

At 2.30 p.m. on July 16th operation was proceeded with. The patient having been prepared as usual was anaesthetised with ether first, but as he took it badly chloroform was substituted later with little better result. His abdominal muscles were never completely relaxed during the operation. The usual incision was made in the middle line above the umbilicus. The tissues were infiltrated with fat and were very friable. The perigastric adhesions were very troublesome and the stomach could not be drawn up at all well into the wound. The transverse mesocolon was torn through and the posterior surface of the stomach was pulled through this opening with some difficulty. The upper part of the jejunum was easily found and was clamped. An incision one and a half inches long was made in the bowel (the antimesenteric border) and continuous silk sutures were used in the usual way. The abdominal wound was stitched up in layers with catgut and silkworm gut. This was the most difficult part of the operation on account of the rigidity of the abdominal muscles. The operation took one hour and the pulse at the end of the operation was 112. On the 17th the patient was troubled with acid eructations and he vomited very acid fluid, dark in color. The pulse was 130. The stomach was washed out on the same evening with a solution of bicarbonate of sodium. This gave relief. On the 18th the pulse was still very rapid, ranging from 130 to 140. The patient felt quite comfortable but was vomiting. At 5.30 p.m. the stomach was again washed out when the bile returned. The patient looked very blanched; his pulse was regular but rapid, counting 130. It was decided to open the wound, a vicious circle or obstruction from some cause or other being suspected. At 6.30 p.m. the wound was opened under chloroform and a coil of small intestine was found gripped by the muscles in the lower part of the wound. Below this point the intestine was empty; above it it was very distended. The coil was returned and the gastro-enterostomy was examined and was found to be perfect. The abdominal wall was stitched with through and through silk sutures and with a continuous skin suture. The operation lasted for 20 minutes. On the same evening the patient felt much relieved and the vomiting ceased. The pulse was 140 and the temperature was 99.5°F. On the 20th the pulse was 110 and the temperature was 99°. On the 21st the patient was seized with pain in his right chest. The respirations went up to 48 and the temperature to 101.5°. There was slight dullness over the right base and very fine crepitus or friction could be heard. During the next few days the temperature remained at about 101° and the pulse at 110. On August 4th, the dullness being now more marked and the other