

was there the sign of any considerable peritonitis. In fact, in three cases there was absolutely not an adhesion in the peritoneal cavity, and the autopsy might have been made in good faith without discovering that the bowels had ever been interfered with.

I have never seen the operation done on the human subject, but I would submit here the following reports of three cases which have come under my own observation during the past year and a half, and which were, I think, suitable cases for this operation. I could mention other cases as well, but prefer to give only these three as examples of some of the different conditions in which I believe the operation to be indicated. Moreover, in the first two cases, I am able to give the report of the post-mortem examination in corroboration of the diagnosis made at the bedside:—

CASE I.—M. W. was admitted to hospital on the 25th April, 1882, with a small and freely movable tumor below and to the right of the umbilicus. She complained of "constipation," and stated that the first difficulty experienced was eight weeks before admission, and after taking a dose of castor oil. This failed to move her bowels satisfactorily, and caused severe pain and troublesome vomiting for two days. She then felt a tumor for the first time. She had suffered ever since from digestive disturbances of various kinds, and had attacks similar to the one described whenever a purgative was taken. After several days' observation, during which there was no pain nor elevation of temperature, nor other sign of constitutional disturbance, a diagnosis of faecal accumulation was made, and the patient ordered a black draught. This was followed by the most serious and alarming symptoms—pain, vomiting, distension of the bowel above the tumor, and a condition bordering on collapse. There was also complete inability to evacuate the bowels. This condition lasted two or three days, until she had had several small liquid stools, and then the symptoms passed off. Very little change occurred for two or three weeks, when inflammation took place around the tumor, and a circumscribed abscess formed and pointed in the abdominal wall. A minute exploratory opening