then decided upon and the case handed over to Dr. Anglin, who will continue the history of the case.

The patient was prepared for a laparotomy, as it was evident there was obstruction somewhere in the continuity of the small intestine, and the prospect of spontaneous relief was nil.

A median incision was made below the umbilicus, and this was enlarged during the operation so as to readily admit the surgeon's hand. Coils of distended small intestine were extruded from the wound and carefully covered with warm aseptic towels. The site of the obstruction was found to be in the ileum, at a considerable distance from the ileo-caecal valve, the portion of intestine between being collapsed and intensely congested. The cause was clearly demonstrated to be a *volvulus*, the twist being from left to right. By careful manipulation of the extremely distended bowel the twist was reduced, and it was then seen that a loop of small intestine was strangulated by a band from the mesentery. Upon dividing this band between two ligatures the released portion of intestine suddenly burst and allowed the escape of faecal contents. This portion of bowel was quickly isolated, and it was found that fully two inches of the gut was gangrenous. This necessitated a resection of the sloughing portion and reunion of the divided intestine by means of a Murphy button. The abdominal cavity was thoroughly flushed out with normal hot saline solution, and the abdominal wound closed, leaving provision for drainage.

The patient did not rally from shock and died some eight hours after leaving the operating room.

At the autopsy it was evident that the congestion of the intestines was completely relieved, and the button was found where placed, 54 inches from the ileo-caecal valve, with the surrounding bowel in good condition. Not more than half an ounce of fluid remained in the abdominal cavity. This case emphasizes the necessity for early diagnosis and opening of the abdomen. Treves places the mortality of the operation for acute intestinal obstruction very high, possibly 75 per ct.

EMPYEMA—SUBPHRENIC ABSCESS WITH GANGRENE OF SPLEEN.

Case II.—E. R., aet 45; widow; was admitted to the hospital on Nov. 14th, complaining of acute pain in the left hypochondriac region. A history of two weeks' illness was given and