tumor is found low down in the pelvis, the bladder and uterus in front of it, the cyst wall and uterus are firmly united, the uterus is not enlarged to any extent, and fluctuation is noticeable in the pelvic portion of the tumor. The only other neoplasm, that I have met with, which gave similar signs, was a pedunculated fibrocyst, without en largement of the uterus. The points of difference were, that the fibrocyst had far more solid portions below, and the uterus was movable upon the tumor. When the cystoma occupies both ligaments between the uterus and bladder it is high up in the brim of the pelvis, the uterus behind it and fixed there ; the bladder high up in the abdominal cavity, and the tumor occupies a position in the upper portion of the pelvis where the normal broad ligament should be found. These signs may be simulated to some extent when a pedunculated ovarian tumor gets in front of and above the uterus, and crowds it back into the hollow of the sacrum, but the distinction can be clearly made, from the fact that in the latter case the uterus is not so absolutely fixed to the tumor, and is lower down and retroverted, a position which it could not occupy in a case of intraligamentous cystoma.

When the tumor is confined to one ligament, the physical signs found upon examination of the abdomen show that the tumor is most prominent on one side and there is a space occupied by intestines on the opposite side. The fixation below and on one side is complete. By the vaginal touch the uterus is crowded far over to the opposite side of the pelvis and fixed to the tumor, but not lateroverted to any great extent. The bladder is also displaced laterally as shown by the touch and sound. The touch further shows, as it does in all cysts within the ligaments, that the tumor rests directly upon the pelvic walls without the folds of the broad ligament intervening. There is fixation of the tumor but it is not absolute unless there has been inflammation in and about the cyst. Obscure fluctuation can be generally found by the bimanual touch. There are several affections which closely resemble a cystoma in one ligament in the early stages of its development. These are, an intraligamentous uterine fibroma, a hydrosalpinx and ectopic gestation. Fibroma can be excluded by the absence of the extreme density characteristic of the variety of tumor, non-enlargement of the uterus, and the history. Hydrosalpinx differs from a cystoma in the ligament, in being farther back in the pelvis and in being in part behind the uterus, and the uterus is not necessarily fixed to the tumor. Ectopic gestation gives physical signs more like a distended Fallopian tube, and differs from all other pelvic tumors in its general history. Should a doubt exist, time will suffice for the cystoma to enlarge beyond the usual limits in the size of any of the three affections which are to be differentiated.

It must be admitted, however, that cases will come along occasionally that will leave a doubt in the mind in regard to the diagnosis, even though the examination be most critical. In fact, it is impossible to make a complete diagnosis upon the evidence obtained by the history, symptoms, and physical signs, in some cases. Under these circumstances the question arises, whether or not the patient should be subjected to an exploratory laparotomy. I have always decided in favor of laparotomy, except when there was a suspicion that the tumor might be malignant. In such doubtful cases there is usually free fluid in the peritoneal cavity. A portion of this fluid should be removed by the aspirator, and if blood and the characteristic papillary cell is found, on microscopic examination, surgical treatment is uncalled for. I may add that I have seen several cases of ovarian cystosarcoma which were supposed to be cystomata in the ligaments, but on an examination of the fluid the diagnosis was made, the correctness of which was proved *post mortem*. In one case I made the diagnosis and advised against interference, but a friend made a laparotomy and found that he could not remove the tumor.

In the absence of all evidence of malignant disease I favor laparotomy to complete the diagnosis and treatment if found practicable. At the same time, I must say that it is not always an easy task to complete the diagnosis after laparotomy. A few words on this subject may be admissible, in view of the importance of the matter and the fact that this operation has become so fashionable. We hear much about making an exploratory operation for diagnostic purposes, without being told how to do it ; but leaving us to infer that it is easy to do. I am satisfied that skill is necessary in order to be successful. To recognise just what is present and to determine just what to do in these cases, when the tumor is exposed, is