ileum near the ileo-cæcal valve. The fæcal fluid still welling out, further examination led to the discovery that there was a third perforation of the cæcum which also was sutured. But the patient continued to sink and died upon the morning of January 1st.

It is unnecessary to go into all the conditions found at autopsy, but the condition of the abdomen is of importance. From the old wound in the right groin about 30 ccm. of thin coffee-and-milk fluid of rather fæcal odour was removed. On opening the second median operation wound and more particularly on attempting to separate the matted intestines over the pelvis, purulent fluid welled out, while another sac of pus lay between the pyloric end of the stomach and the ascending colon. There were thus, in addition to the original perityphlitic abscess cavity, at least two pus sacs, the larger, containing an admixture of fæces, being deep in the pelvis and having a roof formed of the matted coils of the ileum. These adhesions were firm and apparently of some age, so that they had to be cut through. Upon examining the intestines, which were removed with great care, there were no signs of ulceration until a point 5 cm. above the ileocæcal valve where there were indications of two perforations close to each other, one of which had been sutured. The cæcum which lay exposed to the original operation cavity was covered by a dirty inflammatory layer. On examination the appendix was found rather thick, coiled upon itself, and adherent by organised adhesions to the cæcum. It showed a well marked area of perforation in its middle third, the interesting point being that by a thickening of the mucosa, the lumen of the appendix was completely obliterated so that a fine probe could only be pushed through from the gut after the employment of considerable force. In the colon, in addition to those which had been sutured, two other perforations were found, one some four inches above the valve, the other nearer to the hepatic flexure. It is to the ulcerations in connection with these two that I wish particularly to direct your attention.

Regarded from the outer side, these two perforations differed considerably. The upper one showed a complete loss of tissue for a length of about 3 cm.; there was thus very free communication at this point between the posterior and inner portion of the colon, and the peritoneal cavity or, more correctly, the walled-in collection of pus lying immediately to the inner side of this area. The lower perforation, on the contrary, showed a relatively small external orifice about 2 m.m. across, reaching through the muscle wall. In fact, the perforation here was of the nature of a fistulous tract. Yet, seen from the inner side, these two perforations were clearly of the same