

occupying the whole of the diaphragm. I brought down the sigmoid and unravelled it. The obstruction, however, in these cases is not always due to volvulus. In some instances the largely distended sigmoid seems to fall down producing a sharp kink at the upper end of the rectum, and this again results in a complete obstruction. In a case which I reported before the Society here, the obstruction was the result of an enormously distended sigmoid, falling downwards and kinking in this way. The man was fifty years of age, and gave a history of alternating constipation and diarrhoea since early childhood. In this case the obstruction was complete. A lateral anastomosis was made between the two arms of the sigmoid. This, however, did not prove to be a satisfactory arrangement. Gas accumulated at the end of the sac—hardened faeces lodged there so that I was obliged later on to remove the distended end altogether. After that the patient did very well. These cases may sometimes be recognized from the fact that they are relieved for the time being by the passage of a high rectal tube. In these cases, when of long standing, the changes in the walls of the bowel are of interest. In some cases there seems to be accompanying the distension a very considerable hypertrophy of the muscular coats, particularly of the circular parts. In others the coats are thinned to an extreme degree.

What influences determine whether the hypertrophy be of the concentric or eccentric variety may be difficult to determine. Possibly the eccentric may be a later stage of the concentric. The presence of concentric hypertrophy certainly suggests an obstructive condition as one of the etiological factors. Mr. Lane's cases are very interesting, and his results in cases where medical remedies seem to have failed altogether, cases in which there was present inveterate constipation with a marked degree of toxæmia are wonderfully good. I had the pleasure of watching him perform two or three of these operations during the past summer, and of seeing some of his cases a considerable time after the operation, and their condition, according to their own statement, was wonderfully improved.

JAMES BELL, M.D.—In reference to Dr. Fry's remarks, I may say that I was probably a little too sweeping in my statements with regard to operation; I quite see that if one could recognize these cases sufficiently early, washing out daily of this tract would be of benefit. There is a large element of the acquired in these cases in children, although there is probably a larger element of the congenital. The bowels should be kept evacuated and the general health and nutrition maintained, but once the condition in which the child was is reached, it is quite impossible to restore the function to the sigmoid and the statement that