

gradually disclosed itself as an instance of this disease. It was the knowledge of these two cases occurring almost together that attracted my special attention to the subject. Moreover, actinomycosis, as it affects the female pelvic viscera, is an extremely rare condition, so rare that Pozzi speaks of it as an anatomical curiosity; and the occurrence of these two cases almost together, even if proverbial, was significant and noteworthy.

I have subsequently had an opportunity of discussing his case with Dr. Berry Hart, and I now give you the clinical history of these two cases; you will pardon me if they are somewhat detailed.

*Case I.*—That of Dr. Berry Hart. Mrs. H., aged 49, married and nulliparous, was admitted to Ward 36 of the Royal Infirmary of Edinburgh, August 23rd, 1901. She complained of a swelling in the left iliac region and weakness. Her illness began in June with down-bearing pain in the bowels and a gradual onset of weakness. This weakness increased, and she developed fever and night sweats, and rapidly lost flesh. Her previous history had been good. On her admission to hospital she was found to be a thin, pale woman; in the left iliac region was an ill-formed resistance; she had a temperature in the evening of 101-102°. The vaginal examination revealed through the left lateral fornix a swelling, which was thought to be tubal, and about this a firm, flat effusion occupying the left lateral and posterior fornices. In September the patient developed Phlegmasia alba of the left leg. There was a good deal of pain, and the swelling in the left iliac region increased in size, and the connexion of this swelling with the mass in the pelvis could now be made out. Operation was not undertaken, as Dr. Hart inclined to the opinion that the condition was one of incurable malignant disease.

In October the temperature became higher, and rigours occurred. There was some oedema in the groin, and the swelling in the left iliac region increased. Thinking that the case might be one of tubercular mischief going on to abscess formation, in November, Dr. Hart opened the abdomen. He could make out nothing distinctly; the pelvic organs were matted together and indistinguishable so that the abdomen was merely closed. On November 8th the woman died.

The autopsy revealed in the left side of the pelvis, and reaching almost up to the kidney, placed retroperitoneally, a large amount of blood and pus. The bladder contained a pint of recent blood, the rectum was eroded and perforated, and there was septic thrombosis in the pelvic veins. The left ovary was flabby, soft and apparently suppurative. There was a double-sided pleurisy. Further examination revealed in