

operation as they thought he was not sick enough, and he appeared to be altogether well after the first motion of his bowels after the glycerine enema. This condition lasted for a whole day.

“On May 11th you operated. Began operation at 2.30 p. m. finished 4.15 p. m. His bowels moved twice naturally during the night, but in the morning he began to sink and died at 2.30 p. m. May 12th. He was bright and rational until shortly before he died. His pulse was failing all the forenoon.

“The mistake that was made was in delaying the operation so long. He was cleared out from both ends so that there was little or no ptomain poisoning for several days, and he became so weak from want of nourishment, that he had not strength enough to rally from the operation.

“If I had another case I would not try so hard to get the bowels to move, so that severe symptoms might come on before the patient's strength would be exhausted, and then you might be able to get an operation when there would be some chance of success. His strength failed very much the last two days before the operation.”

On the evening of the 10th May last I was sent for by Dr. H. H. Mackay, of New Glasgow, to operate on the foregoing case. Saw the patient in the Aberdeen Hospital—for the first time on the 11th of May, the 9th day of his sickness. At the time the patient's pulse ranged from 130 to 140, and it was small and thready. His tongue was dry and glossy in centre and on either side it was covered with brown fur. He had a very anxious countenance, with eyes, somewhat sunken and surrounded with bluish rings.

Assisted by Drs. Miller, H. H. Mackay and Catherine Mackay, of New Glasgow, I performed an enterectomy at 2.30 p. m. the 11th May, 1897.

On opening the abdomen, which was done by the median incision, the presenting coils of gut were considerably distended and very congested, and of a dark purple colour. I then passed my hand into the abdomen and searched for the non-distended loop of intestine and traced it up to the seat of obstruction. The lesion was a volvulus or twisting of the bowel on its mesenteric axis. As soon as I introduced my hand into the abdomen a few of the distended coils emerged through the wound, but they were immediately wrapped up in warm sterilized towels and given in charge of an assistant. The volvulus was easily located. On raising the obstructed portion of the bowel out of the abdominal cavity, I at once returned the protruded coils, but no sooner had I done: