

will equally with a deficiency of bile, produce clay-colored stools. Thirdly, that, as hydrobilirubin is that part of the biliary products excreted in the fæces, and that as its formation depends on the pancreatic secretions, so the pancreas plays an important part in the excretion and absorption of bile in the intestinal canal.

Dr. Walker then pointed out that these views if accepted, would explain the hitherto inexplicable cases where there was no evidence of arrest of the bile secreting functions of the liver, and where no obstruction to the outflow was present, but when clay-colored stools persistently existed. It also served to explain, if accepted, the discrepancies between the clinical observations that certain drugs, calomel, for instance, produce bilious stools, and the physiological observations that these drugs have no influence on the secretion of bile by the liver. In the discussion which followed Dr. Harley drew attention to the fact that several well-authenticated cases of colorless bile had been reported, and that the cases reported might depend on this fact. Dr. Walker, moreover, pointed out, that at the necropsy, in both cases, ordinary bile was found in the gall bladder. Dr. Walker's paper certainly opens up a new field for clinical observation; but I think that two cases, however well marked, scarcely furnish sufficient foundation on which to base so radical a change in our views on the pathology of clay-colored stools. Still, an important point has been raised, which, I feel sure will be well worth receiving some attention at the hands of our Canadian practitioners.

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34 Harrington Square, N. W.,
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Selected Articles.

COMPLETE OBSTRUCTION OF THE COLON SUCCESSFULLY RELIEVED BY USING SENN'S PLATES—A PROPOSED SUBSTITUTE OF CATGUT RINGS.

BY ROBERT ABBE, M.D.

It has been with pride and gratification that surgeons here and abroad have watched the zealous and tireless energy of our countryman, Dr. Nicholas Senn, in his experiments to determine

the value of certain expedients in rendering safe and sure the repair of injuries of the intestines.

After reading the published account of his experiments detailed in the "Annals of Surgery" for the current year, I doubt not most of us felt convinced that an important help had been rendered to the understanding of the action of repair and the assistance we might advantageously give. Without making extravagant statements, Dr. Senn offered one device for use in the restoration of the intestinal canal when complete obstruction had occurred that, it may be hoped, will replace the tedious, difficult, and frequently fatal operation of circular enterorrhaphy—namely, the approximation plates of decalcified bone. Whether it be in chronic obstruction, from neoplasms or stricture of the bowel, or in acute injury of the

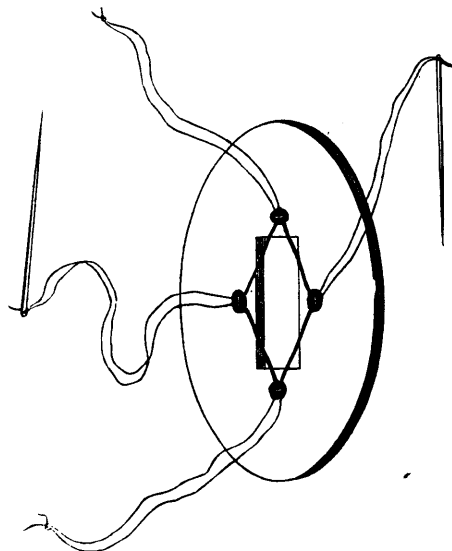


FIG. 1.—Senn's approximation plates.

intestines from laceration with its accompanying shock, the vital condition of the patient is never so good that one does not fear for the result, especially if the shock of an operation is added, which in most experienced hands, cannot be completed in less than from an hour and a half to two hours and a half.

We welcome, then, a method that with greater certainty and less shock completes, in from a quarter to a third of the time, the coaptation of openings made in the bowel on either side of the obstruction, and establishes a continuous intestinal canal. Such a work is accomplished by Senn's plates. The principle is not entirely new, but its successful application had not been demonstrated until his experiments upon dogs put it upon a working basis. How far it can be relied upon in man has yet to be proved.

The principle, briefly stated, is to substitute for the tedious stitching of the lips of two longitudinal