and intestine, and the operation was a complete success. The patient gained weight, and soon was able to take ordinary food. Physiologically no less than surgically the case is of the greatest importance, for it shows that digestion can be completely accomplished without the aid of the stomach. The following are some of her diet lists, January 17:—Milk, 33 fl. oz.; coffee without milk, 13 fl. oz.; 3 rolls; 3 eggs; soup, 3½ fl. oz.; fried sausage, 4 oz.; stewed apples, 7 oz.; whortleberries, 3 oz.; and claret, 7 fl. oz. February 5:—Milk, 11½ fl. oz.; 3 rolls; 3 eggs; soup, 4 fl. oz.; sweetbreads, 10½ oz.; cauliflower, 7 oz.; and claret, 7 fl. oz. March 4:—Milk, 10½ fl. oz.; coffee without milk, 7 fl. oz.; soup, 4 fl. oz.; roast veal, 4 oz.; carrots, 14 oz.; 4 rolls; and claret, 7 fl. oz.

Microscopical as well as chemical examination showed the fæces perfectly normal.

This case also proves with absolute certainty that the successive stages of the excretion of nitrogen in the urine after food are quite independent of gastric digestion, because removal of the stomach from the digestive tract does not cause the excretion curve to deviate in any way from those which are obtained under normal conditions.

A second case of this operation is published in the *Boston Med. and Surg. Jour.* by Dr. C. B. Brigham, of San Francisco, which was also successful, and which bears out Dr. Schlatter's conclusions.—*Med. and Surg. R. of R., Dec.*, '98.

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THE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

By Frederick Treves, F.R.C.S.

In fatal acute intestinal obstruction the occlusion of the bowel is not the most serious event. In a really acute case death will occur within seven days. Obstruction of the bowel *per se* is not acutely serious. The intestine may be blocked even for three weeks without alarming symptoms. In acute intestinal obstruction there are three stages. In the first the symptoms are intense abdominal pain, collapse and vomiting, which are due not to blocking of the bowel, but to a sudden impression on abdominal nerves. They have little or no diagnostic character, and attend all sudden and intensely painful impressions on visceral nerves, and are collectively described as "peritonism." They are symptoms common to a series of intra-abdominal accidents—passage of gall stone, torsion of ovarian tumor, perforation of gastric ulcer, rupture of pericæcal abscess.