

the abdomen a large coil of distended, gangrenous, foul-smelling gut appeared in the wound. This had passed through a loop formed by an attachment from the summit of a Meckels' diverticulum to the margin of the mesentery. About fourteen inches of bowel had passed through and then had drawn the diverticulum with it, producing strangulation of the circulation where the diverticulum and bowel was twisted upon itself. The loop was drawn out of the abdomen until the two healthy ends appeared. These were quickly sutured together and then to the abdominal parieties; the bowel opened and irrigated, and the rest of the opening closed. The child survived only for about twelve hours.

The third case was in a girl of six years whom I saw with Dr. W. L. T. Addison on March 29th of this year. The history was, that on the evening of March 28th the child complained of not feeling well and the mother gave it a dose of castor oil. Soon after there was vomiting. Towards morning there was a slimy evacuation from the bowels and in it a large round worm. On Saturday the girl was better but towards evening began to be uncomfortable and to complain of pain. A laxative was given without result, and early in the morning of the 28th vomiting commenced. In the afternoon when the doctor saw the case there was severe vomiting, normal temperature, a pulse-rate of about 80, but there was pain and no rigidity. Stomach sedatives were administered and calomel, but when I saw the case on the following afternoon there had been no bowel movement, though mucus had passed fairly often, and the vomiting continued.

Upon examination there was no rigidity, very little tenderness in the abdomen, but a peristaltic wave could be made out. To the right of the middle line and about the level of the umbilicus there was a soft mass with an indefinite outline. It did not feel like bowel within bowel—as in an intussusception—but, as I remarked at the time, it felt like a localized bunch of gut filled with gas. The patient was in a state of marked shock with the eyes sunken and dark circles around them, the pulse rate was 156, and there was only a slight elevation of temperature. Examination per rectum revealed nothing.

Two hours later I opened the abdomen through the right rectus; some distended bowel presented at the opening, and, while it was darker in color than the other portions, there was no evidence of strangulation. Upon delivering this handful of bowel I found it had herniated through a loop on the lower margin of the omentum, and consisted of about two feet of