

Inasmuch as some of the cases of ovariectomy that are attended by the most fearful complications, recover, "irrespective or in spite of the treatment pursued," many have been inclined to underestimate the question of the relative value of incidental points, and to consider them all of trifling importance. So far from this being the case, I believe that in many of these remarkable instances of recovery, it is just the greater skill of the operator called out by the emergency, and his increased attention to the after treatment, that produce, against probability, as it were, the favourable result. On the other hand, a certain proportion of cases still die; many of them in skillful hands and without complication. This untoward event ought not to be considered, as it too frequently is, the effect of chance or the visitation of Providence, but rather as owing to definite causes, capable of being known, and as capable of being avoided.

Mrs. Dunham, aged 43, was sent to me for operation during the month of Oct. 1867, by my friend Dr. John Berryman of St. John, N. B., by whom she had been tapped some two months previously. She is the mother of six children. About two years ago she first noticed a small tumour in the right iliac region, which had steadily increased in size till the paracentesis already referred to. Patient now very much exhausted from effects of extreme sea-sickness upon the voyage. Upon examination the abdomen was found moderately distended by an obscurely defined mass, filling its central and lower portions and over-lapping each side, from which the abdominal wall could not be distinctly separated by lifting its folds. Throughout the tumour there were indistinct and purely localized centres of fluctuation, giving the idea of a multilocular cyst containing many pockets of dense and tenacious fluid. By digital examination of the vagina, it was found that there were present both cystocoele and a protrusion downward of the posterior portion of the upper vagina, bounding Douglas' fossa; the recto-vaginal septum being unaffected. Through this region there was more distinct fluctuation, giving the impression that there existed an inferior cyst which was very much larger and filled with a more serous fluid than those above it; an unusual occurrence for a polycystic ovary. The menses which were now due not having appeared, it was thought best to defer the operation for a while, and thus to allow, in addition, the restoration of the patient to her usual state of health and an opportunity for special preparatory treatment. Ox gall was therefore ordered, as recommended by Mr. Clay of Manchester, to regulate the bowels, and the mur. tr. of iron, that favourite prescription of Sir James Y. Simpson, as a renal depurant. There had moreover been present an inclination to irritability of the bowels, for which, preliminarily to the ox gall, she was put upon a simple diet and gentle correctives.