

decided to tap the cyst as well for purposes of diagnosis as to procure for her temporary relief, with the hope of improving her general condition and getting her into a better state for operation should she decide to submit to it. We accordingly drew off $13\frac{1}{2}$ pints of thick albuminous fluid with flakes of purulent-looking lymph in the last portions. The mass was found to be partially adherent but admitted of considerable movement and could be distinctly traced to the right side. There has been no menstruation since the 14th of December, up to which time she had been regular.

February 2nd.—She improved considerably in general health after the tapping, but she is now as large as ever and is again suffering severely; she is much emaciated and the pulse ranges from 110 to 120 per minute. She has at last made up her mind to the operation and is even anxious for it. Dr. Campbell saw her with me to day, and the 6th instant is fixed upon for the operation.

The operation. February 6th.—The patient was in excellent spirits and full of courage. The abdomen measured $49\frac{1}{2}$ inches in circumference on a level with the umbilicus. Her pulse which had not been below 110 for several weeks, was now 122 but firm and good. An enema had been administered early in the morning and she had breakfasted on a small cup of coffee and a slice of dry toast. I had taken the precaution to soak all the sponges and ligatures in a concentrated solution of carbolic acid, and had a large quantity of the acid ready with which to impregnate all the water used during the operation, and to be applied in other ways which might suggest themselves as the operation proceeded. Drs. Campbell, Fraser, Howard, Wright, MacCallum, Fenwick, Drake, F. W. Campbell and Ross were present and kindly assisted.

The room having been heated to a little over 70 and about half a glass of brandy having been given to the patient, she took her place upon the table and sulphuric ether was administered by Dr. Drake. Dr. Campbell and myself having dipped our hands and the instruments in a solution of carbolic acid (about 1 in 30), I made an incision in the mesial line, from an inch below the umbilicus to an inch above the pubes—a space of about five inches in the distended condition of the abdominal walls. The tumour was carefully exposed, and found to be adherent to the abdominal parietes over the whole of the anterior surface; but the adhesions were easily broken down with the hand. After this had been done, the patient was turned over almost upon her face, and the principal cyst tapped with a large trochar, allowing twelve pints of thick fluid to flow out. A second cyst was tapped in like manner, and yielded 4 pints. The mass was in the meantime seized and drawn out as much as possible, some loose adhesions to the omentum being carefully separated as the mass was with-