

inches and from the ensiform cartilage to the pubes the measurement was 13 inches.

Well marked peristaltic movements were excited by palpation, with rumbling of gas. The abdomen was soft and unresistant. There was no tenderness. The boy was rather pale but took his food well and nutrition seemed, on the whole, fairly good. On January 16th. I opened the abdomen by a median incision below the umbilicus. A small quantity of clear serous fluid escaped. There was great distension of the sigmoid with gas and feces. A finger introduced into the rectum met with no obstruction at its junction with the sigmoid and could be felt by the hand in the abdomen. A rectal tube was passed well into the sigmoid but no flatus escaped. As there was no obstruction, it was thought that the bowel might be evacuated by enemata and purgatives and the wound was closed. After operation, enemata produced large stools and much flatus. On the 30th of January, as the patient's progress did not seem sufficiently satisfactory, the abdomen was opened again in the left inguinal region. Bougies were again passed into the sigmoid and attempts made to assist evacuation but without result. The sigmoid was brought outside the abdomen and punctured by a large trocar and quantities of semi-solid feces removed after which the punctures were carefully closed by suture. The intention was to facilitate the employment of enemata by partial evacuation of the retained feces.

The child's condition remained satisfactory until Feb. 6, when he developed peritonitis, grew rapidly worse, and died at 6.30 p.m.

At autopsy, 17 hours after death, it was found that one of the punctures had reopened and feces had escaped and the child had died of peritonitis. The large intestine measured from sigmoid to cæcum 50 cm. The sigmoid itself measured 38 cm. and contained 850 grams of feces. The descending colon was thickened, somewhat dilated and its mucosa congested but otherwise the intestines, large and small, were normal.

(This case was the subject of a paper read by Dr. C. F. Martin before the Montreal Medico-Chirurgical Society on the 20th of Nov. 1896).

The paper was entitled "On So-Called Idiopathic Dilatation of the Large Intestine" (Hirschsprung's Disease), and was published in the Montreal Medical Journal, Vol. XXV. Page 697. I am indebted to Dr. Martin for permission to reproduce the illustrations published with his paper.)

*Case II.*—Wm. S. aet 36, was admitted to the Royal Victoria Hospital at 2 p.m. Feb. 6, 1906, with the following history.