

that this was also a case of pus tubes, and opened the abdomen to remove them. I found the omentum adherent to the brim of the pelvis and to the abdominal wall, the coils of intestine adhered everywhere to the broad ligament and to each other, the vermiform appendix was adherent to the right tube, the right tube and ovary were situated in Douglass's cul-de-sac with many layers of fibrinous lymph surrounding them and binding them to the back of the broad ligament. They were dug out with great difficulty, and were found not to contain any pus, although diseased pus welled up from a hole in the back of the broad ligament as in the case previously mentioned, and was dealt with in the same manner and for the same reason, namely, that the patient's life was hanging by a thread. The utmost haste was made, although time was taken to carefully tie off the vermiform appendix and cover the stump with peritoneum. This patient has not made a good recovery, she is still in the hospital with the same hard mass that she had before the operation, and is still suffering a great deal of pain, although the prospects are that she will eventually recover. Of course, all these cases mentioned are exceptional ones, for on the other hand much more than one hundred times I have found the pelvis filled with material of plaster of Paris-like consistency completely fixing the uterus, and I diagnosed the case pus tubes, and opened the abdomen and found pus tubes only, and after the operation the uterus was perfectly movable and the pelvic roof soft and free from exudation. Two weeks ago, I operated on a patient at the Western Hospital in presence of the gentlemen attending the post-graduate course, who was sent to me by my friend Dr. Caisse. She was confined about two months ago with her first child and had a normal confinement. A few days after delivery her temperature went up, when her physician very promptly and very properly gave her vaginal douches, and they failing to bring down the temperature, he followed them with intra-uterine douches of permanganate. This also being ineffectual he sent for me to curette, which I did after dilating and washing out the uterus, and following it by the application of Churchill's solution to the whole of the inside of the uterus and the introduction of a gauze drain. I discovered a small tear in the perineum which I sewed up. Even this proved ineffectual, and as some eight weeks had elapsed with