mortem which he had seen performed in Vienna, the mucus membrane of the urinary bladder had been almost entirely lifted by the emphysema. The *B. coli communis* was suspected, though no bacteriological examination had been made. In the other, a case of septicæmia from streptococcus infection, occurring in this city, a large portion of the ileum presented the same emphysematous appearance. He thought that these two conditions, although not recognized at the time, were probably due to the same cause.

Adhesions and Malpositions of the Omentum.

Dr. J. G. Adami read a paper on this subject, which will be published later.

Dr. H. A. LAFLEUR asked how Dr. Adami could harmonize with his theory the fact that in typhoid fever, in which perhaps more frequently than in any other abdominal disease death threatened from perforation of the bowel, omental adhesions were so seldom found. He had yet to see a case of typhoid fever with perforation in which such adhesions had formed. In appendicitis omental adhesions were common, and in dysentery adhesions between the coils of the bowel were not infrequent.

Dr. N. D. GUNN asked if when fat was laid down in the omentum there was a corresponding increase in the capillaries; if not, then Dr. Adami's statement concerning the vascularity of adipose tissue was disproved. Also, that the presence of much fat in the omentum would greatly interfere with the elasticity which, according to Dr. Adami, was necessary to the protective function which he suggested.

Dr. F. A. L. LOCKHART thought that the paper was of as great interest to the abdominal surgeon as to the pathologist, from the important part played in surgery by the omentum in preventing adhesion of the intestines to the abdominal wall. He referred to a case in which the intestine had become adherent in two places to the line of incision, and through the loop thus formed a coil of intestine had passed, and caused obstruction. This would not have occurred if the omentum had been drawn down at the previous operation. The extreme variations in the size of the omentum referred to by Dr. Adami he had frequently observed. That a long and adherent omentum might complicate diagnosis and operation in abdominal work, the following two cases clearly show. He operated, two years ago, on a patient who had double pus tubes, and, on opening the abdomen, had found that the intestines were covered in by a long omentum, which was adherent to the anterior part of the pelvic brim, and which had to be ligatured and divided in order to get at the diseased tubes.