

tices applied to the lower abdomen, mild diaphoretic and febrifuge treatment, and prolonged hot vaginal douches, with, perhaps, some anodyne to allay the pain. When pus has formed, the simplest plan of treatment is the evacuation of the sac, but too early an operation, before the acuter symptoms of pus formation have subsided, is not advisable, particularly if the operation is to be a radical one, on account of the increased danger at such a time.

Vaginal incision and drainage of a pelvic abscess is now considered the best and safest method for relief. The proper point for puncture is posterior to the cervix, slightly to one or the other side of the median line ; by the side of the cervix there is danger of wounding the uterine vessels or the ureter. However, the position of the uterine artery can nearly always be determined by palpation at the vaginal vault, and the exact situation of the ureter made out by its characteristic feel. Sharp-pointed scissors, curved on the flat, is an excellent instrument for making the necessary puncture—some prefer a small pair of uterine dilators, sharpened at the points, for the purpose. As soon as the sac is entered the blades are easily separated, being now in a free space, and by withdrawing the scissors, keeping the blades open, the opening is torn wider. With fingers, or with strong dilators, the opening is further enlarged, so that the pus may quickly empty itself and permit of subsequent free drainage. The sac, emptied of its contents, may now be thoroughly irrigated and a loose pack of washed-out iodoform gauze inserted into its cavity, and a few strips into the vagina.

Evacuation through the rectum is only admissable where there is such a marked area of softening that spontaneous rupture is imminent, and then the opening must be made as low down as possible to secure constant drainage. Under no circumstances is it allowable to make an opening high up, above the constriction between the utero-sacral folds. If nature makes an opening in such a position the gases and fecal matter enter the sac and the discharge is kept up for an indefinite period. When the pointing is high up, or when an opening already exists at this point, a wide counter opening should be made through the vaginal vault behind the cervix.

Evacuation of pelvic abscesses by the vagina, aided by the hand introduced through an opening in the abdominal wall, is called for when the abscess is not so clearly defined as to admit of operation by the vagina alone, but such a radical operation is seldom if ever called for when the pus formation exists in the pelvic connective alone and uncomplicated by other serious conditions.

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