

enemata given and mostly retained. At midnight a large bloody stool was passed. This was about the color of catsup, was not tarry, but microscopical examination showed the corpuscles much disintegrated.

August 13th. A.M. Condition about the same. Respiration, 20; pulse, 116; temperature, 101.3°. Three bloody stools passed. Gastric distension relieved by lavage. P.M. Six bloody stools passed. Respiration, 20; pulse, 136; temperature, 103° F. Morphia, adrenalin chloride and calcium chloride given.

August 14th. A.M. Slightly improved. Respiration, 22; pulse, 120; temperature, 100.2° F. Gastric distension relieved by washing. Retaining nourishment, and very little vomiting. P.M. One bloody stool. At this time the wound, which had been examined daily, was found to be bulging. Opened; a lot of gas and dark fluid blood escaped; drained by gauze. Two hours later, dressing saturated and changed. Still a little later the dressings were again saturated. The wound was opened in its entirety, the clots removed and the cavity packed with acetanilide gauze saturated with adrenalin chloride (1 in 2,000). Nourishment retained. Liver dulness still obliterated.

August 15th. A.M. Condition much worse. Respiration, 20; pulse, 160; temperature, 103.2° F. Interstitial salines given and absorbed very rapidly, improving the quality of the pulse. An intravenous saline, 30 oz., was also given. P.M. Slight improvement. Respiration, 36; pulse, 150; temperature, 104.3° F. Packing of wound changed. Later the packing was again removed and before repacking the cæcum, which was black, was opened and washed out and by means of a long catheter the whole large intestine was flushed out with normal saline until it came away clear through the wound and through the anus. Respiration, 36; pulse, 150; temperature, 103.2° F. Nourishment retained and very little surgeons al. distension.

One can 16th. 1.30 a.m., delirious. Respirations rapid and shallow; safe operation ptable. 3 a.m., much quieter. 4.15 a.m., died. of catgut. At 11, the patient was bright as could be, until the delirium a proper needle. No abdominal pain nor tenderness was complained of. the cut end of the relievable by gastric lavage. There was no hiccup, constriction, the lig the bowels were active. These features of the case its mesentery being in view of the post-mortem findings. the subsequent form an examination revealed a diffuse, dry, gangrenous

Crushing alone, of the cæcum and ascending colon and of part of a well, previous to invag intestine which was herniated through a space hæmostasis, with the adherent to the abdominal wall and the ascending ligature, and especially tended tightly opposed to the liver and the right centage of cases an artery of this loop explained the obliteration of