

one subject. Each year the Association should formulate questions and gather the opinions of members on some set subject.

All this may appear chimerical, but there is an abundance of splendid work to be done and let us hope that in time the proper person will appear to utilize the force that now lies dormant, and fulfil a very important mission.

AN UNUSUAL CASE OF INTESTINAL OBSTRUCTION: OPERATION AND RECOVERY.

BY HENRY HOWITT, M.D., M.R.C.S., ENG.: GUELPH.

LATE in the evening of the 23rd of April last, per telephone, I was requested by Dr. Savage, of Elora, to see with him, in consultation, George, aged 11 years, son of Captain P—, an American recently from Michigan. The message briefly stated the nature of the case and asked me to come prepared to perform laparotomy. On reaching Elora my confrère gave me the following history of the case:—About the middle of March the boy had peritonitis and was only convalescing when the family came to Elora. After this attack and until Dr. Savage was called to attend him, he had not been able to walk without stooping. The doctor first visited him on the 4th of April, he then complained of severe pain in the abdomen and troublesome vomiting; the pain was not limited to any particular part and was aggravated by pressure: some tympanitis; bowels constipated; temperature normal; pulse 120 and of poor volume. The general appearance of the boy was not suggestive of a vigorous constitution. An enema, hot fomentation to the abdomen and an appropriate anodyne were prescribed. Next day patient was perfectly easy, and in every respect much improved. Saw no more of him till near midnight of the 22nd. The family had that day moved to a farm house about a mile from the village. The boy had walked erect that distance without any difficulty. I was informed by parents that since last attendance he frequently suffered from griping pains in the bowels which had been, as usual, very costive but moved by oil two days ago.

When the doctor examined his patient he found him suffering from severe pain in abdomen especially in the lower and left part which was intensified by frequent desire to go to stool causing painful attacks of tenesmus. No fecal matter, blood,

nor flatus was passed, merely mucus. Temperature 99°; pulse 120; considerable tympanitis; frequent attacks of retching; offensive odor of breath, and extremities flexed. Finding it impossible to give an enema the finger was inserted into rectum, when a large, somewhat rounded and exquisitely painful mass was discovered completely filling the upper part of pelvic cavity and pressing the rectum backwards and to the left, thereby obliterating its lumen. Owing to the pain, its mobility and other characteristics could not be ascertained. External palpation showed that it extended into the abdomen filling the left inguinal and the greater part of the hypogastric regions. Morphia was prescribed, hot poultices applied to the part and appropriate nutriment advised. Next day (23rd) symptoms were more severe, pulse 130, temperature 101.6, pain excruciating and abdominal distension increasing. When I arrived that night his pulse had risen to 135, temperature 102.6 and although he had taken sufficient morphia to render the pupils in size little better than pin-holes, yet every few minutes he cried with pain caused by tenesmus. The abdomen was distended and painful; and the markings of some of the intestinal convolutions could be seen on the abdominal wall. No fluctuation nor other indication of fluid was obtained by us either in rectum or over abdomen. The nature of the trouble was obscure; we supposed it to be caused by inflammatory adhesions, or other similar acute obstruction giving rise to fecal accumulation and peritonitis. The superficial thoracic breathing, the pinched and anxious expression of face, the pain in abdomen, aggravated by movement and pressure, and the rigidity of the walls pointed plainly to peritonitis. The vomiting, tenesmus, odor of breath, constipation and result of rectal examination indicated more—intestinal obstruction; while pulse, temperature, history and general appearance were sure tokens that no ordinary measure would give relief. Our verdict was that abdominal section afforded the only ray of hope; we even feared this was now too late and we decided not to urge an operation lest the boy should die in our hands. The father, however, begged us to proceed, stating in answer to our objections that he would be responsible for the result. The place and surroundings were very unsuitable for such an operation. The house, in consequence of the moving the previous day, was in confusion, and the