

rough and harsh. Measurements: Round the abdomen, at the umbilicus, 43 inches; from umbilicus to right anterior, superior spine, 10 in., to left, 10½ in. Fluctuation distinct—tumour movable—uterus quite mobile, well back, sound passed 2½ inches—os and cervix normal—urine, measured by Dr. Clark, 10 oz. in 24 hours. The diagnosis of ovarian disease was made, and early operation advised. On account of the great pressure on the kidneys, and consequent impairment of their function, it was thought advisable to tap, and then try the influence of diuretics. 11 pints of partly clear, and partly sanguinolent fluid, were removed, which quickly coagulated on standing. This only reduced the circumference at the umbilicus to 40 inches. Diuretics and stomachics were prescribed, and considerable improvement in the general health took place. There was an increase from 10 to 45 oz. of urine in 24 hours. On March 20th I again saw her. She still remained very much undecided as to operation, and desired that the distension might be relieved, which was done, as at the former visit. On the 25th I received an urgent summons to see the patient. Fearing some untoward event had happened to the cyst, I went prepared to operate, but found no special cause for alarm. I again very strongly urged that the operation be done without delay, that delay diminished the chances of recovery. I explained to her and her friends the accidents that might happen at any time, and that, if left alone, the duration of life would probably be not more than six months. Her reply was, "I intend to put it off until the last day, in the afternoon." However, on the 7th of May, her husband came to my office and reported that his wife had decided to have the operation done, so I arranged for the 13th. I was assisted by Dr. Aikins, of Toronto, and Drs. Clark and Marlatt, of Aylmer, besides a nurse, who attended to the cleansing of the sponges, and another, who looked after the spray.

Bichloride of methylene was administered by Dr. Marlatt, with a Junker apparatus. The incision was made in the line of the linea alba, at first 3 inches, afterwards enlarged to 5. There was rather more than the ordinary amount of hemorrhage in cutting down to the

peritoneum, but by the pressure forceps and hot sponges all bleeding was arrested before the peritoneal cavity was opened. On opening the abdomen a large cluster of cystic tumours, with semi-translucent walls, was first noticed. These varied in size, from that of a marble to a large-sized cricket-ball, the whole not unlike, in appearance, the ovary of a hen during the physiological activity of that organ, only being much larger, and the rounded masses being more or less clear and semi-translucent, instead of opaque and yellow, as in the ovary of the hen. Lying on either side of this cluster were two large cysts, each devoid in front of the proper and usual cyst-wall, and having only the clear and semi-translucent membrane (doubtless the peritoneum), retaining the contents of the cyst. One cyst was tapped with a small, and the second with a large-sized, Spencer-Wells trocar. There were slight adhesions, which were readily separated by the hand. The cysts, after evacuation of contents, were gently drawn forward by the hand, and grasped by the cyst forceps behind, where the ordinary white, pearly cyst was present. By this proceeding the whole tumour was easily removed, not, however, without the rupturing of some of the smaller cysts, and despite the utmost care, cystic fluid escaped into the general peritoneal cavity. The pedicle was about 2½ inches wide, and in close proximity to the uterus. The forceps were applied to it, and the tumour separated with the scissors. The pedicle was then transfixed with a perineal needle, armed with stout, carbolized silk, the double loop being made. In tying the second loop the thread broke, and I then transfixed the second division and thus made three separate segments of the pedicle. Parts of the broad ligament and fallopian tube were included in the ligatures. The uterus and opposite ovary were examined and found healthy, and of normal size. The peritoneum was thoroughly cleansed with the hot, carbolized sponges, the omentum adjusted, and a large flat sponge placed over it, and just underneath the line of the wound. Nine deep sutures were inserted, each quite three-quarters of an inch from the edge of the peritoneal incision, in order that the peritoneum should be thoroughly approximated. A stick sponge, carried down