

generalization of a suppurative process was arrested by this means. I shall speak of the walling in of perityphlitic abscesses in connection with the appendix.

Of equal interest are the localized adhesions discovered in connection with the different abdominal viscera. There were, as might be expected, numerous examples of attachment to the intestines.

**STOMACH.**—In a case of gastric ulcer, with perforation, plastic adhesions of the omentum doubled upwards upon itself occurred over the area where the large ulcer (upon the anterior aspect of the organ) had been brought together by a Lembert's suture. The operation had taken place nine hours and a half before death.

**SMALL INTESTINES.**—In 2 cases of general peritonitis, one acute, one chronic, there were numerous adhesions. A case of traumatic rupture of the jejunum near the duodenum, in which Murphy's button was applied without success, showed the right border of the omentum adherent by plastic exudations over the seat of junction; and in another unsuccessful Murphy button case, where some four inches of the ileum close to the valve had been removed by Dr. James Bell for submucous sarcoma, there were similar adhesions. (In both these cases the intestines had become necrosed and perforated at the mesenteric attachment.) Another case, from a man, aged 24, presented a condition which I can only regard as an old healed intussusception. The upper half of the ileum was somewhat distended (11.5 cm. in diameter as compared with 8 cm. below), the obstruction being due to the presence of an annular constriction admitting a cone 6.3 cm. in circumference. The mucosa over this ring showed no cicatrix, but externally there were evidences of old inflammation in the shape of small longitudinal bands running from above the constriction to below it, while a delicate band of the right border of the omentum was adherent to the intestinal wall in the immediate neighborhood.