sternum, but the patient said she thought it was more to the right side at first; no tumor could be felt in the pelvis. Examination of the heart, lungs, and liver, negative; catamenia, regular. Uterus normal in size, and movable. Specific gravity of urine, 1028; no albumen or sugar.

The patient was carefully examined by Drs. Moore, Macarthur, and Waugh, and the diagnosis of Dr. McWilliams confirmed. I wrote him saying the disease appeared to be ovarian, but the tumor seemed to me to be a little higher up than other cases I had operated upon.

On June 20th chloroform was given and an incision made in the median line and an enormous cyst of the right kidney discovered, which, fortunately, had no adhesions to surrounding parts.

The incision was enlarged upwards, the intestine drawn towards the left side, the peritoneum divided over the tumor, and enucleation commenced. The ureter was tied and cut off. There was much difficulty experienced in securing the vessels and separating the upper end of the tumor from surrounding parts. At this point in the operation the cyst burst, and considerable fluid escaped into the abdomen. This had a peculiar urinous odor, but was quite clear. The abdomen was sponged out with warm water, the edges of the peritoneum adjusted over the raw surface, and the wound stitched up in the usual manner with silk. No drainage tube was used, and the sublimate gauze dressing was secured with plaster and a binder of flannel. All went well for the first week; the sutures were removed on the eighth day and the wound found united. The highest temperature recorded up to this time was 101½° F.

On the tenth day the temperature reached 103, later on 104½, with occasional chills and delirium at night, hay odor of the breath, and for almost three weeks her life was in considerable danger. On the 21st day, fearing that an abscess had formed, I passed the aspirator needle beneath the twelfth rib into the abdomen, but nothing came through. After this recovery was slow, but continuous, and the patient was able to leave the hospital on the 1st September and attend to her duties.

Case 2. Mrs. T., æt. 43; a widow, and mother of seven children. Residence, Goderich. Admitted to St. Joseph's Hospital, July 11th, 1889, and gave the following history: She always had good health and led an active life; never was confined to her bed except during her confinements. Six months ago the abdomen commenced to enlarge, and this had continued to the time of admission. There never had been any pain, but the tumor now began to cause discomfort from its size.

Two physicians in Goderich had made an examination, she informed us, and both had recommended operation. The abdomen showed a large fluctuating tumor extending from the pubes to the ribs, dull in the median line, resonant in the loins; measurement greatest below umbilicus. No tumor could be felt in the pelvis. Examination of the heart, lungs, and liver, negative; uterus movable and normal in size; catamenia, regular.

The tumor was much larger than in the case just related. The patient was well nourished and rather stout in figure. Drs. Woodruff, Waugh, and Macarthur were called in consultation, and, as the last case of mistaken diagnosis was still in the hospital, a very careful examination was made in order particularly to exclude hydronephrosis. The diagnosis of ovarian cyst was made and an operation recommended. Specific gravity of urine, 1030. No albumen or sugar.

On 13th July chloroform was given and the usual incision made in the median line. The opening revealed an enormous cyst of the left kidney, filling the whole abdomen. The peritoneum over this was incised and the tumor enucleated, the ureter cut off and tied, and the renal vessels secured with silk ligature. The operation, as in the last case, was difficult, and the wall of the cyst gave way notwithstanding all my care. The clear fluid escaped, much of it getting into the abdominal cavity. Warm water was poured into the abdomen and the peritoneum adjusted over the bed of the tumor. There were no adhesions, but the bleeding was considerable and difficult to control. The patient had no bad symptoms; the silkworm gut sutures were removed on the eighth day and the wound found healed. On the tenth day the temperature ran up to 103, the pulse quickened, the tongue became coated, and the abdomen swelled. These symptoms continued, the temperature varying somewhat, but always being