

At post mortem, considerable bloody fluid was found in abdomen, also some curdy like masses. The peritoneum on right side was covered with a dark colored exudate. Numerous cysts were found around the spleen and liver.

CASE VI. Ovarian Cyst; Coeliotomy; Recovery.—Miss H. aged 50 admitted to Infirmary, Sept. 30, 1894, suffering from an ovarian cystoma. No history of tumors or phthisis in family. She was always healthy until two years ago, when she noticed a swelling in her abdomen, this did not increase until two weeks before her admission. She never has had any disturbance with menstruation—diagnosis, an ovarian cystoma. Operation Oct. 12, 1894. Found a simple ovarian cyst of right ovary, having no adhesions, and containing a very dark colored fluid. The walls of the cyst were very thick and the pedicle markedly short making it very hard to tie off. Silk was used. The right ovarian artery was ligated as a preventive measure against hemorrhage. Normal salt solution was used all through the operation. She had no bad symptoms at any time, sutures were removed on the tenth day. Got up and around on sixteenth day, went home well on Nov. 15, 1894.

CASE VII. Double Salpingitis; Coeliotomy; Recovery.—Mrs. McL. married—admitted to Infirmary Jan. 16, 1895.

No history of cancer in family, but some cases of tuberculosis. About three years ago she began to be irregular at her menstrual periods, sometimes three or four months would elapse between. Had pain at these times, frequent micturition. No leucorrhœa. Was constipated—appetite fairly good. Has suffered from piles and diminished secretion of urine. Has been a uterine invalid for long time and has had of late constant pelvic pain sometimes very severe. All these symptoms have become more marked since Nov. 1894 at this time something broke and discharged by the vagina, yellowish in color. She has been subject to eczema of the face and hands for a long time.

Vaginal examination revealed a normal uterus, and on bimanual examination a hard

mass was felt low down on right side of the pelvis—the ovaries could not be made out on account of adhesions. It was decided to open the abdominal cavity, operation Jan. 30, 1894. The omentum was found adherent to the anterior abdominal wall in its whole extent and to the top of bladder. It was so difficult to separate the omentum, that an incision into it was made so as to get into the pelvic cavity. So great were the adhesions that the bladder was the only organ that could be made out. Across the top of the pelvis was a fold of membrane uniting several layers of intestine, shutting off the pelvic cavity, except on the right side where the finger could be passed down into Douglas' cul-de-sac. Here it was found that the intestines were matted together and bound down by adhesions to $\frac{2}{3}$ of the posterior uterine wall. The ovaries could not be made out on account of the extent and density of the adhesions. A small cyst protruded on the left side, this was removed some bleeding followed and it was decided to go no further. The abdominal wound was closed, peritoneum sutured with fine silk, muscles with chromic acid gut and integument with a subcutaneous continuous silk suture. She made a good recovery.

CASE VIII. Dysmenorrhœa; Oophorectomy; Recovery.—S. B., Oct. 29th, admitted to Infirmary Nov. 3rd, 1894. Family history good. She has always been of a very nervous temperament, has suffered very much from dysmenorrhœa. Appetite poor, sleep broken. Has no cough or expectoration. Her distress at the menstrual period made her miserable, and in fact she has never felt well. She had had all kinds of medical treatment without benefit, and it was decided to perform an oophorectomy. Operation Nov. 9th. The ovaries were found slightly enlarged, otherwise everything was normal, ovaries removed; ligated with silk. Skin suture removed on the 12th day. She got up and around feeling much better at end of 3½ weeks, then some small stitch abscesses occurred when silk, which was used for deep sutures came away, at present she is at home and has recovered her former good health.