ovarian, but as the symptoms were not urgent an operation was not suggested. She soon after this left Kingston and moved to Carlton Place, where the tumor rapidly became larger, and as the pain, distension, and vomiting became very troublesome she was tapped to give temporary relief. The cyst very rapidly refilled, and four weeks afterwards the symptoms becoming very distressing she came to Kingston General Hospital to have the tumor removed.

On admission she was hardly able to retain any food; the abdomen was very fully distended, tense, and marked by veins; she suffered constant pain in her side; and her face had an expression of hopeless anguish.

On the 21st of April, 1886, the room being heated to 80°, and with strict antiseptic precautions, bichloride of mercury being the agent employed, and assisted by Dr. Stirling, and Messrs. Errett and Robertson, medical students, I proceeded to operate. The spray was not used

An incision was made four inches in length, from below the umbilicus towards the pubes in the median line, cutting the tissues in order upon a director until the peritoneum was reached, which was carefully cut in the same way. A sound was then introduced and passed all round the anterior and lateral walls to feel for adhesions, but these were slight and easily freed. She was then turned upon her right side and the cyst punctured with a curved trocar and sixteen quarts of a greenish-yellow fluid removed, the cyst walls being gradually drawn out, and a solid mass as large as two fists which again was found to be attached to the whole of the upper border of fundus of uterus and the right broad ligament. An endeavour was made to tie this broad pedicle with silk in sections, but as it was found to be useless this was tied and left in. The pedicle then consisting of uterus and broad ligament, fully eight inches wide, was sewed with silver wire, using the cobbler's stitch as recommended by Emmet. The cyst walls and solid mass were then cut away about an inch from this, and as there was still a good deal of oozing from the stump it was held up to the wound by the fingers and seared thoroughly with the thermo-cautery, and then as it still bled it was swabbed with perchloride of iron, and dropped into the pelvic cavity. The abdominal cavity was then carefully sponged out, the edges of the peritoneum sewed up with a continuous catgut suture, finally including the rest of the wound. Collodion, iodoform gauze, bichloride gauze, absorbent cotton and a bandage completed the dressing. No drainage tube was used. She suffered severely from shock for a few hours, but soon recovered, and the next day her pulse was 120, temp. 100° and resp. 33. Her condition remained about the same until the 8th day, the vomiting having ceased since the operation, and having no pain whatever nor even tenderness over abdomen. Her diet for forty-eight hours consisted simply of iced brandy, and then she was allowed milk and limewater, and for a week milk and brandy only.

The wound was dressed on the 8th day and found perfectly united without a drop of pus. On the evening of the 8th day her temperature went up to 105°. On examining the wound there was found a little gaping of the skin in the centre and some bloody serum oozed out, but it had no smell, and after washing it out with bichloride solution it ceased. During the next few days the skin gaped a little but the deeper parts were perfectly healed and the outer part of the wound was closed with adhesive plaster.

Quinine in 10 gr. doses was given in capsules twice a day, and the temperature then came down to 101° and hardly ever rose higher, and about the 19th day after the operation it became normal.

About the 9th day she had diarrhœa which continued more or less for several days, but was kept in check with starch and laudanum injections, and also by sulphate of iron, and lactopepsin in capsules.

On the 20th day she sat up for the first time and was allowed to have full diet, since which time her recovery has been uninterrupted, leaving for home on the 17th May in good spirits.

Correspondence.

ONTARIO MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR,—In common with many others, I am glad to note that an effort is being made to get the members of the profession in Eastern Ontario to take more interest in the success of the Association, and to manifest that interest by attending the meetings with more regularity. I sincerely hope the effort will be successful, and that this year the wise men from the east will appear in