

was separated with fingers and gauze. As the sac wall was thin at the part to which the appendix was still attached, with the most careful dissection a slight leak of pus was unavoidable.

The adjustment of pelvic peritoneum, toilet of the pelvis, an abdomino-vaginal drain, and through and through sutures of silk worm gut to close the wound completed the operation.

REMARKS.—Appendicitis is not an uncommon cause of intestinal obstruction, but this case, by reason of complications, probably merits a place in our list. The pus tube and cystic ovary might well be caused from an infected uterus, but the abscess in the broad ligament was evidently secondary to a diseased appendix.

As a rule, when practicable, it is safer to drain a pelvic abscess per vaginam and to postpone further operation that may be necessary. The virulency of an abdominal or pelvic abscess diminishes in proportion to its age or as the peritoneum becomes immune to the infection. As a rule a pelvic or abdominal abscess is virulent in proportion to the effort the omentum has made by means of adhesions to guard the general peritoneal cavity from the infection. Suspect an abscess, however small or sweet smelling, if the omentum regards it as dangerous. A bad odor does not indicate a virulent abscess. The reverse is often the case.

In removing inflammatory tumors of the pelvis, it is well to guard against cutting or ligating the broad ligament transversely far out. To do so is seldom necessary. It is often associated with troublesome bleeding, and may endanger bowel, mesentery or ureter that may have happened to be in the mass.

The abdominal vaginal drain and through and through sutures are often indicated in pelvic pus cases.

To have separated the appendix early from the abscess wall would have added very much to the danger of infection in this case.

#### CASE II.

Intestinal obstruction associated with displaced right kidney, nephritis, septic pyelitis and paranephritis, a large inflammatory mass involving the ascending colon.

Separation of kidney, decapsulation, nephrotomy, nephropexy drainage.