From date of admission till 12th June, a varying amount of pus and blood was seen to pass from the patient's rectum. The abdomen at the latter date is found still distended, though measurement round the umbilicus is somewhat less—32 inches. The uterine tumour is still felt close to the umbilicus. The mass spoken of previously as flattening the anterior wall of the rectum is not so prominent now; it is very irregular in outline and tender to the touch. Within reach of the finger no opening can be felt on its surface. The swelling has disappeared from the left leg. Breath smell now natural.

2nd July.—Abdomen flaccid and much smaller than before; no pain is felt on pressure. In the left groin there is a feeling of increased resistance; the uterus can also be felt above the pubis. Measurement round the umbilicus, 30 inches.

Per vaginam.—The tumour is felt behind and to the right of the uterus; its surface is very irregular, and is found to extend above the brim of the pelvis on the left as well as on the right. Sound enters five inches; surface of the uterus still rough.

Per rectum.—The tumour is felt, especially on the right side, pressing on the surface of the uterus; it is tender and communicates no feeling of softening. On pressing the abdomen over the tumour, to the right of the mesial line, a peculiar crackling or crepitating sound is elicited.

5th September.—General condition of patient much improved, though the pain in abdomen during the last week has increased. Measurement round the umbilicus, 34 inches. The pain in the abdomen is increased with every attempt at motion. Bowels of late have been regular. As the patient had been on our hands since 19th of May, being now nearly five months, and though she had improved so far as her general condition was concerned and no longer showed any septicæmic symptoms, she yet suffered greatly from pain and became threateningly ill when any attempt at sitting up was made, I came to the conclusion that some active means were warranted in being taken, with the view of affording her permanent relief. As against operative measures, we had to consider the fact that at one time undoubtedly a connection existed between the sac of the tumour and the intestinal canal; but as the intestinal symptoms had of late been in abeyance, I resolved to operate.

Accordingly, assisted by Drs. Chapman, Dunlop and Playfair, on the 9th October, 1883, I opened the abdomen, with antiseptic precautions minus the spray. Drs. Hart and Barbour, along with several other medical friends, were present. The abdomen was opened and the peritoneum reached without difficulty. It was found that the remains of the fœtus were attached to the right and posterior aspects of the abdominal wall. What appeared to be an abdominal adhesion of the cyst was torn asunder, and the bones of the skull, laid bare by this means, were removed. When this apparent cyst was drawn forward, it was found to consist of about five or six inches of the small intestine, the walls of which, where they lay in relation to the abdominal walls, were thick, softened, and almost gangrenous. In the cavity in which the bones of the fœtus lay there was a considerable amount of fæcal matter. A loop of intestine, which was adherent to the part above mentioned, was carefully separated from the rest, and was found to contain a fæcal fistula also. The whole of the rest of the contents of the cavity in which the fœtus lay were now carefully removed, and the cavity sponged out. The portion of the intestine already mentioned, whose wall formed part of the cyst, was now cut out, and the healthy ends of the bowel brought together as completely as possible by a continuous catgut suture, care being taken to approximate the raw edges completely without including the mucous membrane. The stitches were passed very close to one another, and this part of the operation took up a considerable time. The gap in the mesentery was also brought together by continuous sutures. During this part of the operation there was some hemorrhage, which was, however, completely arrested by the pressure of the sutures. The edges of the fæcal fistula above referred to having been thoroughly rawed, were carefully brought together by catgut suture. The abdomen was now sponged dry, and the wound closed, a large India-rubber drainage-tube being introduced at the lower angle of the wound, so as to extend to the bottom of the cyst, and secured in position by passing one of the deep sutures through its texture. The temperature after the operation was 97.6°, pulse 82. In the evening the temperature was 101.4°, pulse 120 and very thready. During the night the bowels were moved four times, the evacuations being blood and mucus. Great thirst was experienced and slight sickness; slept little. Patient was kept under the influence of opium.