some uterine sedatives. No benefit resulting, I operated at St. Michael's Hospital on the 28th May, in company with Dr. Charlton, and on opening the abdomen we found a dark-looking cyst (*aa*, diagram *C*), from which, by means of a trocar and cannula, we drew off, I should judge, about twelve ounces of a tarry-looking fluid. This cyst and its situation and attachments are depicted on the diagram on the wall; it resembled a pair of uneven saddlebags or bundles (*aa*) striding the fundus (*b*) and broadly attached to the surface of the uterus on each side near the cornua, a intervening free space (*c*) occurring on the top of the fundus. You will see by the specimen which I pass around that the two ovaries—diseased, diminished and altered in shape—are distinct from the cyst, as also are the tubes; so that I take it the mass was parovarian, or arose in the broad ligament. It is curious that it should have been attached to both sides, necessitating the tying off of a pedicle on each side.

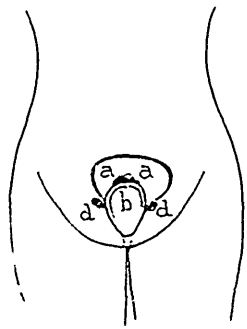

DIAGRAM C.

There was a good deal of intestinal adhesion. The uterus was somewhat enlarged; it was also darkish-looking, but we thought this partly due to staining and hyperemia, and considered that it was not necessary to remove the uterus, especially as we would get the physiological result of the removal of the ovaries.

We may call Cases 4, 5 and 6, the three specimens which I pass around, which are old ones, and which I merely show for the purpose of pointing out how easy it was to think that in the case just related we had a fibro-myoma with breaking-down cysts, such as that shown in one of these specimens.

Case 7.—I did not see the patient until she was sitting on the operating table. She had three paracenteses, supposedly for ascites, in the five months before I saw her. And one of our most accurate physicians telephoned me asking me to make the