

very great pain for 48 hours afterwards. Her objection, however, was overcome and the enema was given. She was almost immediately seized with intense abdominal pain, with great general tenderness, and vomiting. She had a small stool almost immediately and her bowels did not move afterwards. The vomiting persisted and soon became bilious. Hypodermics of opium were given to relieve the pain. The abdomen became tympanitic, the temperature rose, the pulse became rapid and shabby, the face became drawn and anxious, and it was evident that the patient was suffering from some severe lesion, sufficient to cause a condition of collapse. I saw her with Dr. England during the afternoon of the next day. I thought the history and symptoms pointed to some acute obstruction of the bowels, possibly a volvulus. Her condition was an extremely grave one, and it was easily seen that if anything was to be done more than had already been done, it was of a surgical nature. An exploratory incision was advised, and with that object in view she was removed to a private ward in the Montreal General Hospital. There, with the assistance of Dr. Shepherd, I opened the abdomen by a median incision.

The peritoneal covering of the intestines was congested. I think I am within the limits when I say that two pints of thin, pale yellow odourless pus flowed out. After thorough irrigation the uterine appendages and appendix vermiformis were examined without finding any condition that was thought to bear a causative relation to the peritonitis. The tube and ovaries were tied off and sent to Dr. Adami, whose report upon them I will read. This woman was moribund when the operation was begun and died ten minutes after being removed from the table, or just 24 hours from the giving of the enema and onset of symptoms.

The following is Dr. Adami's report :

PATHOLOGICAL LABORATORY, MCGILL UNIVERSITY,

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The fallopian tubes are rather more capacious than normal; their epithelium is healthy; the peritoneal surface layers are congested and thickened.

The ovaries present no suppurative foci; all that can be said of