right angles to the first one and directed towards the right flank. It could then be seen that the appendix was completely encircling a portion of the small bowel; the organ had formed a collar around a single piece of gut only, showing that it must have taken up that position previously to its blind end becoming adherent, rather than first forming a loop through which a coil of gut had slipped. It was impossible to free the adherent end of the appendix without risk of tearing the intestine, for that organ had formed almost a complete circle on itself, the distal end being adherent to the posterior abdominal wall close to the cecum and beneath that portion of gut which it was constricting. The ring of appendix was therefore divided, the cut ends being immediately touched with pure carbolic acid. The gut having been freed the distal end of the appendix was detached from its bed, the proximal end being afterwards removed in the usual way. It was necessary to evacuate some of the contents of the small intestine in order to lessen tension and so allow the edges of the abdominal wound to be drawn together. The peritoneal cavity was washed out with normal saline solution and a drainage-tube inserted down to the site of the adherent appendix. On opening the appendix its wall was found to be much thickened and a pin, surrounded by a hard fecal concretion, was seen filling its lumen.

As to the immediate cause of the intestinal obstruction, the history of sudden pain, vomiting, and other signs of obstruction had suggested that a coil of gut had become kinked under a band or had slipped through a hole in the omentum or mesentery, but this was found not to be the case, for, as stated, the appendix was encircling a single portion of bowel only, and from the density of the adhesions must have been so situated for some considerable time, at all events for a longer period than four days. No doubt what had actually occurred was that a fresh attack of inflammation within the appendix had supervened, causing further swelling of its wall, and this had led to such constriction of the lumen of the gut as to cause absolute obstruction. The fact that the patient was on active service with the militia force at the time of being taken ill is sufficient evidence that there was no serious obstruction to the passage of feces before the present illness began; certainly he volunteered no history of constipation or of colicky pains when on duty. The patient was extremely collapsed after operation and died within four hours of leaving the theatre. He rallied sufficiently, how-