

organized lymph, and there was a hole in the tube from which the pus had poured. The tubes an inch from the uterus were thickened to the size of the finger, and at that point were almost solid fibrous tissue, but of very brittle consistency. The walls of the tubes were much thinner at the fimbriated extremities and formed veritable abscesses. The abdomen was washed out with the usual care and a drainage tube was inserted from which about eight ounces of lymph were drawn. This patient made a rapid recovery, being up in two weeks and going home in three. The pain which she had endured for several years previously disappeared the day after the operation, and coitus, which was before so painful, is now performed without inconvenience. I have mentioned this case to show the danger a woman runs in keeping such appendages in her pelvis. She was infected about the time of her first confinement, whether with gonococcus or staphylococcus I cannot say. But she certainly would have died if her appendages and the escaped pus from them had not been removed. Bernutz, in Paris, reported a similar case.* The patient was twenty-nine years of age, and was admitted to La Charite with very severe symptoms pointing to pelvic inflammation and subsequently peritonitis. She died four days after admission, and on a *post-mortem* examination suppurative peritonitis was found to have spread up from the pelvis, having arisen from the rupture of a tubal abscess.

An instance of the other termination is the following: †The very large tubes and ovaries which I now show you were removed from a Mrs. F——, an emaciated and sallow-looking woman thirty-five years of age, who gave us the following history: She began to menstruate at the age of 13, always profuse but otherwise normal. She was married at 23, but never had any children. Two weeks after marriage she was taken with pelvic peritonitis and very nearly died. She was five weeks in bed, and it was three months before she could get about. That was eleven years ago, and ever since that time she has had attacks of pelvic peritonitis about four times a year or oftener which confined her to bed for about a week each time. During most of that period her menstruation has come on every two weeks and lasted a week. Her bowels were moved every four to eight days, and always caused her great suffering as did also coitus, during which she generally fainted with pain. Bladder was all right. On examination the uterus was found in normal position, but the cul-de-sac of Douglas

* Lawson Tait, "Diseases of Women and Abdominal Surgery," 1889, p. 387.

† *American Journal of Obstetrics*, August, 1894.