

began to enlarge. Five years later menstrual periods became irregular, and later still legs became œdematous. Examination urine showed no disease of kidneys. Abdomen measured forty-two inches in circumference about umbilicus. Operation May 31, 1888. No adhesions. Weight of cyst and fluid thirty-five pounds. Patient in much pain after operation, and given one-quarter grain morphia, hypodermatically, every six hours for first day, after which it was discontinued. Bowels moved second day; superficial stitches removed fourth day; deep ones fifth day; wound healed by primary union. Without any assignable cause temperature third day rose to $102\frac{1}{2}^{\circ}$, within few hours returning to nearly normal, after which patient made uninterrupted recovery, and discharged on twenty-third day.

CASE 7. Mrs. A. O'C., family history good. Never had severe illness; menstruated at twelve, which was and always has been painful, but normal in quantity and general appearance. During September, 1887, first noticed pain and tenderness in right iliac region. Pain dull, burning variety, and seemed to extend gradually upwards. Four months later noticed enlargement left side, gradually increasing in size, patient measuring thirty-four inches in circumference. Two weeks previous to operation had severe, paroxysmal pain in left inguinal region, especially severe upon deep inspiration—continuing for ten days. Menstrual periods regular during growth of tumor and less painful than before. Bowels habitually constipated, except two weeks previous to operation. Operation May 31, 1888, revealed large, multilocular ovarian cyst, connected with left ovary and tube, having many adhesions to bladder and intestines, which were relieved without great difficulty by means of pressure of hot sponge, proving them to be of recent origin, probably outgrowth of recent peritonitis. To deliver cyst required breaking up of very many smaller cysts through original opening in larger cyst. Right ovary undergoing cystic degeneration and removed. Abdomen thoroughly flushed with hot water. Weight cyst and fluid twenty pounds. Fluid thick and gelatinous, and portions escaping into abdominal cavity made irrigation necessary. Patient given few hypodermic injections of morphia first twenty-four hours to relieve pain. Superficial stitches removed third day, deep on fifth, wound thoroughly healed. Evening eighth day, after evacuation bowels, patient had severe chill, followed by temperature 102° , with profuse sweating. No abdominal tenderness, but hard, indurated mass could be felt about lower end incision. Warm applications used, and five-grain doses quinine given every four hours. On evening of tenth day about one ounce of black, tarry, fœtid substance discharged per vaginam, vaginal douches being used after that each day. Temperature fluctuated between 102° and $104\frac{4}{5}^{\circ}$ for thirty-six hours, but decreased on eleventh day, and on twelfth normal—