

time, she was seized with a recurrence of the pain, similar to the initial attack, and in addition, very slight uterine pains, with slight vaginal discharge, which was coloured. On vaginal examination the os uteri was found slightly dilated—about the size of a five cent piece. The temperature at this time was 99.6° , the pulse 128 thready in character and easily compressed. As she was very weak and the slight uterine pains had but little effect on the lower uterine segment, the patient was placed in Sims' position and the os uterus gradually dilated by the aid of Bozzi's dilator. No anaesthetic was given. When sufficiently dilated craniotomy was performed, and the uterus rapidly emptied. Next day the temperature was subnormal and the pulse rate had dropped to 108 per minute. For three days following there was persistent retching. Rectal injections and rectal feeding were continued, and Champagne and Brand's Essence given by the mouth. The pain in the right iliac region continued for some days and then gradually subsided. The bowels continued to be constipated. Two weeks after the operation for induced labour a "lump" could be made out in the region of the appendix. The patient having regained strength was anaesthetical, and an incision made three inches long, beginning one inch above and internal to the right anterior superior iliac spine. The transversales having been incised, fluctuation could be elicited in the "lump." This was opened on its outer aspect, by Hilton's method, when about eight ounces of stinking pus was liberated. The abscess cavity was washed out with hydrogen peroxide, 50%, and a good sized drainage tube inserted, iodoform gauze being packed loosely around it, and the transversalis, internal oblique, external oblique, and skin severally sutured.

The patient made an uninterrupted recovery.

There was a good deal of thickening around the scar. This improved with the application of Iodized Vasogen.

Remarks.—This was an extremely anxious case. At the outset one thought of tubal pregnancy, but on examination this was negatived, because primary rupture, as a rule, takes place during the second month of pregnancy.