Taking the larger one, we find from without inward that it has its peritoneal covering, then the tunica albuginea, then the sac proper, which corresponds, no doubt, here to the epithelial lining or membrana granulosa of the Graafian follicle. Be that as it may, however, the lining membrane is the essential structure in the development of the cyst. It is to that, then, that attention should be chiefly turned. Before speaking, however, of its enucleation, it is proper to call attention to the blood supply, because upon the management of the bleeding points which occur in connection with such enucleation depends, in a measure, the success of the whole operation. The vessels that are concerned are those which lie just outside the membrana granulosa, consisting of the tunica propria in the normal follicle. They are branches of the ovarian vascular system, and run from the bottom of the sac upward and outward, to be distributed over the surface of the cyst. They can be secured, however, by ligatures, passed, if need be, on needles.

In this case, the course pursued, as those nearest will easily see, was—first, the ovary and cyst were withdrawn from the abdominal cavity intact, the pedicle being long enough to permit of it, an incision then made directly into the cyst, and its contents—the straw-colored serous fluid—evacuated. The cyst wall was then seized with a pair of hæmostatic forceps and separated from the outer linings; then, with the assistance of the finger, it was easily enucleated, all parts of it being removed. This left a considerable area of peritoneum and tunica, upon the inner surface of which were numerous bleeding points. The expanded structures were cut away near to the level of the ovarian surface proper; the bleeding points in the cut edge were then secured, and the edges of the opening, which now remained in the ovary, brought together by means of a Lembert suture. This bringing together of the peritoneal surfaces of the base of the cyst, and turning in the cut edges in such a way as to fill up the hole in the ovary, is an important step. The procedure, as you see, is comparatively simple, and when conducted in the manner in which it was performed in this case—outside the abdominal cavity—occupies but little time.

In the case of intra-ligamentary cysts, the method of procedure begins with the enucleation of the ovary from its position in the folds of the broad ligament. It is best, therefore, in these cases, to make our primary incision through the peritoneal covering, then enucleate the ovary proper from its embedded position, bringing it as near the surface as is possible before beginning with the enucleation of the cyst. Having opened the cyst, however, the method of procedure in all cases is the same—that is, first, removal of the cyst wall; second, cutting away all excess of tissue which had been thrown around the cyst proper, the securing of bleeding points, then inversion of the cut edges, so as to leave a smooth and as