that I found it impossible to convince myself by manipulation that the lumen was pervious. It reminded one somewhat of the normal pylorus, but involved a much larger extent of the gut. To make sure that obstruction was not complete I had normal saline injected per rectum, and satisfied myself that fluid passed through the thickened portion. During my manipulations I had ruptured a portion of the serous covering of the bowel, and this I repaired with a few points of fine silk suture. The abdominal wound was then closed by interrupted silk-worm gut sutures. A quantity of normal saline was left in the bowel. An hour after the patient was returned to bed half grain of calomel was given, and this was repeated every half hour until she had taken two grains. At 1 o'clock a.m. (four hours after the operation) the temperature was 99.4, pulse 160, and respirations 32 per minute. She was very quiet all night, but did not sleep much, in the morning a saline (magnesium sulphate) was administered and the bowels moved freely several times duringthe day. Salol and subnitrate of bismuth were now administered in appropriate doses every four hours and the patient was fed by peptonized milk by the mouth. She made an uneventful and uninterrupted recovery. Free action of the bowels was maintained daily by the administration of calomel and salines. There never was any abdominal distention and no vomiting after the operation. She was discharged from the hospital perfectly well on January 13th, 1902.

I find in my note-book a record of four cases of intussusception, operated upon with three recoveries. The *first* came under my observation when I was house surgeon in the Paddington Green Children's Hospital, sixteen years ago, and was admitted by me under the care of Mr. Stanley Boyd, the visiting surgeon on duty. It was a remarkable case of a child five years of age brought to the Hospital in a condition of profound collapse and supposed to be suffering from prolapse of the rectum. The supposed prolapse proved to be small intestine which protruded in a mass the size of a man's fist from the rectum. Mr. Boyd attempted to reduce this under ether, but respiration stopped and artificial respiration had to be maintained for half an hour. The child gradually rallied; however, the operation was abandoned for the time being and attempts made to stimulate the child in every possible way. Next morning (the child having been admitted at 8 o'clock the previous night soon after which the attempts above recorded were made) there was some improvement in pulse and temperature and laparotomy was performed; by careful and prolonged manipulation the intussusception was reduced completely, the operation lasting for an hour and a half. The