

of inches from the vaginal entrance. The woman is sterile, and has been so ever since her first attack years ago, and as for the duties of a wife, they are, in most cases, absolutely impossible of being performed. When we remove these painful pus sacs, we not only save her from years of married misery, during every day of which her life is in danger, but we, in many cases, give her a year or two of sexual pleasure, followed by no worse a state than the natural menopause, which does not prevent millions of women from doing their duty to their husbands. I have mentioned a few cases of operations with its gratifying results; I would like, if time permitted, to relate a few more, which emphasize more strongly the danger of delay. I was called a year or two ago to see a lady in Nova Scotia exhausted with suppuration, who had at one time a pus tube, which afterwards broke into the pelvic cellular tissue, setting up cellulitis, and then finding openings for itself through the abdominal wall, the vagina and the rectum by half-a-dozen openings. She was too far gone for operation then, and she died a few weeks later unrelieved by surgery. Her case impressed me very much, and helped to make me see clearly that pelvic cellulitis, apart from a lacerated cervix infected during labor, is a very rare disease.

Another case from which I learned a bitter lesson, but which eventually resulted favorably, was a Mrs. E——, to whom I was called in consultation. She had an undoubted pelvic cellulitis, but what it was caused by, it was, at the time, difficult to say. It was three months since her confinement, which was an easy one, and as the baby was born before the doctor arrived, no one examined her. It is true she had a rise of temperature, but only for a couple of days, and she made an apparently good recovery. She was a very sick woman with a high fever when I saw her, and I should have operated then, but had to go out of town for a few days. She was so much worse next day that another gynecologist had to be called in, and he promptly opened the abscess and inserted a drainage tube through the vaginal vault. She recovered from this, but the most horrible smelling pus continued to be discharged for six months, until she became sick of life, neither her husband nor her friends being able to remain in the room with her. To a sensitive and pretty young woman this was unbearable, and she placed herself in my hands, as she said, "to kill or cure her." An examination by the vagina at once disclosed the true cause of the trouble, for there was an immense and imperfectly drained pus tube filling the pelvis and in close contact with the rectum. Although the operation promised to be a formidable one, it was undertaken, and with the assistance of two skilful