

pulse feeble ; respiration 42 ; face pallid ; lower extremities very œdematous ; and vomiting frequently. She begs me to do something quickly for her relief. " You may do anything", says she, " for I can't live". I explained to her that she was too weak to bear the operation of ovariectomy, and that, under the circumstances, the only procedure admissible was that of tapping. This she then urged me to do immediately. Therefore during that afternoon assisted by Dr. Malloch, I performed that operation with a common, large sized trocar, in the median line midway between the umbilicus and symphysis pubis. The contents, which came away very slowly, were of a dark color, and of the consistence of syrup. When this cyst ceased to flow it was evident, from the enlargement and fluctuation still existing above the umbilicus, that one or more cysts remained to be emptied. Withdrawing the canula, a long curved trocar was directed, through the same orifice, obliquely upwards and pushed into another cyst, the contents of which proved to be thicker and more gelatinous than those of the former. These resembled soft soap in consistence and appearance.

The contents of the cysts being so tenaceous, notwithstanding the discharge was expedited by pressure with the hands on either side of the abdomen, two hours were occupied in emptying them. The matter thus discharged measured twenty two quarts, or five and one half gallons. The operation of tapping was very exhausting in the patient's weakened condition, but nevertheless as the size of the tumor was diminished, she several times expressed herself as feeling much relieved and the pale anxious face improved in color and appearance. The respirations decreased to 26 and the pulse to 90. The tumor was now reduced to about the size of, and felt very much like, the womb containing a large placenta after child-birth, but owing to adhesions as we presumed, it could not be pressed down into the pelvis.

The vomiting which had been so distressing previous to the operation, persisted for the three subsequent days, notwithstanding the fact that we administered neither anæsthetic nor medicines. During this time nothing but morsels of ice could be taken into the mouth, and for two weeks life was sustained by rectal alimentation. Enemata of beef-essence, and other nutritive materials, were administered in quantities of about two to four

ounces at a time, every three or four hours. At the end of a fortnight her stomach began to bear a little milk and lime water, and by and by, two or three raw oysters sprinkled with lemon juice, and other light easily digested food. On the 25th of this month she had a sharp inflammatory attack, attended with acute pain in the right side, between the ilium and the liver, which fortunately was alleviated in a few hours. From that time she slowly improved, and with the improvement came an increasing desire to have the tumor removed. At each occasional visit during the month of May, she urged me to make up my mind to perform ovariectomy. During this month she had been up and about the house, much improved, but still weak and pale. The cysts had been gradually refilling so that she now measured 40 and 20 inches respectively, instead of 46 $\frac{1}{2}$ and 26 previous to the tapping.

Keeping in mind the existence of strong adhesions and her unfavourable condition, I explained to her and her friends the great danger and uncertainty of the operation under the circumstances. To this she quietly remarked that they fully understood all that, and again calmly argued that she could live but a short time longer if the tumor were not removed, and said she ardently wished that this should be attempted.

Seeing that the hot weather was fast approaching, and it being more than probable that she would not survive the summer months in that condition I determined to yield to the patient's solicitations and make the attempt to remove the tumour.

Accordingly on June 3rd 1873, ovariectomy was with difficulty, accomplished. Chloroform having been administered, the abdominal walls being thin, the tumour was quickly exposed through an incision about six inches in length, which was afterwards lengthened to eight inches. On attempting to pass a couple of fingers between the tumor and abdominal parietes firm adhesions were found in every direction. These as far as they could be reached were slowly separated with the fingers. The patient was then turned upon her left side and the tumor tapped with a large trocar and canula, improvised for the occasion, but as the contents were thick and came away very slowly, a free incision was made into the cyst, with a bistoury when the thick gelatinous matter escaped rapidly. The tumor,* was then

*The tumor, when laid open, after removal was seen to consist of one large cavity surrounded by an aggregation of small cysts in its walls, and bore evidence of broken down cysts in its interior.