

by no pain. In April, 1893, she suffered from pain in the right side, with sickness at the stomach. The doctor was sent for, and thought she was passing a gall-stone or a renal calculus. A lump was then discovered for the first time. One sister died of cancer of the orbit; no other history of growth in the family. Patient looked sallowish in colour and had a somewhat pasty appearance.

I wrote to the doctor, after examining the patient, as follows: "I look upon the case of Mrs. G. as very unfavourable. The case is one of double papilloma. Budding through the capsule has taken place and the papillomatous material can be felt by the finger in the vagina. Her sister died of cancer. The peculiar budding condition to be felt in the vagina in this case cannot be mistaken."



CASE NO. 2.

On the 6th of March I opened the abdomen in the middle line and found at once that my diagnosis was verified. The right ovary was removed without any trouble; there were only a couple of small adhesions. The other ovary was then drawn up from the cul-de-sac of Douglas, and it was found to be adherent to the peritoneum in one place. A large amount of budding had taken place through the capsule (to be seen both in the drawing and the photograph of the tumour after it was laid open). The budding piece of the tumour is to be seen beyond the circumference. The tumour was filled with purulent material that escaped during the manipulation required to lift the tumour of the left ovary from its situation in the pelvis. It very was firmly impacted. The abdominal cavity was flooded with this purulent material. There was some bleeding from pelvic adhesions, but this was stopped after a little sponge pressure had been applied. The abdomen was then thoroughly washed