Several coils of intestines were separated. A drainage tube was inserted and the abdomen closed by silkworm gut sutures. The patient was greatly relieved of pain, the bowels acted naturally and appetite returned for a time. On the 29th of May a fœtid purulent discharge came from the drainage tube opening. On the 1st June this was bright yellow, and evidently fœcal. This became more profuse, and continued till the end. She died exhausted about the end of June.

The relief of the pain and vomiting after the operation was most marked. My only regret in this case was that abdominal section was not done earlier. In the light of experience of similar cases on record the results might have been better.

Case 3—Is one of a different character. Mrs. K. was sent to me by Dr. Weagant of Dickinson's Landing, and entered my private hospital on the 31st December, 1888. Her age, 29; married five years: menses began at 13½, always free; two miscarriages during first eighteen months of married life. A full-term child in November 1885. Ever since then pelvic symptoms. Ten months after the birth an attack of pelvic inflammation. Since then repeated attacks of the same nature.

On admission the patient was very fat, but anæmic; constant pelvic pain; unable to walk or do anything without increase of pain; menstruation quite profuse and prolonged. Uterus partially fixed, very tender. Through the posterior cul-de-sac, fixed tender masses to be felt. On the 2nd January, '89, the abdomen was opened through at least one inch of fat on the parietes, and the uterine appendages removed. Both ovaries and tubes were densely adherent. The tubes were distended like sausages, occluded and filled with pus, their walls ulcerated on the interior and much thickened. The left ovary was expanded by a cyst to the size of a hen's egg. Careful examination by Dr. Finlay showed that the peritoneal surface of the tubes was thickly studded with miliary tubercles. None were detected on the intestines or parietal peritoneum, but as they were not suspected, they were not sought. The recovery was tedious, from the development of pelvic exudation, with pain and fever. The exudation was slowly absorbed, and the patient left for home ten