ently passed behind the femoral sheath to the outer side and into the abdomen. The seventh opening was situated close to the pubic spine. On palpation it was very evident that a large mass of cicatricial tissue existed in this region. At times, and particularly when gas passed from the small into the large intestine, a jet of fluid fæcal matter would spout three inches high from the three sinuses in the scar. This necessitated a constant change of dressing and washing. An attack of diarrhœa would soak through dressings and into her clothing and bed-linen.

The condition of the heart and lungs being healthy, and no secondary changes being observable in the abdominal viscera, it was decided that an attempt should be made to close the bowel.

On the 16th of March, 1895, after each sinus had been thoroughly injected with a strong solution of methyl blue, so as to distend it as much as possible, an incision was carried down upon directors or probes inserted into each, the sinus in each case being thoroughly exposed to view as far as was possible. The sinus above the iliac crest was found to lead down under the colon or cæcum to the pelvis. Here a cavity was found into which the open hand could be inserted. Its walls were very tough, almost cartilaginous to the touch, and it was apparently situated behind the rectum. The sinus opening at the pubes lay beneath the external oblique muscle, following the route of the round ligament.

The sinus in the groin led up under the femoral sheath to reach its outer side, and connected with one of the sinuses in the scar by passing under the cæcum.

The greater part of the cæcum and lower part of the ascending colon were solidly fixed in cicatricial tissue. On following the course of the scar sinuses, it was found that they led to an opening in the cæcum into which the median finger could be easily introduced.

It was found necessary to remove an elliptical piece, 3 inches long, from the bowel, to close this, four tiers of sutures being used.

After all sinuses had been scraped with a sharp spoon, the cavity was packed, and the skin united with sutures. The operation took nearly 3 hours to complete, and the patient was in a state of collapse for nearly 24 hours afterwards, before rallying.

On the third day a slight leakage of fæcal matter occurred, upon which it was thought advisable to remove 3 or 4 skin sutures opposite the bowel incision and to reinforce this with firm packing.

The wound healed rapidly, and the patient quickly regained strength, returning home six weeks after operation.