Owens and Sury, my medical students. The anæsthetics were taken badly. The catheter was passed but no urine found. A longitudinal incision was made, commencing to the left of the umbilicus and extending down about four inches. On cutting through the peritoneum, congested small intestine presented itself. On examination two loops were found connected closely together by a very short band of adhesion, which dragged upon one part so as to constrict very considerably the gut. I could scarcely insert the tip of the finger beneath this band and adjoining loops of bowel. A catgut ligature was thrown around the adhesion and tied. There was no room for a second one, and I therefore divided the band with the scissors. No bleeding followed. As only a few inches of the intestine seen was much distended, there was no protrusion; and I readily brought the abdominal wound together with deep silver sutures and superficial catgut ones. Carbolic spray and other antiseptic precautions were used throughout.

10.30 p.m.—The patient has been very restless and pugnacious since coming out of the ether, and it was with difficulty he could be kept in bed. Has swallowed a few teaspoonfuls of iced milk, and has had an ounce of brandy in a cup of warm milk and water by enema. No vomiting since the operation, and flatus has passed several times per anum. Extremities are pretty cold. Pulse 132, very feeble. Hot irons put to feet. ¼ gr. morphine subcutaneously, to help keep the patient quiet.

Aug. 16, 8.30 a.m.—Slept 4 or 5 hours altogether during the night. Took some brandy and milk by the mouth, and had an enema of the same at 3 a.m. No vomiting; no motion of the bowels. Wildly delirous at times. Extremities cold. Little or no pulsation at wrists. He died at 10.30 a.m.

Autopsy 11 a.m.—The point at which the ligature was applied was found to be only 4 feet from the pyloric end of the stomach. A considerable thickening of the peritoneal coat ran in a somewhat band-like form around the gut from the ligatured adhesion. Along this line the bowel presented somewhat of a wet leather appearance, but there was no ulceration of the mucous coat at the part, and the calibre of the intestine was not very greatly diminished either here or elsewhere. Stomach and upper 4 feet of bowel dilated; below this the latter was empty and contracted. Two of the mesenteric glands were calcareous.

CASE II.—Oct. 19, 1883.—A. J.'s child, æt. 11 months, female. A few weeks ago the child had measles, which was followed by a serious attack of bronchitis. Two or three days since the patient began to suffer from vomiting and diarrhœa, but was not ill enough for a physician to be sent for. At 2.30 a.m. the patient awoke with pain and vomiting, and the passage of a thin, bloody fluid from the bowels. Was visited by me at 5 a.m. I gave at once 6 or 7 drops of tinct. opii in a little warm water as an enema, and ordered her to have 2 drops of the same by the mouth pro re nata, also to take only one teaspoonful of barley water every half hour. The distress seemed very great when the patient vomited, and the fluid ejected resembled very much the rice water which she had been drinking during the night.

11 a.m.—Has required one or two doses of the laudanum, and has been much easier. No further vomiting, though there has been a little retching. Two bloody discharges. Continue opiate as before, and two teaspoonfuls of barley water at a time.

8 p.m.—Vomiting has come on again, and the bloody dejections have been more frequent. Pulse, 160; temp. beneath arm, 101°. Rather pale and collapsed-looking. On examination per rectum, no tumor felt, though anus seemed more patulous than usual. No great abdominal distension, and no marked tenderness on palpation. On deep pressure a cylindrical tumor was found lying just to the left of the median line, and extending from the pubes upwards to the side of the umbilicus, being about 3½ inches in length and 1¾ inches broad. Resonance not quite so good over the swelling, but no marked dulness present. I now wrapped a piece of rag about the base of the nozzle of a Davidson's syringe, so as to form a plug for the anus; and, holding the instrument tightly against the fundament, I injected slowly a pint or more of warm water, while at the same time I manipulated the tumor through the abdominal walls. During this procedure the swelling appeared to move somewhat towards the right and disappear. I now allowed the water to escape, and examined the abdomen again. No swelling felt above pubes, but as I imagined there was an abnormal fulness and hardness in the right hypo-