

with carbolic soap, and the walls all freshly tinted.

Patient was readmitted into hospital on the thirty-first of May, 1878. She says she had been confined to bed ever since last September. Last November there was great anasarca of both legs. She suffers from frequent micturition, being obliged to make water about every hour; sometimes, on the other hand, she has retention of urine. She is prevented from resting well at night on account of the severe pains over the seat of the tumor.

#### MEASUREMENTS.

Greatest measurement around abdomen.....	42 inches.
From right spine of ilium to umbilicus .....	9 "
From left.....	9 $\frac{3}{4}$ "
" Ensiform cartilage.....	7 "
" Symphysis pubis.....	7 $\frac{1}{2}$ "

HEART.—Apex beat by inspection not perceptible; by palpation, feeble but in the normal position; by auscultation, sounds all normal.

LUNGS, by inspection, expansion seems good; by auscultation, in both subclavicular regions, slight mucus rales are to be heard. Percussion sounds normal. Superficial veins of chest are enlarged.

LIVER, dulness normal. Umbilicus completely obliterated. Veins of abdomen enlarged. Ensiform cartilage considerably everted.

A large hard mass can be felt in the right lumbar and adjoining portion of umbilical region; immediately to the left, outlines of two cysts can be plainly seen, one apparently the size of an orange. Fluctuation was very marked at both sides of abdomen as well as in these two cysts. There was considerable tenderness in the region of the cysts.

Patient kept under observation for three days; her temperature, pulse, amount of urine and of urea excreted per diem were all ascertained. Her urine was also tested for albumen and for sugar, neither of which were present. The day previous to the operation her bowels were freely moved by the administration of castor oil, and on the morning of the operation an enema was given completely emptying the bowels. Her diet for the three days previous to operating was limited to milk and beef tea, omitting the latter on the day previous to the operation.

June the 4th, I proceeded to operate with the

assistance of Dr. Roddick. Patient was put under the influence of ether. A large rubber sheet with an oval opening in the centre, 8 x 6, was smeared around the edges of the opening with adhesive plaster; these edges were caused to adhere to patient's abdomen, the lower edge of the opening being adherent just above the pubis, and the upper edge about two inches above umbilicus. The exposed part of the abdomen was washed with solution of carbolic acid and the spray of two Lister's apparatus placed opposite one another, directed over this part of the abdomen. Both sprays were kept working until the completion of the operation. An incision was made in the median line, commencing about an inch below umbilicus, and continued downwards until within about two inches of symphysis pubis. The different layers of the abdominal wall were cautiously divided until the peritoneum was reached, when it was divided on a director, and the walls of the cysts came into view.

As soon as the peritoneum was divided a very large quantity of ascitic fluid escaped, in all about eighty ounces. On introducing the hand into the abdominal cavity, the cyst was found to be adherent at the sides to the peritoneum, and above to the mesentery and portions of the small intestine. Adhesions to the intestine were of older date, and some of them so firm that it was impossible to separate them, in which case the cysts were emptied and the adherent portion of the walls left attached to the intestine. The walls of some of the cysts were so very thin that in manipulating with the tumor before removal they were unavoidably ruptured, the fluid escaping into the abdominal cavity. Flannels wrung out of hot water were used to protect the bowels when much exposed. After the adhesions were separated—a very slow proceeding—the pedicle was clamped, the peritoneal cavity sponged out with carbolic acid lotion. The right ovary was found to be perfectly normal. The edges of the opening were now brought together, the pedicle being secured outside. Antiseptic dressings were applied, and the patient put to bed. Hot water bottles were applied to her feet, a morphia suppository introduced into rectum, and she was immediately placed on full doses of opium.

For the first five days after the operation the catheter was passed every six hours.