determined to watch and wait. The tampons produced irritation of the rectum, and necessitated the secondary use of the catheter to draw off the urine. The bladder resented this interference, and the use of the catheter had to be discontinued. A slight diarrhœa set in, and this produced some fresh hemorrhage, so that I almost determined to tear down the parts and tie the bleeding point. But at last the bleeding ceased, the tampons were discontinued, and the patient made a good recovery. It is now nearly 3 months since the operation, and I find the parts well healed, the vaginal outlet well narrowed without any sign of protrusion of the rectal wall. The flap splitting operation saves much time to operator and patient, and I believe is successful in nearly every case in which it is used. The patient can get up and go round with the stitches still in situ, and can return to the operator for their removal in from 3 to 4 weeks after they have been inserted. This is a decidedly rapid method of performing a colpo-perineorrhaphy.

BROAD LIGAMENT HÆMATOCELE—SUPPURATION—PUNCTURE FROM VAGINA—CURE.

Mrs. M., æt. 22; first seen August 1st, 1889. Married two or three years, one child 10 months old. Catamenia, now absent, commenced after the birth of baby in the fifth month, and she has been regular up to July 1st. Never missed a month. She went away to a picnic on July 14th, two weeks after her last menstruation. Fell off a swing to the ground. Only fell a short distance, but came down on her seat without being able in any way to break the fall. Immediately felt severe pain in the front and lower part of the abdomen; could not straighten up. Felt very faint. A desire to have an evacuation of the bowels came on, and she had her friends assist her into the neighboring grove, and endeavored to empty her bowels, but failed. She could pass nothing. She was brought home to Toronto by steamboat, and felt very ill all the way. The pain subsided, but in the middle of the night a severe griping pain came on. She became feverish. My father, Dr. James Ross, sr., was called in to see her. She was kep in bed; tongue became furred, bowels were very obstinate, until at last no fœcal matter passed through. Temperature rose to 103 and 104, pulse from 90-120. Dr. Ross, sr., asked me to see her with him. At first sight she looked like a patient in about the third week of typhoid fever. She could retain nothing on her stomach. Temperature 102. Pulse 100. Great thirst. Passing mucus every few minutes from the rectum. Pain when emptying the bladder. On examination perineum normal, but somewhat congested. Bloody mucus seen discharging from anus. Uterus fixed behind the pubes, not very tender, enlarged to about one-third more than its normal size Density about normal. The parametrium filled to the left and behind by a large tense mass with distinct fluctuation. A resistance over the lower abdomen could be made out, but no defined tumor could be felt externally. There was slight dulness on percussion. It reminded me particularly of a broad ligament cyst I had seen while with Mr. Lawson Tait. Mr. Tait made his diagnosis and confirmed it by abdominal section a few days later. But a "puffing" seemed to extend down to the utero-sacral ligaments, producing a tense band across the rectum. This accounted for the obstruction of the bowels present. The patient had had castor oil and other aperients, as well as several enemata, but they failed to move the bowels. As the mass was pressing down well into the vagina, I advised puncture. I concluded that the case was one of suppuration in the broad ligament. Next day, with the patient under chloroform, I thrust in a good sized wooden handled trocar, and at once the diagnosis became clear. A tarry fluid, mingled with pus, pronounced the case to be one of suppurating hæmatocele of the broad ligament. Along the trocar, the flat blade of a pacquelins cautery was passed, and thus the opening was enlarged. The vagina was washed out, and packed with iodoform-gauze. Next day the temperature fell to normal, a natural evacuation of the bowels took place, and the patient was free from pain. Twice subsequently, I passed a sound into the opening to keep it from closing too soon. Each day the vagina was washed with water night and morning, and then packed with iodoform gauze. The puncture was made on August 2nd. My notes say on September 1st, "Patient up and around. Uterus quite movable."