

other symptoms were relieved by treatment, that induced her to consent. The abdomen was less distended than when she was admitted, and her condition was somewhat improved, although she looked very ill and had a rapid pulse. When the peritoneum had been opened a large coil of small intestine was found extending towards the pelvis, where it was evidently fixed, as it could not be drawn up, and returning coils were found to be collapsed. In the pelvis was what appeared to be a large uterus, but the right side of this enlargement appeared to fluctuate and was softened, so that the suspicion that it was a pyo-salpinx adherent to the uterus was come to. Posteriorly, also, there appeared to be a kind of sulcus which increased the impression of its nature. The intestines were packed away with gauze plugs and abdominal sponges, and the pyo-salpinx was removed. The pus was yellow and offensive, and escaped from a tear in the enveloping wall during removal; but with considerable difficulty the whole was cleared from the pelvis, and the right side of the uterus ligatured and cut away. After careful cleansing of the parts and changing of sponges, the cause of the intestinal obstruction was investigated; this was due to the fact that a coil of small intestine had become adherent to the back of the pyo-salpinx and then taken an abrupt turn forward, so that it was acutely kinked at that point; it was necessary to separate this from the margin of the cavity that had contained the pyo-salpinx, and although the point of immediate attachment had been much diminished in size, it was not apparently altered in structure, the bowel beyond was empty and small. A second coil was also adherent over a greater extent, but had not been kinked or obstructed in any way, still it took some force to separate it, and the peritoneum was considerably changed where the adhesions had been. The amount of shock resulting from the operation was at first very severe, and it was necessary to give a saline infusion. The glass tube which had been introduced into the pelvis was retained for three days and then removed, as the discharge was without odour and small in quantity, and a stitch which had been inserted at the operation was now tied so as to close the tube opening. The progress was not marked by any rise of temperature, and all symptoms of obstruction ceased. Mr. Battle said that the obstruction was due to an unusual cause; that one hardly expected to find such urgent symptoms dependent upon a disease which was evidently itself of a chronic character. He pointed out that the operation required in the patient's then condition was necessarily very severe, but the woman had to face the risk of removal of the pyo-salpinx and the after freeing of the intestine, as the latter alone might have caused a leakage from the pyo-salpinx at the point of