excluded as no tumor could be felt and the absence of blood or mucus in enemeta.

Immediate operation advised and patient consented.

Operation.—Median incision, A small quantity of peritoneal fluid escaped on opening peritoneum. The enormously distended caecum protruded through the incision. Small intestines, caecum and ascending colon distended with gas and greatly congested, (being absolutely purple). With difficulty the constriction was located at the hepatic flexure or rather what should have been the hepatic flexure. The constriction was caused by a portion of the jejunum which had become displaced upward and forward and firmly adherent to the under surface of the liver and the posterior wall of the abdomen. In consequence the colon had been pressed backwards and the point of occlusion was where it passed over the bodies of the vertebrae. The pressure was partially relieved by raising the constriction with the finger and gas and faeces were passed through a rectal tube which had been previously introduced.

An effort was made to break down the adhesions but with very little success. The patient suddenly collapsed so that an anastamosis was abandoned. A small incision was made in the caecum which, by the way, had become so much distended that the peritoneal coat had ruptured, and gas and faeces drained. This incision was closed with fine silk, and the peritoneal tear repaired so as to cover it.

The patients condition prohibited further work, so incision was closed and patient returned to bed. Temperature 96, Pulse 100, and very feeble. Subcutaneous saline and stimulants administered and patient surrounded by hot bottles.

Consciousness returned for a short time when coma supervened and patient gradually sank.

When first called to see case I made enquiries as to history but was told that he had been in the best of health up to the onset of the pain. Since then I have found this to have been incorrect, a brother telling me that the patient