

large quantities of extremely slimy fluid, besides much of the papillomatous debris, which had been broken and rubbed off the masses growing from external surfaces of the cysts. These masses were exceedingly friable, scarcely bearing the strain of their own weight, and covered with thick, slimy mucilaginous mucus, very much like thin, soft soap. After thorough cleansing of the abdominal cavity, the incision was closed with through and through sutures of silk-worm gut, leaving several pints of the normal saline solution in the peritoneal cavity. Patient made a very smooth recovery, neither pulse nor temperature ever reaching 100°; the entire convalescence being quite uneventful, and is to-day enjoying excellent health.

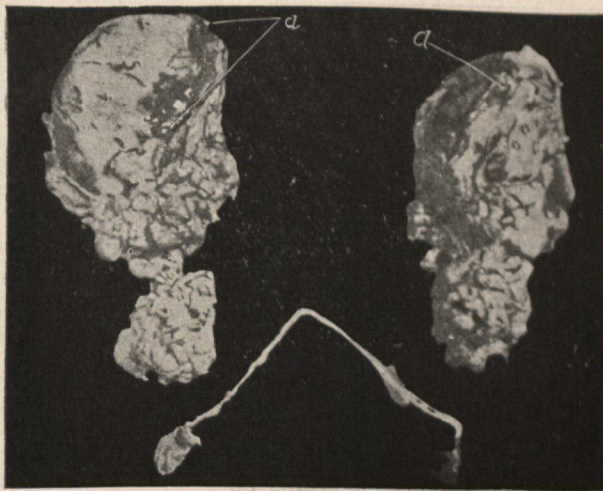


FIG. 2.—(a. a.) Fallopian tubes adherent to cysts. $\frac{1}{2}$ natural size.

CASE 2.—Suppurating dermoid cyst of right ovary. Miss E. McP., age 20. Was well up to two years ago, when she began to have some pelvic pain and dysmenorrhea. Eighteen months ago noticed a small lump in right inguinal region, which has been steadily growing, till now it occupies the whole lower abdomen (Fig. 3.) Has had several attacks of abdominal pain, accompanied by some fever and tenderness. Mass quite immovable, fluctuating, extending some distance above umbilicus. Uterus tilted over to left side of pelvis, so that fundus rests against left pelvic brim. A diagnosis of cystoma of right ovary was made, the history of pain, inflammatory attacks, etc., suggesting it was thought a dermoid. The patient was very much emaciated and quite anemic in appearance, and so was put upon constructive treatment for a couple