diameter, remained attached to the surface of the bladder. Three inches of the bowel were then resected and the ends united by means of the Connell suture, supplemented by the Lembert suture. The anastomosed bowel was then placed among healthy loops of gut as far removed from the necrotic area as feasible. The pelvis was drained through the vagina and abdomen. The patient recovered promptly, but naturally still has a small abdominal sinus. We have employed a retention catheter continuously, as even its temporary removal was promptly followed by the signs of ascending renal infection. The patient is now[2] in fairly good condition and has been entirely relieved of abdominal distension and cramps, to which she was subjected for some time prior to the operation.

In this case the clearly outlined subperitoneal nodule associated with the growth on the right side gave us a clinical picture very characteristic of multiple myoma, and this diagnosis was further strengthened by the healthy appearance of the patient. Some may doubt the wisdom of attempting any operative procedure in these cases, but in the liberation of the constricted and friable intestinal loop the bowel was opened, and then the more radical procedure seemed to offer the best chance of temporarily relieving the patient. In this case an absolute diagnosis would have been impossible without opening the abdomen.

CASE 4.—Diagnosis: Pelvic abscess, with retroverted myomatous uterus. Actual condition: Rectal diverticula, with rupture into the surrounding rectal fat, producing a definite tumor. Small abscess between the tumor and the pelvic floor. (Fig. 3.)

History.—This patient was seen early in February, 1904. She was 60 years of age. For some time she had experienced slight difficulty in defecation, and for a few days had been running a temperature varying from 100 to 103° F.

Examination.—On vaginal examination, I found the uterus somewhat enlarged. Posterior to it, and apparently continuous with it, was a globular mass. This was very hard and resembled a myoma in contour. There was, however, a hard ridge over its lower portion, as is so often noted where pelvic abscess exists.

Operation.—On February 13 I made a small incision in the vaginal vault just posterior to the cervix, and after peeling back the mucosa entered Douglas' pouch with a pair of blunt

2. Aug. 22, 1904.