

oozing of blood occurred at the lower end of the wound, from a superficial vein which crossed the line of incision, and was of necessity divided, but the bleeding had entirely ceased before the last suture was applied. The wound was then dressed with a carbolic lotion (about 1 to 30) and oiled silk, the abdomen covered with a thick layer of cotton wool and a couple of thick compresses, and firmly supported by a flannel roller, and the patient was finally removed to her bed.

The pulse at the close of the operation was exactly 100, and of natural volume and force. There was no pain, nausea, nor uneasiness, and scarcely any thirst. I made my arrangements to remain with her during the afternoon and night to secure perfect quiet, and to be prepared to give prompt attention to any unfavourable symptoms, should any such arise. The weight of the tumour with its contents was 23 pounds.

June 1st, 10 A.M.—She passed a most comfortable night, and slept a little towards morning. There was some slight reactionary fever in the afternoon and evening, when the pulse rose to 110, but the reaction subsided towards morning, and the pulse fell to 105, at which it still continues. Skin moist, no nausea or pain beyond a little smarting in the wound. She passed about eight ounces of healthy urine at 4 A.M., (15 hours after the operation) without any difficulty. She has had nothing but little bits of ice occasionally since the operation.

4 P.M.—Dr. Roddick who kindly relieved me for a few hours, reports everything going on favourably; pulse 105. She has again passed urine without difficulty, and she has taken a few spoonfuls of beef juice with relish.

June 2nd.—No change worth reporting. Pulse fluctuates from 106 to 110. Skin moist, no thirst, nausea, nor pain. Has passed urine twice during the last 24 hours, and has taken small quantities of beef juice, and bits of ice occasionally. She slept considerably during the night. Dr. Roddick again kindly relieved me at intervals, and has arranged to remain with her to-night.

June 3rd.—All going on well. Has had considerable sleep; pulse 103. Replaced dressing upon wound. There were very slight traces of pus at some points. To have barley water alternately with the beef juice.

June 4th.—Doing well. About a teaspoonful of sanguinolent pus escaped from the lower end of the wound. No rigor nor other unfavourable symptom.

June 5th.—Suppuration at lower end of wound rather more free. There is evidently a small pocket of pus in the subcutaneous cellular tissue, probably caused by a clot of blood, as the pus is