

brethren, the tumor was removed, necessitating, however, the tying off of most of the broad ligament of that side. The operation was a terrible one, the bowels being stripped bare of peritoneum in many places, and for some days her life was trembling in the balance. She recovered, however, but with a fœcal fistula. A month afterwards she was taken with a severe pain on the opposite side, and on examination the other ovary was found to be as large as an orange. She returned to hospital, and a second section was performed, which was comparatively easy, and the ovary removed. This ovary was carefully examined during the first operation, and appeared, and I have no doubt was, healthy at the time, but was probably infected by handling it, quantities of pus having escaped into the pelvis, although, of course, this was carefully washed clean afterwards. That woman is now able to walk three or four miles a day, although she still has the fœcal fistula, from which also many loops of strong silk ligature have come away. Her case at first was merely a pus tube, which should have been taken out at once, but, failing that, it formed adhesions to Douglas' cul-de-sac, and bursting through into the pelvic cellular tissue, caused cellulitis, and eventually broke into the vagina.

In ninety-nine cases out of a hundred, probably when we feel the vaginal roof as hard as a board, the disease is not situated in the pelvic cellular tissue, but in the pelvic peritoneum.

I could mention many other cases to bear out my contention that a woman with pyosalpinx, hydrosalpinx, hematosalpinx, or even in some cases with chronic salpingitis, when there is at the same time pelvic peritonitis binding the tubes and ovaries down in the pelvis, will never be a well woman until these organs are removed. The question of diagnosing the exact nature of the tubal disease is of secondary importance, and is, moreover, often impossible. A hydrosalpinx sometimes causes more suffering than the more dangerous pyosalpinx. I am not unmindful of the fact that the removal of the appendages in a young married woman has many inconveniences both for her and her husband, troubles for the most part of a psychological nature, a subject too long for the present paper. Whenever only one is diseased, we should never remove the two, unless in the case of a large floroid, it is our object to endeavor to bring on the menopause prematurely. I believe in saving the two ovaries, or, if we cannot do that, then in saving one, or even the half of one, if there is that of it healthy, and that, too, when the tubes have to come out.

But I have regretted my conservatism more than once. Thus, a Mrs. R—— was sent to me from the country for retroversion with