

On the 9th, she was a great deal worse, her stomach more irritable had rejected the medicine, and her bowels had not been moved. Sixteen ounces of blood were abstracted from the arm, a prescription of chloride of mercury and opium was ordered, and low diet enjoined.

On the 10th and the 11th, the patient was a good deal better, but her bowels had not been moved. I ordered castor oil which the stomach rejected.

On the 12th, purgative doses of chloride of mercury were administered with olive oil enemata, but all to no purpose; she threw up the contents of the stomach and had no passage through her bowels, though her urine was free all the time. The train of symptoms observed at the onset of the malady returned with increased violence. After having ascertained that the abdominal and pelvic apertures were all right, and having made a close examination of the rectum and vagina, I began to suspect the presence of an internal mechanical obstruction, although the symptoms were not well defined. I was advised to try frequent fractional doses of sulphate of magnesia, with turpentine clysters, fomentations over the abdomen, and general hot baths, all which was strictly carried out.

On the 13th, she threw up some stercoraceous matter and presented an aggravation of all the symptoms previously noticed, but as yet there was no evidence of the precise locality of the internal mischief. Dr. Lemieux had been called in by the family, and I suggested the names of Drs. Blanchet and Bardy, Jr., who were immediately sent for. We agreed to resume the purgative doses of chloride of mercury, the enemata, and the baths.

On the 14th, the distress of the patient was greater; and as I felt something like a tumour on the left side of, and a little below the navel, I came to the conclusion that I had to deal with a volvulus of the flexure of the colon, causing a mechanical obstruction irremovable by any but operative interference. My professional brethren confirmed my judgment, and I and they apprized the patient and her friends of the precarious state she was in, and told her what a small chance of life an operation would leave her. She wasted six valuable hours in deciding upon submitting to the operation. At first her vital depression was not very great.

When her mind was made up, she was placed on a table, in a good position, and in a room properly heated. As soon as she was fully under the influence of chloroform, I placed myself between her knees and made an incision in the mesial line, from the umbilicus to about an inch of the pubis, through the cellular tissue, the sheet of the left rectus,—the relation of parts having been deranged by the intumescence,—and then through the aponeurosis of the oblique muscles, when I reached the peritoneum which I divided on a director with a probe pointed bistoury; a gush of serum ensued followed by coils of thickened, distended, and discolored intestine, curling over the wound, so much so as seriously to interfere with a proper examination. I then extended my incision to about two inches and a half above the umbilicus, whilst the intestines were supported by my assistants.

I immediately searched for the flexure of the colon which I found readily, but so convoluted that I could hardly recognise the direction of the twist. Whilst examining it a softened patch above the constriction gave way, which allowed