

we were discussing the advisability of giving a subcutaneous injection of normal saline solution, when it occurred to us that through the gall bladder we had a direct opening into the duodenum, and we might possibly succeed in introducing normal saline into the small intestine in this way. I put about Oiii into the irrigator, inserted nozzle into drainage tube, packed around tube to prevent as much as possible any leakage, and then commenced the injection with the irrigator at an elevation of about eighteen inches and afterwards raised it to about three feet. Of course there was some leakage, but I am sure the patient got about a quart of the solution. Inside of half an hour the effect was marvellous—the patient became restful, the pulse full, the temperature slightly elevated; the vomiting ceased and she had her first undisturbed sleep. These normal saline injections were repeated twice during the night, and the improvement continued, though at times there was nausea and some vomiting. In the morning the success of our experiment was so apparent that I ordered three ounces of peptonized milk to be injected through the drainage-tube every two hours. This method of feeding was continued for three days, when, as there had been no more vomiting, I ventured to nourish the patient in the usual way. She was moved home at the end of six weeks, and though she was very weak for some time, yet at the end of four months she had improved sufficiently to be able to do a little housework, and at the end of six months she was able to do all her own housework. At this time she weighed more than she had ever weighed in her life. She continues in good health, though she still wears her drainage-tube, and for this reason: On one or two occasions the tube has become blocked with mucus, when she would complain of the old pain under the ribs, hence fearing lest the closing up of the opening would lead to a recurrence of her old symptoms, I have advised her to put up with the inconvenience of the tube.

My object in reporting this much mis-diagnosed case is to call attention to this unusual method of feeding a patient when the condition has become hopeless. I have so far been unable to discover that this method of feeding has been tried before, and until some responsible and reliable surgeon proves beyond a doubt that I am mistaken, I shall claim that my patient was the first to clearly demonstrate the usefulness of this novel but rational method of feeding.

I am unable to account for the mistake I made as regards resonance unless it was transmitted resonance from a greatly distended colon.

As to the diagnosis of the case I am still in doubt, and hope that her health will continue so good that I shall remain in doubt for a long time to come.

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