

fœtid pus was drawn out daily, and occasionally a few drops would well up at the side of the drainage-tube, which prevented primary union at that point. Still, by the frequent washings out through the drainage-tube, and the dusting of iodoform on the abdomen around the tube, the temperature never rose above 99°, and the patient continued daily to improve. That although the stump was septic, there were no symptoms of septicæmia affecting the general system. This condition must be largely attributed to the frequent washing out of the pelvic cavity with the 2½ per cent. solution of carbolic acid. In order that it could be as effectually carried out in my absence as in my presence, I extemporized a fountain syringe, using a gallon tin pail with a metal tube at the bottom, to which five or six feet of rubber tubing was attached, the distal end of which slipped over a small silver tube 6 inches long. Through a cork, which accurately fitted the Keith drainage-tube, this silver tube was carried down to the bottom of Douglass' *cul de sac*. This sufficed to carry the carbolized water into the pelvic cavity, whilst a short glass tube, passing just through the cork, and to which a few feet of rubber tubing was attached, served the purpose of carrying away the carbolized water as fast as it entered through the silver tube, and with it the pus and debris, into a vessel at the side of the bed. By raising the pail some 3 or 4 feet higher than the mouth of the drainage-tube, a continuous stream of warm carbolized water douched the pelvic cavity and stump. This was continued three or four times daily for several days, and latterly once daily.

29th.—The nurse informed me that there had been a fœtid discharge from the vagina—doubtless pus—from the line of ligature through the angle of the uterine cavity. Later on I confirmed my suspicions by examining her with the speculum and finding the pus coming through the os. The vagina syringed out with carbolic water twice daily.

30th.—All the sutures removed except the last two, between which was the drainage-tube, and the union was complete down to within an inch of the tube, and here granulation was going on. Bowels moved freely and unaided.

From this date there was no interruption to

the complete recovery, and were it not that the glass drainage-tube had to remain in three weeks, and a small rubber one a further three weeks, she could have returned in twenty days. The pulse and temperature were normal, appetite and digestion good, bowels regular, and seven or eight hours of sleep daily without any hypnotic.

But the large glass drainage-tube saved her life, by keeping the septic influence local. Around the drainage-tube a complete membrane was formed, which extended down to Douglass' *cul de sac*—so that after the removal of the last inch of the rubber drainage-tube, I could pass a probe down to the bottom of the pelvic cavity. From several letters after her return home I learned from Dr. Crawford that there was a slight discharge, as from a sinus. On the 18th of April she came up to London, and I injected the sinus with Churchill's tincture of iodine, producing closure. A letter in May states that there has been no discharge since.

The tumour weighed 6½ lbs., and upon examination was found to be largely composed of the fibrous element. On one side there was fully one-half inch of muscular tissue cut through before coming to the dense fibrous tissue. It was not irregular or nodular, and formed almost a perfect sphere.

CASE IV. Miss B—, age 17, residing in the County of Elgin; widow's daughter; was first seen by me in May, 1884, in consultation with Dr. Clark, and following notes made:—

Early in May, 1883, she first noticed a swelling in the left and lower abdominal region—then about the size of a small cocoa-nut. Dr. Clark, who saw her at this time, thought that it had been growing for a year. She said the growth was gradual and continuous from the first time she discovered it; that it rarely, if ever, gave her pain, and that it was always hard.

Father died of phthisis, and mother has curvature of the spine—Potts' disease.

The patient about 4 ft. 4 in. high, somewhat emaciated, but of a round figure; of a melancholy expression; the skin tawny, dry, and very rough—*unusually so across the abdomen*, which was considerably distended with a firm, unyielding, and somewhat uneven tumour, which