length of time the affection had lasted. The child was placed under chloroform, and an incision three inches long was made in the median line, commencing at the umbilicus. On opening the peritoneal cavity, the distended intestines immediately protruded. So great was the distension that it was useless to try to reach the seat of the intussusception without allowing the intestines to protrude. The greatly distended small intestines which extruded themselves were covered with hot towels. Now the tumor was easily found, and it filled the true pelvis. The tumor, on examination, proved to be a greatly distended rectum, into the upper end of which some small intestine was seen to pass. With the exception of the rectum, no large bowel was to be seen. I tried to release the bowel by moderate tension, which was gradually increased, but without effect, although there were no evidences of inflammatory adhesions present. Feeling that it would be useless to employ any more force, the large bowel (rectum) was incised longitudinally and the intussusceptum exposed. The incision gave exit to a large quantity of dark grumous bloody fluid. Efforts at reduction from within were now made, and, aided by an assistant's finger in the rectum, I managed to release some of the bowel. First came a portion of the lower end of the ileum; the cæcum and appendix came next like a cork out of a bottle, and the rest of the large intestines slowly unfolded themselves. A lump still remained, however, and it was found to be another intussusception which was invaginated from below upwards. This was easily relieved, and all parts of the bowel were free. Many portions were much congested, but there were no evidences of inflammatory adhesions. The incision in the rectum was now rapidly closed with a continuous Lembert's suture of fine silk, and the abdominal wound sewed with silkworm-gut, a glass drainage tube being inserted at its lower end. The patient suffered much from shock after the operation, and only lived some three hours. In this case the large amount of the invaginated bowel, the great distension, and the amount of manipulation necessary to relieve the invagination, taken together with the tender age of the patient, were quite sufficient to cause death. Although there were no inflammatory adhesions, still the difficulties of reduction were great, and invagination could not have been relieved without incising the bowel. The obstruction to reduction was manifestly the bowel about the ileo-cæcal region. It seems to me that incision of the bowel and relief of the tension, with pushing of the invaginated bowel upwards, are better methods of treatment in non-gangrenous cases than either tubal anastomosis or the establishment of an artificial anus. If the bowel should prove gangrenous, then Mr. Barker's operation could easily be proceeded with.—*London Lancet*

Selections.

THE ULTIMATE RESULTS OF A PUBEOTOMY—A RUPTURED UTERUS—INJURY TO THE LUMBO-SACRAL PLEXUS IN LABOR—MULTIPLE ABSCESSES IN THE ABDOMINAL CAVITY.

A clinical lecture delivered at the Philadelphia Hospital, November 9th, 1892.

BY BARTON COOKE HIRST, M.D.,

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GENTLEMEN,—This woman who enters the clinic room with her baby in her arms walks, you see, with as firm and confident a step as yours or mine. She was delivered five weeks ago by pubeotomy, after a labor that had lasted forty-eight hours without the engagement of the head in the superior strait. In less than an hour after the operation began, the child was born alive and well. It has, as you see, thriven since. The mother's convalescence was complicated by a phlegmasia that appeared on the twelfth day, but has now subsided. This, I think, was due to the long pressure by the head upon the superior strait, and the consequent compression of the blood vessels in that situation. It is not my purpose to describe at length the history, recent and remote, of the operation, or its technique. This I shall reserve for another time. Suffice it to say that the latter is easy and simple. The operation can be performed by any one who has a little experience in surgery, and has learned the principles of asepsis. Indeed, I fear that the symphysis pubis will be opened unnecessarily