

but the ultimate cure as well. Every day the tumor remains, the danger to the woman's life is increasing. Not only may the tumor rupture in the case of an ovarian abscess, causing fatal general peritonitis, but in the case of a papillomatous cyst the disease may extend to the whole peritoneal cavity causing matting together of the intestines, which renders the operation impossible. I once saw Olshausen open the abdomen of such a case; the intestines were so matted together and adherent to the abdominal wall, that the first incision cut through the bowels several times, and all that one of the greatest operators in Europe could do was to repair the intestines and sew up the incision. The path of even the most successful abdominal surgeon is strewn with the remains of women who have died, not from the operations but from delay in performing them. One of the simplest abdominal operations I have ever had was the removal of an ovarian tumor the size of a cocoa-nut, which was seen for the first time on a Saturday and was removed three days later. The day after the operation this woman was laughing and joking, while on the third day she was absolutely free from pain, and it was with the greatest difficulty that she could be kept in bed two weeks. At the end of that time she went home, only returning at the end of a month after the operation to have the silk-worm gut stitches removed. On the contrary, one of the most difficult cases I have ever had was a woman with an ovarian cyst who had delayed her operation for two years. And what was the result? The tumor was adherent to the liver, bowels, abdominal parietes, in fact to everything with which it came in contact, so that before it could be detached she had almost died of unavoidable hæmorrhage. The pedicle was very broad and required to be ligated in many segments. The contents were thick and would not run through a large trocar so that the incision had to be lengthened, and finally to make a long and sad story short, when the case of early removal above mentioned was sitting up in bed combing her hair, the case of late removal was lying dead in her coffin. And yet if she had been operated on just two years sooner she would not only have been saved two years of pain, but she would just as surely have recovered as her more fortunate sister.

Two years ago I was called to see a woman of fifty who was propped up in a chair with her abdomen distended, and gasping for breath. After the removal of two pails of ascitic fluid two ovarian tumors could be felt, and next day the abdomen was opened and two carcinomatous tumors of the ovaries were easily removed, weighing five and six pounds each. But it was too late; the liver was already full of cancer, and although she rapidly recovered from the operation