December 22nd by Whitehead's operation, which method consists in simply snipping the organ off with scissors. The patient was discharged on January 8th.

Dr. BELL related the history of another case, who, after operation, developed a mild pyæmia; and, although now fully recovered, was unfortunately not well enough to bring before the Society. An interesting feature, however, about this case was the mildness of the pyæmia. Twenty-four hours after operation he developed a slight swelling at the angle of the jaw, and later on swelling about the right trochanter.

Dr. ADAMI, exhibiting the specimens, said that both are well marked epithelioma. With regard to the second case, in addition to a perfectly typical epithelioma, it shows considerable infiltration and advancing condition into the surrounding muscle.

Removal of Pus Tube and Ovary with Adherent Vermiform Appendix.—Dr. LAPTHORN SMITH reported the following case: Mrs. S., age 35, married twelve years, no children, one miscarriage a year after marriage, since which she has never been well. She has had five attacks of pelvic peritonitis, which confined her to bed for several weeks each time. Her present attack came on one week before admission, when Dr. Reddy was called in and treated her with salines, with considerable benefit.

She entered the Hospital on the 2nd February, the temperature then being only 100·4°, but it fell to normal after a few days of the same treatment, with the addition of hot douches. The principal symptom was pain in the right ovarian region of a sharp and burning nature, the same as she had always had with these attacks. During the past eleven years, every menstrual period has been followed by severe pain across the lower part of the abdomen, coming on only in the morning, but disappearing towards evening. She has suffered from constipation as long as she can remember, but she has never been troubled with her water, an analysis of which shows that it is normal.

By bi-manual palpation a hard swelling could be felt in the right inguinal region, which was firmly attached to the uterus about the region of the right cornu, and slightly movable with that organ. The induration extended all around the right half of the pelvis, but to a lesser degree, the whole of the swelling being very tender on pressure. The very hard mass was irregular in shape, consisting of several nodules, one of which was slightly fluctuating.

Diagnosis was made of pus tube and ovary matted together and bound down by old and recent pelvic peritonitis, the recurring attacks of which were probably due to leakage of pus from the tubes.

As no treatment would have been of any use unless it removed the source of the disease, namely, the pyo-salpinx, on the 25th February I performed coeliotomy, assisted by Drs. England and Geo. T. Ross, the patient being placed in Trendelenburg's posture. After the usual rigorous antiseptic precautions, the abdomen was opened by a four inch incision. The omentum was found to be adherent to the abdominal wall as high as the level of the superior spines of the ilium, but it was peeled off without great difficulty. The omentum was so firmly adherent to the pus tube that it was impossible to detach it; it was therefore tied in two segments and then *en masse*, and cut off. Great difficulty was experienced in enucleating the inflammatory mass from its bed of old adhesions, the process involving the rupture of the abscess cavity. From this about an ounce of ichorous fluid escaped, as well as about four ounces of straw-colored liquid resembling urine, but which was found to have come from a portion of the peritoneal cavity walled off by adhesions. While enucleating, a portion of the mass broke off, and on withdrawing it I found adherent to it a long, thin, healthy-looking cord, which could be drawn six inches from the abdomen. This cord was cut and held temporarily with a Pean forceps, to be examined and dealt with later on. The main mass, consisting of the tube and ovary, were then dug out, bringing with it a portion of the uterine peritoneum. The above mentioned cord-like tube was then carefully examined; it was found to be round, perfectly cylindrical, that is to say, the same diameter at both ends, its interior lined with mucous membrane, but without any peritoneal covering. As it is quite common to find the vermiform appendix adherent to the right uterine appendages, I at once declared this to be the appendix, but on drawing firmly upon it, instead of being able to trace it towards the cæcum in the right inguinal region, it led directly up towards the right kidney, disappearing underneath the intestine, which was matted together. Some of the onlookers were convinced that this was the ureter. In order to make sure that the bladder had not been torn, it was tested by the injection into it of a half-pint of boiled water, which did not come through into the abdomen, and which, on the contrary, flowed out of the natural channel unstained. The left tube and ovary appeared healthy, and were not removed. While examining them, several large lumps the size of pigeons' eggs were felt on the anterior wall of the rectum, beneath the peritoneum. One of them was lifted up to the incision, and inspected, when it was seen to be yellow in color, resembling very much an enlarged cancerous lymphatic gland. The enlargement may, however, have been benign, and merely due to infection from the pus tube, although I have never seen anything like them before in this situation. The abdominal cavity was carefully washed out with four or five gallons of sterilized water, as hot as could be borne,