and on her return, September 5th, she expressed herself as feeling well, and had walked four miles the day before her return. The cyst was multilocular, filled with pus and grumous blood, which emitted a most fetid odour. After the operation I should also note she passed large quantities of fetid pus *per vaginam*.

CASE II.—Mrs. H. had suffered a long time from headache, pain in the groins, back, arms, and sides. She complained of a "catching in her breath." She had also bearing-down pain, pain on defecation, and dyspareunia. She was quite unable to follow her occupation. On examination the os was found indurated, patulous, and the womb enlarged one inch. A small, movable tumour, exquisitely painful to touch, was found in Douglas's pouch, and diagnosed as a prolapsed ovary. It was the right ovary. She had never been treated for uterine complaint. The "headache" and the "catches in her breath," and the other subjective phenomena, had been treated with no benefit. Operation for removal of the ovary was performed on June 30th, 1886. She vomited exceedingly after the operation, but did not become collapsed. After the first three days recovery was uninterrupted, and she was able to leave home for Bridlington in the first week of August. On September 6th Mr. White reports: "She has returned from Bridlington stronger in every way. She has resumed her household duties, all the symptoms are abated, dyspareunia is gone." This last statement is particularly interesting and important.

CASE III.—Mrs. P. had fallen downstairs a year ago, and afterwards complained of severe pain in her back. There was a history of another fall, two months after this, with a renewal of the pain, and finally, three months later, whilst lifting a weight, she became "dead sick" with a return of the old pain. From this time the pain persisted, and gradually became worse. When seen by Mr. White on July 19th, 1887, she was very much exhausted, sweating, cachectic, and suffering great pain. Her pulse was 120, and temperature 102° F. She had been totally confined to bed since April. Her complaint had been variously diagnosed as hæmatocoele, blood-clot, and general treatment had been adopted which did her no good. Examination *per vaginam* revealed a hard, ovoid tumour in Douglas's pouch, painful to touch, and about the size of a hen's egg. Abdominal section was performed under these unfavourable conditions on July 22nd. The tumour was found attached to the right corner of the uterus, and the ligature had to embrace part of the muscular tissue of the uterus for its complete removal. It was a scirrhous tumour, and weighed within a few grains of two ounces. She passed a very bad night after the operation, vomiting; was collapsed, and altogether very hopeless looking. On the third day, however, she began to mend, and thereafter made good progress towards recovery, she was able to leave for Morecambe on August 28th. Mr. White's report on September 6th says: "She is not entirely free from pain, but is greatly improved and able to get about."

These cases have been put on record as being an encouragement not to abandon any case, however bad, where there is a reasonable prospect of completing an operation. In all these cases the wound healed by first intention, and the stitches were removed about the eighth day. The second case had no trained nurse; the nursing in the first and third cases, provided by the Bradford Nursing Institution, was excellent; and the happy result of all three cannot but be a recommendation to the performance of such operations in patients' own homes.

RUPTURED EXTRA-UTERINE [GESTATION SUCCESSFULLY TREATED BY ABDOMINAL SECTION.]

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As the treatment of ruptured Fallopian pregnancy by abdominal section is still *sub judice*, the following case successfully treated in that way is worth recording.

The patient was 34 years of age, and had been married for ten years. She had never been pregnant before, and had menstruated quite regularly up to two months previously. Menstruation had been always painful and rather scanty. During the last few days she had had pain at the lower part of the belly, and the bowels had been a little relaxed. At 3 p.m. on July 21st she went to the closet to pass water, was suddenly seized with severe pain at the lower part of the belly, and fainted. She managed after recovery to struggle into the house, and knock for her next door neighbour. She had again fainted several times before my arrival at 6 p.m. She was then pale and blanched, and had evanescent attacks of syncope and pulselessness, but in the intervals was able to tell me by degrees what had taken

place. She suspected she was pregnant; the breasts had been tender and enlarged, and she had had morning vomiting for two or three weeks. She complained of great tenderness at the lower part of the abdomen, chiefly on the left side, but also a little on the right. On examination the uterus was found pushed down generally and fixed; and as she lay on the left side a distinct bulging was felt on the left side of the pelvis pushing down the vagina. Stimulants were given freely; and Dr. Green, of Rawtenstall, was sent for at my request.

The following day she had somewhat recovered; the pulse was perceptible, but thready; much pain in abdomen; objective signs unaltered. The diagnosis of ruptured extra-uterine gestation was made, and after much pressing she consented to abdominal section. Her circumstances, she stated, entirely precluded the summoning of an operator from Manchester, and I was therefore somewhat reluctantly compelled to undertake the operation myself, with the kind assistance of Dr. Green, of Rawtenstall. An incision about four inches long was made and carried down to the peritoneum by careful dissection. The peritoneum, which seemed unusually thickened, bulged up slightly, and when incised by the point of the knife, venous blood escaped freely, which at first took me somewhat aback. As, however, I felt on examination that there was nothing but fluid behind the membrane, the intestines being far enough away, I freely slit it up to the length of the incision. A quantity of dark, venous, fluid blood then gushed out of the abdominal cavity. The rest was mopped out, and a few clots taken away from the bottom of Douglas's pouch. In the right Fallopian tube, half an inch from its junction with the uterus, was found a swelling the size of the yolk of an egg, and at the back facing Douglas's pouch there was an opening into it partially filled with blood-clot, admitting the tip of the little finger. Shreds of membrane hung out of this, and after tying a double ligature on each side, it was excised. Nothing was seen of a fetus. The belly was washed out with hot water, sponged dry, and the edges of the wound brought together with wire and silkworm gut sutures. No drainage-tube was inserted, as I had not a suitable one by me. Before the hot water was used the pulse was very feeble and the aspect sunken, but immediately afterwards there was a welcome revival. Hot bottles, etc., were applied in bed; one-sixth of a grain of morphia injection was given, and enemata of beef-tea and brandy every two hours. The wound was dressed with Gamgee's tissue, retained by broad strips of adhesive plaster.

For the next two days retching was very troublesome, nothing being retained. She had scarcely any sleep during the first two nights, and the belly was tender and painful. Morphia was given subcutaneously in small doses, and enemata of beef-tea and brandy continued.

July 26th. Restless night, retching, and feeling of nausea continued. Much pain in the belly, and some tympanites. The lowest stitch was removed; the edges of the wound, which were adherent, were drawn apart, and the peritoneum, which had united, scratched through. A good deal of perfectly odourless bloody serum escaped, and the belly was washed out, siphonwise, with hot, weak, perchloride solution, and a large drainage-tube inserted to the bottom of the pelvis.

Next day the retching had ceased, but she had passed a restless night. Tube aspirated, and a little serum withdrawn. She was now able to retain a little champagne.

The temperature so far had remained normal, or rather subnormal, but on the 28th it rose to 100°, the highest recorded during the progress of the case. The tube was withdrawn on the 29th, as nothing seemed to escape from it. The stitches were removed on August 3rd, the wound having all united by first intention, except where reopened. This was left to granulate, and it closed in about ten days. She was sitting up for a short time a fortnight after the operation, and was able to leave for her native place on August 27th.

This case resembles others recorded in one remarkable particular, namely, that the patient had been married for some years without pregnancy, and had never previously conceived. She gave a history of painful and scanty menstruation, and stated that connection had always been very painful to her, pointing, probably, to some mischief in the uterus or appendages. The fact that bulging was felt particularly in the left side of the vagina whilst the rupture was in the right tube is accounted for by the blood remaining fluid and gravitating to that side of the pelvis as she lay in the usual position for examination. The symptoms unmistakably pointed to internal hæmorrhage, and the fact of suspected pregnancy, and the fixing and pushing down of the uterus, left little doubt as to the nature of the case. The successful result may, perhaps, encourage others, who practise in country districts away from the reach of specialists, to undertake abdominal section, rather than wait the otherwise almost certainly unfavourable issue.