

to rupture of a tubal pregnancy. If a lump can be felt, its removal is absolutely necessary in any case; while if on removal it proves to be an unruptured tubal pregnancy, the physicians deserve the gratitude of the patient for saving her from either sudden death from hæmorrhage on the one hand, or from slow death by suppuration, if on the other hand the case goes on to full time. The condition, however, by far the most common for which I have opened the abdomen is that of pus tubes or tubo-ovarian abscess. Would that we had back to-day in the light of our present knowledge the thousands of women who have gone to their graves from and with this disease unrecognized, but labelled on their death certificates with such causes of death as diarrhœa, dysentery, consumption of the bowels, inflammation of the bowels and decline. A young and healthy woman marries an apparently healthy man who has sown his wild oats and wants to settle down. She receives as her marriage portion, and on her wedding night, a gonorrhœal infection, followed by some pain and burning and frequency of micturition, and after a few days a thick yellow discharge appears. She takes all this as a matter of course, having been told beforehand that she would experience some pain, but not knowing that from that day forth she will never be as well again. By the time she reaches Philadelphia or Baltimore on her wedding tour she can go no farther, and is laid up there at the hotel. A physician is called in, who finds her in bed, lying on her back with her knees drawn up and her temperature high. She has pelvic peritonitis from extension of the gonorrhœal infection up the uterus and tubes to the ovary and pelvic peritoneum. From this attack she soon recovers under the skilful treatment of the local doctor, who wisely and in mercy keeps his suspicions to himself, but she is not really well. She cannot walk far, coitus is painful, and any great exertion lays her up in bed for a week or two with a poultice to her side. Her periods become more and more painful, and she passes most of her time laying around upon the sofa or in bed. She loses flesh, so that the plump fresh features and complexion of a few months before her marriage are now becoming wan and sallow. The gonococcus of Neisser has travelled up the tube, destroying the mucous membranes and leaving in its path a heap of dead and dying cells called "pus." At the first sign of oozing of this pus from the fimbriated extremity of the tube, nature quickly comes to the rescue and throws out a wall of plastic lymph with which the tube is sealed. The pus then escapes towards the uterus but ere long a cicatricial contraction of the uterine opening of the tube takes place, and an abscess cavity or collection of pus is formed. Then one of two things takes place—either the pus accumulates and the