obstruction, the abnormal fixation causing acute flexure of the intestinal tube. Any hindrance to the passage of the contents of the bowel at the point of flexure causes dilatation above and consequent increase of the degree of flexion. When this occurs there is at first increased peristalsis, but if the obstruction is not soon overcome the circulation is interfered with, dilatation of the bowel with paralysis of its walls follows, and the anatomical picture of the obstruction is complete.

Sir Spencer Wells[5] illustrates another form of obstruction in which a coil of small intestine sinks into Douglas' cul-de-sac and becomes fixed there by adhesions. Krug has reported a case in which the descending colon was found glued fast at an angle to the posterior surface of the uterus.[6] Our distinguished Fellow, J. F. W. Ross, has reported a case where obstruction occurred five weeks after a complete abdominal hysterectomy. "After death it was found that a small portion of intestine had become adherent to the abdominal incision behind the edge of the omentum, and that another loop had slipped through above this adhesion between the bowel behind and the abdominal wall in front, and had thus become obstructed." Secondary operation, which would doubtless have given relief, was advised, but was rejected by the friends of the patient.

Fritsch mentions a case where a fold of the bowel was caught under a suture, and another in which the bowel was found in the incision between two sutures. He thinks the bowel was forced between the separated edges of the incision during retching and vomiting. I should not have believed this possible had I not seen how widely apart sutures are placed by some of our European colleagues. Sir Spencer Wells "heard of a case where a coil of intestine slipped through one of the loops of wire used as sutures for the wound, and was tightly compressed when the wire was fastened." Our Fellow, Joseph Price,[7] quotes an interesting case from Louis, where an adherent ovarian cyst, emptied by the trocar, so dragged upon the bowel as to cause obstruction. The opinion is expressed by Price that some cases of obstruction post-laparotomiam are due to leaving old bowel adhesions undisturbed at the time of operation. Fritsch seems to lean to a similar view. My friend, Prof. B. B. Browne, of Baltimore, has recently given me the particulars of a case occurring in his practice, in which death ultimately resulted from an obstruction undoubtedly present before operation. The symptoms in this case pointed to bowel obstruction, but an acute inflammatory condition of the uterine appendages was found which was believed to account for the symptoms. Some days after the section evidences of obstruction presented themselves and led to a secondary aparotomy. Some adhesions were found, which were released, and the patient improved. She subsequently died, however, and on post-mortem examination the bowel was found swung over an old peritoneal cord, causing