constant pain in the right inguinal region radiating towards the umbilicus with a sensation of dragging downwards of the navel. The patient has had three children and one miscarriage, the last child three years ago; the miscarriage seven years ago. Menstruation regular, at intervals of three to four weeks, duration three days, quantity moderate, no clots. On examination the abdominal wall was lax, with a tolerably thick layer of subcutaneous fat. Striæ fairly well marked, moderate tenderness in the umbilical region. No descent of either kidney. In the hypogastrium immediately above the brim and rising quite to the level of the upper surface of the pubes is a firm, rounded, smooth and sensitive tumour. Per vaginam; the cervix is cleft bilaterally, granular and everted, the os is patulous and admits the tip of the finger. The cervix is directed to the left side of the pelvis. To the right of the cervix is a moderately firm mass partially movable and continuous with the mass felt in the hypogastrium. The sound enters three inches and is directed to the right side. There is scarcely any mobility of the uterus independent of the mass.

OPERATION, July 31st, 1896.—*Abdominal Section.*—The omentum was adherent to a pelvic mass and to the brim of the pelvis. Several coils of intestine were also very firmly adherent to the mass. These were separated by the scalpel leaving portions of the sac wall attached to the gut. The sac lay in the vesico-uterine pouch adherent, but not very intimately. It was enucleated and tied off with cat-gut; the pedicle being composed of the right ovary and tube. The left tube and ovary were also removed. During enucleation the sac was partially ruptured and black fluid blood and portions of partly decolorised clot escaped, the oozing from the vesico-uterine pouch was controlled by pressure and the thermo-cautery. No drainage. Recovery speedy and uneventful. Discharged August 26th, 1896.

The specimen from this case was sent to the Laboratory on July 31st, 1896, and was found to consist of two distinct portions: (1) a large mass of tissue to which was attached the right ovary and tube, and (2) the left normal tube with a slightly cystic left ovary.

The large mass measured 14 cm. in greatest diameter, was moderately well encapsulated, and the tube which was of normal thickness could be seen stretched out upon the surface. On section the mass was seen to consist of shreddy friable material throughout, dark brown-red in colour, evidently containing much blood pigment. The whole friable mass appeared to be loosely held together by a moderate amount of fibrous framework. The central portions presented far greater disintegration than did the peripheral. The capsule itself varied in thickness, the average being 4-6 mm.