

On the second day a small dose of oil resulted in two motions. The third day there were none; on the fourth day five. For eight days the average motions were from seven to nine. The next six days the average was four. On the nineteenth day two, on the twentieth day two, and on the twenty-first day only one.

On the fifteenth day the patient was walking around his room, and in the afternoon of the nineteenth day he spent a social two hours in my home.

The highest temperature was 102:6 on the sixth day as was also the highest pulse rate 91.

The subsequent recovery was hindered some by a stitch abscess which gave more systematic disturbance and a higher temperature than the operation.

Dr. Sharples, of Seattle, reported a case of resection of the colon at the last meeting of the Washington, Idaho and British Columbia Medical Association. A lady of sixty-six years, who, for the past five years, suffered severely from constipation, also suffered severe abdominal pains and became so feeble and nervous that she could not do her work, at the time of the operation weighed but eighty pounds. The colon was removed and the ilium anastomosed with the sigmoid. Convalescence was excellent and six months after she weighed one hundred and eight pounds. She has had once to take an enema of soap and water, two or three times she has taken half an ounce of castor oil, which is always effective in half an hour or less. Dr. Sharples goes on to state, "I believe that the chief reason for the general changes in the patient has been the improvement in the general condition from cessation of the absorption of the toxic element and the relief of the pain."

To one accustomed to abdominal surgery the removal of the colon presents no difficulties. The operation, though formidable, can easily be completed within one hour and a half. The bleeding can be reduced to a minimum by the ligature of the colic arteries before section of the meso-colon. The anastomosis between the proximal ilium and distal pelvic colon should first be made, so that the intra-circulation of the bowel be interfered with as little as possible, and especially in extreme cases where there has been considerable toxæmia, and as the condition of the patient might be such as to make this measure all that could be done at the time, necessitating the postponement of the removal of the colon until the patient has regained strength. In the case here reported, forty inches of the bowel were removed, including three inches of the ilium and to the junction of the middle and lower third of the pelvic colon pos-