

which is as extraordinary as it is rapid, and a patient who has been face to face with death is quickly restored more or less completely to health, usefulness, and activity.

The great difficulty in the treatment of chronic intestinal stasis and its results is to recognize when it is too late to interfere, in other words, when the end result has assumed such proportions that the removal of the primary cause does little or no good.

As an extreme instance take cancer of the breast, or of the ducts of the liver, or of the pancreas, all products of chronic intestinal stasis in the first instance. What would be gained by eliminating the absorption of toxic material at this stage? In the antecedent phases, however, the hopeless conditions which form the last chapter in the story of chronic intestinal stasis may be readily avoided.

Take the breast while it is indurated and nobby as it is in marked chronic intestinal stasis, eliminate the supply of toxins, and a soft healthy organ results which need cause the patient no anxiety in the future.

As far as I know, a healthy breast in a subject showing no evidence of stasis does not become cancerous.

Again as regards the influence of these toxins or poisons on the nervous system, I have seen a patient who had been confined to bed for many months having neither the capacity nor desire to stand or walk, and whose mental condition was such that she was regarded by many as an imbecile, become a happy active intelligent woman within a few weeks of the removal of the large bowel. Since that operation she has been leading a useful life and earning her living.

A woman was sent to me from South America in order that I might remove the Gasserian ganglion for epileptiform neuralgia of the right fifth nerve. She had suffered constant pain with exacerbations of great severity for about nine years. During the last two years her condition had become intolerable. She was definitely static and her nervous system varied with her toxicity.

She was short-circuited. After the operation she had pain in the face, slowly diminishing for a week. On the eighth day it disappeared. She had no exacerbation during that week. She made a remarkable recovery, interrupted only by a short slight attack at the end of the fifth week. Her general health and weight have improved rapidly and a happy, smiling face has replaced an expression of hopeless misery.

In another patient, a man, headaches were intense and associated with vomiting, that one of the most distinguished of our nerve physicians considered them to be due to a tumor in the frontal lobe and advised operation, which was, however, refused. The intense pain in the head disappeared abruptly after an ileo-colostomy.