

to be felt anywhere. The anterior aspect of the abdomen quite uniform. The perineum slightly lacerated and the posterior vaginal wall partially prolapsed. The uterus, measuring two inches, pressed upwards and forwards, lay immediately behind the pubes. The patient was admitted to the Montreal General Hospital and kept under observation for a few days, when it was found that she had fever of septic type, the temperature at times running very high, with profuse sweating and occasional attacks of vomiting. During this interval she was seen by Drs. Fenwick, Ross, Roddick, Shepherd and J. C. Cameron, who concurred in my diagnosis of suppurating ovarian cyst. Another symptom, red blush and œdema of the central anterior part of the abdominal wall, seemed to support the view. Operation was resolved on, but delayed on account of the difficulty in communicating with the girl's relations, so far distant from the city.

*Operation.*—The ordinary incision for ovariectomy was made, but on reaching the peritoneum no separation of parietal from visceral layer could be made; the knife entered the collection of fluid, passing through what seemed to be a thickened, closely adherent cyst wall. The fluid was amber-colored, contained flakes, and in the last portions an obvious admixture of pus. The cyst wall did not collapse as the fluid escaped, but appeared to be adherent everywhere, even to the bottom of the pelvis. Acting on this view and with the concurrence of my friend Prof. Roddick, who was assisting, I decided to make no attempt at separation of the supposed cyst, but to drain and irrigate, as affording the patient the best chance. A large glass tube was passed through the wound into the Douglas pouch, and irrigation practised every two hours, night and day. At first weak carbolic water, then corrosive sublimate solutions, and finally solutions of iodine, were used for this purpose. The general condition at once improved, and this was maintained for a period of ten days. Fever diminished and appetite improved. After a few days the reflux water during irrigation contained enormous quantities of fibrinous, flaky material. Soon, however, her condition again declined. Temperature ran high; sweats were profuse. The discharge always somewhat foetid, became