

the first end being pushed into the vagina for removal later by that route. 13. Relief of adhesions and the isolation of the intestinal loop entering the uterus and protection of the general peritoneal cavity by more gauze strips. (The loop was not far removed from the ileo-caecal valve, being a part of the ileum.) 14. Resection of the affected loop and anastomosis by silk suturing. As the proximal end was much larger than the collapsed, unused, distal end, the latter was closed and a lateral opening made into it to fit the proximal end. The loop removed was about ten inches in length. 15. Removal of gauze strips and change to flat abdominal position. 16. Closure of abdominal wound after a small wick of gauze was carried through a stab wound in the right iliac region to the region of the anastomosis, but not in contact with the sutures. 17. Dry dressings.

The operation was well borne, the pulse being about eighty on completion. I was assisted by Dr. Gowan and the house surgeon, Dr. Parker, and was indebted to Dr. R. J. MacMillan for most excellent, though long and tedious anesthesia.

So far as the surgical after-condition was concerned, there was little to be noted except a mild local infection, as evidenced by the escape of some foul-smelling pus from the small stab drain and also from the vagina two or three days after the packing was removed. This occurred about the end of the first week, but at no time was there any sign of a fecal leak.

There was no trouble from vomiting nor abdominal distress, and feeding was commenced by mouth after twenty-four hours. No purgative was found to be necessary. The bowels moved of their own accord on the fifth day, and after that daily without more assistance than an occasional enema, the tongue meanwhile remaining quite clean and the appetite good.

The physical condition improved so rapidly that she was able to go to her home in the country on September 10th, just one month after operation.

In spite of all this an unfortunate termination was barely escaped. On August 27th, that is, sixteen days after operation, after three or four sleepless nights owing to intense heat and somewhat noisy surroundings, she became despondent and suddenly leaped out of bed and into the open window. The screams of another patient who saw her brought the nurse hastily in and just in time to catch her by the ankle and hold her until assistance arrived. Following this she was removed to a small private hospital, where she improved rapidly, though at the time of her discharge she was still somewhat despondent. Later reports, however, showed that complete recovery had ensued.