which was cut short and dropped. A drainage tube was not employed in any of the cases, although I would be inclined to use in suitable cases simply a strip of antiseptic gauze, as I saw two years ago used by Dr. Hahn of Berlin, and in Albert's clinic at Vienna.

Case 1.—Mrs. B., aged 36, married eleven years; no children; no miscarriages; always regular. About eight years ago first complained of pains in the abdomen, and was then informed by her physician that she had a tumor. About two years ago she moved to Kingston, and upon examination I found a tumor in the right side of the abdomen about the size of a child's head, hard and evidently containing fluid. At that time there were no indications of its fibroid character, and I had the impression that it was ovarian, but as the symptoms were not urgent an operation was not suggested. She soon after this moved to Carleton 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 to have the tumor removed. On admission to the hospital 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. The next day she was etherized in a room heated to 80°, and an incision four inches long was made, cutting through the structures until the cyst was reached, when a sound was introduced to feel for adhesions, which were slight and easily freed. She was then turned on her right side and the cyst punctured with an ordinary curved trocar, when sixteen quarts of a greenish-yellow fluid were removed, the cyst walls being gradually drawn out and a solid mass as large as two fists, which was attached to the upper border of the fundus of the uterus and the right broad ligament. An endeavor was made to tie this broad pedicle with silk in sections, but was found impossible, so the ligature was tied and left in. It was then 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 the ligature and the stump seared with thermo-cautery, touched with perchloride of iron, and dropped into the peritoneal cavity. The latter was carefully swabbed out and the