

abdomen were found several quarts of sero-purulent exudation. The peritonitic signs were all most intense around the opening of the left tube. This tube gave forth little streams of pus when it was squeezed towards its end."

Martin, of Berlin, says that "when the escape of pus takes place, sudden acute pain follows, then fever. The quickly ensuing tympanitis may obscure the signs of peritonitis."

The most conclusive proof of the relation of pus tubes to puerperal fever may be found in Bland Sutton's book.* Delbert† mentions that Siredy, in a thesis published in Paris in 1860, states that in twenty nine autopsies made upon women who had died from puerperal affections, he found in twenty-two the tubes dilated full of pus and the ovaries purulent.

Dr. Chapman Greig, pathologist to Queen Charlotte Lying-in Hospital, states‡ that in five patients who died in that institution with symptoms of puerperal fever out of a total of 548 deliveries, extending over a period of nine months, four were due to antecedent disease of the ovaries and tubes. Believing, as did Barnes and the other writers mentioned, that many deaths from puerperal fever are really deaths from pus tubes and ovaries, and that the rest of them are deaths from the sinuses and lymphatics of the uterus, being saturated with streptococci, I have for some years advocated with all my strength a treatment for puerperal fever which is gradually gaining ground, namely, when all other measures have failed, and the patient's pulse continues to rise, to open the abdomen and remove the infected organ, if it can be removed, whether the pus be in the appendix, in the tubes and ovaries, or in the uterine lymphatics and sinuses. Removal of pus tubes and ovaries is one of the safest abdominal operations; removal of the uterus by the extra-peritoneal method scarcely less so. Then, why allow women to die, as so many do, when there is every chance of saving them by operation?

Coming now to diseases of the ovaries, by far the most serious are ovarian tumors, including in the general term tumors of the oophoron, the paroophoron and parovarium. Whether the tumor be a simple or a suppurating cyst, a hematoma, a papilloma, a fibroma, a sarcoma or an ovarian abscess, the best and only treatment is early removal. On this point among gynæcologists there is no difference of opinion: the earlier the tumor is removed the less dangerous the operation, and the more sure will be not only the immediate recovery

* "Sutton's Surgical Diseases of the Ovaries and Fallopian Tubes, page 202.

† "*Des Suppurations Pélviennes chez le femme, Paris,*" 1891.

‡ *Journal of the British Gynecological Society*, Vol. II., page 264.