

section under local anesthesia for tubercular peritonitic effusion, the dyspnea being too great for the patient to lie down. I rendered the tissues of the abdominal wall insensitive by the hypodermic and endermic use of a Schleich's solution, divided cautiously the adherent layers until I came down upon what I believed was a first wall; this was separated from the abdominal wall to the extent of two or three inches and was aspirated; and later, by a large cannula, some quarts of fluid were drawn off; the patient's breathing being so much relieved that she could lie down, a general anesthetic was given, and I removed the cyst (or cysts, for the mass was multilocular), and as there was much bleeding on separating it from the surface of the uterus, I did a hysterectomy as well. Dr. Parent, then house surgeon, who assisted me in the case, thought the fluid collected and that lost would amount to sixteen quarts, but I think it could hardly have been so much, probably twelve quarts. I was to have shown this specimen at the last meeting of the Association, but had to leave town just previously to the meeting, owing to illness in my family, and now take occasion to apologize. I may add that the local anesthesia was so successful that the patient begged me after I had drawn three inches of sac out, to complete the operation without chloroform. I also wish to say that the left ovary and tube had been removed three years previously by the late Dr. Sweetnam.

Case 8.—I now pass around a photograph (taken, I am sorry to say, in poor light) of a tumor apparently of the breast, but only apparently, as it overlay the nipple. Here the question was, Sarcoma or carcinoma? On the side of the former were: eight years since first observed, though growing more rapidly of late; great vascularity; the bluish, glazed appearance; some of it looked like keloid tissue. On the side of carcinoma: a certain hardness and the fact that the woman stated the growth had commenced in the skin; but we thought it might have been just beneath. She said it had grown slowly for about four years, and at the end of that time was of the size and appearance of a common blue plum; then somewhat more rapid growth for the next two and a half years, and much more rapid for the last one and a half years. No axillary or peri-clavicular glands perceptible. Seeing a large number of veins from it, I asked the presiding genius of the operating-room to provide double the number of forceps ordinarily used in such operations, and I used them all but two—not waiting to tie vessels which needed only temporary attention.