opened the abdomen by a median incision and found my diagnosis verified. The tumor, a large multilocular cyst of right ovary (photographs of which I show), occupied the whole of the pelvic cavity and extended up into the abdomen, part of it lying under the right tobe of the liver. I had to break up a number of the cysts before the tumor could be lifted from the abdomen, though the incision was enlarged, both upwards and downwards. There were no adhesions. The pedicle was tied close to the tumor, cut off and dropped. The abdominal wound was closed by silk worm sutures The bowels were moved on the third day. The recovery was uneventful.

Front of tumor.

A point worthy of mention is that the patient was not ill in any way. Thinking herself pregnant, even though she was menstruating, she did not consult her physician until a few days before I saw her. He then recognized the condition and sought consultation.

The course and results of ovarian tumors when left untreated cannot now be studied, as the cases are recognized at an early date. In this case the growth was rapid, for there was no tumor present when she had the miscarriage in February. And if she had suspected anything but pregnancy earlier advice would have been sought and an operation would have relieved her when the tumor was small.