

severe abdominal operations, he was perfectly comfortable. About 2 p.m., on the 14th, (48 hours after operation) the patient was seized with very severe pain which was not sensibly relieved by a moderate quantity of *Lig. opii sed.* (Battley) injected hypodermically. The dressing was removed and the glass drainage tube found filled with liquid faecal matter. From this time he sank rapidly and died in about 18 hours. Post-mortem examination discovered a general peritonitis, with quantities of liquid faecal matter free in the peritoneal cavity. The button remained in situ, but the approximated ends of the bowel were completely gangrenous in their whole circumference and had given way just beyond the border of the button. I cannot offer any satisfactory explanation of this unfortunate result. Dr. Murphy states, in a letter to me, that "this is an exceptional case and has not occurred so far, except where there was infection from without, preventing the union, and where the post-mortem showed that there was no effort at union at any portion of the circumference, as well as at the point where the perforation occurred. This condition was certainly shown by the post-mortem in this case, but I cannot believe that it was primarily due to infection from without. I cannot believe that with such symptoms as I have narrated in the history of the first forty-eight hours after operation there could have been infection from without. I am much more inclined to attribute it to one of two things, either (1) impairment of the vitality of the ends of the bowel by the use of the elastic ligature; or (2) pressure upon the wall of the bowel between the end of the glass drainage tube externally and the button internally, producing erosion and escape of intestinal contents, and then infection from without. Finally, it is perhaps open to question, whether the vitality of the bowel was not already impaired by its great distension about the stricture, and also whether, considering the thickness of the wall of the bowel in this situation, the button may not have been closed too tightly.

CASE II.—Mrs. M., æt 49; strangulated femoral hernia.