

to rupture adhesions of the tube, and allow the pus to pour out into the general peritoneal cavity. In this cases the uterus was dilated and curetted and Schroeder's amputation of the cervix performed. This is a pretty operation, being performed in such a manner that the hard fibrous tissue full of cystic degeneration is all removed and the raw surfaces covered over with flaps of soft mucous membrane taken from the vaginal surface of the cervix. The suturing material was strong catgut prepared with the juniper oil which holds good for about ten days, at the end of which time union is complete. This patient went home at the end of two weeks, and has also been seen after two months since the operation, looking a very different woman, her dyspepsia is cured, her headaches and neuralgias are gone, she has no leucorrhœa and she is getting fat.

The fourth case was Mrs. R., thirty-five years of age, who had been complaining for about a year of pain in her right side which was thought to be due to the appendix. About two weeks before admission she had been suddenly attacked with acute pains in the right side and over the bladder and her temperature and pulse ran up. The urine was very red and scanty, and its passage caused great pain, and this attack was diagnosed as an attack of the gravel, although no small stones were found in the urine. She was a very ill woman, lying in bed on her back with her knees drawn up and suffering intense pain necessitating the use of morphine, poultices, &c. On admission to the hospital, however, and on careful examination, a large hard mass slightly fluctuating was found to be filling the right inguinal and part of the umbilical and lumbar regions, and on examination per vaginam the uterus was found to be pushed to the left side by a large tense round body projecting low into the pelvis. But there was another smaller mass beneath this which was slightly moveable and which presented the feeling of a papilloma or a little bunch of wild grapes. This made the diagnosis rather more complicated, especially as the left ovary could not be found at all. I had this patient examined by nearly all the staff and by one or two visiting gynecologists from the United States, and there was quite a diversity of opinion as to what the mass might be. The patient informed us that her period had been profuse the last time, which made us remember the possibility of a tubal pregnancy and tubal abortion, in which case the nodular mass might have been the escaped fœtus, others again thought that it might be a fibroid tumor, as it was very adherent or apparently continuous with the uterus; others again thought that it might be an ovarian cyst,