

mence in either the ordinary areolar tissue, in the peritoneum, or in the Fallopian tube. In the *post-mortem* examinations which I have seen of such cases there has been as a rule little to tell where the inflammation had commenced. There is usually ample evidence of inflammation existing in all these structures, as in the case we are now considering, but it is frequently impossible to differentiate the various structures as all are so thoroughly matted together that we are unable to separate them. In some cases we find a pyo-salpinx, and perhaps an abscess of an ovary—in other cases we cannot recognize the ovaries or tubes at all. We have had, in the past, very vague ideas about that form of pelvic inflammation which is so apt to recur, and we have been in the habit of calling it chronic pelvic cellulitis, or chronic pelvic abscess, but we have recently begun to discover, through the labours of Tait, Noeggerath, Wylie, and others, that salpingitis is a very, if not the most, important element in these chronic pelvic inflammations. The inflammation of the tube is generally caused by an inflammation of the endometrium, extending into the tubes. The most common causes of this are gonorrhœa, as first (I think) pointed out by Noegerrath, and, in virgins, catarrhal endometritis, as pointed out by Wylie.

In the case we are considering, I think the history of the pains, chills, and fever commencing at a menstrual period, and the comparatively regular recurrences of such attacks point strongly to salpingitis as being the main factor at the commencement. It is easy to see how the inflammation may spread to the ovaries, peritoneum, and adjacent areolar tissue; and, without discussing this point any further, I will say that I believe such were the cause and sequences in my patient.

The question of treatment is without doubt very important, and, whether considered in the light of our knowledge obtained before or after death, very difficult to decide. If we decided to aspirate, or open it in any way, I could find no suitable point to attack either in vagina or rectum. It would have required a bold, or rather rash hand to plunge a trocar or aspirator needle blindly through the abdominal wall, especially as we had reason to know that the

bowel was so closely connected with the mass. I think that under the circumstances the course contemplated of making an exploratory incision would have been at once the safest and wisest procedure. We could thus have ascertained the actual condition of things, and quite probably have detected the thin portion of the wall surrounding the pus cavity, and found the relations of the colon. The abscess might then have been opened, and the edges of its sac stitched to the margins of the incisions in the abdominal wall (after Tait's plan), the cavity thoroughly cleansed, and a drainage tube left in. The evidence obtained at the *post-mortem* examination, I think, goes to show that such an operation was the one most likely to have accomplished great good.

As to the manner of termination, it is well known that the most common places for large pelvic abscesses to spontaneously discharge are the iliac region, the vagina, and rectum, while among the less common is the peritoneal cavity. In the cases of this description which I have seen reported, where the abscess has opened into the peritoneal cavity, a general peritonitis has generally been set up which soon caused the death of the patient; but I do not at present remember any report where under such circumstances death has been caused by shock so soon after the unfortunate accident as in the case I have brought before your notice to-night.

## HYDATID CYST OF THE LIVER.

BY ANGUS M'KINNON, M.D., GUELPH.

J. M., a native of Iceland, was admitted to the Guelph General Hospital, March 25th, 1884. Age, about 40 years.

For two years previous he complained of pain in the right side. In all other respects his health appeared to be very good. As he was unable to speak any language that I could understand, I could not obtain any history of the state of his health, or occupation, only that for the past two years he has been a farm-labourer in Ontario.

On examination, his pulse was about 70°, temperature normal, and body well nourished. Respiration slightly accelerated, but he had no