tremendously, and she put on weight with no temperature. There continued to be some trouble from gas backing up into the large bowel, and on May 16th, 1911, I again opened the abdomen, divided the ileum, and turned in the proximal end near the anastomosis. I brought the distal or caecal stump out through a small, right, lateral incision, for the purpose of irrigating the large bowel, and then closed the abdomen. From that time on her general condition improved, and by the end of the year 1911 tubercle bacilli were persistently absent from the sputum. She was discharged from the sanitorium, and for the past two years she has been free from the disease.

Case 2, a female, aged 17, had been a sanitorium patient with pulmonary tuberculosis for several months. She developed signs of tuberculosis of the colon. An ileo-sigmoidostomy was done on March 8th, 1911. Her recovery was not so spectacular, but has been continuous. I saw her a few days ago and she looks and feels well. She has one or two bowel evacuations daily.

Case 3, a male, aged 25, with chronic constipation, began to have soreness about the abdomen. The difficulty of getting the bowels to move was more and more marked. A mass, following the course of the caecum developed, and tuberculosis of the caecum was suspected. On May 25th, 1911, the diagnosis was confirmed by exploration, and I did an end-to-end anastomosis of the ileum to the sigmoid. His recovery was uneventful. I saw him, a strong rugged man, a short time ago, and he told me he has had no inconvenience since. He is a well man.

Case 4, a male, aged 20, had been a very sick bed-patient with pulmonary tuberculosis for months, and had developed cavities with persistent and harassing cough. He then developed signs of tuberculosis of the caecum. Under gas and oxygen I opened him and found tuberculosis of the appendix, caput coli, and about 6 inches of the ileum, involving not only the mucous coat, but the serous coat as well. I resected the ileum, appendix, and caecum, and put the ileum into the sigmoid. His progress towards recovery was most spectacular, but lasted for only about six months, when the abdominal scar showed signs of tuberculosis invasion and finally broke down. He then went down-hill and died of a general tubercular invasion of the peritoneum. A remarkable feature of this case was a complete relief of his cough for weeks following the operation.

I have related these cases merely to call attention to a class of case that may be benefited by short-circuiting. If I have the privilege of seeing a case of pulmonary tuberculosis—but I don't see many—and there is any sign of stasis, I shall most certainly short-circuit with the hope, not merely of relieving the stasis, but of improving assimilation