its own account, and proceeded to disseminate and propagate amongst the surrounding tissues?

Whilst these problems were floating in my mind, I was consulted by a patient from England who had suffered for three years from menorrhagia. I treated her for two periods, but failed to stem the periodic flood. I consulted my friend the ovariotomist. After reviewing the treatment and its results, he at once recommended deligation of both ovaries as the only treatment likely to succeed.

This was agreed to. The operation was performed. Both ovaries were healthy; both were removed, and the ligature pedicles were dropped back into the abdomen. The patient recovered from the operation. Nine years have since elapsed; no return of the menorrhagia has occurred, but she is still an invalid. She has never resumed work. Her intended marriage was broken off in consequence of the mutilation she had undergone, and thus possibly the real cure of her misery has been withheld. Meantime she remains ill, and but for the contingency of an opportune legacy she would be poor indeed. The question naturally arises, Have the embedded ligatures anything to do with this continued ill-health?

More recently (1883) a very instructive case came within my observation. A patient from abroad came under my care. She had a left ovarian tumor of considerable size. I consulted my friend, and he decided to remove it. This was accomplished at Christmas. The stump was carefully cauterized, and returned to the abdomen. He then examined the right ovary, and found it healthy. He was in an operating humor. He examined it a second time, and said that, in order to make sure that it should not be the site of future disease, he would remove it. He applied a double silk ligature, removed the ovary, and allowed the ligatured stump to drop back into the abdomen. The patient's recovery was tardy at first, owing to her intolerance of morphia, which was injected in routine fashion. This routine was so obviously injurious that I protested against it, and on its being discontinued she made a steady recovery.

For six months she made little effort. Thereafter she became more active, and took outdoor exercise. She complained of nothing except occasional rheumatic pains, which were met by constitutional treatment.

Three years afterwards she suffered from a copious and offensive uterine discharge. This resisted all the ordinary treatment. All the parts within reach of observation were healthy. Ovarian disturbance could not account for it, for there were no ovaries. Still the discharge continued. Obviously the discharge proceeded from the site of the ligature, and found an exit through the still patent fragment of the Fallopian tube. Nothing was therefore done in the way of treatment beyond such an amount of warm douching as was required for cleanliness and comfort. The discharge continued steadily for months, varying in amount, but never absent; then it stopped for a few days; again it recommenced, and continued for varying periods; and so on for two years, when it finally ceased, and was followed by pain in the back. This interfered very much with active exertion, and gave rise to a constant feeling of weariness and lassitude. The uterine discharge never returned.

Shortly after Christmas, 1888, five years after the operation, she returned from a visit to the country complaining of numbness of the right foot and leg. On examination, I found the foot and leg swollen, the sensibility greatly diminished, and the surface temperature of the foot reduced three degrees below that of the corresponding foot. The œdema extended to the thigh; but the sensibility and temperature increased from the ankle upwards, and were normal at the groin.

The dorsum of the foot presented two blanched bloodless patches of irregular shape, and measuring respectively 1¾ and 2½ inches in diameter. These were completely sensible to the touch, and suggested approaching gangrene. The appearance of whole limb indicated some very serious intra-pelvic obstruction to the circulation.

Could this be at the site of the ligature? and could the patent Fallopian remnant which had afforded an outlet through the uterus have become occluded, leading to an accumulation within and giving rise to an abscess, the presence and pressure of which was thus retarding the circulation?

These were the natural questions suggested to my mind. The great question, however, was