ing more severe, until she was at length compelled to go to bed every month. Latterly the pain had been much worse a week after the periods than it was during the flow. She had had several attacks of pelvic peritonitis during the last year. Electricity was discontinued, as the patient did not improve. Nothing remained for me then but to open the abdomen and remove the appendages, which would stop the pain and, it was hoped, arrest the growth of the tumor and the hæmorrhage. Preparations were also made for extirpating the uterus should the necessity for it arise. The abdomen was opened, after the usual preparations, on the 7th September. On introducing my fingers to search for the appendages, the latter could not be felt: the tumor was adherent to the pelvis, and it was covered to a large extent by adherent intestines. The adhesions were broken up, when for the first time it became apparent that the tumor was made up of several different elements. After some difficulty a pus tube was brought out, which was tied close to the uterus, but was so disorganized that the ligature cut through. I then came upon a slightly fluctuating mass, the size of an orange, which was also dissected out, proving to be a hæmatoma of the left ovary, but it broke while being delivered and its dark grumous contents escaped, welling up out of the incision. This was carefully sponged away, and the ovary was tied and removed. A large pus tube was then removed from the right side, and finally the right ovary, which was somewhat enlarged. Nothing now remained of the tumor but a normal-sized uterus, from which the peritoneum was completely removed, and from which there was a good deal of oozing. When this had been stopped, a glass drainage tube was inserted, and the abdomen closed by through and through silk worm gut sutures which were left in one month. Six ounces of bloody serum were pumped from the drainage tube, when the liquid becoming paler the tube was removed in forty-eight hours. The patient declared the following day that the pain which she had suffered for several years was entirely gone, and the pain of the operation was nothing compared to it. She was up in two weeks, and went home on the twenty-third day.

This case was especially interesting to me for several reasons: First, it bore out the truth of Apostoli's assertion, that a patient who cannot bear moderate doses of electricity has diseased tubes, and should be treated by surgery. Second, it bears out the truth of Lawson Tait's assertion, that one can never be sure of what he will find in the abdomen until he has his fingers in it, indeed I might add the words, "and sometimes not even then." When we remember that Lawson Tait has opened the abdomen more often than any other man who has ever lived, and when we consider what enormous experience that meant, no one should consider himself infallible in this respect.*

Case II. Pus tubes removed during an acute attack of peritonitis. Recovery.

The patient was twenty-six years of age, married at twenty and had three children. She had never been well since her marriage, but had been getting very much worse since two years. Her last child was a year old, and she had no miscarriages. While pregnant with her last child she had suffered a good deal, and had had a bad recovery. During the past year she had had several attacks of peritonitis, confining her to bed for several weeks each time. Two weeks before, she was taken with an unusually severe attack, from which her physician did not expect her to recover. She was very emaciated, was constantly crying out with pain, in spite of large doses of opium, while her abdomen, which was covered with poultices, was very much distended, her pulse being thready and fast, and her temperature high. She was at once put on salines and large doses of quinine, with almost immediate relief of the pain and distension. But her temperature remained at 103. On examination, per vaginam, Douglas' cul-de-sac was found to be full of exudation, which was thought to be due to pus tubes and ovaries. As it was the opinion of all that she could not continue very long as she was doing, it was decided to operate that afternoon. The patient absolutely refused to leave her house, so the operation was performed there. Both tubes were dug out with great difficulty, being imbedded in layers of exudation in various stages of organization, but without rupturing them. One tube tore out of the ligament while extracting it, and both cut like cheese when the ligature was applied. Notwithstanding this, there was very little oozing. Owing to the very large area from which the peritoneum was stripped off, I thought it best to put in a drainage tube, which was left in only one day. The temperature took three days to fall to normal, and the pulse improved steadily, although she was not able to leave her bed for five weeks. When last heard from, she was improving steadily.

Case III. Hydrosalpinx and bound down tubes and ovaries, causing severe dysmenorrhœa. Removal. Recovery.

Miss B., 30 years of age, had been under my care for several years for severe dysmenorrhœa, and almost constant pain between the periods. Palliative treatment having proved of little avail, removal of the appendages was suggested, and she readily agreed to have that done. Cœliotomy was performed on the 13th

*Since writing the above, a paper by Dr. J. F. W. Ross, of Toronto, has appeared in the *American Journal of Obstetrics*, in which he reports several cases in which he removed large pus tubes from women who had been sent to him for fibroid.