being very dense. After flushing out the abdomen with very hot water a drainage tube was inserted and the tube was left in for only one day. Both this and the last case were allowed a hypodermic of a quarter-grain of morphine the first night after the operation, which gave them great relief and did not seem to do any harm. This patient also stated that the pain which she had suffered almost constantly all these years had entirely disappeared two days after the operation, and that the pain of the operation was as nothing compared with the pain of a menstrual period. She made a rapid recovery and went home on the 21st day. These tubes contained only a very little pus, but their walls were much thicker than in the previous case.

My experience has been, that whenever two or three months' treatment with constitutional measures, both hygienic and therapeutic, and local treatment such as painting the vaginal vault with Churchill's iodine and the use of boroglyceride tampons and very hot douches given with the patient lying down, and the use of fine wire faradism and galvanism,—when such a treatment, I say, has failed to cure, an operation has been necessary, and the operation has always proven that there was present advanced organic disease of the appendages, fully justifying, nay, more than justifying, the operation.

CONCLUSIONS.

1. We are never justified in removing tubes and ovaries simply for ovarian pain or neuralgia which can surely be cured by electricity and tonic treatment.

2. We are not justified in removing tubes and ovaries for active or passive congestion which can be easily cured by antiphlogistics and local depletion.

3. We are not justified in removing appendages for inflammation when it has not extended to the pelvic peritoneum.

4. We are not justified in removing even chronically inflamed tubes and ovaries until we have first given a thorough trial (six to twelve weeks) of the ordinary measures of local or general treatment.

5. We should not hesitate to remove chronically inflamed appendages when six to eight weeks' systematic treatment fails to relieve the patient so that she can enjoy life and fulfil her duty to her husband, and if not with pleasure at least without pain.

6. We should not hesitate to remove appendages so diseased as to set up recurrent attacks of inflammation of the pelvic peritoneum by leakage or continuity of infection.

7. We should not hesitate to remove a tube or ovary large enough to fill Douglas' cul-de-sac, no matter what the nature of the enlargement,