

Examination :—Uterus of normal length and in normal position and was more or less fixed; a hard mass in Douglas' cul-de-sac (the size of an orange) flattened from before backward and extending on a level a little below the cervix. This mass occupied chiefly the left fornix. There was a similar but smaller and softer mass in right fornix, which was very tender to the touch. Both tumors were firmly adherent to the uterus.

I treated her for the first two weeks as follows with no improvement :—Hot bichloride douches, 1 in 5000, twice a day and painted the cervix and fornices twice a week with Churchill's tincture of iodine, and inserted tampons of carbolyzed glycerine after each application.

Curetting the uterus on the 20th and packed it with iodoform gauze; left packing in for twenty-four hours; continued the hot vaginal douches twice a day for two weeks more; no improvement. Recommended an operation with a view to removal of tubes and ovaries to which patient and her husband consented. On the 7th of November, assisted by Drs. Stewart and Archibald, I performed a double salpingo-oophorectomy. Prepared patient in usual way. Washed vagina with soap and water and douched it thoroughly with bichloride lotion, one in one thousand. On opening abdomen the ovaries, tubes, uterus and loops of small intestines were found matted together. Both the ovaries and tubes were prolapsed into Douglas' pouch and were intimately adherent to the posterior surface of the broad ligament and the pelvic wall and floor. I first separated the uterus from the intestines. This was effected with my finger and scissors. The left ovary and tube which were held firmly down in the cul-de-sac with old adhesions were lifted up with difficulty and the tube amputated close to the cornu. The ovary was also removed. The contents of this tube and ovary were thick and creamy. The adhesions binding down the right tube and ovary, however, were recent and separation was effected easily. The outer half of this tube where the pus was retained was very thin so much so that in manipulating the tube to free it from adhesions it burst and pus escaped into the pelvic cavity. Fully an ounce and a half of pus came from the tube. To prevent infection of the peritoneum the ovary and tube were packed all around with iodoform gauze. The tube was then amputated close to the cornu. All the appendages were hopelessly diseased. There was no chance to do any conservative surgery on either of them. There was very little bleeding from the sites of the de-