the fingers well in, it was found to be obliterated, which, however, owing to the thin condition of the patient, was easily done on the right side. A hemorrhagic discharge was present from the vagina. The urethra and perienum were normal. The cervix was easily palpable two inches from the vulva. The enlarged fixed uterus was drawn to the left. A solid exudate was felt to the left and continuous with the cervix about one inch in diameter.

Extremities: Right, normal; left, flexed at an angle of about 90 degrees, could not be extended wthout pain. Urine normal. No blood examination was made.

Diagnosis: Pelvic abscess resulting from puerperal infection. Differentiated from hip joints by mobility of leg without pain while in the flexed position.

Operation: The patient being prepared and anesthetized, incision about two inches long was made over the dull area about one inch internal to the left anterior superior illiac spine. When the abdominal wall was opened, instead of opening into the abscess I found my fingers in the free abdominal cavity. On exploring the lower part of the abdomen accessable I found an indurated mass involving the psoas muscle, extending into the iliac fossa to the left, following below the course of the femoral vessels, and also going down into the true pelvis, to which part the left tube and ovary was firmly adherent. I then stripped the peritoneum of the anterior and lateral abdominal walls to the left and adjacent to the incision, continuing the reflection along the posterior surface of the abdomen exposing the illio-psoas muscle. I then sutured the opening in the peritoneum and opened the abscess cavity which allowed the escape of about six ounces of pus. Inserting my finger I explored the cavity, breaking down all laculi. The cavity was then flushed out with a lysol solution and two tubes placed in the abscess cavity, one down into the true pelvis, the other leading upwards along the anterior surface of the psoas muscle.