

Under the above treatment, the patient steadily improved in health; the menses however, did not reappear. It was thought best to wait a while in view of the chance of pregnancy; several instances having now been put upon record where the case has been gravely and even fatally complicated by the unsuspected existence of this condition at an early period before its presence could be determined by the ordinary methods of examination. Upon the other hand, it was possible that the catamenia had been suppressed, as so often occurs, by the sea voyage, or by the sudden and unexpected occurrence of the climacteric, to nearly the ordinary age for which the patient had arrived.

As weeks passed, however, more urgent symptoms began to show themselves. The upper portion of the abdomen rapidly filled, dyspnoea and other signs of pressure became marked, and it was evident that operative measures must at once be resorted to, to save the patient's life. Accordingly, at ten o'clock on the morning of November 20, anaesthesia was induced by sulph. ether conc., there being present Drs. Graves, Lynam, and Hooper, of the United States Marine Hospital,—Wheeler, of Chelsea,—Stone, of Boston,—and Mr. F. G. Jordan, of St. John, a student of Dr. Berryman. The details of the case I take from the notes of my assistant Dr. Stone, and Dr. Wheeler; the latter gentleman, as in my last case of ovariectomy, had charge of the after treatment, and it is but justice to state that the success in both these cases was owing, in a great measure, to his judicious and untiring care.

“Precaution having been taken to keep up the circulation by the application of hot bottles to the feet, an exploratory incision was first made about half an inch below the umbilicus, and the same distance to the right of the median line. Upon dividing the integument, fat and superficial fascia, a pocket was opened from which was discharged a small quantity of laudable pus. By careful continuation of the dissection upon a director, the peritoneum was divided. Instead, however, of a free cavity being exposed, it was found that another small pocket had been opened, bounded by walls of adhesion, which entirely surrounded it, save at one point towards the left. Through this a small stream of quite limpid fluid began to empty itself. It was at first feared that the cyst wall might have been pricked, but upon careful examination it was found that the fluid was ascitic, and by enlarging its outlet an amount of some two and a half gallons was drawn off. Exploration now showed that the most extensive adhesions existed throughout the greater portion of the abdomen, in consequence of the subacute peritonitic inflammation occasioned by the tapping at St. John. These adhesions were broken down with extreme difficulty, particularly in the umbilical and