

tion of small intestine was seen hanging through another loop or band, but not acutely constricted by it. This was also divided, still there was no relief, the bowel seemed to be lifeless, and no peristalsis was present, so the incision was enlarged and a further examination revealed a twist to the right of the whole mesentery. There was now nothing for it but to turn out the whole of the small intestines so as to untwist them. This was done, the intestines being covered by hot towels. They were then replaced, the wound sutured and the man returned to bed. I might mention that the wound was not completely closed, but iodoform gauze was introduced in various directions amongst the coils of intestines and a glass tube into the pelvis. The man rapidly improved and never had a bad symptom. The bowels moved next day and recovery was rapid.

In this case the volvulus was probably consequent on the constriction. These cases of intestinal obstruction are always a source of great anxiety to the surgeon and should be operated on as early as possible. The results from obstruction by bands, pressure of tumours, volvulus, &c., are not nearly as good as where the obstruction is due to some constriction within the lumen of the bowel or where resection is necessitated. Kocher has shown that any over distension of the bowel with gas or feces, produced by constriction and without any interference with the mesenteric circulation, will cause congestion of the bowel, blueness, and consequent venous stasis. Then follow ecchymoses in the mucous membrane, alteration and distension of epithelium leading to ulceration above the constriction. Now from this moment absorption of septic products commences from the fecal contents and your patient will die from general intoxication which will cause heart failure and collapse, or the bowel conditions may lead to necrosis and perforation.

Kocher advises in these cases an incision into the distended bowel and the washing out of as much as possible of its septic contents. This in a strong person will do no harm and perforations which are commencing will be detected, and if the person has a weak heart there is no better stimulant than removing the toxic products. Kocher advises emptying the bowel also in those cases where the patient's condition is such that a prolonged operation or resection would not be tolerated. In such cases washing out of the stomach should first be tried.