

mate juté and iodoform. On the following day, pain and fever were much reduced and the patient felt fairly comfortable. On the fifth day following the operation the drainage-tube was removed, but it soon became evident that pus again began to collect. The tube was therefore reinserted a few days afterwards, somewhat shortened. Suddenly the patient was seized with very severe pain in the region of left hip-joint. The parts over the trochanter were exceedingly sensitive to pressure, and it was thought necessary to cut down and examine them. A negative result was obtained, the tissues being found quite normal. The incision, however, had the effect of relieving the pain which did not afterwards return. All went well during the next few days and the patient complained only of severe neuralgic pain down left thigh and an inability to straighten the leg, it having become flexed across the opposite thigh and rigidly fixed there as she lay on her right side. She was very much emaciated and altogether presented a miserable appearance. On the eleventh day after the operation she again experienced a chill and elevation of temperature to  $102^{\circ}\text{F.}$ , with corresponding increase of pulse. To explore the abscess cavity in the pelvis through the vaginal opening seemed now indicated, as it seemed probable there might be some burrowing pus-pockets in the cellular tissue which could not obtain proper drainage. Under ether, and with extreme care, a long uterine probe was passed through the vaginal opening forward and upwards until, unopposed, it entered into what appeared to be the abdominal cavity to a point somewhere about  $3\frac{1}{2}$  inches above the pubic bone. The point of the probe could be made to travel about freely in any direction desired directly under the abdominal wall, and could be followed by the examining finger outside. The sound was now withdrawn, and must confess I felt somewhat uncertain for a few moments as to where the sound had been moving about so freely. On consideration however, we concluded that the instrument had passed up *behind* the peritoneum, which had been dissected from the wall of the pelvis by the abscess, and that the point of the sound in this way easily approached the anterior wall of the abdomen without entering the peritoneal cavity. Considerable discharge of purulent matter followed this probing,