she has had six grains of opium. Pulse 116, small, weak, countenance dejected, speaks but little. Catheter passed and about 6 oz. of urine taken away.

18th. Much the same, slight tympanitis, pain not increased, slept but little. Pulse 120 to 130, weak, skin moist. To have broth and milk alternately.

18th, 7 p.m. No material change, all the symptoms nearly the same. The grain of opium has been continued at intervals of four or six hours.

19th., 9 a.m. Abdomen much more distended and more tender on pressure, pulse very weak, could not be counted correctly, skin moist, somewhat clammy, countenance sunken. Ordered brandy and egg, ammon carb. ox. mist. camph., &c., &c. 8 p.m. Worse in every respect.

20th, 9 a.m. Moribund. She died at 2 p.m., exactly three days after the operation. No post mortem was allowed, as the friends were anxious to remove the body immediately.

The tumor was multilocular cystic, but towards its base, near the peduncle, there was a mass of greyish semi-gelatinous matter, very suspicious of colloid in its appearance. Dr. Bovell very kindly examined it for me, and in his note, with a sketch of the microscopic appearance, he says. "Dear Hodder, I have no doubt that the tumor is colloid, there is a great preponderance of long slender fibre cells, and endogenous-cells."

Remarks.—This poor woman never rallied completely, from the moment of the operation to the hour of her death. As I have before stated, I believe that she had become resigned, and determined to meet death, to gratify the wishes of her husband and friends, although convinced of the result to herself. The operation was not more severe than favorable cases usually are, there was no hæmorrhage, there was nothing in fact to account for the depression which followed the operation, except the condition of her mind. The question might be asked—Had the suspicious character of the tumor anything to do with the want of stamina which existed in her constitution? and if so, is there any possible way of diagnosing the exact character of the disease before its removal? I have sought in vain for a single diagnostic symptom, by which we might even suspect, in the early stage of its existence, the presence of malignant disease, complicating cystic disease of the ovary, but, although we may not be able to detect