

practitioner in January, 1898. Following the operation a fistula formed at the upper part of the operation wound.

In January, 1899, and again 3 months later, an attempt was made by a well-known surgeon to close the fistula, but it remained closed for only a short period after each operation—the last time for two months.

In January, 1900, the patient first consulted me with a fistula in his right side. Over the region of the cæcum a somewhat ill-defined mass could be felt, which I thought might be some chronic inflammatory thickening. By dissecting up the skin around the circumference of the fistula, then roughly sewing over the two sides with a continuous suture, the fistula was then temporarily closed.

I now made an incision through the abdominal wall into the peritoneal cavity above the limit of the former incision. The intestine, together with the closed fistula, was freed from the abdominal wall.

A thickened, hardened mass was felt in the cæcum, and at its junction with the ascending colon a strictured portion could be seen and felt, evidently the result of a cicatrizing ulcer. It was at this point the fistula formed.

The cæcum, together with the portion of the colon, was removed.

The progress of the case was uneventful and the patient allowed to get up in four weeks. He returned to his former employment and is still enjoying the best of health.

C. J.—Admitted. Nov. 27, 1900. Discharged, January 7th, 1901. Age 27. Single. Farmer and farm-hand. Present illness:—Began eight months ago with sharp pain and feeling of soreness in right side. Gradually losing flesh; felt tired, heavy, and had no desire to work. Had night-sweats, and considerable pain at night, for which he regularly took "pain-killer."

The pain, as time went on, became of a more gripping character: in the course of a walk of half a mile he would fall down three or four times. This gripping pain became more and more frequent, so that he could not follow his occupation. His bowels were irregular; usually had no difficulty in keeping them open, and would then have the pain more frequently, and would be bloated; no diarrhœa; never vomited. Appetite good. Four months before he consulted me, he first felt the lump when one day feeling his side for pain.

His family history was of no value, except for the fact that one brother, aged 27, died of "bowel trouble" and "tape-worm."

Physical Examination:—The abdomen was distended and rigid, but over the right iliac region an ill-defined mass the size of the closed fist could be felt; it was resonant on percussion, tender on pressure, and appeared to be immovable.