the stomach, causing such violent and incessant vomiting, and inducing such extreme prostration, tha tdissolution sometimes appeared imminent. Previous to her being attacked with menorrhagia, she states that the catamenia had not been present for ten years, during which period her health did not appear in any way to suffer. Some seven or eight months after my first seeing her, she first imagined that she was somewhat larger than usual, and upon examining the abdomen, I discovered a tumour occupying the space, which would be filled by a gravid uterus, soon after it rises above the pelvic brim. It communicated the idea of its being somewhat larger than a man's fist, but it did not appear to have any connection with either the right or left iliac regions. This, together with the vomiting, rendered its character somewhat obscure for some time, but frequent examinations, externally and per vaginam, satisfied me that it was not uterine, and I soon became convinced it was an ovarian tumour. It gradually increased, and, in about a year from its first appearance, had attained such a size as to give her the appearance of a woman at the full term of gestation, producing from its pressure on the iliac vessels, great ædema of the lower extremities. No fluctuation could as yet be perceived in any part of the abdomen, although the outlines of the tumour could be distinctly traced, and that the more easily from the extreme wasting of the patient. She still suffered at intervals from the distressing attacks of vomiting, from which I often thought she must have sunk. After the lapse of another two months, her distension became enormous, respiration in the recumbent position was next to impossible, and her misery altogether was very great. Fluctuation was now evident across the upper part of the tumour, and extending around and down the right side; all the rest of the abdomen being filled by an apparently solid mass. Her symptoms were now so urgent that in consultation with Drs. Digby & E. T. Brown, on the 23d of June last, it was deemed advisable to attempt affording her some relief by tapping. A trocar was accordingly introduced, and at first was followed by about a pint of brownish coloured transparent serum; but, on the withdrawal of the first and introduction of a second and longer instrument, we succeeded in getting away about 5 or 6 quarts of a similar-looking fluid, which certainly afforded considerable relief, but only for a short period, for in a fortnight she was even larger than ever, and her sufferings were in many respects much increased; so much so, that she was very anxious to have ovariotomy performed, notwithstanding I had made her fully aware of the great danger and uncertainty attending it; and, although in her then miserably reduced and exhausted state, I entertained but very slight hopes of her surviving the operation, yet on the other hand I was perfectly satisfied that, unrelieved, she could have lived but a very few days. I therefore determined to perform it, and, on the 9th of June, again kindly and most efficiently assisted by Drs. Digby & E. T. Brown, the operation was performed.

After introducing a catheter, the patient was laid on a couch without a back, in the centre of the room, the head and shoulders slightly raised; I made an incision extending from the umbilicus to within about an inch of the pubis. There was a good deal of bleeding from the superficial veins, which were tortuous and distended. There were some adhesions around the point of entrance of the trocar, which were easily torn through. We could now perceive an im-