slowly withdrawn through the incision when two broad bands were brought into view. One of these was the pedicle reaching from the right ovary to the superior part of the tumor, while the other —a very broad band proved to be the bladder adherent by its posterior surface and elongated upwards. Considerable difficulty was experienced in separating the adhesions between the bladder and the tumor.

A piece of whip-cord was tied around the pedicle and the tumor excised; a loop of the whip-cord served for a convenient handle with which the pedicle was held by an assistant until it was properly secured. Oozing of bloody serum continued from the ruptured adhesions, and it was some time before the abdominal walls could be closed. The pedicle was securely ligatured with whip-cord, at a suitable length from its root, and transfixed in the lower part of the wound, by a large needle passing through the centre below the ligature. The abdominal cavity having been very carefully sponged, the wound was closed with silver wire sutures and dressed in the usual way. The patient was then placed in a comfortable bed, and an anodyne administered per rectum. She rested very well that night; remained very quiet; did not vomit; complained of nothing, and received small pieces of ice when they were put into her mouth. The next day it was apparent that she was not rallying from the effects of the operation, and, notwithstanding the efforts made to revive her sinking powers, she gradually failed until she quietly and easily passed away about nine o'clock in the evening.

Thus ended what seemed a hopeless undertaking; but cases apparently equally hopeless had recovered, and as my patient urgently requested that the attempt should be made, I was unwilling she should be left to her fatal disease without an effort being made for her rescue.

CASE V.—*Multilocular Ovarian Tumor.—Peritonitis.—Obstruction of the Bowels.—Ovariotomy.—Adhesions to Omentum.—Clamp.—Drainage.—Septicæmia.—Recovery.*

Mrs. W., widow, aged 40, sterile, came from Ohio, and was admitted to the Hamilton City Hospital under my care June 10th 1876. States that she has never been a strong person; has had a cough several years; catamenia have been regular; never has been pregnant; four years ago had an attack of pneumonia, which lasted ten weeks; last summer had typhoid fever and was ill five weeks. Her husband died in February last, and immediately after his death she was taken with nausea and vomiting, which continued about two months, at the same time she noticed that her abdomen was enlarging rapidly and she did not know but that she might be pregnant.

Present state.—She is of medium size, sallow complexion, emaciated, feet and ankles œdematous, abdomen considerably enlarged and presents the appearance of a seven months pregnancy. Skin cool; tongue coated brown; constipated; pulse 106; temperature 99; respirations 24 to 28, irregular.

Physical signs.—The abdomen is rotund, a decided protuberance existing anteriorly, and very little flattening out by sagging of fluid to the flanks. Under palpation the tumor resists like a full sac. The fluctuation elicited is of a deep-seated character, and can be made out over the whole tumor, with the exception of a space of about four inches in diameter, situated midway between the umbilicus and right anterior superior spinous process of the ilium; this region yields the sensation of hardness under percussion, and in it she has suffered severe pain for three or four weeks. By vaginal and rectal touch the lower margin of the tumor can be felt and obscure fluctuation elicited. The uterus lies high up behind the tumor, and measures the normal two and a-half inches. Simon's recommendation of examining the tumor posteriorly by means of the hand in the rectum was not enforced.

The measurements were as follows:—

Circumference of abdomen at umbilicus	32½	inches.
From ensiform cartilage to pubes	15	"
" umbilicus to pubes	7½	"
" " " ens. cartilage	7½	"
" " " r. a. s. s. process	7½	"
" " " l. a. s. s. "	7½	"

The tumor was tapped with the hypodermic syringe, and about half a drachm of thick syrupy, straw-colored fluid withdrawn. This was not spontaneously coagulable. It was subsequently examined by the microscope, but the presence of the disputed cell was not discovered.

Diagnosis. Ovarian tumor which is probably polycystic.

On the afternoon of the 13th she was suddenly