

and in an advanced stage of disease. It was at once removed, and subsequently the entire abdominal cavity flushed until the water returned quite clear; a drainage tube was then inserted at the lower angle of the wound and the incision closed. The drainage tube was removed by Doctor Wright after forty-eight hours, and recovery occurred without any unusual symptom. The patient was eventually delivered of a healthy child, at full term.

The second patient was referred to me by Doctor Dewar, of Windsor. She had not been wholly well for several months, manifesting, every day, a temperature a degree or two above normal and a pulse, generally, of from 90 to 110. She was nearly four months pregnant when I first saw her, and there was a mass at the right side of the uterus and somewhat behind it, not very large, but tender and immovable, and in a position to obstruct the passage of a child at full term. The history of the case led me to think it was an abscess with very thick wall, and I advised that it either be removed by immediate operation or an abortion produced and the operation performed later. She was subsequently seen by one of the most skilful surgeons in Detroit, whose opinion and advice coincided with my own. She was placed in Harper Hospital (Detroit), by her regular attendant, and the request made that I should operate, which I did, having the advantage of the advice and assistance of Doctors Dewar and Donald Maclean.

The mass proved to be a solid fibroid growth, springing from the right side of the uterus and a little posterior to it, and very near the junction of the cervix and body. It was enucleated by splitting the capsule, and the cavity closed by continuous silk sutures, placed deeply so as to arrest all hemorrhage, and without drainage. There was a good deal of vomiting for two or three days, but she made a good recovery and was delivered at full term without any unusual occurrence.

The third woman had borne two children, and came to consult me on account of a swelling on the right side of the abdomen as large as a cocoanut. She was four months advanced in a third pregnancy. The tumor was smooth and movable, but its presence gave her a great deal of pain.

Presuming, because of its rapid growth, that it might become dangerous before or during confinement, I advised removal; and having gained her consent, opened the abdomen and succeeded without difficulty in getting it away. It proved to be an ovarian cyst with a long pedicle. Recovery was rapid and she carried the child to full term and was delivered without any unusual occurrence.

A patient, forty years old, had been married only about eight months when she was referred to me by Doctor McKenzie, of