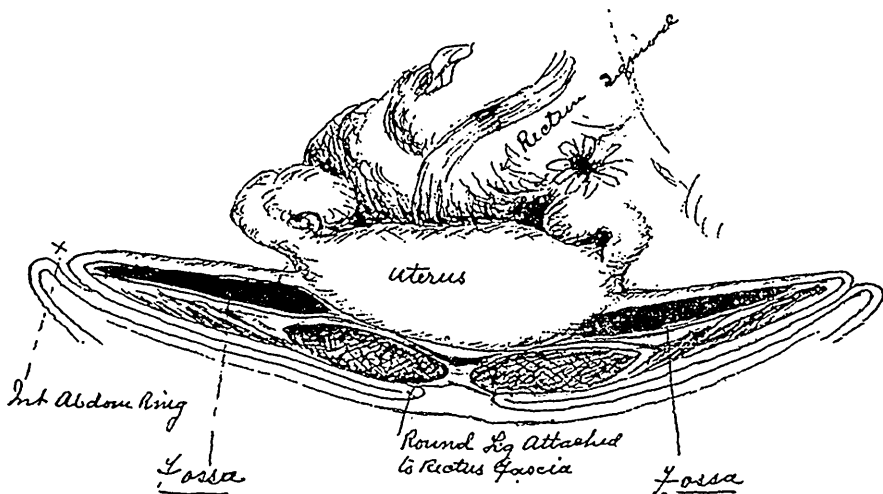


what appeared upon the operating table as a mere slit into a large opening and facilitating the passing of intestine into this fossa. When the patient has been placed flat on her back, the anterior muscles tighten somewhat and are apt to compress any part of the bowel that might have passed into the fossa. With the passing of anæsthesia the muscles regain their tone and further add to the constriction of the neck of the fossa and of the bowel or omentum that may be contained within.

This condition will happen more frequently upon the right side on account of the lower mesenteric attachment upon the right side and the greater protection of the left fossa by the sigmoid flexure.

The internal Alexander operation had given me excellent results during the past year, but my cases have been of stout build and somewhat pendulous abdomens, the last case one of slight build and shallow abdomen being the only one that has given me cause for regret.



The uterus brought firmly against the anterior abdominal wall, showing fossæ between round ligaments and anterior abdominal wall.

Miss —, aged 28, nervous, semi-invalid for several years, extreme retroversion with adhesions. Internal Alexander operation with removal of appendix, general anæsthesia. The night following the operation the patient vomited more than usual, also complained of abdominal pain; slight bowel movement. Temperature and pulse began to climb, with increased abdominal distension. I reopened the abdomen, finding the small bowel deeply congested and mottled. A knuckle of ileum near the valve had prolapsed into the newly formed fossa, the lumen obstructed but bowel not strangulated. The bowel was opened and contents drained externally and closed. The result was temporarily satis-