the remainder of the os calcis and astralagus, as well as of the lower part of the tibia and fibula. This had evidently made rapid progress since the first operation was performed. No doubt it would have been better to have resorted to amputation in the first instance; but, as I said at the commencement, we paid more deference to the wishes of the patient than we did to our own judgment.

8th January, 1876.

M——P——, a shoemaker, aged 46 years, first came to me on the 11th of October, complaining of pains in the bowels, more particularly in the left iliac region, and sickness. The bowels had been acting irregularly for some time, and had not been moved for two or three days. He had the appearance of a person used to hard, irregular living, and he attributed the constipation to his having been a teetotaller for three weeks. His aspect was pale, haggard and anxious, pulse and temperature low. I gave rhubarb mixture, with chlorodyne and aperient pills, and did not hear of him again until the 14th, when I was sent for to see him. His bowels had not been relieved, the sickness continued, and the pain was more severe, but with intervals of ease. The abdomen was swollen and tympanitic. There was no perceptible swelling or hardness at any one point to indicate the seat of obstruction. I then gave him cal. and opium every 4 hours, which relieved the pain. The sickness yielded to hydrocyanic acid. On the 16th the bowels had not acted. On that day I gave him two injections, without any effect, save bringing away two lumps of hardened fœces, about the size of walnuts. I at the same time examined the rectum, but could not find anything there. On the following day I repeated the injection, this time using a powerful instrument and a long tube, introduced about 18 inches.. This was followed by a free evacuation, with great relief to the patient, and encouraging the hope that the obstruction had been overcome. But it appeared afterwards that it was only the colon that had been emptied. On the following morning (17th) he felt better, but in the evening the old symptoms returned, considerably intensified, and the next day he had frequent attacks of stercoraceous vomiting, severe pain in the epigastrium; everything he took seemed to stop there. The tympanites increased, and the pulse got very low. After repeated injections of warm water, without benefit, I gave him a mixture containing liquid extract of belladonna, opium and hydrocyanic acid every two hours. This speedily stopped the vomiting and pains, and the next morning I had the satisfaction of finding him much better, and free from pain; still the bowels continued obstructed, We continued the opiate treatment, with warm fomentations and turpentine stupes during the next three days, when I repeated the injection with the addition of Tinct. Assofœtida ℥ ii. This produced no effect at the time, but during the night the bowels were freely relieved. On the following day the bowels acted rather loose, and during the next fortnight he seemed to be doing well, getting to take food, the bowels acting at intervals of two or three days. He took aperient medicines from time to time, without any apparent effect, good or bad, and opium freely. On the 14th November he began to fall back again, had occasional attacks of pain and sickness, but not so severely as before, and always yielding to belladonna and opium. The bowels continued swollen and tympanitic. From that time to the 25th he was able to getabout; took a fair amount of nourishment. He was very averse to the injections, and always begged off, saying he felt the bowels were likely to act without. On the 25th of November he had an injection, containing ℥ i. turpentine. This was followed by a copious evacuation of a healthy character, as indeed has been the characteristic of the evacuations throughout. From that time until the 30th the bowels did not act. On that day I repeated the turpentine enema, which only brought away several lumps of hardened fœces.

The patient now looks better in the face than when he first came under my notice. The abdomen is distended and tympanitic, but soft and yielding to the touch. The feet and ancles swell slightly. Urine scanty and dark-colored; no albumen. The pulse continues as it has done the most of the time, slow, soft and compressible. His temperature has been throughout rather under the average.

The case at first certainly had the character of intussusception, but the subsequent course of it rather points to some obscure organic obstruction. The chief points of interest appear to be the very obstinate constipation, and the absence of the severe symptoms that might be expected under the circumstances. So little does it disturb him that he requently proposes going to work.

The patient died early in December from exhaustion, being reduced almost to a skeleton, the abdomen being enormously distended. Unfortunately no post-mortem examination was allowed to be made.