

packed and closed. The sac was separated with the fingers, gauze and slight dissection, with comparative ease. The uterus and tube was removed in the usual manner. Recovery was complete, but somewhat delayed owing to stitch abscesses.

The discussion following referred to the indications for attacking a pelvic abscess per vaginam.

(3) *Specimen*.—Showing ovary $3\frac{1}{2}$ inches long and $1\frac{3}{4}$ inches thick, containing $\frac{1}{2}$ oz. of blood clot.; the tube very much thickened and containing about $\frac{1}{2}$ oz. of blood clot. The broad ligament contained a cyst, with well-defined wall, with about 12 ozs. of a sero-santous fluid. The entire mass black and gangrenous. No signs of ectopic gestation. Dr. Campbell, of Zurich, who had charge of the case, gives the following history:

History.—Mrs. P., aged 38 years, mother of five children. Saw her for the first time May 6th, 1906. She complained of a severe, steady pain in the region of the outer border of the left kidney, shooting across the lower part of the abdomen. The pain was more severe at times. There was frequent micturition, a few drops being passed at a time, which burned her. There was an aching feeling in the back. Pulse 110, and weak; temperature, 98° ; face pale; expression anxious; cold, clammy sweat. In absence of a better diagnosis, he thought renal colic a fairly probable one; $\frac{3}{8}$ gr. morph. and 1-30 gr. strychn. gave rest and sleep for four hours. May 7th—Temperature, 98° ; pulse, 80. Though tender over same region, was able to resume duties in a few days. May 23rd—Driving to Zurich, felt a pain similar to the one already described. Arriving at a store, she lay down. The pain was very severe, sharp and lancinating. The face pale and bluish. Pulse could not be felt at wrist. Vomiting, anxious expression, cold sweat, no urinary symptoms. The symptoms improved under morph. and strychn., and she was sent home, a distance of five miles, on a mattress. May 24—Felt better; pain now referred to the lower abdomen. Temperature, 99° . An enema of soap and water relieved her of some gas. May 25—Severe pain and tenderness in the appendix region. Abdomen tympanitic and much distended above, not so much below. Temperature, $98\frac{1}{2}^{\circ}$; pulse, 135. Very weak, vomiting persistent, constipation complete, right rectus very tense. Complains of bowels, or gas rolling to appendiceal region, and receding. A swelling the size of a large fist can be felt above Poupart's lig. and below McBurney's point, oval in shape, and dull, but quite tympanitic just below tumor. May 26th—Succeeded in persuading patient and friends that the case was entirely surgical in the