purulent pleuritis. The right lung was also developing a purulent pleurisy. No communication directly between any of the sacs and the bronchi could be demonstrated, though there was a fetid purulent matter in the tubes. It was in all probability formed in the tubes themselves. The heart, apart from cloudy swelling of its fibres, was normal. Portions of the ileum were markedly injected, but elsewhere the bowel was normal. Other organs, as liver and kidneys, showed simply cloudy swelling.

CONGENITAL DEFECT—IMPERFORATE ANUS.

Case III.—In October last a male infant, aet. 6 months, was brought to my clinic, and upon examination it was seen that the child had no anus. The abdomen was distended, and the little patient was in evident distress. All the faecal discharge since birth had been of a liquid character, gaining exit by means of an opening on the left side of the scrotal raphe two inches distant from the normal site of the anus.

This opening was only large enough to allow of the introduction of a probe which could be passed in a downward direction towards the rectum. There was absence of proctodæum, the rectum terminating at the lower outlet of the pelvis in a narrow channel leading to the scrotal opening. Under chloroform anæsthesia incisions were made through the skin removing an oval piece half an inch in length at the proper site for the anus. The probe was then introduced into the sinus and pressed down towards the newly-made skin opening and an incision made into the rectum, cutting down upon the probe. This opening was enlarged by the little finger and at once there was an evacuation of well formed, light colored fæces. An enema syringe was brought into use and there followed a very vigorous emptying of the bowels with great relief to the little patient. The lower edge of the rectum was then caught by pressure forceps and by means of combined traction and peri-rectal dissection with blunt pointed scissors the edge of the gut was brought down and carefully sutured to the skin margin by seven points of silk suture. A rubber drainage tube was introduced and kept in place by means of a safety pin and perineal bandages. The aftercourse was uneventful—the tube was kept in place for several days, being removed at intervals for cleansing. The result in this case has