

was taken ill with pain in the abdomen and vomiting. On Saturday the vomiting continued. I saw her early on Sunday morning with Dr. Fletcher, and found her suffering from tormina. Pulse 72; temperature 100. Intestinal peristalsis was markedly increased. The stethoscope revealed distinct gurgling and a conclusion was arrived at that the case was one of intestinal obstruction. Advised operation, and on the 22nd of July, 1901, at the Western Hospital, assisted by Dr. Fletcher, opened abdomen through the old wound. The intestines were found to be dilated and reddened. One coil of small intestine was fastened to the rectum and the uterus. The adhesions present showed that the patient had gone through a sharp attack of peritonitis following the original operation. The bowel was drawn down and encircled by a band that kinked it, and also constricted its lumen. This was gradually loosened until the obstruction was completely relieved. The patient died.

CASE 7.—Mr. W., operated on by me on the 13th of July, 1901, for appendicitis. He was very ill with general peritonitis at the time, but made a good recovery. While visiting in Gravenhurst he was suddenly taken with pain in the abdomen and vomiting. It was supposed that he was suffering from acute indigestion. Being uneasy about his condition he came down on the first train and was seen by the family physician, Dr. Greene. The doctor had him immediately removed to the General Hospital, and I saw him in consultation without delay. We diagnosed the case as one of internal strangulation, probably by a band. Immediate operation was advised, and within an hour, on December 31st, 1901, I found the abdomen in the median line. The bowels were found congested. On passing the fingers down a peculiar unusual feeling was encountered at one spot. This was carefully examined after the walls had been well retracted, and the intestine was found to be bound down very firmly by a band passing back towards the spine. A pair of forceps was passed underneath this and was cut through with scissors, and immediately the intestine sprung up. The abdomen was closed and the patient made an uneventful recovery.

CASE 8.—Mrs. J., had been operated on two years before for ectopic gestation. She was taken ill suddenly the night of the 26th of July, 1902, with severe pain in the abdomen, accompanied by vomiting. On the afternoon of the 28th of July she arrived at the General Hospital, when her pulse was 100 and temperature 99. I did not see her until the morning of the 29th, when she was evidently much worse, with a pulse of 160. It was two o'clock in the morning when I was called. It seemed an assured fact that she was going to die but I concluded to give her the only chance and opened the abdomen as soon as possible. Sixteen inches of black and gangrenous intestine pushed forward into the