small bowel and a few inches of the excum and ascending colon. The loop was disposed of, the abdomen closed quickly and the patient returned to bed. Stimulants were administered, artificial heat applied, and the child made an uninterrupted recovery.

This case will come under the head of incarcerated hernia without strangulation. The first one related showed incarceration with beginning strangulation, while the second one was a complete strangulation.

The confusing feature in the diagnosis of these cases seems to be the gradual onset of symptoms, and yet the secret of success in their treatment is an early diagnosis and early operation.

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