

rectal tube was passed up into distended bowel and the flatus drawn off. The injured section was brought up to wound and supported there with gauze packing above and below. In twenty-four hours he became again very tympanitic. On removing the dressing from over the knuckle of bowel in wound it was seen that the injured section was black and gangrenous, awaiting only time to slough away. It was immediately punctured and the tympanitis soon disappeared. Feces began to pass by the fistula. In a few days all gauze packing was removed, the artificial anus being completely shut off from the peritoneal cavity. On flushing out the bowel through the fistula there came away with the feces, pieces of china, prune stones, buttons, sections of rubber sheeting, etc., that the patient had swallowed from time to time. We tried to rally the patient, who, after operation, was very weak, so as to get him in shape for a second operation for repair of the bowel. This could not be done as he gradually failed and died on 11th April, 1899, or thirty-five days after the initial operation.

CASE 5.—*Intestinal Adhesions Caused by Appendicitis.*—A female patient, aged 60, complained of some abdominal pain on February 1st, 1900. She could not locate pain, but on examination a tenderness was noted to the left of the umbilicus. She had a temperature of 100°, and a pulse rate of 90. General treatment being adopted, the severity of the symptoms apparently subsided. She had several free movements of the bowels during the next few days, and felt quite comfortable. On February 10th she again complained of pain in the abdomen, which, on pressure, revealed tenderness close to the left of the umbilicus; the abdominal walls were soft, and no dulness was exhibited anywhere on percussion. Temperature to-day was 98°, but pulse rate was 100 and somewhat weak in character. Purgatives given to-day had no effect. February 11th she became slightly distended and vomited a little. Still no movement of the bowels. She, however, passed a little gas. February 12th, vomited occasionally throughout the day whenever she took a little liquid diet. The abdomen was a little more distended, pulse weaker, and temperature subnormal. Enemas were given, together with eight drops of tr. belladonna every six hours, but with no effect. February 13th—In addition to occasional vomiting, hiccoughing had now set in. Distention of abdomen increased, while edema of walls was very marked, and patient was weakening fast. Operation was decided on as a last resort. On entering the peritoneal cavity, coils of distended intestine appeared in the wound. The color was of a bright red. On inserting the hand into the pelvic cavity a quantity of foul-smelling pus welled up. After sponging out pus, the contents of the abdominal cavity were