

of very great difficulty, where in the case of physiological obstruction there is an absence of indication of local pain or a fever, or anything like a bloody discharge from the bowel. Perhaps he may be thought to be a little cowardly, under such circumstances, if he should be inclined to adopt the views of the first speaker rather than of the second, and claim a little time. Sir William MacCormack would, he thought, bear him out in some of his remarks. In a good many of these cases he has operated with the greatest care, but the operation has been performed too late. But in cases in which things seemed most favorable in regard to time, and in which the operation was done with the greatest care and most perfect surgical completeness, it has been as satisfactory in its results as one might have hoped.

MR. THOMAS ANNANDALE of Edinburgh said that he had two good reasons for not speaking ; first, he had arrived but half an hour ago from the steamer, and second, that, unfortunately, he had not, owing to that, been able to hear the papers or much of the discussion. As he had been called upon to speak, he might be permitted to give his opinion in regard to the treatment of intestinal obstruction. Now, in regard to treatment, he thought it was very important to divide these cases into acute and chronic. In regard to the acute cases, it is perfectly right that everything medicine can do should be tried, but should not be tried too long. As soon as it has been tried for forty-eight hours, then the case belongs to the surgeon, and the sooner he opens the abdomen the better. If possible, open the intestine and form an artificial anus. In regard to chronic cases, he thinks one might wait, in fact, until the symptoms have become acute, and then, if the symptoms of a chronic intestinal obstruction become acute, he should operate at once. He had heard his friend, Mr. Durham, speak of lumbar colotomy in cases of cancer of the rectum. He has learned to prefer inguinal colotomy in the left inguinal region, because it is not a serious operation in the matter of risk, if properly done, and is certainly a simple one in a large majority of cases.

DR. SENN, in closing, said that he could assure Mr. Durham that hydrogen when injected into the intestinal canal never forms an explosive, as the canal naturally contains hydrogen