to full term, and had an early miscarriage on the 18th August last. She has always been somewhat delicate. No tubercular family history is to be had. She is of very fair complexion, transparent skin; very slight causes bring a deep blush to the cheeks. Menstruation has never at any time in her life been regular, the intervals much prolonged. Ever since the birth of her first child she has had pelvic symptoms. The present illness began at the time of the miscarriage, which was followed by symptoms of inflammation in the pelvis and fever. She has been an invalid ever since, suffering from pelvic and abdominal pain; menses at long intervals, but prolonged and profuse.

Present symptoms.—Pain in groins, especially left, extending to left loin and corresponding thigh, and occasionally across the abdomen. Is menstruating (the flow continued for nearly a fortnight). The morning action of the bowels preceded by pain in lower part of back. Tendency to slight evening rise of temperature and to perspiration after meals, rarely at night. Appetite and digestion good, although patient is thin. The abdomen is not distended, but slightly hard, scarcely tender. By the vagina, the uterus bulky, retroverted and fixed; the cervix deeply lacerated, much thickened and everted. To its left and behind, closely adherent, lay a mass, rounded and very tender, but somewhat movable.

The diagnosis was inflammatory, probably suppurative, disease of the appendages. She was kept in bed for six weeks and subjected to suitable local treatment, with some temporary improvement in symptoms. The pelvic mass on the left side seemed, however, to become larger and more tender. I therefore decided to open the abdomen. This was done on the 2nd Jan'y, 1890. Immediately on getting through the abdominal wall, which was not adherent to the contents of the belly, the condition was apparent. Everything that could be seen through the 1½-inch incision, and everything that could be felt, was thickly studded with miliary tubercle. No fluid effusion existed. The omentum lay adherent over the intestines, and was adherent to the brim of the pelvis. Beneath it everything was matted together. Nothing was further disturbed. The incision was immediately