

and I decided to leave it as it was, as I had still to turn my attention to the mass overhanging the pelvis, and which had been in such intimate relation with the bowel already operated upon. Careful examination of the mass led me to the conclusion that it was simply cicatricial, and that it did not involve any other part of the intestinal canal. The subsequent history shows that I was wrong in the conclusion arrived at, as to the character of the mass, but right as to its not then involving any other portion of the bowel. The patient made an excellent recovery, and after a week or ten days his bowels moved regularly and he passed large well formed stools (showing that there was then no obstruction in the rectum or sigmoid flexure), but the button never came away. With the exception of some discomfort after an enormous dinner of corned beef and cabbage and several summer apples, he continued well and left the hospital on the 12th of August in first rate condition. (He wrote me the day after leaving the hospital, to say that we had not felt so well for two years.) On the 11th September he returned, again suffering from obstruction. He had enjoyed good health for from one to two weeks after leaving the hospital. Then diarrhoea set in for a few days, after which it was succeeded by constipation and rumbling of wind in the intestines, ending as before in painful and explosive evacuations with temporary relief. This continued until September 18th at 4 p.m., when obstructive symptoms, (inability to pass even flatus, vomiting, &c.), came on. These were attributed by the patient to the arrest and impaction of the button (which had never been found), in some portion of the ileum or large intestine. In this condition he reached the hospital on the night of the 11th of September, and on the following day at 2 p.m., forty-six hours after the onset of the symptoms I reopened the abdomen through the original median incision. The button was found free in the splenic flexure of the colon and removed through a small incision on its free surface, which was closed by Lembert sutures. I had