procedure, in all tumors arising in it the whole shaft should be boldly dislodged in order to obviate the chances of later dissemination. T. H. M.

INTESTINAL OBSTRUCTION IN THE COURSE OF PYELEPHLEBITIS.

By DR. J. MAGNAU.

The causes of intestinal obstruction are many, but we seldom hear of it resulting from obliterative phlebitis of the portal or mesenteric veins.

It was in 1878 Chuquet for the first time called attention to grave lesions of the small intestine, which may result from pyephlebitis, at the time insisting on three points; first, that these cases are more common in the alcoholic, whose blood is reduced in fibrin, and again by the blood changes resulting in cirrhosis, and, finally, he compared the sanguinous infiltration of the intestinal walls to that witnessed in sphacelus of the intestine. In 1888 Dreyfus published three cases, in which he set forth the site of thrombosis. He remarked that the condition of the intestine found much resembled that seen in strangulation. In 1889 Pilliet published two new cases. He described the pathological changes found, and, singularly enough, compares the condition involving the circumvolutions of the bowel, as markedly resembling an annular construction. According to this observer, the initial focus in operation here is germ invasion; next phlebitis and thrombosis.

In 1894 Peron and Baussenat described a case in a pregnant woman who suddenly died after an acute attack of peritonitis, in whom, on autopsy, was found the entire portal system thrombosis. This had led to multiple asphyxia and necrotic perforation of the intestine.

In June, 1897, MM. Letielle and Maygrier reported patient six months pregnant, suddenly sinking from acute peritonitis, in whom, on autopsy, was found phlebitis of the grand mesenteric vein, apoplexy of the jegunal division and a perforation 60 centimetres in length, widely opening the bowel. Later M. Barth has recorded a case, in 1897, of a patient who suddenly sunk from symptoms of intestinal obstruction, in whom he discovered a primary mesenteric phlebitis with extensive thrombi.

The diagnosis of this condition is exceedingly obscure. Of the morbid anatomy we know much, but of the pathology nothing definite. It seems we are in the dark in treatment because the condition develops so insiduously, and mortal changes have set in before we are even suspicious of the actual causes in operation.—*Bulletin du Lyon Medical.*