

yellowish seropurulent, or rather serous fluid, mixed with pus and flakes of lymph, were withdrawn. A regular hernia of the small intestines was then discovered, protruding into the back of the sac, composed of a loop of bowel from 8 to 10 inches in length, of a deep purple hue, and covered with flakes of thick yellowish lymph, just such as is seen in strangulated inguinal hernia. The protruding portion of bowel was really strangulated, being very full of feculent matter, which we could not squeeze out, while the upper and lower portions of intestine were quite empty, and of a natural color; the cavity of the ovarian sac did not communicate with that of the peritoneum. I succeeded in getting the preparation, sac, uterus, ovaries, and bowel, and will send the whole to you, in order to have it preserved by your conservator. Did you ever meet with such a case, or read of one like it? How would an operator have felt, had he attempted, as some had done, to excise the sac?"

Dr. R. P. Howard, who has put up the preparation for the museum of McGill College, describes it as follows:—

"The opening in the ovarian sac is oval, about  $2\frac{1}{2}$  inches long by  $1\frac{1}{2}$  broad; its edges are tolerably regular, almost as much so as if cut with a punch, except at one point where they are somewhat ragged. There is no evidence of adhesion having existed between the sac and the bowel, which occupied the opening. The knuckle of strangulated intestine consists of about 10 inches of the ileum; it is covered with a thick layer of semi-organized lymph, which constricts it to a certain extent, at the part surrounded by the opening in the sac. The ovarian sac is multilocular, and consists of one enormous cavity, from which are numerous small and large orifices leading into smaller cavities or loculi."

The 3d case was one of inflammation and ulceration of the vermiform appendix, produced by impaction of a small concretion in that body:—

On the evening of the 30th of last July, L. M., a fine healthy boy of 11 years of age, was some hours after eating a hearty meal attacked with pain in the bowels, vomiting, and slight purging. As the symptoms seemed to proceed from deranged stomach, I prescribed copious draughts of tepid water, and, when the stomach was well washed out, a doze of Gregory's powder.

On the morning of the 31st, I found that the purging had ceased shortly after my visit the previous evening, but the pain and vomiting still continued. I ordered a synapism to be applied to the epigastrium, and pulv. rhei, gr. xij., chlorid. hydrarg. gr. ij., to be taken every three hours till the bowels were acted on. I saw my patient again in the afternoon, and found that three powders had been taken without any action of the bowels. There was still vomiting, and pain principally complained of in the right iliac region, which was slightly tender