of obstruction of the bowels, rather than to publish a successful case of surgery that I wish to report the following:

Mrs. S., aged 30, with a good family and personal history. Has had one child and one miscarriage; after the latter she was curretted, and this was followed by some tubal and pelvic inflammation. She was taken suddenly ill Monday night, August 8th, 1907; she had been as well as usual all day, performing her ordinary duties, but shortly after going to bed was seized with pain in the abdomen and vomiting.

Dr. Musson was called about midnight. He found her in great distress, pain, apparently general over the abdomen, not localized, possibly slightly worse in the epigastrium and umbilical regions. There was no distension, rigidity or localized tenderness, but she expressed herself as feeling very ill. The doctor ordered applications of heat and administered remedies, which relieved the patient's agonies. The following day the symptoms remained about the same, nausea, vomiting, pain and constipation, and on the morning of Wednesday the patient's condition was reported somewhat better. Enemas relieved her of some gas. Dr. Musson saw her during the afternoon; not finding her condition so well he had her transferred to the St. Joseph's Hospital. Her condition the following morning being more grave, I was asked to see her. Her temperature then was 99 2-5, pulse 112, nausea and vomiting still persisting. Abdominal pain was severe, of an intense violent character almost continuous, with slight intervals of subsidence, diffuse but referred in its greatest intensity to the epigastrium. There was general tenderness more marked on the right side, which was dull on percussion below the umbilicus; bowels absolutely constipated. She was pregnant about three months. I suggested an immediate operation, as I thought it offered her the only hope of relief, in which opinion Dr. Musson concurred.

It was, however, late in the afternoon before the patient and her friends would agree to any surgical means of relief. By that time the tympanites was greatly increased and her pulse 136 when the anaesthetic was commenced. The patient had the appearance of great depression at that time. The vomited matter during the afternoon had a strong intestinal odor.

The abdomen was opened through the right rectus. The distension, rigidity and tenderness being greater on the right side than on the left. As soon as the abdomen was opened a large loop of ballooned intestine of a chocolate color with spots quite black was observed. The surface of this bowel was also dull and cloudy.

The bowel above the seat of strangulation was dull red, congested and much distended. The obstructed gut was so largely distended and fragile looking that Mayo's method of going down to the ilium at its caecal termination and tracing the collapsed intes-