

had been three times pregnant, two miscarriages at 4th month and one child living, aged six years. Since the birth of living child has not been pregnant. Menstruation began when 13 years of age and has always been regular. In October, 1879, first noticed difficulty in micturition and found she was enlarging, supposed it was from pregnancy, although the catamenia continued regular up to April or May of last year, when the flow became profuse and occurred every three weeks. In November, 1880, the abdomen was greatly distended; she was examined by a physician, who pronounced it to be an ovarian tumour. He introduced a full-sized aspirating trochar, but without any result, as no fluid was removed. She continued to enlarge steadily, and again, in December or January, 1881, she was tapped with a large-sized trochar, and about a tea-cupful of thick glutinous material came away; this was all that could be obtained and its removal afforded no relief. She came to Montreal and was admitted into the Montreal General Hospital, on 6th May, 1881. Patient is a slight woman, rather short, greatly emaciated and abdomen enormously distended, the enlargement appears regular and uniform. Fluctuation distinct all over abdomen, with characteristic dullness, the greatest girth was on a line two and a half inches above umbilicus and gave $47\frac{1}{2}$ inches in circumference.

May 11th, the operation was performed with full antiseptic precautions. An incision four inches in length, commencing just below the umbilicus, and extending downward towards pubis, was made, this was carried through the abdominal parietes until gelatinous matter began to ooze from the wound; as the cyst appeared to have been opened, what was supposed to be its wall was separated from the parietes of the abdomen for an inch or two, when it was found to be the peritoneum much thickened and in a condition of cystic degeneration, this was freely incised; a large quantity of thick gelatinous fluid flowed away on opening the cavity of the abdomen, and the tumour brought into view. A large sized trochar was then introduced, but nothing came away, the cyst itself was then freely incised and an enormous quantity of thick gelatinous material