

for three weeks, most of the bismuth shadow showed in the caecum, with a faint shadow in the transverse colon.

The most common symptom of intestinal stasis is, of course, constipation, though there are some cases that are deceiving, in that there is an almost daily movement from an overloaded bowel, and in one case I had there was diarrhoea. There is great lassitude, a poor appetite, and the taking of food leads to discomfort. Many patients complain of headache. They are often written down as *neurasthenics*—if there is such a thing—when in reality they are suffering from infection from the intestinal tract. The skin is often cold and clammy and they complain of cold hands and cold feet. Often there is no loss of weight, but the patient becomes nervous and irritable.

I am satisfied, from a careful observation of certain cases, that the condition of stasis is responsible for many of the ills to which flesh is heir. Lane (4) has given a long list, and among them cystic degeneration of the breast. I had one case that was completely cured by means of liquid paraffin. I strongly believe that some cases of arthritis deformans are the result of a mild but continuous infection from the intestinal canal, when other sources of infection are not found. One case of parenchymatous goitre sent for operation was, I found, suffering from stasis, and as a preliminary to thyroidectomy, I started her on liquid paraffin. The gland began to reduce so rapidly that I sent her home to await developments, and her thick neck has disappeared.

When acute obstruction can cause such disastrous results in such a short time, one may readily understand how a chronic stasis can give rise to a persistent poisoning that causes not only a condition of misery, but may even lead to such conditions as acute nephritis, hepatic cirrhosis, and frequently arteriosclerosis. There is a danger, of course, of the doctor getting too large a dose of this "stasis bug," when he will attribute all troubles to stasis, and if he depends upon liquid paraffin as a cure for all the ills to which flesh is heir, he will come a cropper with alarming regularity.

Perhaps I appreciate as well as most, and more so than many, that one swallow does not make a summer, yet several cases that have come under my care have caused me to sit up and take notice.

Case I. A female, aged 35, had been a bed-patient with pulmonary tuberculosis for three years, suffering alternately with constipation and diarrhoea. She developed tuberculosis of the caecum and had severe diarrhoea. On December 4th, 1910, I opened the abdomen under gas and oxygen anæsthesia, and did a lateral anastomosis of the ileum to the sigmoid. She began to improve, and in six weeks the tubercle bacilli had disappeared from the stools. The general condition improved