recovery from this operation, temperature not exceeding 100°, and was about ready to leave the hospital when she began to complain of pains in the abdomen. The bowels became rather sluggish, yet would respond to active cathartics. Vomiting and tympanitis, temperature continued normal, while pulse began to climb up. Seventeen days after the primary section the symptoms indicated obstruction, the abdomen was opened through the first incision which had firmly united. The intestines were deeply congested and a two inches of the ilium were found bound to the peritoneum along line of incision, with gut acutely curved upon itself, completely closing the lumen. The bowel was very friable and the muscular coat tore several times in freeing the adhesions, these tears were adjusted as accurately as possible. Other minor adhesions and bands were broken down, sterilized oil left in peritoneal cavity and the wound closed. The pulse which was 131° before the operation dropped to 98 by midnight with a temperature 98 1-5°. Urine free, bowels moved the following day, also vomited mucus and bile. The pain disappeared and the patient was comfortable. Next day flatus passed, vomited several times, and pulse 124. On the evening of the third day temperature reached 100 2-5°, and pulse 136. On the following morning as a last resort she was again opened. General peritonitis was found with partial stricture of a knuckle of small intestine deep in the pelvis. Rapid collapse compelled immediate termination of the operation.

CASE VII.—Mrs. R., aged 38. One year ago, after walking rapidly to catch a train, and partaking freely of cold drinks, she experienced severe pain in "the bowels." The suffering continued during the following night but was relieved by free catharsis. About every two months patient suffered from similar attacks which lasted some two or three days, frequently beginning at night, the patient being awakened by the pain. Had not consulted any physician in this matter, fearing that it would be called appendicitis and operation recommended, so permanently fixed has the connection between this disease and the hospital become in the public mind. Patient presented temperature of 101°, rigid right rectus, pulse 86, and suffering intense pain diffused over the abdomen. Acute pain upon deep pressure over right side, an enema relieved the bowels and the patient slept. Operation was discussed, but as the pain had eased and the patient comfortable it was temporarily refused with the promise to consider it during the interval between the attacks. Twelve hours later I called and found temperature and pulse increased, with appendix region still very sensitive to pressure. Surgical measures were imperative, and the patient was given the alternative of accepting them or dismissing her attendant, as the responsibility in such cases is too great to permit of any compromise. Section showed a perforated appendix with abscess The suppurating organ was removed, the abscess wiped out with gauze, and a drain inserted. Convalescence normal.

CASE VIII.—Mrs. J., aged 28. Mother of three children, youngest three years old. Had suffered four years with pelvic pain, was somewhat relieved before birth of last child, but increased afterwards. Had several miscarriages during last two years. Some four months ago her husband took grippe and followed with pneumonia which confined him some two months. During this time she acted as his nurse as well as doing her share of the household work. During the convalescence of her husband the patient became nervous, hysterical, and latterly melancholic, refusing food and unable to sleep. A pelvic examination showed lacerated perium, retroverted uterus and thickened ligaments. Local treatment was discussed, but postponed until the system could be improved. Massage, electricity, and even seclusion proving futile, and the mental condition becoming more pronounced, I opened the abdomen and