

CASE 11.—Ann B., æt. 32. A prostitute and addicted to masturbation. Has suffered for years from abdominal pain. I advised removal of the tubes and ovaries, which was done in the usual way. Recovery was rapid and complete.

CASE 12.—Mrs. J. C., æt. 52. Has had two children. Has suffered intensely from dysmenorrhœa and menorrhagia. The uterus was very large and hard, the cavity four inches deep, and the organ was tender. It seemed like interstitial fibroid, and the question whether the operation should be vaginal hysterectomy or removal of the ovaries resulted in choosing the latter as safer and likely to remove the trouble. The abdomen having been opened it was found quite impossible to raise the ovaries near enough to the wound to ligate, so after a great effort they were freed from adhesions and the wound closed. The effect of this was remarkable, as she rapidly recovered and has had no pain since, now six months, although the uterus is still as large as before and she has occasional attacks of cystitis.

CASE 13.—Mrs. F., æt. 35. Never had any children. Has had an abdominal tumor for thirteen years. On opening the abdomen and inserting a trocar into the cyst a thin sebaceous matter came away with difficulty. A dermoid cyst was at once diagnosed, the opening was enlarged with a knife until the hand could be inserted, when the contents, which consisted of sebaceous matter, hair, and bones, were scooped out. The cyst was multilocular, and after breaking through partitions the other cysts were emptied in the same way. Several adhesions between the cyst and abdominal wall were broken down with the hand, while two firmer bands were tied and cut. The abdominal wound had to be enlarged to fully six inches to remove the remainder of the cyst. The pedicle, which was broad, was tied in sections and dropped. The abdomen was washed out with a weak hot solution of bichloride, thoroughly sponged out, and the abdominal wound closed. There was hardly any shock, and recovery was rapid and complete. The operation lasted sixty-five minutes, and the tumor must have weighed altogether about thirty-five pounds.

CASE 14.—Mrs. Z., æt. 42. Has suffered severely from ovarian dysmenorrhœa for past three years. Electricity had been tried for several weeks, but failed to relieve the pain, so laparotomy was advised. I re-