

somewhat to the right of the mesial line, and an irregular mass immediately to the left of the uterus, firmer than the former, and adherent to it as well as the uterus. Both tumors were very low in Douglas' pouch. On the 26th of June, assisted by the house-surgeon, I performed a double salpingo-oophorectomy. Upon opening the abdomen, the entire pelvic contents were found adhered *en masse*. Separated intestines from the ovaries, tubes and uterus, first. The adhesions binding the ovaries and tubes to the posterior wall of the broad ligament and floor of the cul-de-sac were ill-defined and very dense, and the tubes and ovaries were exceedingly fragile, so that at every effort made to free them they burst and pus escaped. Their depth in the pelvic cavity added greatly to the difficulty of removing them. At last I had to separate them piece-meal, and portions of them had to be scraped off the peritoneum with the curette. The tubes were amputated close to the cornua of uterus. Fully three ounces of pus came from the right ovary and tube.

To prevent infection of the peritoneal cavity, the intestines were protected with sterilized gauze pads, and the ovaries and tubes were packed all around with iodoform gauze. The left tube was about the size of my index finger and free from pus. Both ovaries were completely disorganized. There was little or no oozing from the sites of adhesions. The pelvic cavity was then carefully washed with bichloride, 1 in 6,000 and afterwards thoroughly douched with normal saline solution.

To provide free drainage, an opening was made into the vagina behind the uterus, and a strip of gauze carried through it, and the pelvic cavity packed solidly with dry iodoform gauze, as in Case No. I. The abdominal wound was closed in the usual way. She suffered very little shock from the operation, but after recovering from the anæsthetic, she was very restless and complained of intense pain in the abdomen and of a good deal of nausea. She was given hypodermically, one-sixth of a grain of morphine at night, which made her rest fairly well the first night, but she did not sleep any. On the 27th, she was very sick and vomited considerably. Used the stomach tube and removed fully twenty ounces of dark, sour liquid therefrom. This gave her great relief and she slept three hours. Gave her one grain of calomel every hour till six or seven doses were taken,—no effect; gave an enema of soap suds with one ounce of turpentine, with good effect. She contracted bronchitis on the 30th, (fourth day after operation) and her tempera-