to the bottom of Douglass' cul de sac, cleansed the peritoneum, whilst between the last two sutures a long Keith drainage-tube was inserted. The sutures were then tied, moderately tight, antiseptic gauze and absorbent pads placed over the wound, and kept in place by broad strips of adhesive plaster, firmly supported by a warm flannel binder. The patient was now put in a bed, (previously prepared, and made hot, by hot bricks and bottles, in order to facilitate reaction), and a pill, containing $\frac{1}{6}$ of a grain of morphia and $\frac{1}{120}$ of a grain of atropia, was administered. At 9 p.m., four hours after the operation, the temperature was 100, pulse 96, and respiration 22; feeling comfortable. 11 p.m.—A little restless—vomited—20 min. tr. opii by enema. 14th, 12 m.—One ounce of blood serum drawn out of drainage-tube. Temperature 99, pulse 94, respiration 22.

The recovery was uninterrupted, the temperature never rising above 99, or pulse above 96. The retching and vomiting, which was a little troublesome, was promptly checked by 15 gr. doses of bromide of potassium, every three hours. On the third day, I slipped a small rubber drainage-tube down inside the glass one, which was then removed, and each day the rubber tube was shortened by half-an-inch. On the 20th, the bowels moved without aid, and the same on the 22nd. On the 21st every other suture was removed, and on the 23rd the remainder. The union was complete. The peculiarities were, the absence in the large cysts of the proper cyst-wall in front, and the *cluster of cysts*, without any cyst-wall at all, except the peritoneum. Out of more than 100 cases which I have witnessed, I have never seen this anomaly before. I am not able to lay my hands on any records at present, but if I mistake not, it occurs in about $1\frac{1}{3}$ per cent. of ovarian tumours. The cysts and contents weighed 15 lbs., and the trabecular formation was well marked in one of them. On the third day after the operation, the menses appeared for the first time in 17 months. Letter in May last states her health uninterrupted and youth renewed.

Case II. The second case was seen by me June 26th, 1884, and the following notes made: Mrs. W—, residing in the County of Oxford, age 28, married—one child 20 months old—no miscarriages. Came to womanhood at 15. Regular ever since. Immediately after birth of child, a lump was noticed in the right side. She had some advice and treatment for it then, and for some months after; but it gradually increased in size. Her general health was fairly good, and were it not for the consciousness of the presence of the tumour she would have thought herself quite well. My case-book records the tumour as probably double cystic, with right considerably larger, and occupying a much higher plane than the left, with a distinct depression between the two, but both moving together. Measurements: From right anterior, superior spine, to umbilicus, $7\frac{1}{2}$ inches; from left, $6\frac{1}{2}$ inches. Uterus mobile, and slightly anteverted; axis, $2\frac{1}{2}$ inches. A diagnosis of ovarian disease was made, and operation recommended. I saw her twice subsequently, previous to operation, and by the occasional use of a laxative pill and a diuretic she got on well, and came to London on the 23rd of September for operation. The bowels were freely opened on the 24th by a cathartic, the rectum washed out on the morning of the 25th (the day of operation). No solid food was given for 24 hours previous; nothing but beef-tea allowed.

Sept. 25th, 2:36 p.m.—Dr. Belton administered the bichloride of methyline with the Junker apparatus, and I was assisted by Drs. Fraser and Wilson. An abdominal incision, four inches long, was made in the line of the linea alba down to the subperitoneal fat. There was scarcely any hemorrhage. The incision was continued through the subperitoneal fat, and the peritoneum divided on the director. The nacreous wall of the cyst then made its way forward in the abdominal opening. The usual pearly appearance of cyst was in marked contradistinction to the appearance of Case I. The tumour was composed of three cysts, had no adhesions, and was easily removed, after the evacuation of its contents. The pedicle, which was short, was clamped by the pedicle forceps, transfixed close to the uterus, and tied in the usual manner. The tumour was then separated by the scissors, the stump sponged dry, and dropped into the peritoneal cavity; the uterus and right ovary examined and found of normal size. (Previous to the operation it was thought