

was packed with iodoform gauze, which was left in for two days. She suffered very little, but there was no object in refusing morphia, and she was given one hypodermic of one-quarter gr. The day after the operation she assured me that the pain which she had had almost steadily for six months, was completely relieved, and that the pain of the operation was as nothing compared to that which she had had before. She had a rise of temperature to 101.4-5 degrees, on the day following the operation, but her pulse remained normal; and I believe this rise was entirely due to the iodoform dressing; but as I took care to use very little of it, when this small amount was absorbed and excreted, the temperature returned to normal next day.

At 7.30 in the morning of September 17th I operated on Mrs. T., aged 27, who had been admitted to the Western Hospital on September 8th, complaining of pain in both iliac fossæ, especially on the right side, ever since the birth of her child, in July, 1901; also of occipital headache and loss of appetite. She was a servant, and suffered so much that she was obliged to give up one situation after another, until her means were exhausted, and she was reduced to despair. She gives the following history: Menstruation at 14, normal until after the birth of her child; since which it had lasted seven days, and was very painful; she also complained of much leucorrhea. On examination she was found to have endometritis, lacerated cervix, disease of both tubes and ovaries, and retroversion of the uterus. The vermiform appendix was also suspected of being diseased; although it was difficult to differentiate the pain in it from that in the right tube, before the operation.

The six following operations were then performed, at the one sitting: (1) Dilatation; (2) curetting; (3) amputation of a badly lacerated cervix; (4) removal of both tubes and ovaries, which were bound down with a mass of adhesions behind the retroverted uterus; (5) the vermiform appendix was found to be attached to the right tube by a lymph-like adhesion, and was cut off even with cecum, the hole in the intestine being closed by two rows of Lembert sutures; (6) then the uterus was scarified and fastened to the abdominal wall with two chromic cat-gut stitches. She made a good recovery, the highest temperature being the night after the operation, when it went up to 100.4-5 degrees, but it came down the next day, and has remained practically normal ever since. She went home on October 11th.

About 9.15 on the morning of the 17th, I operated on Mrs. C., aged 30, who was admitted to the Western Hospital on September 9th, complaining of pain in both iliac fossæ, and of leu-