

Gunn, of Ailsa Craig, and Dr. Shaw, of Clinton, assisting, the abdomen was opened in the middle line. The sac was noticed behind the posterior peritoneum, the peritoneum having to be twice divided. The large and small intestines and omentum were intimately and extensively attached to the tumor above and in the front. The uterus was thinned and elongated and continuous with the muscular structure of the broad ligament, the latter being spread over and intimately attached to the inner aspect of the sac. To separate the intestines required considerable time and a good many ligatures. The part of the small intestine where the sac emptied was easily recognized, and required a few Lembert sutures. The sac was now emptied, and by the aid of gauze, blunt dissection and a few ligatures, the tumor was separated from the posterior aspect of the bladder, and the ureter for two-thirds of its length. The uterus was now amputated at the cervix, and, with the spread-out muscular fibres of the broad ligament, was removed attached to the sac. To have done this earlier in the operation would probably have rendered the separation to structures behind considerably easier. No opening was left in the bladder after separation, but the communication between the sac and bladder was evidently near the entrance of the ureter into the bladder. After the usual toilet, the peritoneum was as far as possible restored to its normal relations, and a twenty-four-hour drain put down to the base of the bladder behind the peritoneum. Recovery was rapid and without any drawback. The indications for attaching such cysts to the abdominal wall and draining were discussed.

(2) *Specimen*.—A uterus with multiple fibroids, one of which protruded from the cervix. Attached to it a pus tube and a large pus sac in the broad ligament, in which the appendix is embedded.

*History*.—Miss L., aged 34 years. Suffered from menorrhagia metrorrhagia and anemia for several years. For about six weeks previous to operation, which took place February last, there was a pronounced febrile condition, with the physical signs of an abscess forming on the right side of the uterus. Dr. McCrimmon, of Kincardine, whose patient she was, diagnosed a fibroid of the body of the uterus, a polypus and a pelvic abscess, either due to appendicitis or uterine sepsis. Drs. McCrimmon and McDonald assisting, the belly was opened in the middle line. The abdomen was thoroughly protected with gauze, the appendix separated, and stump inverted. The abscess was aspirated of about twelve ounces of pus, mopped out thoroughly,