permanganate of potassium after every foul motion. Urine could not be saved or measured.

Seventh day.—Bowels moved frequently, the discharges still of a foul and gangrenous odour, but no fresh blood. Much flatus passed through the rectal tube. Temp. 99°.8, pulse 137.

Eighth day.—Fair amount of sleep, patient more comfortable, two small motions. No blood, and less offensive odour.

Ninth day.—The abdominal sutures removed. The line of incision healed by first intention and perfectly aseptic. No correct estimate of quantity of urine could be made for the last few days on account of diarrhoea. At night became delirious, refusing absolutely to take any food. Highest temp. 99°, pulse 130.

Tenth day.—Continued quite flighty and excited during the day, at night developed acute mania. Threatened violence to the nurses, attempted to get out of bed, tossed arms about, and once or twice, in spite of the vigilance of the nurse, left temporarily alone, passed one hand under the bed clothing with the most untoward result as the sequel will show. At two o'clock the Matron was called up. She found the patient in a state of collapse, and on investigation, discovered that the bandages were loosened, the abdominal wound torn open and the intestines protruding therefrom. I was hastily summoned by telephone and on arrival found the patient lying on her back with a coil of the colon beside her and in contact with the sheets. I hastily removed all the bandages and found lying under the iodoform dressing a still larger portion of the colon, some omentum and a large portion of the smaller intestines extruded through the wound—a condition of things the like of which I had never before witnessed, nor read of, unless indeed it be the case of Judas Iscariot of whom it was recorded that all his bowels gushed out. Using all possible antiseptic precautions I returned the extruded bowels and omentum with some difficulty and closed the wound with strong silk sutures, the patient bearing the pain remarkably well without any anaesthetic, her pulse at the close of the operation being 120 fairly strong and regular, and strange to say, no shock followed, but on the contrary, her cerebral symptoms seemed to improve, but sedatives were continued until all these symptoms disappeared.

On the 26th day the patient was placed in the general ward.

Now, the 33rd day, the wound is completely healed, temperature normal, pulse 74 to 84. Urine passed varying somewhat in quantity and sp. gr. some days as much as 49 ozs. being passed with sp. gr. 1015. Other days quantity not so great and sp. gr. higher. Her diet now includes fresh fish, meat, fowl, broth and all the cereals; also eggs. In the matter of the bleeding from the bowels and diarrhœa, I have no doubt these were the results of the wounding of the meso-colon, together with the handling and exposure of the colon itself.

Indeed necrosis and sloughing of the colon is one of the contingencies to be dreaded after an abdominal nephrectomy. The paralysis of the colon was well marked before any purgatives were administered.

The bleeding and the gangrenous condition of the discharges would seem to indicate a necrotic process going on in the mucous coat of the colon near the site of the wound of its peritoneum, although fortunately confined to the mucous coat of that viscus, at least not extending through to the serous coat, of which fact I had an ocular demonstration at the time of the accident which I have described. The septicæmic symptoms met with would also be accounted for by absorption from a sloughing process in the interior of the bowel and on no other