

time to the point of disease was followed, rather than handle the blackened gut. The strangulation seemed to be due to a band or drawn out adhesion resulting from old inflammatory exudate connecting the uterus, ovary and mesentery. A loop of intestine being snared and constricted.

Cutting the band at once released the gangrenous coil, notwithstanding that every care was taken in handling the diseased gut which was very rotten, it unfortunately ruptured, after, however, it was taken out of the abdomen. Through the rupture we were enabled to empty the bowel of its noxious contents. Treves says that the addition to the operation, of emptying the bowel contents has reduced its mortality 50 per cent. Wilms in his work on Ileus is of the opinion that auto-intoxication in many cases is the chief cause of death, and in all cases of resection it is therefore important to evacuate the toxic-bowel contents and prevent them from passing down into the healthy distal intestine. Nearly three feet of bowel was excised, and end to end union by a Murphy button was employed, as the patient's condition was extremely critical.

As soon as the patient was under the influence of the anæsthetic normal saline solution was transfused under the breasts. The stomach was lavaged before the patient was taken from the table. On being placed in bed she was raised to a semi-sitting posture and rectal infusion of saline by the Murphy method employed. There was no more nausea nor vomiting after the operation. The bowels moved spontaneously on the third day; she aborted on the fourth day; the button was passed on the tenth day after the operation; and with the exception of a slight post-operative Thrombo-phlebitis in her left leg her recovery was uneventful and perfect.

The early recognition and diagnosis of Ileus is of vital importance because there is only one procedure for its treatment, and that is surgical. The sooner the diagnosis is reasonably clear and operation undertaken the fewer the difficulties met with, and consequently the gravity of the case so much lessened. The most serious feature in the management of obstruction of the bowels is delay. Every hour of delay jeopardizes the only chance of relief.

Treves says, "There can be no purpose in delay; the expectant treatment has had a very extended and deadly trial in the past. It is one of the most serious as well as one of the most fatal conditions a medical man is called upon to face, and operation which is so often regarded as a last resource should invariably be considered as the first and only resource." Hence the urgency of the diagnosis.

Murphy defines Ileus as a complexus of symptoms occurring usually in a fairly regular form and order and represented by pain, nausea, and vomiting, meteorism and coprostasis. The symptoms in the early stages of mechanical intestinal obstruction are first and