

ings were less savore. She now (May, 1865) began to enlarge, and the tumor has steadily increased up to the present period; her general health is much impaired, and there is considerable loss of flesh and strength.

May 24th, 1866. On making a careful examination to-day, I found the case to be multilocular cystic disease of the right ovary, the uterus not involved, and many of the cysts of large size. Although her general health is feeble, she is in good spirits. She has no cough, and the respiration is easy, pulse weak and upwards of 100, tongue moist and clear, appetite moderate, and bowels daily moved. The tumor is very large, filling the whole cavity of the abdomen, and producing some slight distress by its pressure on the organs of respiration and circulation. Fluctuation is distinct in every part.

A consultation with Drs. Beaumont and Small took place on the 26th of May, when it was decided that the removal of the tumor gave her the only chance of a prolonged life. The risks and dangers were clearly pointed out to her, and the probability that palliative treatment, from the advanced state of the disease, would be of no avail, were duly mentioned both to herself and her parents. Previous to her coming to me, she was under the able care of Dr. Tucker, and had been seen by several medical men, all of whom gave their opinion in favour of an operation for the removal of the tumor. She was very firm and decided, and had made up her mind from the first to submit to the operation, but the parents would not take the responsibility on themselves, and refused either to assent or dissent.

Thursday, 31st May, 1866, was the day appointed for the operation, and after having made all the necessary arrangements, it was completed after upwards of an hour of mental anxiety and distress to all those present. I was kindly assisted by Drs. Beaumont, Bovell, Tucker, and Small. Drs. Webb, Stewart and Jameson of the Army Medical Department were also present. An incision of about four inches in extent was made a little below the umbilicus extending to near the pubes, and after carefully dividing the tissues the sac was exposed, but so firmly adherent to the peritoneum at this point, that it was impossible to separate it. A full sized trochar was passed into a large cyst, when a considerable quantity of thick mucoid fluid flowed away. Having emptied this cyst, the opening into it was secured and the canula