

through and through, from one side to the other. After removing pins and rubber tube, I found that there was some bleeding from one side, and I therefore put a double silk ligature around whole stump, which was about three-fourths of an inch in diameter. This proved effectual in checking all flow of blood. Abdominal wound closed with deep silver and superficial catgut sutures.

Operation done under carbolic spray, and antiseptic dressing was applied.

Patient to have iced milk and lime water, in small quantities. One-third of a grain of morphine administered hypodermically.

7 p.m.—Some vomiting. Pulse 80; temp. 98° F.

Oct. 28, 9 a.m.—Slept part of night. A good deal of vomiting. Pulse 88; temp. 99.3°.

9 p.m.—Ate a little rice and milk to-day. Vomits less. Passes urine freely without use of catheter. Has had a suppository of half a grain each of morphine and ext. belladonna, just before visit, for pain. Pulse 96; temp. 100.4°.

Oct. 29, 9.30 a.m.—Slept five hours. No vomiting. Pulse 72; temp. 99.5°.

5 p.m.—One or two visitors clandestinely got into patient's room to-day and she seems rather nervous this evening. Pulse 84; temp. 100.4°.

Oct. 30, 9 a.m.—Used one suppository last night. Was easy, but did not sleep much. Pulse 76; temp. 99.5°.

Oct. 31, 9 a.m.—Dozed three or four hours yesterday, and slept four hours last night. Used one-half of a suppository during night.

5 p.m.—Wound redressed for first time, spray being used. Only a slight bloody stain on gauze.

Nov. 4.—Has continued pretty comfortable without opiates, since last report. Bowels moved freely this morning from cathartic pills and enema. Wound redressed. Some suppuration along lower two-thirds of incision. This, I think, may have been due to patient's loosening lower edge of dressing a day or two ago, and thus permitting entrance of air to part. Two or three sutures removed.

Nov. 5.—Remaining sutures all removed. Some suppuration going on beneath bridges of

catatrix along the lower line of wound. Probe, however, does not enter deeply at any point.

Nov. 7.—As wound was gaping, I dressed it with strips of adhesive plaster. Pulse 96; temp. 100.5°.

Nov. 8.—Catamenia have appeared. Patient required two or three opiates during the last day or two, which, as well as rise of temperature, has probably been largely due to approach of menstruation.

Nov. 10.—Pulse 72; temp. 99.5°.

Nov. 13.—Bowels moved by enema. Wound gradually healing. Pulse 70; temp. 99°.

Nov. 15.—Bowels moved naturally last night. Pulse 68; temp. normal. Eats a little meat and potatoes every day now.

Dec. 6.—Catamenia again appeared to-day. Wound all healed a fortnight ago, but patient has seemed weak and nervous, with some dyspeptic symptoms. Is taking a quinine tonic.

Dec. 15.—Left to-day for the country, to visit some friends.

Jan. 11, 1883.—Has rapidly improved since leaving town. Weighs 15lbs. more than before, and feels much better for operation.

CASE II.—June 26, 1883.—Miss T., aged 35. Patient sent to me by Dr. Nevers, of Hartland, N.B. Family history good. Patient had bilious fever at 17 years; also diphtheria pretty badly five years ago. With these exceptions, health good till present trouble began. Catamenia first appeared at 14, and have been always regular, but painful. A tumor first noticed three-and-a-half years ago in left inguinal region, and it has gradually grown to its present dimensions. For the last eighteen months there has, at times, been dysuria. A year ago, was one day suddenly seized with severe pain and soreness in left inguinal region, running down groin and inside of thigh and leg. Kept bed for ten or twelve days. During this time the "cords" on inner thigh were hard, swollen, and tender. Also the whole left limb was swelled very much, and remained more or less so for two months.

*Present condition.*—Patient is pale and emaciated. Pulse 96, feeble. She can walk about pretty well, but must move slowly, and is easily fatigued. Has the appearance of a woman larger than at full period of gestation.