

again in January, '90. The flow was then absent till (the next) April, when there was a period. Another and the last occurred about May 15th. She had morning sickness quite frequently since July. Has lost much flesh the last few months, and has often felt chilly. For the two months previous to consulting me she had often had abdominal and pelvic pain. Three weeks previous to my first seeing her a very severe paroxysm occurred, and being then in Stratford, Ont., Dr. Welford was called in and discovered a tumour. At my first examination the following was noted: general uniform enlargement of the whole abdomen, greatest girth $38\frac{1}{2}$ inches; ensiform cartilage to pubes $17\frac{1}{2}$; distinct wave-fluctuation; dull percussion note over whole abdomen except a large area on right side, which is clear back to spine and a little below crest of ilium; dull all over left side, clear in the epigastrium, nothing solid to be felt; vagina and cervix purple and distinctly softened; uterus pressed to lower and back region of pelvis, cannot be moved; its body cannot be distinctly outlined. During a fortnight of observation before operation girth increased to 42 inches, and ensiform cartilage to pubes measurement to 18 inches. At some of the examinations the clear percussion area of the right side had diminished, while the note on the left side was slightly more resonant.

Operation on the 10th October, Dr. Alloway assisting. The tumour was found to be of the left ovary, with only one adhesion, and that to the omentum, and a most favourable pedicle. The right ovary quite healthy. The tumour consisted of one enormous cyst with greenish syrupy contents. In the interior, at one spot was an aggregation of small cysts with clear contents, like a bunch of grapes. The recovery was uneventful and rapid, and the patient sat up on the eighteenth day. Pregnancy went on to full term, and she was delivered on 4th March, 1891.

Examination of the literature of the subject and the evidence afforded by the three cases here adduced, lead me to venture the following conclusions:—

1. The association of pregnancy and ovarian tumour, if left to nature, is fraught with danger to the woman, whether the termination be premature or at full term.