

bulk and pressure is beginning to tell seriously upon her general health, and as the hot summer months are approaching, I have thought it my duty to advise her to submit to the operation without delay.

My friends Drs. G. W. Campbell, Howard, Fenwick and Drake, having seen her with me in consultation, and agreed as to the suitability of the case for operation, and the propriety of operating without further delay, the 31st of May was fixed, with her consent, for the operation.

THE OPERATION, May 31st.—Having taken the usual precaution of administering a dose of castor oil on the previous evening, and the patient having taken a very light and early breakfast, the operation was begun about 1 o'clock P.M., about a dozen of my medical friends from this city and elsewhere being present.

Ether having been administered by my friends Drs. Ross and Roddick, of the General Hospital, and Drs. Campbell and Fenwick kindly acting as my chief assistants, I made an incision about four and a half inches in length in the mesial line, extending from about an inch below the umbilicus, to within an inch and a half of the pubes. The several layers were then rapidly divided upon a director, and the tumour exposed.

No adhesions being found within reach, the patient was turned over almost upon her face at the edge of the table, thus making the projecting tumour the most dependant part, and of course making it impossible for any of the fluid to flow into the abdominal cavity. The cyst was then punctured with a large trocar, and as the fluid escaped, pressure was gently and evenly exerted upon the sides of the abdomen, thus causing the tumour to protude more and more until a slight effort at vomiting caused by the ether, expelled the whole mass, much as a sharp pain sometimes expels a placenta. The tumour was now slit up freely with the scalpel, to get rid of the weighty contents more quickly, and I then proceeded to secure the pedicle. The pedicle was long and thin, and was easily secured by transfixing it with a stout double hempen ligature well carbolized and waxed, and tying it in two portions. The ends of the ligatures having been cut off short and the tumour removed at a distance of about half an inch from the ligatures, the free end of the pedicle was brushed over with concentrated carbolic acid, the excess wiped off with a moist sponge, and the pedicle with its ligatures was dropt into the abdominal cavity.

Having examined the other ovary and found it perfectly healthy, I proceeded at once to close the wound, by passing strong silver sutures through the whole thickness of the abdominal parieties, being careful to include the edges of the peritoneum. A little