December last, and at present the patient is in good health, having a perfectly normal condition of the bowels. The history of the case was given shortly as follows: Patient was brought to the Montreal General Hospital on 5th August, 1891, for strangulated femoral hernia, which was relieved by operation; the bowel, looking suspicious, was returned with some misgivings, and was retained immediately within the femoral ring. The patient did well, but after a couple of weeks the wound re opened and some sloughy tissue came away; after this she rapidly improved, and left the hospital on Sept. 12th, with a small sinus still persisting. She was seen again in October, and at that time was suffering from marked symptoms of chronic obstruction. There was pain and tenderness over the whole abdomen, which was much distended and tympanitic, and there was frequent vomiting. This was soon succeeded by a severe diarrhœa, which was accompanied by the passage of a large amount of flatus. The distension, tenderness and discomfort soon subsided, only to be succeeded in a few days by a similar condition of affairs. At the site of the operation wound there seemed to be a large mass of cicatricial tissue, and pressure here caused pain. She said that the obstuction was always felt to be at this point. Exploratory operation was suggested, and she was told to return to hospital if her condition did not improve. She was re-admitted to hospital on December 17th, 1891, for operation.

Operation.—An incision was first made in the linea alba, and the seat of obstruction explored. The bowel was found embedded in cicatricial tissue at seat of old operation, and whilst endeavoring to separate it, it was torn. A second incision was now made in the right semilunar line so as to see better the attached intestine. It was found that the whole anterior wall of the small bowel at this point was a mass of cicatricial tissue, and that the lumen of the bowel was not greater in diameter than a lead pencil. It was immediately decided to resect the bowel, so the attached portion was separated and the strictured part was cut out, altogether about three inches of bowel were removed with the attached mesentery. The two ends were now brought together in the usual way; the upper end of the bowel being much larger, the lower end was with some difficulty approximated to it. Two rows of fine interrupted silk sutures were used, an inner row passing through the muscular and mucous coats, and an outer row passing through the external coat after the method of Lembert. After dropping back the united intestine, both abdominal wounds were closed with silkworm gut sutures and a rubber drainage tube inserted into the lower angle of the lateral incision. This reached the point where the bowel had been involved in the cicatricial tissue, and which was freely oozing. The wound was dressed with iodoform gauze and absorbent cotton. The patient did well for some days, and on the fourth day after operation (21st) passed a well formed stool. On the 23rd of December she complained of chilliness, pains in her limbs, and soon there was high fever and a bronchitic cough, which developed into a severe attack of bronchitis. She had for many years been subject to asthma, and had had frequent attacks of bronchitis. All this time there were no symptoms referable to the abdomen, though her general condition gave rise to alarm. Under active treatment she gradually improved. The severe cough caused much pain in the abdominal wounds, and frequently disturbed the dressings, so that a small abscess formed in connection with the central wound; this was in the walls of the abdomen only, and as soon as opened healed rapidly. Towards the end of January patient was going about the ward; the abdominal wounds were completely healed and bowels quite regular. Later on she developed a middle ear abscess; this, I have no doubt, followed the bronchial attack, which was evidently a form of the prevalent influenza. She left hospital with the ear trouble quite well on February 16th, and her general condition has improved ever since.

Dr. Shepherd also stated that Dr. Boone of Presqu'Isle, Maine, a graduate of McGill of 1887, wished him to report a successful case of resection of the intestines in a case of strangulated inguinal hernia. The case occurred in a man who had extroversion of the bladder with double inguinal hernia. The right side became strangulated, and operation for relief was immediately performed by Dr. Boone. The bowel was found to be gangrenous, so nine inches were excised. The patient did well, and is now alive and in good health. The operation was performed in April, 1890.

Spina Bifida.—Dr. James Bell showed a child on whom he had operated for this condition, and gave the following history of the case:—

The child, a female, when first seen at 15 months of age, had a tumor about the size of a cocoanut situated over the sacrum and attached by a broad, short pedicle about two inches in diameter. It was covered with normal skin, was translucent, and, according to the mother's statement, was gowing rapidly, out of proportion to the growth of the child. It was described as of about the size of a hen's egg at birth, and covered with thin, reddish skin. No increase of tension was observable when the child cried. Two months later, Jan. 29th (the conditions being as already described), the tumor was excised. An incision was first made longitudinally and well to the side, to avoid any nerve elements which might possibly be attached to the sac. The fluid, clear and colorless, escaped, and the interior of the sac was exam-