

no suppuration of wound. Indurated mass in region incision entirely disappeared, and from this time on patient made an uninterrupted recovery, being discharged on twenty-fourth day.

CASE 8. Mrs. P. A. R., paternal grandfather died of cancer; paternal aunt of phthisis pulmonalis, otherwise family history good. Menstruated at thirteen, regular up to fifty-two, except during pregnancy and when nursing children. Two children; two miscarriages. Patient first noticed small enlargement left side abdomen two years previous to operation, painless and increased in size very slowly until April, 1888, when it grew rapidly and became somewhat painful; much inconvenience in getting about; circumference at navel forty-one and one-half inches. Operation July 5, 1888, revealed double ovarian cyst; right nearly unilocular, tapped, removed without much difficulty, although some adhesions to intestines. Cyst left ovary adherent to omentum, giving rise to considerable hæmorrhage, requiring several ligatures; weight, cysts and fluid, forty-two pounds. Patient had quite severe mitral stenosis, but bore anæsthetic very well. Stitches removed fifth day; patient made good recovery and discharged on twenty-first day.

CASE 9. Miss E. B., family history very good. Patient suffered many attacks of pelvic peritonitis. Operation October 1, 1888, revealed double pyosalpinx; many and firm adhesions; operation very difficult; removal uterine appendages. Good recovery. Two years later patient died from what, at that time, was supposed to be sarcoma of cavity of pelvis.

CASE 10. Miss M. W., æt. 20, good family history. Unilocular cyst; uncompleted operation. After operation no symptoms presented to cause anxiety, except as to pulse rate, not going below 100, tenth day increasing in frequency, and patient showed a nervous, agitated state, although bowels had moved properly, etc., but she gradually sank and died on fourteenth day. Autopsy revealed large number of clots in pelvis, same condition had extended up into abdominal cavity, particularly in right lumbar region, clots undergoing septic change, but no pus present; ligature was found loosened and discovered to have come from stock of imperfectly prepared silk, none of it being used afterwards. In this case I believe had there been no internal hæmorrhage, or, when it presented, had I opened up, washed out, thoroughly controlled bleeding vessels and drained, she might have recovered; yet at no time was there shock enough to indicate this procedure warrantable.

CASE 11. Mrs. C. W., family history of phthisis. No children; one miscarriage, 1880. Regular menstruation until August 4, 1888, when it ceased. May, 1888, after hard day's work, taken with severe pain, crest right ilium, lasting fifteen hours; enlargement presented afterward. Diagnosis of ovarian tumor; tumor enlarged rapidly—tapped October, 1888;