

to embody the following two interesting cases in this paper, reported by Dr. H. S. Birkett, house surgeon, Montreal General Hospital:—

CASE II.—M. F., aged 20, single, admitted to the General Hospital, 11th May, '86, complaining of pains and swelling in the lower part of abdomen. Two months previous to admission was confined, and gave birth to a full-termed child. Two days after confinement patient got up, and soon complained of severe sharp pain in lower part of abdomen, attended with a small swelling in the right side of that region. Immediately took to bed, when the symptoms became less severe, but with each attempt to rise from bed to attend to her duties the symptoms returned, and became aggravated. *Previous history*: Always enjoyed good health; menstruated at 14 years, menses regular and not excessive; has suffered from leucorrhœa for many months. At present, complains of severe, sharp and non-continuous pain in right iliac region, and extending down thigh, aggravated by movement, and often so severe as to prevent sleep. *Examination*: Patient is of average height, well nourished, though anæmic; pulse 86, regular and of small volume; respiration 18; temperature 99°F. In the right iliac fossa a somewhat oval-shaped swelling is found, being about $1\frac{1}{2}$ inches by 1 inch, is tender and very painful, non-fluctuating, skin moves freely over it. By vaginal examination, this swelling is also easily made out. Linseed poultices were applied, and morphia given as required. By 2nd July the swelling had much increased, being then $3 \times 2\frac{1}{2}$ inches, very tender, hot and fluctuating. The temperature for the last week ranged from 100° to 102° at night, and from $98\frac{1}{2}$ ° to $99\frac{1}{2}$ ° in the morning. On the 5th July, patient being etherized, the swelling was aspirated by Dr. Shepherd, and gave evidence of pus being present. The abdominal wall was carefully incised over the swelling and the abscess cavity freely opened, which gave exit to about 5iv of white, creamy pus. Thorough examination showed that the cavity was quite localized in the right iliac region. A medium-sized drainage-tube was introduced, properly secured, and the edges of the wound brought together by catgut sutures. Dressings of iodo-