

of ice to cool the mouth and allay the thirst. At 8 P.M. the pulse was 110 and the reaction moderate. Complained of a dragging pain at seat of pedicle. The bladder was emptied every eight hours with the catheter. Administered an anodyne injection per rectum (tr. opii. ʒj. warm thin starch ʒj.) every four or five hours to secure freedom from pain. During the first night she vomited once only, and not afterwards. Had nothing by the mouth excepting ice to suck until the evening of the third day, when she was allowed fresh milk and lime water, iced, in equal parts, a table spoonful every hour. During the second night she had some fever, pulse 120, lasting about five hours, followed by a slight perspiration and a "show" of the menses. The menses increased in quantity and continued three days, notwithstanding that the operation was performed the fourth day after their normal cessation. She had no pain after the second night, and the anodyne injections were omitted. On the fourth day light nourishment was allowed in increasing quantities, and from this time her convalescence was continuously progressive.

The use of the catheter was discontinued after the fifth day; the wound healed by the first intention; the superficial sutures were removed on the fifth day, and the deep ones on the ninth; the clamp came away on the 16th; and on the 21st, she left for home. About two years subsequently she was married to a builder of this city, and in fifteen months thereafter I had the pleasure of delivering her of a fine, large, healthy-looking son.

*CASE II.—Unilocular Ovarian Tumour.—Ovariectomy.—Adhesions.—Ligatures.—Pedicle secured by the Extra-peritoneal method.—Drainage.—Recovery.*

Mrs. K., aged 25 years, married, the mother of three children—none of them living, a light complexioned, fair-haired, delicate appearing woman, under the care of Dr. O'Neil, of this city, At the birth of her last child (19th, Nov. 1875,) her medical attendant mentioned that she had an enlargement of the abdomen, which might be caused by an ovarian tumour. About five weeks after the confinement she was taken very ill, and the same medical gentleman attended her for an attack of "inflammation," when he said the enlargement still existed. Subsequently the case passed into the hands of Dr. O'Neil, and it was in consultation with

him that I attended her. The tumour was rather obscure as to its nature, rising nearly to the umbilicus. It was very protuberant anteriorly, projecting, as it were, from the pelvis as in pregnancy between the fifth and sixth months. It was dull under percussion, and fluctuation was very obscure. (I have no note of the measurements.)

Some weeks later another examination was made. The tumour had somewhat increased in size, and fluctuation was more distinct. The uterus was found high up behind the lower margin of the tumour, the sound passing in two and one half inches. The tumour was then tapped with a hypodermic syringe and about one drachm of amber colored fluid withdrawn, which did not coagulate spontaneously.

Diagnosis. Ovarian tumour; ovariectomy recommended.

Ovariectomy was performed at 11 A.M. on May 16th, 1876. The tumour proved to be monocystic. On being tapped the contents flowed out freely and the cyst was speedily emptied, and easily brought through the incision, which was about five inches in length. The omentum was found adherent to the cyst in several places, and after being separated, bled so freely that we were obliged to have recourse to several silk ligatures to arrest the hemorrhage. The ligatures were all cut short and left in the peritoneal cavity. As some oozing of serum still continued a drainage-tube was placed in the wound, with the lower end down into Douglas's cul-de-sac. The pedicle being of moderate size and sufficient length, it was secured by a Spencer Wells's clamp, and thus treated by the extra-peritoneal method. At the conclusion of the operation (according to the notes carefully taken by Dr. O'Neil) the pulse was 78, and gradually increased in frequency during the afternoon and evening until it reached 110 per minute, the highest number recorded during the convalescence. The temperature rose, the same evening, to 101½, and with one exception when it reached 102, this was the highest temperature recorded. In order to keep the patient at rest and free from pain two grains of pulv opii were administered about every 6th hour, during seven or eight days. The convalescence was progressive from the time of the operation. During the first two days a great quantity of serum oozed from the abdominal cavity, coming out around the drainage tube and pedicle until it saturated the folded sheets &c., below the patient. On the 24th (the 9th day) the