to obstruction of the bowels, and that an operation directed to the relief of this condition was followed by an easy and uninterrupted recovery. I chose to open the bowel here because I believed at the time of the operation that there was no intestinal *strangulation* present. The rapidity and simplicity with which the fistulous opening was closed are worthy of notice, as is also the entire absence of subsequent trouble from the necessary adhesion existing between intestine and abdominal wall.

CASE 4. *Acute intestinal obstruction; abdominal section; incarcerated loop; recovery.*—Mrs. B—, aged forty-seven years, was admitted into the Birmingham Workhouse Infirmary under the care of Dr. Suckling on June 13th, 1887, complaining of paroxysmal abdominal pain, vomiting, and constipation of four days' duration. She was treated by warm fomentations, belladonna, and enemata, and was transferred to the surgical wards next day. She was very prostrate, anxious expression, sunken eyes, cold, pinched extremities; pulse fast and small, tongue dry and red; abdomen moderately distended, rather tender to pressure, resonant everywhere; pains crampy and paroxysmal; vomit fecal; constipation absolute for five or six days. Ether and chloroform mixture was given, and the abdomen opened between the umbilicus and pubes by a two-and-a-half-inch incision. Distended coils of small intestine presented, thin walls thickened slightly, and deeply injected. Both iliac fossæ were empty. No band or adhesion or extra tense loop being found, the intestine was carefully drawn out of the peritoneal cavity and received in warm, wet, clean towels, arranged so as to form a kind of artificial peritoneum. The gut was followed towards the obstruction—that is to say, in the direction of increasing congestion. Many feet of bowel were withdrawn before a check was encountered, but at last the gut became tightly held deep down in the direction of the left side of the pelvis. A finger introduced along the taut bowel liberated an incarcerated loop from beneath a thick round band, which appeared to run from the left side of the uterus upwards and outwards to the left iliac fossa. The gut was now free again, and more could have been drawn out of the abdomen without difficulty. The obstruction being removed, the extended coils of intestine were quickly and readily returned from their protecting clothes back into the abdomen. No peritoneal toilet was carried out, and no drainage-tube inserted. The wound was dusted with boracic acid and closed with five iron-wire sutures. Moderate shock followed the operation, the sickness and pain cleared off at once, and during the night flatus was passed per rectum. On the third day the bowels emptied themselves spontaneously, and the wound was soundly healed. The patient quickly made a perfect recovery so far as the abdominal trouble was concerned, but unfortunately, however, she developed symptoms of insanity, and is now, I believe, an inmate of a lunatic asylum. I saw her six months after the operation, and she had no abdominal symptoms of any kind.

Remarks.—This was the first case in which I had purposely withdrawn a long length of bowel from the peritoneal cavity in search of an obstruction, and, as the sequel showed, the procedure was successful—first, in enabling me to find the incarcerated loop; and, secondly, in relieving a dying woman of a group of critical symptoms. This patient had prolapsus uteri for many years, and possibly some band may have developed in connexion with this irregularity, under which a coil of small intestine had become incarcerated. (To be continued.)

NOTE ON

SUDDEN REMOVAL OF NERVE PRESSURE AS A CAUSE OF PAIN.¹

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CASE 1.—Early in the morning of Oct. 6th, 1882, I was called to see Mrs. L—, aged twenty-six, who a few hours before had been delivered of her third child. The labour had been normal in every respect, nevertheless about two hours after its completion there arose a most excruciating pain in the right leg, which gradually ascended towards the trunk,

until at the time of my arrival it was located in the upper part of the thigh. The pain was described as being continuous, expanding, and almost unbearable. The patient certainly had the appearance of being in the most intense agony. She lay near the edge of the bed, over which hung, quite to the floor, the painful limb; this member was said to have been before parturition tensely swollen, although at the time of my visit this was not marked. The limb was placed in bed and surrounded with heated flannels, with the effect of increasing her suffering, which was finally relieved by hypodermic injections of large doses of morphia or time and Nature, I am now uncertain which. At the time I attributed the symptoms to injury done the sacral plexus during parturition—how erroneously the sequel will show.

On Jan. 4th, 1884, I attended this lady in her fourth confinement. The labour was normal, rapid, and easy. The right lower extremity was again tensely swollen, and to guard against the recurrence of the pains previously experienced the limb was at once enveloped in heated woollens. However, as the second stage of labour had been so rapid and easy, I felt sure that no injurious pressure had been exerted upon the nerve trunks and that the pains would not appear. After half an hour an uneasy sensation began in the foot and gradually ascended and became more severe until the pain was of the most frightful character. Again the leg hung over the side of the bed. Morphia was administered hypodermically, but the suffering was not relieved until the patient was quite narcotised. As a matter of fact, tightly grasping the limb just above the seat of pain gave more relief than any other measure employed. She was again confined on Dec. 23rd, 1885. The conditions were in all respects similar to those present in the two confinements immediately preceding, but the pain was prevented from recurring by applying immediately after delivery a rubber bandage to the swollen limb from the toes to the pelvis, exercising care to make the upper turns somewhat tighter than the lower ones.

CASE 2.—Mrs. M—, aged thirty-two, was on Oct. 19th, 1885, confined for the fifth time. Following each of her previous labours she had suffered greatly from pain in the calf of the right leg, the limb having been in each instance greatly swollen. The pain would come on in about an hour after parturition and continue for ten or twelve hours, rapidly attaining its maximum of intensity and gradually subsiding. Allowing the limb to assume a dependent position usually gave considerable relief. The labour particularly referred to was quite normal, and the second stage was of short duration. In a little less than an hour there was manifested a sense of uneasiness in the right calf, which soon developed into actual and severe pain. At this juncture a constricting bandage was applied above the knee, which gave relief very quickly. The limb was also allowed to hang over the side of the couch. At the end of twenty-four hours the œdema had greatly subsided, and the bandage, which had become loosened, was removed.

I believe the severe pain complained of by these two women to have been caused by the rapid subsidence of the œdema and the consequent relaxation of the long-continued pressure of the nerves of the parts, and the relief afforded to have depended upon the prevention of this sudden reduction of the swelling. Indeed, Nature caused these patients to instinctively place the affected parts in a position to retard the rapid removal of the serum, by interposing the force of gravity.

Sudden removal of pressure gives rise to pain in other than puerperal cases, as, for example, after the removal from a limb of a tight bandage which has been long applied, following catheterism of a greatly distended bladder, &c., many examples of which could be introduced were it necessary.

The most interesting question connected with this subject is the suggestion that the pains experienced by chronic rheumatics and some others before storms and other violent and sudden meteorological changes may be due to rapid withdrawal of the atmospheric pressure exerted upon the body and its contained nerves. Everyone has noticed with what wonderful regularity and certainty rheumatic pains appear and increase in severity with the fall of the barometrical index, and what explanation of the phenomenon more plausible than the one here offered?

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¹ Read by title before the Mississippi Valley Medical Association, at Evansville, Ind., Sept. 10th, 1889.