

was the poor condition of the patient in 103 cases, complications in 41, and failure to find or to relieve the obstruction in 30. The reports were incomplete in 13 cases. Of the remaining 45 cases, 13 died of shock, 3 from an unusually prolonged operation, 17 of sepsis which was probably due to the operation, and in 12 cases the cause of death could not be definitely ascertained.

The opinion of Dr. Jacobi, that laparotomy for intestinal obstruction should be classified with tracheotomy and herniotomy, and looked upon as one of the operations which every practitioner should be prepared to perform upon an emergency, when the assistance of an expert could not be procured, is certainly not to be accepted without important reservations. As Dr. Bacon remarked, the elaborate technique described by Dr. Weir gave the uninitiated some idea of the great difficulties to be overcome in these operations, and the complicated manoeuvres which must be frequently resorted to. This alone should serve as a warning to those without experience in abdominal surgery, and certainly to those without any surgical training, not to undertake these very difficult operations rashly. While it is true that not a few of the successful operations have been performed by country physicians, with insufficient help, scanty towels, dirty water, and the most unpromising surroundings, no physician should neglect any precaution which tended to improve the chances of the patient, and he should at least allow him the advantage of the most skilful surgeon available. At the same time we may agree with Dr. Jacobi in so far that no physician should allow a patient to die, merely because he is lacking in courage to undertake an operation which he is really competent to perform.

As a substitute for the proposal so often made, that all cases threatened with acute intestinal obstruction should be handed over to the surgeon forthwith, a proposal which is probably too chimerical ever to be adopted, Dr. Weir made the very practical suggestion that in such cases a surgeon should be associated with the physician, a suggestion which deserves very serious consideration, for there is no malady where the double counsel is so necessary as in this perplexing and desperate condition.

On the whole the discussion was very encouraging; not that