

though from its extreme tenderness no very precise examination could be made, similar remedial means were suggested, but finding that hot fomentations had already been tried without relief, we ordered a bag of ice to be applied to the tumour, which being done, immediate relief was experienced, and a second time the leeches were rendered unnecessary. The patient continued to improve, and was seen by Dr. — on Sunday afternoon (22d) very cheerful, without complaint of belly, having only a slight pain in right hip or flank, which was relieved by rubbing with camphor. But on 23d, at 8 A.M., Dr. — was summoned, as she had been suddenly attacked four hours previously with great pain, followed after some time by weakness and coldness. On visiting her, he found her sinking; he called on me, and I saw her about 11 A.M. Her hands and feet were very cold,—face pale and collapsed,—she had vomited,—belly was very tender in every part, but chiefly on left side,—no tumor was to be felt on that side, but that on the right was easily perceived,—no meteorism,—pulse soft and compressible, but not very frequent.

Conceiving that this sudden accession of Peritonitis arose from rupture of the tumour that had existed on the left side, and consequent effusion into the peritoneal cavity, a large sinapism was directed, and opium, with camphor and carbonated ammonia, ordered every hour—wine to be given freely. Being, however, aware of her danger, and supposing she must die, she would not allow the sinapism, and took but one dose of the pills. She gradually sank with incessant vomiting, increasing coldness, and failure of the circulation, the intellect remaining clear to the last. She died about 8 P.M. The abdomen remained quite flat.

SECTIO CADAVERIS.

Twenty hours after death, the body was examined.—The belly was now tympanitic in some degree, and a large quantity of yellowish frothy liquid escaped from the mouth.

An incision from the pubis to the sternum was made, and as soon as the peritoneum was opened a quantity of offensive gas escaped. The omentum contained much fat, was deep red and injected in patches, and adhered to the inside of the peritoneum by a layer of lymph so thin as scarcely to do more than cause adhesion, the parts separating with the greatest ease. The peritoneum had entirely lost its smooth glossy character, was dull and numerous vessels ramified upon it. This appearance was observed especially towards the lower parts—the adhesion was also more marked on the right side. A considerable quantity of a thin turbid seropurulent liquid occupied the dependent parts of the peritoneal cavity. On endeavouring to raise the omentum it was found to be firmly fixed below

to the enlarged uterus; it was therefore divided. The small intestines below it were all found glued together, by a thin soft coating of recent lymph, but were not at all red. They were distended with flatus.

The uterus occupied the whole pelvis. On its right superior angle a large tumor was observed, being evidently that which had been mistaken for the ovary before death, but now seen to project from the uterus itself in the form of a globular mass about two inches in diameter, and quite solid, covered by peritoneum, which was smooth and shining. Behind it, but unconnected, was found the right ovary partially converted into a cyst, about two inches long, by three-fourths of an inch wide, filled with fluid. The upper and fore part of the uterus was covered by a thick tough false membrane, which peiced off in thick shreds, evidently of long standing. On the left and upper side of the uterus there was another tumor, but this evidently a sac, partially empty, with thickened walls, to which the omentum adhered strongly, and which were of a reddish colour. To examine this more carefully, the intestines were raised upwards, and the mesentery being exposed, there was seen to be a sac covered anteriorly by a thin membrane perforated with a hole about three-eighths of an inch in diameter. This sac was bounded above by the mesentery, and below by the uterus. On laying it open it was found to contain some yellowish fluid, similar to that in the general cavity, and an orifice was seen, into which (being supposed to communicate with the ovarian cyst) a director was passed, but it entered but a short way. Upon pressing the cyst, however, yellowish fluid with bubbles of air was seen to issue from another opening in the back part of the small sac, and the director introduced here passed readily into the enlarged ovarian cavity. This was between three and four inches in length from top to bottom, closely attached by its anterior and lower border to the body of the uterus, and forming the tumor before spoken of. Its cavity when cut into was found lined with shreddy lymph, and still contained a small quantity of thin yellow puriform fluid.

The sigmoid flexure lay in the iliac region, and the rectum quite white, and without any mark of inflammation passed along the sacrum in close contact with the uterus. The bladder was empty and natural,—liver natural,—gall bladder empty,—stomach somewhat distended, but healthy,—colon natural. The cavity of the pelvis behind the uterus was separated from the peritoneal cavity by adhesions, but the back part of the uterus was covered by peritoneum in its natural state, forming a kind of shut sac between the uterus and rectum. The vagina and other attachments being cut through, the uterus was removed; it weighed three pounds and a quarter, and pre