but the fact that any given case of fixed or inflamed appendages may be tubercular, and that the disease when primary in the tubes may lead to tubercular peritonitis and death, is a strong argument in favor of operation, as this result might be avoided if the appendages were removed while the disease was limited to them. An instance of this was reported by me a year or two ago.* This patient came to my clinic with pain in the pelvis, and the tubes and ovaries could be distinctly felt behind the uterus. Her temperature was elevated, and she had chronic diarrhœa. As she was becoming rapidly emaciated, her abdomen was opened, revealing the intestines, tubes and ovaries so thoroughly cemented together as to render it impossible to do anything of practical value. The peritoneum was saturated, so to speak, with miliary tubercle. The cheesy tube on the left side was dug out piece-meal, the cavity irrigated with hot water, and a drainage tube inserted. The patient improved somewhat, her temperature remaining down as long as the tube was left in, but she had a hæmorrhage of the bowels from tubercular ulceration two weeks later, and died in a few days from exhaustion. If this patient had had the appendages removed a few months earlier, her life might have been saved. Of course, it is useless to operate in a case in which the lungs are in an advanced state of phthisis, but infection of the peritoneum is not a barrier to operation, as recovery of many such cases has been recorded.

Puerperal Fever.--The relation of pus tubes and ovaries to puerperal fever is another very important question which has been pointed out by many writers. In 1862, Dr. Robert Barnes placed on record† a case of peritonitis caused by the escape of pus or putrillage from the Fallopian tube into the abdominal cavity following an abortion artificially induced. The patient was thirty-four years of age, and she died six days after delivery from peritonitis. A *post-mortem* examination was made on a coroner's warrant. Pus was detected in the uterus and Fallopian tube. In the left tube, pus was distinctly traceable into the peritoneal cavity.

Dr. Barnes, in reporting the case, refers to several writers who have observed and recorded instances of a similar mode of infection. One of the cases is briefly but graphically described. It is related by Vocke: "On the ninth day after labor, a young woman, her progress to that time appearing satisfactory, was suddenly seized with acute pain in the seat of the left ovary, and died in forty-six hours. In the

* "Transactions, Medico-Chirurgical Society of Montreal," Vol. V.
† "Transactions, Obstetrical Society, London," Vol. III., p. 419.