

tion there was a great deal of shock and three quarts of saline solution were introduced into the veins of the arm.

The patient got well without a bad symptom and, with the exception of a tendency to flatulency and slight diarrhoea, he was well and gaining flesh. Dr. Shepherd remarked that as far as he was able to find out this was the greatest length of bowel successfully removed, so far. Koehler, of Berne, had removed 6 ft., 10 in.; Koeberle of Strassburg, 6 ft. 6 in.; and Elliott, of Boston, 4 ft. He said that at some future time he intended writing a paper on the subject and would deal more fully with the history of intestinal resection.

Dr. JAS. BELL considered this a remarkable surgical triumph. The difficulty of removing an enormous tumour, situated between the folds of the mesentery and displacing such important structures as the aorta and vena cava, was very great; but the removal of so large a portion of the intestine as well, was a remarkable achievement. The removal of the intestine for gangrene could not be compared with this.

Some years previously he had performed experiments on dogs and demonstrated that considerable portions of their intestines could be removed with success. By this means he had gained considerable experience of the different methods of uniting the ends of the bowel. Of those united with the continuous suture in some cases a constriction was subsequently found at the point of union; of those done by the through and through method the results were good. He, however, had not realised then that the dog was not so prone as the human being to suffer from peritonitis after such operations.

In man, Dr. Bell stated, he had united the cut ends in almost every way and in cases of direct union had found the bowels closed off well when fatal results had occurred from other causes. He had been greatly impressed by Maunsell's method especially by a modification described in the last number of the *Annals of Surgery*.

He had no criticism to offer on Dr. Shepherd's case but wished to congratulate him on one of the greatest achievements on record in abdominal surgery.

Dr. WESLEY MILLS felt this was a great surgical triumph but with regard to the effect of removing such a large portion of intestine the case was one from which we are likely to get physiological light rather than one on which he could throw light. His experiments upon the alimentary tract of dogs had impressed him with the danger of these operations being followed by shock rather than peritonitis.

Of late years the tendency had been rather to exalt the intestines functionally at the expense of the stomach, but both had much reserve power and if this case succeeded it would be clear evidence of this.