

has, if possible, been made; but when you are thoroughly satisfied of the condition and that medical means have been fully utilized, then do not delay.

CASES.

1. This was an example of acute obstruction by a band of adhesion constricting the ascending colon. This case was referred by Dr. Russell and has been reported already. Was operated at Western Hospital. Complete recovery. No return.

2. This case was one of acute obstruction due to inflammatory adhesion in the ilium. Miss T. had suffered from septic general peritonitis. The operation was performed by Dr. J. A. Temple, whom I assisted. The removal of adhesion and sloughing portion of gut was effected, and the Murphy button employed was passed in about three weeks. The recovery was complete.

3. This was a case of strangulated umbilical hernia. The patient, Mrs. L., was referred by Dr. Gullen. The operation was performed in Bellevue Hospital by Dr. Temple and myself. Patient came to the hospital about twelve hours after the onset of acute symptoms, in a collapsed condition. The operation revealed a gangrenous ilium, of which there were removed eight or nine inches. A Murphy button was applied, which passed in about a fortnight. The recovery was complete.

4. Cases of strangulated inguinal hernia are important. I have had more cases of this variety in women than in men, and have not had one in which the bowel has had to be excised, or in which I have heard of any bad result following operation. I had one man die following operation for the relief of strangulated inguinal hernia. His death was due to deferred operation, and the bursting of an unsuspected abscess, apparently of a portion of strangulated omentum in the sac, which infected the abdominal cavity. The obscurity of the case was due to the kick of a horse over the portion of the inguinal canal which held a part of the omentum. I think that if a correct diagnosis could have been made sufficiently early for an operation before the abscess formed, the result might have been different.

5. A case of strangulation of a portion of the omentum in the femoral canal in a woman—Miss W.—giving rise to symptoms of obstruction, was operated on in Bellevue Hospital. The relief was complete.

6. Obstruction due to cancerous tumor of the ascending colon forms one of my cases. This patient had peritonitis, and was in an extremely critical condition when seen. A complete operation was not advised, and