

years she has hardly been a day free from severe pain in her right side and down her leg. On examination, the perineum was found to be slightly lacerated, the vagina bathed in pus and the cervix badly lacerated. The uterus was in normal position, but the tubes and ovaries could be felt as a mass the size of an orange, glued together and completely filling the cul-de-sac of Douglas. The diagnosis of pus tubes and ovaries was at once made; the condition of affairs was fully explained to her, and she was strongly advised to submit to abdominal section and a Schroeder's operation at the same sitting. After fully understanding the relative gravity of the two operations, she refused to have the appendages removed and insisted upon having the lacerated cervix repaired first. This was contrary to my rule which is to remove diseased appendages before or at the same sitting as that at which the cervix is repaired. On the 21st February I performed Schroeder's operation, taking the greatest possible care not to disturb the appendages, and succeeded so well that there was not the slightest rise of temperature or acceleration of the pulse until the twelfth day when I allowed her to get up. She was only up for an hour when her temperature suddenly dropped, and then as suddenly rose to 103 and her pulse ran up to 140, accompanied by a rigor. The abdomen swelled and the patient vomited a great deal. I was perfectly aware that the pus tubes were leaking and I felt pretty sure that their removal would put an end to the peritonitis, but I had to wait a few hours for the consent of the family and, during that time, the abdomen became so much distended that I saw that I would have the greatest difficulty in getting the bowels back should they escape during the operation, and that afterwards I should lose the patient from intestinal obstruction. I therefore decided to wait until the acuteness of the attack was over. By the aid of quinine and plenty of asafœtida, and salines by the rectum and afterwards by the mouth, the abdomen became soft and flattened down, and the patient was carefully prepared for coeliotomy. This was performed on the 16th March when these enormously distended tubes and ovaries were removed with considerable difficulty. The masses were tied close to the uterus and cut off; but just as they were being placed on the tray, thick yellow pus began to pour out of the cut ends of the tubes so as to cover the bottom of the dish. The ends of the stumps were thoroughly cleaned with bichloride, the abdomen was well washed with water as hot as could be borne, a drainage tube passed to the bottom of Douglas' cul-de-sac, and the abdomen closed with silk-worm gut stitches so close as four to the inch. The drainage tube was left in for two days, being frequently pumped out. What was remarkable was this,