CASE II. *Ovarian Cyst; Coeliotomy: Recovery.*—Mrs. J. M., age 38, admitted to hospital Feb. 20th, 1895. Is mother of 5 children, youngest 3 years old. Had a mis-carriage 5 years ago. Menstruation regular up to date. Family history good. Patient says abdomen began to swell 3 years ago, Increased in size very slowly at first, more rapidly lately. No pain. Ovarian tumor diagnosticated. Operated on March 2nd. A simple tumor, no adhesions. Pedicle tied and cut. Silk used. Wound in abdominal wall healed by first intention. Not a bad symptom after operation. Discharged April 2nd, recovered.

CASE III. *Retroversion of Uterus; Hysterorrhaphy; Recovery.*—Mrs. C., admitted to hospital Feb. 25th, 1895. Complained of all the symptoms of a retroflexion with incontinence of urine. Uterus was stitched to abdominal wall by three silk worm gut sutures. Sutures removed 3 days after operation. Symptoms relieved. Incontinence is much better,

CASE IV. *Large Uterine Fibroid; Abdominal Hysterectomy; Recovery.*—Mrs. C., age 28, admitted to hospital Nov. 14th, 1894. Complaining of metrorrhagia. Menstruation was regular until a year ago. Married at 22 years of age. Is mother of 3 children, youngest 2 years old. Had an abortion a year ago. Has had "floodings" during the past year, at times she has pains, simulating labor pains. On examination a large fibroid tumor was detected. Patient very anaemic from loss of blood. After all other methods had failed, an abdominal hysterectomy was done on Jan. 29th, 1895. On 31st abdomen become distended, and she had a good deal of pain. Bowels would not move, although several enemata were given. 3 days after operation bowels were got to move freely. On 4th day temp. rose to 103°. Wound dressed on 5th day. A little suppuration around stitches. Patient made a good recovery, was discharged Mar. 14th, 1895.

This patient was the first case we had of complete removal of the uterus through the abdomen. There was no cervical stump left, the cervix being separated completely from its vaginal attachments. The operation was a difficult one, especially in its later steps after the separation of the broad ligaments; on account of the tumor masses involving the cervix in their growth. For many days after the operation her symptoms gave us much anxiety. During her convalescence she had two or three onsets of fever with some tenderness in the lower part of abdomen. The cause was found to be some local sepsis as a number of pieces of silk were subsequently passed *pervaginam.*

CASE V. *Ovarian Cyst with Peritonitis; Coeliotomy; Death.*—E. B., aged 32, female, admitted to hospital Feb. 6th. 1895. Complaining of enlargement of abdomen. Genera health never very good. Menstruation was regular until a year ago. Has not menstruated since. Swelling in abdomen began 7 months ago. Increased very rapidly. No pain. Before coming to hospital she was aspirated seven times, each time a large quantity of straw colored fluid was withdrawn. Patient poorly nourished, appetite poor. Abdomen greatly distended. No tympanitic note in flanks. Temperature ranged from 100°.2 to 102°. since her admission.

Feb. 16th. Patient operated on. A large quantity of fluid was found in the abdominal cavity as well as a large cyst attached to right ovary. The cyst was very adherent to peritoneum on right side. These adhesions were very thick and pulpy and with difficulty were broken down and cyst removed. The cyst was filled with a large quantity o sebaceous material. The abdominal cavity contained very many masses of organized fibrin, and a large quantity of a thick creamy like fluid. As much as possible of this was removed and the wound closed. Patient was very weak. She did not rally after operation. On 17th temp. 104°, pulse 160. No pain. 18th, temp. 104°, pulse 100. Died.