

obtained the abdomen had become so distended that it was thought impossible to return the bowels without opening them with the knife, if a section of the abdomen were made. It was, therefore, necessary to wait for three weeks until, with great difficulty, the peritonitis had been somewhat subdued and the vomiting was stopped. Finally a celiotomy was done and a pair of distended tubes and ovaries were dug out from the many layers of densely organic adhesions. Thick yellow pus poured from the cut ends after they were placed on the tray. The stumps at the uterine cornua were cleansed with a solution of bichloride of mercury, the abdomen was thoroughly flushed with hot water, and a drainage tube was inserted, but was only left in for twenty-four hours, being no longer required. The pain in the pelvis which she had suffered so many years disappeared after the operation, and the woman made such a good recovery that she was up in four weeks, walked down stairs in five weeks, and in six weeks was nursing her daughter, performing with alacrity the work which this entailed.

On examination, the tubes and ovaries of both sides were found to be glued together into one mass the size of a large hen's egg. When placed in water the fringe of torn adhesions was clearly seen. No amount of dissection apparently would have been sufficient to separate the ovary from the tube without tearing the latter. A cross section of the tube near the uterine end showed that while the calibre of the canal was almost obliterated, the walls were very much thickened, the muscular layers being replaced by white fibrous tissue. The glandular and epithelial structures had been destroyed, while the mesosalpinx was very much thickened by the deposit of inflammatory exudation from the tube.

Case II. The next specimens were removed from a Mrs. A., 29 years of age, whose troubles date from a miscarriage which she had nine years ago, never having had any children. She had severe dysmenorrhœa ever since, so severe