

when she was laid up with pain, fever and swelling in the right inguinal region. Her pulse was very rapid and her knees were drawn up, and I felt satisfied that she had a pyosalpinx. I made arrangements to operate on her as soon as I returned from a consultation to which I had been called in the country. But during my absence she became so ill that the physician who was in charge of her became alarmed and called in another gynæcologist, who opened the swelling in the vagina and evacuated a pint or more of fetid pus. This gave her great relief, but although she carried a drainage tube for several months there was no appearance of the foul-smelling discharge from it ceasing. She became a burthen to herself and to her husband, who could not remain in the house owing to the odor, so that she begged me to perform the original operation which I had intended to do. This was done, and the large hard mass felt in the pelvis was found after opening the abdomen to be an enormous pus tube which had ulcerated into the broad ligament and set up a genuine but secondary pelvic cellulitis. After one of the most difficult operations I have ever performed this pus tube and ovary or tubo-ovarian abscess was extracted, and the patient made a perfect recovery.

Last autumn, at the Samaritan Hospital, a patient was sent in six weeks after her confinement, from which she had never gotten up, and a similar hard mass was found filling the right side of the pelvis. Her pulse was exceedingly rapid, her temperature high; there was profuse discharge; she was very emaciated, and was altogether in a very precarious condition, the pain being so great that she had to be constantly kept under the influence of morphine. The abdomen was opened and a diseased tube and ovary were taken out; but in doing so a large abscess in the broad ligament was opened into. This was thoroughly cleaned out and scraped with the fingers, and disinfected with bichloride solution. I intended in this case to have put a gauze drain through into the vagina, but the anæsthetist warned me that she could not hold out another minute, so I hastily closed the incision and got her back to bed. She made a slow and anxious recovery, but finally became quite well, and is now well on in another pregnancy.

I call to mind two other cases of genuine pelvic cellulitis, one of which, a physician's wife, the healthy ovaries could be