

a temperature of  $102^{\circ}$  or  $103^{\circ}$  nearly always present, I was called in again, when on examination I found two masses the size of lemons on either side of the uterus. I diagnosed tubo-ovarian abscesses, and had her removed with the doctor's consent to the Western Hospital, when, on opening the abdomen, every one present could see the flakes of fresh lymph binding the intestines, appendix and omentum to the tubes and ovaries. The patient was in fine condition, and I, therefore, had time to carefully remove the appendix, free the adhesions of the bowel, lift out the large ovaries from their bed of fresh lymph, a much easier task than it was in the case of six months' duration, and fortunately got the ovarian abscesses out through the opening without bursting them, as their contents are considered to be very virulent. I had forestalled the possibility of their rupturing and infecting the peritoneum by covering the bowels with a sterilized towel on which the pus would have fallen. The second ovary, however, ruptured just as I had succeeded in extracting it through the incision, and its contents spurted over many of the bystanders. The oozing from the back of the uterus was stopped by a fine purse string ligature run around the margin of the raw surface. The abdomen was washed out very thoroughly with salt solution, and a fresh lot of the latter was poured in and left there. This patient has made a rapid recovery, and has expressed herself completely free from pain 3 days after the operation; her temperature and pulse are normal, she is eating well, and would be out of bed on the twenty-first day.

I could mention many other cases of pus tubes following confinement, but perhaps one of the most interesting was that of a young married lady with her first child who had a normal labor, but whose husband went astray at the end of a week's enforced abstinence, and who, as I afterwards discovered, had infected his wife with gonorrhœa on the ninth day. In this case I felt the tube filling up day by day, but when it had reached the size of a large orange it suddenly emptied itself through the uterus into the vagina and the mass quickly disappeared. This patient made a good recovery without any other treatment but antiseptic douches.

I thought that these cases must be numerous in the practice of others, and it would, therefore, be useful to have their attention called to the value of active interference rather than allow the patient to become exhausted by long continued suffering and recurring attacks of pelvic peritonitis due to puerperal infection of the tubes and ovaries.