

felt, but the right could not be found. The sound was next passed, and showed the uterine cavity to be of normal depth. The history, however, was rather unusual, as the young lady and her friends stated that the abdomen had always been that peculiar shape, and no history of recent growth or small beginning could be elicited; this, together with the painful attack a few days before, inclined me to expect the tumor to be dermoid in character. Operation was advised, and on Saturday, March 11th, patient was admitted into Grace Hospital, and operated on March 13th. A simple monocyst of right ovary was removed, which contained seven imperial pints of clear fluid. The pedicle was twisted, the tumor having rotated twice. A large ecchymotic

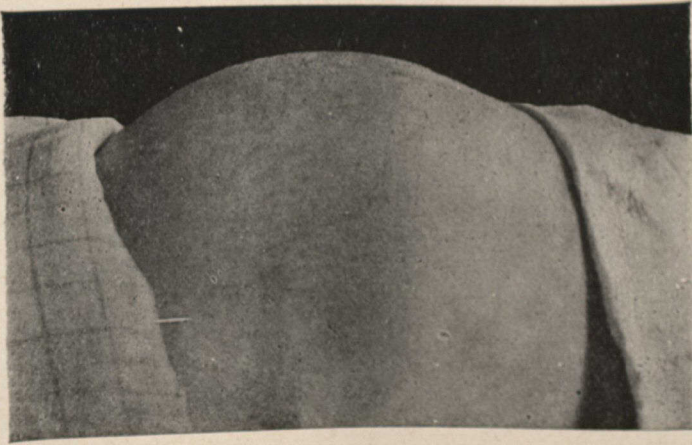


FIG. 5.—Showing contour of abdomen containing monocyst of right ovary, shown in Fig. 6. The linea albae similar to those showing in advanced pregnancy, which were well marked in this case, are plainly discernable in the photograph.

surface shown by dark area in Fig. 6, marks the site of blood infiltration into sac wall, and discolored patch (see Fig. 6), shows site of commencing necrotic process, which would very soon have proved a dangerous and, unless avoided by timely operation, a fatal complication. This rotation of tumor and consequent torsion of pedicle, undoubtedly accounted for the attack of pain a week before, and inability to lie down, which latter symptom persisted in some degree till time of operation. After reverse rotation, thus untwisting the pedicle, it was secured by a double interlocking ligature. After dividing the pedicle, the vessels in stump were caught up with forceps and ligated individually with fine silk. While doing this in the outer portion of the stump, the