manner: A five-gallon rubber bag filled with hydrogen gas was connected by rubber tubing with a long glass tube of an extemporized chemical wash bottle half filled with water. To the short glass tube passing through the cork only was attached, by rubber tubing, the rectal nozzle of an enema syringe. This bottle was introduced so that the rapidity of the inflation could be judged of by the bubbling of gas through the water. When the rectal nozzle had been introduced, slow, steady and continuous pressure was made on the rubber bag. Under very slight pressure the gas commenced to bubble through the water. As inflation progressed the abdomen, previously flat on percussion from the umbilicus to the pubes, became resonant and the area of liver dulness diminished from below upwards. The inflation was continued until the abdomen became uniformly distended and tympanitic throughout. Still no gas escaped through the wound of entrance until the abdomen was firmly compressed, when there was an intermittent escape of gas and blood through the wound. The gas, however, could not be lighted by the matches used; but the escape of gas proved that the intestines had been injured and immediate laparotomy was performed. All the intestines were found distended with gas except the stomach and duodenum, and in each of these two wounds were found. These were closed, but the patient died thirty-six hours after of septic peritonitis.

In the *Medical News* of same date Dr. Wm. J. Taylor reports a case where hydrogen gas was used to determine the site of a fæcal fistula, whether it was in the large or small intestine. In order to determine the question Dr. Keen inflated the bowel with the gas in the way advised, and in less than half a minute, and before any gurgling was heard in the ileocæcal valve, gas was seen to bubble out of the fæcal opening, and on bringing a lighted candle near it the gas took fire. A small exploratory opening was then made in the abdomen and the fæcal fistula was found to arise from a carcinoma of the large bowel. The disease, however, had progressed far beyond operative relief, and the operation was not proceeded with.

Considerations on the Pathology of the Cœcum and Appendix.—Dr. Joseph Ransohoff of Cincinnati, in a paper on this