

had never had a satisfactory movement of the bowels for the last two years, at which time he had a similar attack though not so severe. Had this information been forthcoming when the case was first seen the operation would have been performed 36 hours earlier, and the result might have been different.

CASE II.

As this case was only seen Post Mortem, I can say nothing about the history of the case except the evidence of his wife under oath swore that he had never been sick for a day in the last five years except for an occasional slight attack of rheumatism which was not severe enough to confine him to bed.

The small intestines and colon as far as the splenic flexure were slightly distended with gas and liquid faeces. Here there was a stricture of the descending colon about an inch in length. This was so tight that above it there were scybalous masses about the size of a marble that would not pass through it. From this to the sigmoid there were two more similar strictures, the intervening bowel being distended with gas.

From the beginning of the second part of the rectum as far as could be seen was another stricture five or six inches in length. An incision was made in this part of the gut and with difficulty an ordinary lead pencil was introduced.

The remarkable feature here is, if the wife's sworn statement is to be believed, the absence of symptoms with such a pathological condition present.

I might say further, though it is outside of my text, that the right kidney was cystic (about the size of a large orange), the upper one-third alone retaining its function.

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