

compression become displaced, and is often not readily found. In such cases the distention of the bowel from below will indicate to the surgeon at once the location and length of the intestine below the seat of obstruction from below upward. The manipulation of the healthy intact portion of the intestinal canal in search for the obstruction is by far a less hazardous procedure than the handling of the distended portion above the obstruction rendered parietic, exceedingly vascular, and much softened by obstruction. In cases in which we suspect the presence of a perforation, inflation with hydrogen gas will demonstrate not only its existence, but also its location. Invagination is rare above the ileo-cæcal valve, and location can be determined by inflation with hydrogen gas, and if resorted to early it may prove the means of effecting the mechanical reduction. In ileo-cæcal and colonic invagination slow and persistent distention of the colon with hydrogen gas, with the patient completely under the influence of chloroform, is the safest and most efficient means of effecting reduction, and should always be resorted to whenever these conditions are recognized or even suspected.

MR. DURHAM of London desired to express the extreme pleasure he felt in coming here among his American *confrères*, and at the hospitable reception he had received at their hands. The subject of intestinal obstruction is one in which he had taken the greatest possible interest. It was possible some of those present might have come across a book entitled *Quain's Dictionary of Medicine*, and if they would look over that book they would find that the article on intestinal obstruction was written by him. He takes a deep interest in these cases, inasmuch as the life and health, the comfort and prosperity of the patient depend upon a rightful action on the physician's part. Truly he may say there is no class of cases more dangerous, more serious, more urgently calling for surgical treatment than those cases of intestinal obstruction. He agreed with Dr. Senn in one thing, and that is, that the sooner the physician calls in the surgeon the better it is for the patient. He agreed with Dr. Senn that surgical operation should be performed as soon as the diagnosis is made, but he did not know any class of cases in which the diagnosis is so difficult as in this class of cases. He