

I did not remove the stitches for a month. No drainage tube was used in this case, as the adhesions did not bleed very much. On examining the specimens one tube was found to be very little larger than normal, and possessing a beautifully fimbriated pavilion. The other, on the contrary, is completely sealed up, the pavilion being withdrawn into the interior of the tube. There was a little pus in the left tube, but the mesosalpinx was not much thicker.

Why did this patient suffer so much more every second month? Is it because, alternately, each ovary produces a ripe egg, so that when the open tube had to swallow the egg the only pain felt was that caused by the squeezing of the egg and the menstrual blood through the stenosed cervical canal; but when the egg ripened on the side on which the tube was blocked and bound down, the additional pain was caused by the spasmodic efforts of the tube to pass the egg on to the uterus.

Another case of severe dysmenorrhœa due to diseased tubes was Mrs. A —, twenty-nine years of age, who gave the following history: Menstruation began at the age of fourteen, and was normal until her marriage at the age of nineteen. She had no children, but she had a miscarriage at five months nearly ten years ago, since which her periods have come on every two or three weeks and have lasted four days, accompanied by very severe pain. I saw her during several periods, and the pain was so severe that ordinary doses of anodynes had no effect whatever in relieving her. Coitus has been impossible the few times it has been attempted, causing her to cry for some hours afterwards. Her bowels are generally moved once in five days. On examination the uterus was found in normal condition and size, but in Douglas' cul-de-sac there are felt two round, hard masses very sensitive to the touch, which were thought to be enlarged tubes and ovaries matted together. As she was very anxious to have children and very loath to part with her ovaries, I took her into my hospital on the 5th February to see what a few weeks' rest in bed with systematic douching and catharsis would do for her. In addition the vaginal vault was painted with Churchill once a week. While in hospital she had a menstrual period, with which she suffered only half as much pain, and she was considerably improved otherwise. She was allowed to go home but returned much emaciated on the 17th April, stating that since I had last seen her she had steadily grown worse until life, she said, had become unbearable. She was now quite anxious to have the appendages removed. After a couple of days of careful preparation cœliotomy was performed on the 19th April, when these specimens were removed with a great deal of difficulty, the adhesions