

accepted in view of there being no demonstration of its presence. To the left was a narrow crescent of reddish tinge, presenting no evidence of communication with the abdominal cavity and affording the appearance of a healthy sore with every intention of speedy obliteration by granulation. Slight infection had been manifested by the occurrence of mild jaundice which quickly subsided without prejudicing the boy's continued nourishment and growth.

On the evening of November 19th, a message was sent to my house requesting my presence at the cradleside of F., who was then 22 days old. Upon my arrival at 8.30, the mother informed me there was nothing unusual observed about the child's navel in the morning, the dressings had never shown fecal contents, there had been no evidence of pain on the part of the infant, the bowels had moved without extraneous solicitation, there had been no ejection of the contents of the stomach aside from the easy regurgitation incident to overfeeding. Whilst changing the diaper during the day she observed the clothing to be damp, and eventually stripping the babe to discover the cause, "a red bleeding lump was found on the belly." Examination revealed the presence of a livid mass on the external abdominal wall, which was blood-stained. My first impression was that there had been no recession of the viscera whose normal home is the right iliac fossa and its neighbourhood, the proportions, contour and physical characters of the presenting object leading me to think that the vermiform appendix, caecum and part of the ileum had escaped from the abdominal cavity at the site of the umbilicus. The protruding viscus was barren of sac or integumentary covering and had been freely manipulated by hands innocent of attempt at sterilization, on the part of those ignorant, of course, of the impropriety of this method of appeasing their curiosity. Being at the moment unprepared for the contingency confronting me, the bowel was carefully cleansed and enveloped in gauze moistened with euthymol, this constituting the only measure available at the time. The parents were directed to lose no time in conveying the child to St. Vincent de Paul's Hospital, a proposed arrangement to the execution of which they consented without the necessity of argument on my part. On the arrival of the little patient, I had, in conjunction with my friend, Dr. R. A. Bowie, preliminaries completed for more intelligently dealing with the case, the usual preparations for an aseptic operation having been made. On removing the temporary dressing it was observed that within one and one half hour the prolapsed intestine had increased one hundred *per cent.* in volume. The abdominal wall having been aseptified, the visceral protrusion rendered surgically clean, the operation field and