to open the intestine to drain off the fluid. Each opening was carefully closed with silk suture. With the utmost difficulty the intestine was examined as the agglutination was almost continuous. Four strictures of the jejunum were found, one involving two inches requiring resection of three inches of bowel with the insertion of a button, and three smaller constrictions which when freed gave a sufficient lumen. The appendix, gall bladder and pelvic organs were normal. The abdomen was closed without drainage.

During the operation the patient ceased to breathe and was with difficulty resuscitated. As with case No. 1 we put her to bed expecting but a few hours of life but within eight hours the pulse fell to 100, the bowels acted and flatus passed freely, and nourishment was retained.

The patient progressed favorably for one week with the exception of suppuration in the abdominal wound, and was removed from the hospital on the eleventh day. After the first week she gradually became weaker, digestion became impaired with diarrhœa and dysphagia, dying on the twentieth day after operation.

Post mortem examination showed adhesion of all abdominal layers but the skin. Agglutination of intestines. The bowel had united with slight adhesions which unfortunately gave way in the removal of the intestine. The button was found in the sigmoid flixure.

REMARKS.—In constipation gradually increasing in spite of careful regulation of diet and medication, in patients who have previously had inflammatory diseases within the abdomen or who have repeatedly suffered localized intra-abdominal pain, we should not postpone exploration of the abdomen until our patient is *in extremis*. The presence of an area of dulness is additional reason for action. In the female a vaginal examination should be made and in both sexes the rectum should be explored digitally and by speculum, the possibility of malignant disease being kept in mind. Under proper precautions the opening of the abdomen is not a serious matter, not so serious by any means to the patient as the attendant remaining in ignorance of the condition while the strength hour by hour slips away. It is indeed rare that the experienced operator will open an abdomen of one who has a history of severe pain and constipation without gaining sufficient information to warrant the trouble or without being able to give to the patient sufficient relief or satisfaction to warrant the slight risk

TO RECAPITULATE.—The history of intra-abdominal inflammatory disease with localized pain with increasing constipation with or without any abdominal dulness or enlargement, and with or without fecal vomiting, demand intra abdominal exploration.