

of ovary being double, Doran in his work on "Tumors of Ovary and Broad Ligament," states, "that out of thirty-one cases of dermoid tumor of ovary he had seen, seven were double. Out of six or seven cases I have seen myself, this was the only case in which both ovaries contained dermoid cysts."

CASE II.—Hæmatosalpinx or ruptured tubal pregnancy of left tube, with encysted hæmatocele behind broad ligament, complicated by ventral hernia in cicatrix, following a previous abdominal section for tubal pregnancy of right side.

Patient referred to me by Dr. Weld, London, æt. thirty-seven years, married nine years, no children and no certainty of ever having been pregnant. Menstrual periods appeared at thirteen years, were regular and normal till æt. 19 years, when she began to suffer from painful menstruation. When æt. twenty-three years she had cervix dilated by Dr. Sinclair, of Manchester, for dysmenorrhœa, and wore a stem pessary for a time. Following this operation she suffered much less pain at periods.

Some years later, while nursing in Manchester hospital, she had an attack of pelvic inflammation which confined her to bed for three months. She enjoyed very good health for some time after this illness, though not free from pain at periods. Dysmenorrhœa got worse after coming to America seven years ago. The pain was of a crampy nature, and usually on first day of flow. In 1887 she had cervix dilated by Dr. Howitt, of Guelph. Some time after this she again consulted Dr. Howitt with some symptoms of pregnancy. She had not missed a period, but flow had been scanty. Soon after this she had a profuse flow with clots and pain, and thought she had a miscarriage, though neither fœtus nor placenta were seen. After this, periods were quite regular for a time again.

During spring of 1889, periods again became scanty, and about first week in July following she was taken rather suddenly with severe crampy pains without flow and without syncope. She again consulted Dr. Howitt at this time, who from examination suspected ruptured tubal pregnancy, and advised operation. She went into Guelph hospital, and on July 8th, 1889, Dr. Howitt operated, and removed what in a letter to me, he says, "he had every reason to consider a ruptured

tubal pregnancy of right side." He also states in this letter that "at time of operation the left ovary and tube appeared to be perfectly healthy, and were not removed." A drainage tube was used at this operation. She made a very satisfactory recovery, with exception of an abscess in abdominal wall three weeks after operation.

Since operation menstrual periods have been regular every four weeks, but painful. Soon after abdominal wound healed, she noticed a small lump at lower extremity of cicatrix when standing, rather painful, and larger on coughing or sneezing. This lump has been gradually getting larger. She also complained of great irritability of bladder at times.

*Examination of abdomen.*—I found cicatrix of old abdominal wound considerably widened out, and at lower end a protrusion two inches across by one inch deep, and one inch from above down. It had a soft doughy feel like omentum, and was readily reducible into abdominal cavity through an opening one half inch wide by one inch in length.

*Per Vaginam.*—Uterus was found to be forward and to right, partially fixed, not enlarged, and os not much open. Right fornix was free, but on left side low down behind was a lump about as large as a small sized orange, tender on pressure, not movable. It was somewhat elongated and not fluctuating. This lump I took to be distended left tube and ovary.

She had menstruated with less pain than usual, two weeks previous to this examination. Following this examination she menstruated again about April 10th for four days; flow not profuse and not much pain. She menstruated again May 8th for three or four days, and had very little pain.

Operation Saturday, May 13th, 1893, in City hospital. Chloroform by Dr. Balfour, and assisted by Dr. Weld, I made incision in line of old cicatrix down through cicatricial tissue. Omentum was found adherent along the whole line of cicatrix. At lower end recti muscles were found separated two and a half inches, coming gradually together at upper end.

After separating adherent omentum, I explored pelvis, and found stump on right side clean and smooth, on left side a mass nearly as large as my fist, low down, adherent to floor of pelvis, omentum and intestines. The adhesions were separated