

each day, some of them before operation at the time of surgical treatment, witnessed his masterly technique, noted the history of the convalescent period, talked with staff and nurses and patients, and from this limited experience I believe C.I.S. deserves our most serious consideration.

I wish to present a few lantern slides showing conditions as found during surgical treatment.

Medical treatment:—Aside from tonics and other supportive measures little medication is necessary; in some cases, however, it may be necessary to have recourse to laxatives and exercise in order to stimulate the peristalsis. From the surgeon's point the treatment consists of facilitating the passage of material through the several portions of the gastrointestinal tract, in the vast majority of cases the use of liquid paraffine, the application of some spring support to the lower abdomen, massage, and the avoidance of such proteid foods as poison the tissue. When these methods fail, resort must be made to the operative interference. The essential object of such operative treatment is to facilitate the effluent from the ileum and so to remove at once from the drainage scheme the stagnating material from which toxins are chiefly supplied.

I have tried to bring forward enough evidence to make the subject clear and I trust also to convince you that C.I.S. is a subject that merits your careful and thoughtful study.

LIST OF LANTERN SLIDES.

- No. 1. A strong band causing kinking of the bowel about the pelvic brim and rectum.
- No. 2. Bands causing kinking of pelvic colon, catching up and enveloping the left ovary.
(b) Ovary; (c) Fundus uteri.
- Fig. 3. (a) Ileo pelvic band;
(b) Appendix adherent to under surface of mesentery and ileum,
(c) Distended and rotative caput coli, and,
(d) Bands.
- Fig. 4. Broad ileo pelvic Lane's band,
(b) Pelvic brim, and
(c) Ileum held up out of cul-de-sac.
- Fig. 5. Ileo pelvic brim,
(5) Attachment, of appendix to under surface of mesentery and to ileum.
(c) Cecum,
(d) Ileum greatly narrowed in caliber when large bowel is pulled up toward diaphragm, because of fixed point A.