

opened and a stinking abscess was found, which was evacuated, washed out and drained, and the patient's life was saved. The walls of the abscess were formed by a knuckle of intestine, and the appendix had sloughed off. The latter contained a concretion which was found to have been formed about the nucleus of two raspberry seeds.

Dr. Wm. Gardner read a paper on "Abdominal Section in Tuberculosis of the Peritoneum and Uterine Appendages," based on a report of five cases presenting a variety of symptoms and physical signs.

In the first there were the symptoms and physical signs of a large collection of fluid in the abdomen, simulating ovarian cyst. The operation revealed tubercular peritonitis with a large encysted collection of sero-purulent fluid. Great temporary relief but speedy development of cough and expectoration. Death six weeks from operation. General tuberculosis of lungs, liver and kidneys, besides the peritoneum; general matting together of intestines and pelvic viscera.

Case 2 began with acute general peritonitis, which developed into a chronic condition, in which pain, constipation and vomiting, with a nodular tumor-like mass occupying both abdomen and pelvis, persisted. Operation revealed tubercular peritonitis, with dense adhesions of coils of intestine to each other. Decided temporary relief to all the symptoms, especially pain, vomiting and constipation. Death from exhaustion six weeks from operation.

Case 3.—Pelvic symptoms following confinement; repeated attacks of inflammation. At time of operation, three years after the confinement, complete invalidism from pelvic pains, profuse, prolonged and over frequent menstruation, and a variety of reflex symptoms, with the physical signs of chronic inflammation of uterus and appendages. Operation revealed double pyosalpinx and cystic disease of one ovary, with dense adhesions. Slow convalescence from operation; steady but slow improvement fourteen months after operation. The parts removed were thickly studded with miliary tubercle; none observed elsewhere.

Case 4.—An unmarried woman, aged 22, gave a history of marked pelvic and abdominal pain, with feeble digestion, weak circulation and

much impaired nutrition, dating from a distinct attack of inflammation three years previous. No evidence of fluid in belly. Fixation of uterus, tender, fixed retro-uterine masses. Operation revealed parietal adhesions of abdominal contents; general matting together of contents of abdomen and pelvis, with universal dissemination of miliary tubercle over everything to be seen and felt through the incision. Incision closed without further interference. Recovery from operation was slow but uneventful. Four months later patient had greatly improved in every way; able to walk and drive. Appetite, digestion and sleep, good.

Case 5.—A married lady, aged 26, the mother of two full term children. Had pelvic symptoms since birth of first. Had a miscarriage on 18th August, 1889, followed by pelvic inflammation, fever and general invalidism. Symptoms on admission: Pelvic pain, especially on left side extending to thigh; defecation painful; slight evening fever, perspirations, marked emaciation; menses at long intervals, but profuse and prolonged; abdomen not distended, but hard; uterus, retroverted, enlarged and fixed; cervix deeply lacerated and granular, to left of uterus and closely adherent, a rounded, smooth, very tender mass. Palliative treatment for six weeks, then abdominal section, which revealed conditions almost identical with the last. General adhesion of everything to be seen and felt; miliary tubercle thickly sprinkled everywhere. Incision closed without disturbing anything; recovery from operation. Patient still under observation, but much better in every way; general health and strength much improved; local condition also greatly bettered.

None of these cases had been fully diagnosed, but the condition had been stumbled upon by operation. The results have been various, as has been the experience of other operators. In some the disease had run its course with partial relief to symptoms. In others great relief and improvement of health had followed; it would be too much to say it had resulted from operation. The experience of others had shown that in some recovery was complete and permanent. The best evidence on this head was obtained from the cases simulating ovarian tumor, as in Sir Spencer Wells' case operated on in 1862, alive and well 19 years later. In those cases,