

made out, and which was treated by the vaginal drainage tube with satisfactory results. The other was a young and healthy woman who, while in her seventh month, fell off a street car on to her abdomen, and as I was absent at the time sent for one of my assistants, who was so alarmed at her condition that he felt called upon to perform an *accouchement forcé*, with the result that she had a pretty severe lacerated cervix up into the cellular tissue between the folds of the broad ligament, resulting in the infection of the latter and a genuine pelvic cellulitis. This was opened and a large quantity of exceedingly fetid pus evacuated, and a cruciform drainage tube was introduced and kept in for several weeks, at the end of which time everything had returned to the normal and it was removed.

This I believe is the most frequent manner in which genuine pelvic cellulitis takes place, namely, from laceration of the cervix and direct infection of the exposed cellular tissue between the vagina and the peritoneum. Exceptionally this cellular tissue is infected by other accidents, such for instance as a case I had under my care in the Western Hospital this April of a lady from New York State, who, while endeavoring to bring an abortion on herself, perforated the posterior wall of the cervix between the peritoneum and the vagina with a male catheter containing a stiff steel wire, which was probably dirty, and which probably slipped through the eye of the catheter. In this case the mass surrounding the uterus disappeared after two months' treatment with tampons, iodine and iodide of potash internally; the right ovary, however, could be felt adherent and somewhat large at the back of the uterus, having possibly become slightly infected by contact with the broad ligament.

I have at present in the Samaritan Hospital a little woman from Old France who never left her bed since the birth of her first child six months ago. She was rapidly becoming exhausted under morphine injections when she came under my care. She was brought to the hospital in the ambulance, and had such a high temperature and rapid pulse that I was compelled to wait another two weeks before I ventured to operate. The pelvis was full of exudation, and although the large mass could be seen and felt through her thin abdominal wall, the ovaries or tubes could not be outlined; I presumed