

the cobbler's stitch, as recommended by Dr. Emmett. There was no bleeding from any part, and the pedicle was dropped into the pelvis and the wound closed and dressed antiseptically. The uterus was scarcely handled for fear of ensuring a miscarriage.

The patient went on very well until the twelfth day, when she miscarried of twins, losing a good deal of blood during the process, but the hæmorrhage ceased as soon as the children were born. One placenta came away immediately, but I could not get the other without using more force than I thought justifiable, and it was left for twenty-four hours, when it was obtained without much trouble. As a result of the labour she had considerable tenderness in the womb next day, when the temperature rose to $102\frac{1}{3}^{\circ}$, but the day after it was normal again. In two days more it rose to 102° , and then came to normal on the seventeenth day. On the night of the eighteenth day she had an attack of diarrhœa, and when I saw her next morning she was almost in a state of collapse, but by free stimulation, warmth and elevation of the feet, reaction took place. From this time until she left the hospital, the temperature rose every night to about 101° , and was followed by copious sweating towards morning.

The appetite continued poor all the time she was in the hospital. On the thirty-fifth day she was carried to a cab and driven to the house of a sister about a mile and a-half distant, and when I called to see her two days afterwards she opened the door for me. The temperature had been normal from the time she left the hospital, the sweating had entirely ceased, and she had been able to eat as well as any labouring man all the time. She was walking about the house comfortably, and in two days more went to her home, a distance of 24 miles. While in the hospital she took, after the twelfth day, free doses of quinine every night; brandy, egg and milk during the night, with solid food during the day; and morphia with potass-bromide occasionally when very wakeful or suffering pain.

The tumour weighed four pounds and was very elastic, greyish white and not easily torn. It was a true fibromyoma enclosed within the

broad ligament. The right ovary was healthy and found lying on the posterior surface of the tumour; the left ovary was also healthy.

Three or four weeks after reaching home she wrote to say she was getting quite well.

A CASE OF PELVIC ABSCESS WITH SUDDEN FATAL TERMINATION.

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(Read at a meeting of the Toronto Medical Society.)

Miss A. B., aged 20; admitted into Toronto General Hospital Oct. 10th, 1884; a daughter of a well-to-do farmer; never subjected to any hardships; nothing special in family or previous history. Stated that 15 months before admission she had an attack of chills and fever, accompanied by severe pains in lower bowels. The symptoms appeared during the menstrual period, but cause was unknown. Between this time (midsummer of 1883) and Jan. 1st, 1884, she had two or three such attacks. While in Toronto for a time, at New Year's, she had an attack, and a swelling was discovered in lower part of abdomen. She had chills and fever and great pain at the same time. Was seen by a surgeon of Toronto, who (as she said) told her she had a tumour which could not then be removed on account of severe constitutional symptoms. After this she had occasional recurrences with similar symptoms. Had not menstruated for six months.

On examination an enlargement was found in lower abdomen, its highest point being slightly above centre of line running between anterior superior spine of left side and umbilicus. From this the upper border extended to a point about one inch above pubes, and then rose to a level slightly above this in right iliac region. While watching the surface it was noticed that irregular contractions of abdominal walls took place, and during these contractions a sharp angular nodule became prominent at highest point of the enlargement before referred to. The percussion note over this nodule was tympanitic. These contractions occurred without apparent cause, and were accompanied by pain. Scratching anterior surface of abdomen