

epigastric regions. Attempts were now made to lessen the size of the tumour by puncturing it by a trocar with tubing attachment. It was found, however, that the contents of the cyst were viscid, albuminous, and semi-gelatinous, so tenacious, indeed, as not readily to escape through the canula. It is probable, moreover, from the evidence furnished by Mr. Jordan, who had been present at the tapping, and who had particularly noted the character of the fluid then drawn off, that a major portion of this had been ascitic, and though a cyst or cysts had been punctured, that but a small portion of their contents had been evacuated; enough, however, had exuded into the cavity of the abdomen to have decided the occurrence of the peritonitic attack. The incision was now extended both upwards and downwards, and the tumour lifted out by Prof. Storer and Mr. Jordan, as little traction as possible being exerted, the pedicle of the mass being very broad and short. Dr. Storer's clamp shield was, however, applied without difficulty, and sufficient compression of the pedicle having been made, it was divided with the scissors. Attention was now directed to the general condition of the patient, who had rapidly passed into a state of collapse. The pulse could not be discovered, and the respiration had sunk to about sixteen in a minute. The abdominal flaps were immediately laid together, the clamp shield still remaining in situ, a piece of flannel was placed between the intestines and peritoneal surface, not so much to keep up the heat of the former as to exert pressure upon the bleeding points of the latter, and the attention of all present was turned to efforts at resuscitation. Mustard and hot water, even to the extent of blistering, were applied to the breast, neck, and limbs, and ammonia to the nostrils; the feet and hands were smartly bastinadoed, and at the suggestion of Dr. Lynam, an enema of brandy was administered. These measures were persevered in for an hour and ten minutes before reaction was established. At two o'clock, p.m., the patient being apparently comfortable, the abdominal walls were reopened, the condition of their contents found as they had been left, and that all hæmorrhage had been prevented by the clamp shield and peritoneal compress, although no ligatures had as yet been applied. All present being somewhat exhausted by the exertions they had thus far been compelled to make, opportunity was taken to enjoy a hearty dinner.

"At 2.45, Prof. Storer removed the flannel with which he had enveloped the intestines, and re-examined the pedicle. It was found that though the patient was of a hæmorrhagic diathesis, as shown by an unusual oozing of blood from the abdominal wall during and after its dissection, requiring in several places the application of