

At 6 a.m., a nutritive enema of peptonised milk $\bar{5}$ ii, one egg, somatose $\bar{5}$ i and brandy $\bar{5}$ ss., was retained. At 8 a.m., the temperature was 102 4-5°F., the pulse 112, and the respirations 36. Vomiting came on again about 10 a.m. and was of a dark brown colour. A nutritive enema given at this time was only partly retained. A subcutaneous injection of normal saline was given at noon. Ice bags were applied to the abdomen from the time he came out of ether until he died at 2.15 p.m.

The wound was dressed at 10 a.m. and again at noon. A slight discharge of bloody pus was found in the dressings and drain, down which a strip of iodoform gauze was passed to act as a capillary drain.

Synopsis of the Pathological Report. Adhesion had taken place at the point of the invaginated intestine; the suture line was perfectly closed. There was present, acute purulent peritonitis, dilation of the stomach and upper intestine, chronic thickening of the ileum and mesentery in the neighbourhood of the diverticulum, chronic catarrhal gastritis, and right broncho-pneumonia.

By a reference to the diagram it is easily seen how the bowels could continue to act after the diverticulum had been strangulated. This fact probably explains the difficulty experienced in diagnosis and the long delay—eight days—in bringing the patient to the hospital.