

pass up readily enough ; but when the finger is introduced by the side of it, you may find the end of it bent down. Thus, in a case of stricture, although you may apparently succeed in your examination, still you do not pass the obstruction. The best plan is to introduce the tube filled with warm-water ; then distend the bowel slightly by injecting a little, at the same time pushing the tube a little further. By repeating the manœuvre again and again, you may either reach the obstruction or introduce the tube for its entire length. Generally speaking, you meet with obstruction at the sigmoid flexure, which prevents you going any further. Then, having made your diagnosis, the road is clear. But sometimes, on the other hand, you may push the tube up for its whole length and find no obstruction. Then, if you cannot obtain any evidence of the locality of the obstruction, you may perform the operation on the right side.

On one occasion lately, I performed the operation on the right side. It was in the case of an old lady with symptoms of obstruction of three weeks' standing. All the tube had entered the bowel, and no guide to the position of the disease had been discovered. As I said before, I performed the operation on the right side, and the patient survived for six weeks, and died mainly, I believe, from a bed sore. In that case, I met with a peculiar condition which I do not think is mentioned in any of the books, and which I have only seen on two occasions ; I mean the presence of gas in the peritoneal cavity. On cutting down upon the bowel, I found the peritoneum considerably distended ; but, there being good sunlight at the time, I was able to avoid opening the cavity, and the gas soon disappeared, and did not influence the patient's recovery in the least. I noticed something similar to this in a case in the hospital in 1874. There, again, the peritoneum was enormously distended, so much so that it was impossible to operate without pricking it, and the case terminated fatally from peritonitis. The explanation of this condition, no doubt, is that the bowel above the obstruction having been distended for some days, a certain amount of gas transudes into the peritoneal cavity. The prac-