of weeks, when laparotomy was performed in Grace Hospital, February 21st, 1899. On opening the abdomen, the tumor was found densely adherent to the abdominal wall and the peritoneal structures so thickened and altered by frequent inflammatory processes, and the cyst wall itself so very deep in color, and in structure so resembling muscular tissue, that the whole condition presented a decidedly puzzling appearance. It was quite difficult, to be sure, when the true cyst wall was reached, as layer after layer had been divided, each of which could as easily be separated from its surroundings as its predecessor ; and when the cyst wall was reached, it had a very suspicious resemblance to normal uterine structure. After separating cyst from abominal wall for a space

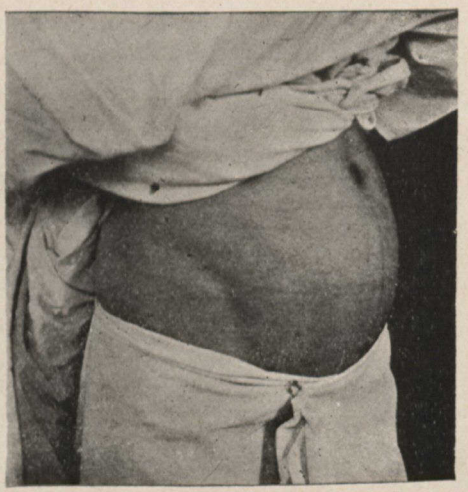

FIG. 3.—Showing contour of abdomen containing dermoid of right ovary shown in Fig. 4.

of an inch or so in radius, a large ovarian trocar was introduced and fluid the consistency of thick gruel, of a pea-green color, flowed through the tube, containing quantities of short, black hairs. After evacuating the contents, the puncture in the cyst was securely closed by clamping, so as to avoid any possible leakage into peritoneal cavity during the process of freeing the sac from its attachments, and this proved the most formidable procedure in the way of dealing with adhesions that it has ever been my lot to encounter. The entire surface of cyst was densely adherent to every structure in contact with it, including abdominal and pelvic walls, omentum, intestines, uterus, opposite tube and ovary, and the bladder. After nearly an hour's work, the entire sac, with right Fallopian tube, was enucleated, ligatures only being required at site