up warmly to avoid a rigor. Some pain was complained of in left side running up towards axilla, which was relieved by half a grain of morphine suppository. Not much pain this morning, but pulse is 100 and temp. 101.4. *6.30 p.m.*—No great pain to-day. Pulse 110, temp. 103.4. Wound is all right, and there is little or no distension in, or marked tenderness of, abdomen. Nothing wrong per vaginam.

*April 27*, 9 a.m.—Has had half a grain of morphine suppository and rested fairly well. Pulse 104, temp. 101.4. *8 p.m.*—Pulse 100, temp. 103.2.

*April 28*, 9 a.m.—Has perspired rather freely this morning Pulse 80, temp. 99.2. *8 p.m.*—Pulse 84, temp. 101.6.

*April 29*, 10 a.m.—More free perspiration last night. Pulse 76, temp. 98. *9 p.m.*—Sweating continues. Pulse 72, temp. 98.

*May 2.*—Has been doing well since last report, and has returned to solid food with a relish.

*May 12.*—Left for home, about 90 miles away.

*Nov., 1884.*—As far as I am aware, has remained in good health up to the present time.

REMARKS. — There are several points in the above cases which are worthy of notice. In the first place, in four out of five the long incision had to be made in order to get out easily the solid portion of the tumor. The favorable result in three out of the four would rather indicate that the increase of risk is not so much as generally believed when the incision is extended above the umbilicus.

Secondly, the much abused clamp was used to secure the pedicle externally in the first two of these, and they both did exceedingly well.

Thirdly, the presence of pus in Cases 3 and 5, showed that before long there would have been an escape of matter into the peritoneal cavity, and consequent death.

Fourthly, the immense size of the tumor in the patient who died. I removed at least 147½ lbs. from her in six days; and supposing the sac re-filled to the extent of 20 lbs. during those days, the tumor must have originally weighed 127½ lbs. I may mention that Dr. Thomas Keith, to whom I related this case last April, considered 20 lbs. a liberal allowance for its increase during that period. My own impression is that I gained nothing by the preliminary tapping in that case, for I think that she was if anything weaker *after* it than *before* it; and I attribute her increased weakness (whether rightly or wrongly) to the rapid re-filling of the emptied cyst, causing a great drain upon the nutritive principles of the blood. If I should ever meet with such an enormous tumor again, I would at once proceed to ovariotomy.

Finally, the feverish turn which occurred in Case 5, was, I believe, due to some kind of blood poisoning, causing a short continued fever. I had noticed on several occasions, both before and after its occurrence, a foul smell in the hall adjoining her room. I had called the nurse's attention to it, but neither she nor I could ascertain the source of it. I can't help thinking that this had something to do with her febrile attack. There was nothing at any time in the wound, or, as far as I could detect, in the abdomen, to account for it. It will be observed that her temperature reached only one evening as high as 100.8° F., in the first week after the operation, while during the second week it had been normal. It could therefore be scarcely possible after such a period of favorable convalescence, that the operation had anything to do with the febrile attack. I may say that this patient was one of those who are very gloomy, and she fully expected not to live beyond the ninth day. She disclosed this fact to me only after that day had passed, although she had me sent for hastily on several occasions during the 8th and 9th days, imagining that her time was at hand.

I may further observe that in all these cases I had no skilled nurse to look after the patients, not even one who had done other kinds of nursing; so that it is evident one may get very fair results in ovariotomy in remote districts where such are hard to procure, as well as in hospitals peculiarly equipped for such operations. I am free to admit, however, that the assistance of a nurse accustomed to the care of such cases, would lessen materially one's own anxiety and the amount of attention required to be given to them.

## A CASE OF DOUBLE NARCOTIC ADDICTION.—OPIUM AND ALCOHOL.—IMBECILITY—RECOVERY.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

Through the courtesy of Drs. T. Gaillard Thomas, of New York, and Wm. Bayard, of St. John, N.B., there came under the writer's care last