, 1863. I was assisted by Drs. Campbell, Fraser, Howard, Drake and Taylor; Drs. Wright, MacCallum, Hingston and F. W. Campbell were also present.

An enema had been administered in the morning and a glass of sherry was given a short time before the operation was commenced. The room being heated to between 70° and 80° and the air rendered moist, chloroform was administered about 3.20 p. m. I made an incision from about half an inch below the umbilicus downwards to the extent of about three inches and cautiously divided on a director all the layers until the cyst was reached, when it was found to be closely adherent to the peritoneum on all sides, but the adhesions could be readily broken down by the finger.

After separating the adhesions all round as far as my finger could reach, I proceeded to tap the cyst with a large trochar having an India rubber tube attached to the canula for conveying the fluid to a bucket upon the floor; and as the cyst collapsed, it was seized with a vulsellum and dragged outwards while I continued to separate the adhesions on every side. This was easily accomplished in front and below, but at the upper and back part, the adhesions were so strong as to be separated with great difficulty. To allow greater freedom in manipulating, the incision was continued about an inch both upwards and downwards and the separation cautiously carried on. The strong adhesions were chiefly to the small intestines and to the omentum.

After separating as much as possible from above downwards, the pedicle