

going on. On entering he was immediately given a hot bath and put to bed. An enema of soap suds and turpentine was given at once, but it was not retained. His abdominal pain increased and hot applications were applied over epigastrium. At 3 a. m. the following morning he was much worse and was given enemata of soap suds and turpentine every hour with Tr. Opii $\mathfrak{m}10$. At 8 a. m. consultation held and an operation determined upon. Anaesthetized with chloroform; incision made in median line about six inches in length, extending from two inches above pubes upwards. The small intestine was much distended and congested. Large intestine seemed to be normal, except a slight adhesion above the caecum. It was nearly empty. About 18 inches above there was a diverticulum of the small intestine about five inches long and the distal end was attached to the peritoneal lining of the abdomen about an inch below and to the right of the umbilicus. Over this the intestine was looped and strangulated. Diverticulum was hollow, communicated with the bowel and was full of faecal matter. It was cut from the abdominal wall and the peritoneum stitched carefully over the parietal end. Then it was cut from intestine at the other end and the opening thus made in wall of gut was carefully closed with double line of Lembert sutures. Bowel was washed with antiseptic solution, replaced, and the incision closed in usual manner.

"After treatment.—After coming out of chloroform, patient was given calomel grs. 2 every two hours. Was quite restless through the following afternoon and night.

"Sept. 18th.—Given an enema of soap suds and ox-gall at 8 a. m., and shortly after had a fairly large movement of the bowels. Pulse 104, temperature 98. Seemed easier and at 5 p. m. had another enema with fairly large motion. Still continued restless, however. Slept very little during the day. During evening was much worse, abdomen more distended and tympanitic. Persisted in flinging his arms and legs about and in kicking clothes off the bed. Was perfectly conscious. At 9 p. m. was given another enema without result. Ordered hypodermics of strychnine nit. $\frac{1}{2}$ gr. every four hours. Had been having nutrient enema during the day with occasional sips of milk, broth and beeftea. At 9.30 p. m. was given moph. sulph. gr. $\frac{1}{4}$ with atrop. sulph. gr. $\frac{1}{16}$ after which he slept for an hour.

"Sept. 19th.—At 4 a. m. abdomen more distended and an evacuant enema of hot soap suds was given, which was returned in a few minutes without faeces accompanying. At 7.30 a. m. vomited a little. Pulse 106,