

**X. Treatment of Ileus.** By Dr. KAPTEYN. The author was called to a case of ileus. When he saw the patient he was not yet very much collapsed, and Kapteyn could detect with his finger, 8 cm. distant from the anus, an invagination of the intestine. An injection of water, with the patient in a kneeling and strongly bent position, completely removed the invagination. After evacuation of the water small doses of opium were given, and thirty hours later a normal passage of fæces took place.

The author gives, according to his experience with ileus, the following conclusions for its treatment:

Opium is a dangerous remedy in ileus and other kinds of internal incarceration.

2. In cases of recent invagination, injections of water or introduction of air into the rectum are recommended.

3. If reposition of the incarcerated portion of the intestine cannot be accomplished by injections of water or introduction of air, then one should not hesitate to perform laparotomy.—*Weekbl. van het Nederl. Tijdschr. voor Geneesk.*, 1889, II., No. 25.

**XI. Two Cases of Gastroenterostomy.** By C. STUDSGAARD (Copenhagen). The writer after some historical remarks upon the evolution of the operation as a palliative in those cases where resection of the pylorus is impracticable, traces the principal points of the operation. He demonstrates the difference between Wolfler's method and that of Courvoisier, finally coming to a description of two cases operated on at the Copenhagen "Kommune hospital". Both of the patients were women. The first, operated upon Courvoisier's method, died 7 hours after the operation; the second, operated upon by Wolfler's method was still alive, 7 months after the operation, freed from her pains and attending to her work. She had been confined to bed for 5 months before the operation.—*Nordiskt Medicinskt Arkiv.*, bd. 21, hft. 3.

**XII. Neoplasms of the Abdominal Walls.** By VILH. HEIBERG. The writer, after a review of tumors of the abdominal walls and their treatment, communicates three cases:

I. The first patient was a woman who had borne two children, the last six weeks before. For about ten weeks she had noticed a tumor to the left of the umbilicus; it had grown progressively during the last pregnancy and upon her entrance to the hospital it was of the size of a man's closed fist. The growth was extirpated together with a portion of the peritoneum which was adherent to it. Recovery took place. The tumor proved to be a fibroma arising from the most posterior layer of the sheath of the rectus muscle.

II. The second was a woman, æt. 32 years; she had borne two children, the last one three and a quarter years previous. In the course of one-half a year a firm and roundish tumor had developed to the left and a little below the umbilicus; the growth was 4 by 5 centimetres in size. Recently pains had been felt in the tumor. Extirpation was done. A piece of the parietal peritoneum about 8 centimetres square was excised with the neoplasm. Recovery. On examination the growth revealed itself to be a fibroma, originating from the most anterior layer of the sheath of the rectus.

III. The third case was that of a woman, æt. 50 years. She had passed through 11 pregnancies, and aborted once 7 years ago. Simultaneously she remarked a lump in the abdominal walls, which grew and was extirpated  $2\frac{1}{2}$  years before. One year ago the growth recurred, it having its site in the right hypogastrium. The patient suffered from pains in and radiating from the tumor. Extirpation was performed and the peritoneum removed from the posterior surface of the tumor above, while below it was preserved as a flap with the base towards the left; the flap was about 3 to 4 inches long and 2 inches broad. The wound could only be closed above and below, in the middle it being only closed by the peritoneal flap, which was stitched to the peritoneum of the right border of the wound. The patient recovered; a good firm cicatrix was formed by granulation.

The tumor, which weighed  $3\frac{1}{2}$  pounds, measured 8 by 15 to 17 centimetres (in different regions) and was 9 centimetres thick. It was a spindle-celled sarcoma.—*Nordiskt Medicinskt Arkiv.*, bd. 21, heft. 3.