

After considerable difficulty loosened the omentum and bowel which looked red and inflamed. With the finger I soon discovered the site of the obstruction where a band formed by the omentum, about the size of a boot-lace, completely encircled the ileum near the ileo-cecal valve. The band was produced by adhesions of the omentum to a coil of intestine. The anesthetist said that as soon as we relieved the band he found a great improvement in the pulse. The wound was closed and the patient made an uninterrupted recovery.

CASE 4.—Mrs. W., had been ill for some weeks. Temperature had become elevated to 104. Symptoms were those of partial obstruction of the intestine. A peristaltic action was very noticeable and gurgling could be heard distinctly with the stethoscope. Vomiting became stercoraceous. I saw her in consultation with Dr. A. O. Hastings, and on the 13th of April, 1900, at Grace Hospital, assisted by Dr. Hastings, I opened the abdomen in the median line. The small intestine was obstructed in two places by adhesions due to presence of tubercular inflammation. Tubercular nodules were found studded through the intestines. The bowel was freed by cutting through the adhesions and the wound closed. Patient made an uninterrupted recovery and is now in good health.

CASE 5.—Mrs. S., aged 25. I operated on her and removed double pyosalpinx, also removed the vermiform appendix as it was inflamed and adherent. After the operation the family physician, Dr. Guinane, took charge of the patient owing to my absence from the city. After I returned I found that symptoms of gradual obstruction of the intestine had been setting in. Patient had pain, constipation, increased peristaltic action of the intestine, and increasing tympany. As the symptoms did not abate, but grew worse, on the 25th of September, 1900, at St. John's Hospital, assisted by Dr. Guinane, I reopened the abdomen in the median line. The coils of small intestine were found very much distended above, while the large intestines were collapsed. I concluded that the obstruction must be in the small intestine. Several coils were found to be adherent near the right pedicle. Near this point a black, grumous material, streaked with pus, was present. Two or three bands of adhesion were loosened, and the intestine was straightened out. The patient became very much shocked and almost succumbed. Owing to the septic, grumous material present, I considered it advisable to pack in iodoform gauze to insure drainage and shut off the infected area from the abdomen. A drainage tube was also inserted. Patient made an uneventful recovery.

CASE 6.—Mrs. C. December 31st, 1896, I operated on this patient and removed a dermoid tumor of the ovary. She recovered and enjoyed good health. On Friday, July 19th, 1901, she