

tions, the adhesions were broken up and the sac removed. The pedicle was short and conical and was difficult to tie, but was made secure by a double transfixion ligature. All the small bleeding points were carefully taken up and tied and the abdominal cavity washed out with sterile water, as despite our most careful efforts fluid leaked into the abdomen. Otherwise the cavity would have been dressed perfectly dry, as I believe in such cases that the bacilli, not having the necessary moisture for their development, are retarded in growth.

On account of the extensive adhesions and possible subsequent oozing, I put in a Mikulicz tampon, leaving two sutures loose for that purpose. The remainder of the incision was sewed up by three steps, *i. e.*: peritoneum, muscles and integument. The wound was dressed antiseptically—the hermetical dressing being impracticable with the handkerchief of Mikulicz.

On the second day the tampon was removed and the wound closed, dressed hermetically and left till the ninth day, when the integumental stitches of silk-worm gut were removed. The wound healed nicely and kindly with minimum shock and no undue rise of temperature. Owing to the water treatment there was little or no thirst after the operation. At the end of four weeks she went home apparently well. She has never had any of the former symptoms and feels like a different woman. The tumor and contents weighed forty-five pounds. The operation was over a year ago and there has been no sign of weakening of the abdominal walls.