and there in between the capsules of the cysts were a few normal tubules with considerable infiltrations of small round cells. The cysts had thickened fibrous walls. Sections cut in celloidin and preserving the contents of the cysts shewed these to be formed of caseous cell debris. No giant cells were visible or recent tubercles outside the cysts, nor on treatment with carbolised Fuchsin were any tubercle bacilli to be detected. There are conditions which one would expect to obtain in a case of old tuberculosis of the kidney and the general appearance of the sections is fully in harmony with such a diagnosis. A condition like this had probably been present for months if not for years.

NOTES ON ABDOMINAL TUMORS.

By P. Conroy, M.D., Charlottetown, P.E.I.

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How to distinguish morbid growths of the ovaries from those of the uterus is often a matter of very considerable difficulty. When, however, these two conditions are associated in the same patient the diagnosis is rendered doubly perplexing.

The well-known contention of Lawson Tait, that one can never tell what is to be met with in the abdominal cavity until the belly is opened, is practically true, as can be attested by the experience of those who have had much to do with abdominal surgery. The following history may be somewhat interesting.

B. M. age 49, unmarried, admitted to Charlottetown Hospital, April 2nd, 1895; she presented a large abdominal tumor, asymetrical in form somewhat flattened below, more prominent above. Indistinct fluctuation or marked elasticity could be made out over a certain area. A distinct sulcus running obliquely could be felt between the upper and lower parts of the tumor. No uterus could be made out and it was supposed to be drawn up beyond the reach of the finger. Through the vagina a large hard mass could be felt occupying the whole pelvis.

The diagnosis of a semisolid dermoid cyst of the ovary was made subject to correction when the abdomen was opened. Patient gave the following history. Tumor began to grow on the right side about six years ago. No great inconvenience was felt until within the last year, menstruation was never disturbed and passed away normally with the meno-pause. There was considerable shortness of breath and discomfort, due to the great bulk and weight of the tumor. No measurements were taken. The kidneys were acting normally. An operation for the removal of the tumor was performed on the 10th of April.

An incision was made from the umbilicus downward about five inches. The tumor was reached, some adhesions separated and the tumor tapped with a large trocar. A quantity of purulent coloured fluid escaped with some gelatinous matter, but the mass diminished but little in size.

It was then seen that the tumor was a multilocular cyst and was pushed up against the diaphragm by a Fibroid tumor of the uterus about the size and shape of an ordinary foot-ball. It was found necessary to tap the different cysts in situ, by means of a long curved trocar. The sac was then brought out and the pedicle tied.

The uterine tumor was so intimately adherent to the bladder that it was necessary to inject that viscus with water in order to be able to define its outlines. Careful dissection succeeded in releasing the bladder, but not without injuring its peritoneal covering. The broad ligament was then tied off