

close to the edge of Poupart's ligament. The probe passes forwards and downwards (dorsal decubitus) for about three inches, but in no other direction, terminating apparently in a *cul-de-sac*. (Fig. 2.) During the primary examination no other passage



FIG. 2.—Showing position of fistulous opening and direction of sinus before operation.

could be found which would lead towards the large mass felt in the pelvis per vaginam. Aided by Dr. Shepherd and Dr. John A. MacDonald, on the 29th November this sinus was slit up on a director and found at first to be nothing more than a sinus admitting the little finger and ending abruptly in a blind pouch situated deeply beneath the abdominal muscles. Being convinced that there must be an outlet to discharge from the deep pelvis, and carefully running a very fine silver probe along the floor of this sinus, it suddenly slipped into a pit, and following it up with the little finger, broke at once into the main pus cavity which was interligamentous, and was the hard *non-fluctuating* mass so distinctly felt by bimanual palpation. Over a pint of bland pus mixed with blood-debris escaped. The finger now introduced could feel the intestines through the thin peritoneum (posterior face of broad ligament), but could not reach the