

inches to right of median line. A moveable tumour was distinctly felt occupying the whole of above region. There was dullness in right iliac region up to umbilicus, but no tumour could be felt. Above umbilicus on right side was tympanic. The following measurements were made. From umbilicus to pubes nine inches, to left superior process, seven and a half inches, to the right seven inches, circumference thirty inches, increased February 12th to thirty-one inches. Digital examination revealed hymen intact as high up as cervix, passed virginal. Did not introduce sound then, but passed it subsequently and found depth two and a half inches; could not determine size of uterus by bimanual method, the tumour interfering.

My diagnosis was left ovarian cystic tumour. Gave no opinion, but put her on acids and bark, and told her to come for examination every two weeks. On February 12th a physician examined her and pronounced her pregnant, but not agreeing with him, I told her plainly my opinion as to the disease, and that only an operation could cure her, advising her to go to Montreal for that purpose. She then placed herself under the care of another physician, who gave her something to bring on her menses, which served only to increase her weakness, and of course failed in its purpose. In May she came back to me, and on the 12th Drs. Pickup and Vaux examined her and confirmed my diagnosis. She absolutely refused to leave Brockville, as the neighbors had said unkind things of her, and going to the city to be cured would but confirm their suspicions. Her friends and herself wishing me to operate, I consented. An attack of phlebitis in the left leg, which lasted over two weeks, kept her in bed, and prevented her from having the advantage of outdoor exercise. Requiring trocar forceps, etc., I wrote to my old college friend Dr. Trenholme, of Montreal, for them, and when sending them he stated that he was going to St. Catharines to perform Tait's operation the middle of June, and if I liked, would be glad to stay over a day in Brockville and assist me, and he was kind enough to do so. I determined to operate in my own house, and had two rooms set apart, one for the operation, the other for her to occupy afterward, carefully prepared and cleansed, by washing and whitening walls and ceilings, scraping and brushing all cracks in the floors and filling them with putty, all the woodwork, includ-

ing floors, covered by two coats of paint; the iron bedstead taken apart and thoroughly washed with carbolized hot water, mattresses aired and sprinkled with a solution of carbolic acid, all sheets, blankets, pillows and pillow cases, towels, napkins, etc., carbolised. The sponges were over two weeks in preparing, by being soaked in dilute acid to remove all particles of shell or sand, then boiled in solution of carbolic acid, hung in the sunlight for four days, again boiled same as before, and finally left in a 1 to 40 solution of the acid until wanted. All sutures and ligatures were made antiseptic, as well as everything that would be used or be likely to come near her. June 14th, five days before the operation, she was brought to my house, in order that she might get accustomed to her new surroundings, and also that I could superintend her diet, regulate her bowels, etc. The diet consisted of bread, lamb chops, corn starch, and porridge made of wheat flour. The bowels were moved each day by compound fennel powders. The evening previous to the operation I gave an opiate, in order to lock the bowels and secure rest, and it was unfortunate that it was done, as she was kept awake all night by constant nausea and vomiting, thus leaving her in a state of prostration and weakness that was very undesirable. Daily tepid baths and subsequent oiling, formed part of the preparatory treatment.

On the day of the operation, and half an hour before giving the ether, (Squibbs,) she had $\frac{1}{4}$ gr. of morphia hypodermically, and fifteen grs. quinine in brandy. I was assisted by Drs. Trenholme, Vaux, Pickup and Jackson. Mr. Robinson, medical student, nurse and servant girl were present, and all of them had their nails, hands and arms cleansed in carbolised water. Spray was not used, but atmosphere was filled with carbolised vapor, and kept at 80° F. The incision extended from left side of umbilicus to the pubes; peritoneum was cut with scissors guided by two fingers. At once, and unexpectedly, there gushed out a quantity of thick, syrupy straw colored fluid, amounting to about six quarts, which ran over the patient to the floor. Dr. Trenholme thought I had accidentally opened a cyst, but such was not the case, as the tumour with its glistening cystic covering came into view at once. Fortunately, there were no adhesions whatever, the growth was from the right ovary, though occupying the left side. The cyst