

January 4th, 1882—Examined, and found single ovarian cyst, present over two years; growing rapidly during last six months; no œdema in lower extremities; no vomiting; tumor apparently uniform. Pulse and temperature normal.

February 28th, 1882—assisted by Drs. U. Ogden, A. H. Wright, and I. H. Cameron, operated in private boarding house, Toronto. Single cyst of left ovary removed; entirely free from adhesions, pedicle cauterized; no drainage tube; Lister's dressings. Temperature at midnight 99·4, first day 100° to 101° (highest) second day 99·8, fourth day 99, subsequently normal. Pulse ranged for first four days from 90 to 100, falling afterwards. Respirations slightly increased for a day or two. Morphia, food, and drink as in other cases. Patient continued to improve.

April 25th, 1882.—Her husband writes me, "Mrs. G. is improving in strength, and has been out to church."

Case No. 4.—Miss E. S., æt. 30, County of Bruce. Health became impaired in July 1881; had had "inflammation of the bowels" before that. Has been losing flesh and is of poor colour. Admitted into Toronto General Hospital under my care, January 1882, with subacute peritonitis, tenderness on pressure; temperature 101°; kept her bed until all tenderness had subsided, and temperature was normal.

March 7th, 1882.—Operated in a private ward in the Toronto General Hospital. Pedicle in this case about ten inches in length, lying along anterior and upper surfaces of cyst, and adherent throughout, a condition apparently due to the tumor having at an early stage in its growth, when by gravity it lay in Douglas's pouch, contracted very firm adhesions, to a portion of the floor of the pelvis, and to the whole of the posterior wall of the uterus. This portion of the cyst was not removable; was severed from the rest of the tumor, its edges secured against hæmorrhage, by ligatures and then made to surround a drainage tube placed in its cavity, and finally stitched to the edges of the incision in the abdominal wall; a second drainage tube inserted into peritoneal cavity, reaching to floor of pelvis;

pedicle tied with silk; sutures and dressings as in other cases. Temperature for 36 hours satisfactory; afterwards it rose steadily. Pulse immediately following operation 120; did not afterwards fall below this. Nutrient enemata were given and retained from very shortly after operation every two or three hours, causing no inconvenience, but relieving thirst. Some unavoidable hæmorrhage at time of operation, none afterwards; no vomiting; shock from operation not great; patient died sixty hours after operation. Post-mortem revealed full evidences of peritonitis.

Case No. 5.—Mrs. T., of Dunsford, æt. 31; at present a patient of Dr. W. W. Ogden, of Toronto. Married February, 1877. In December 1877, when seven months pregnant with first child, had a severe fall, followed shortly afterwards by a premature labor. In June 1878 was noticeably stouter than she should have been; in April 1879 was confined with full-grown child, but her "size was very little smaller after labor than before;" in September, 1880 was again delivered at term, but "after the labor was nearly as stout as before it;" in 1881 was tapped by her medical attendant in Lindsay; in March 1882 was again tapped by Dr. W. W. Ogden, of Toronto.

April 25th, 1882.—Assisted by Drs. W. W. Ogden, U. Ogden, Sweetnam, and H. W. Aikins, removed multilocular ovarian cyst, one cyst largely predominating; pedicle very short; cauterized; parietal and omental adhesions anteriorly separated by tearing, with little subsequent oozing; drainage, sutures and dressing as before. Temperature for first 24 hours 100°, 101°, second day from 101·2° (highest) to 99·6, for six or eight succeeding days it ranged between 100° and normal. Pulse for first two days in neighbourhood of 108, third day 90, fourth day 80. Respirations for several days; slightly increased in frequency. For 24 hours following operation: no vomiting, no straining; no retching, no anodyne, no food, no drink; and patient generally comfortable. At first dressing sponge over drainage tube saturated with fluid; pelvic cavity very gently washed out with carbolised water; on second and third days sponge free from fluid,