

tube wall becomes thinned by distention until one day it bursts among the bowels and the patient falls prostrate and collapsed; or the pus is gradually absorbed and the tubes and ovaries remain prolapsed and tender in Douglas' cul-de-sac, of no use for the purpose for which they were made and unfitting the patient for her duties as a woman and as a wife, and she can never be a mother. Coitus is extremely painful; some of my patients have told me that they would implore their husbands for weeks and weeks not to come near them, and when at last it could no longer be postponed, they have fainted away with pain. An instance of the former termination was the case of Mrs. R——, elsewhere reported,* a woman twenty-four years of age, the mother of one child, three years of age. She began to menstruate at the age of fourteen, and was normal in this respect until her marriage, at the age of twenty. She has never been well since the birth of her child, after which she made a slow recovery. She had a miscarriage four months ago, and bled steadily afterwards for one month, keeping her in bed, and for which she was treated by her family physician without avail. For this reason I was called in and found the uterus large and heavy and retroverted and resting upon a pair of tubes and ovaries which were large and hard and tender. Lest there might be either retained placenta, or fungous endometritis, the uterus was curetted very thoroughly and Churchill's iodine applied to the cavity. There was no retained placenta, but the endometrium was very velvety and vascular. The uterus was packed with iodoform gauze which was left in for two days. The bleeding ceased immediately, but she still complained of pelvic pain and dysmenorrhœa for the next two months or more. But she was so much better after the curetting that she did not send for me until four months later, when an urgent message was received to come at once, her husband stating that something had burst in her inside and that she had fallen on the floor unconscious.

The condition of her appendages being known, ruptured pus tubes were suspected and immediately preparations for an abdominal section were made, the patient being carefully brought to my private hospital for the purpose. When she arrived there she appeared to be in a condition of shock, the pain having almost disappeared but her pulse being fast and thready. As soon as our preparations could be completed her abdomen was opened, and at the first cut through the peritoneum an ounce of thick yellow pus flowed out. This was carefully cleaned away, after which the tubes and ovaries were removed with great difficulty. The pelvic peritoneum was full of freely

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