effort was made to elevate it and the adjacent ileum, but it could not be done. The constriction could be felt, however, and a distended black loop of bowel was fished up. A white glistening cord was apparently tied around it. This cord was round, about three inches in length and the size of one's little finger, resembling somewhat a thick fibrous appendix. The herniated loop could not be extricated until the cord was exsected. By the application of hot wet compresses the strangulated bowel changed in color from black to rosy red, and no portion of the bowel was removed as its mesentery seemed all right and it had resumed a contracted natural appearance.

Result.—The patient did not vomit after the operation and on the second day she commenced to pass large quantities of liquid feces. The abdomen flattened and became normally tympanitic. Her recovery was rapid. She required cascara and epsom salts almost daily for two or three weeks before the bowels regained a normal condition.

The condition was of the nature of an intra-abdominal strangulated hernia. This cord was attached at one end to the bowel wall furthest from the mesenteric attachment, and to the adjoining mesentery near the bowel, so that a ring existed whose circumference was cord, bowel and mesentery. The diameter of this ring was one and one-half inches. This old adhesion was about six inches proximal to ileocecal valve, and on inspection another one almost identical in appearance was found a few inches proximal to that which was exsected to prevent subsequent trouble. These bands were undoubtedly the vestiges of her peritoneal inflammations years ago, and were there when I operated on her pelvic organs two years ago, but no search was made in this region at that time. She might have carried them around with her for years without suffering any inconvenience had not an unaccustomed dinner, and perhaps more especially the sauerkraut, excited violent peristalsis, and the ileum being thrown into violent action became strangulated by this band.

Strangulated herniæ through the omentum, diaphragm and gether and cause obstruction, and adhesions do the same by crossing the intestine. Such a case as this seems to me to be very rare. Had operation been delayed longer her chances would have been small, and my delay was due to the fact that I was unable to reconcile an unaffected pulse of 75, warm extremities, natural skin and no apparent depreciation of strength with volvulus or other form of obstruction, in spite of the distension, pain and vomiting.