advisable to try and revivify the injured part before returning it into the abdomen. This was done by covering the coil of bowel with gauze and pouring in a steady stream of warm salt solution for fully half an hour. The color and appearance distinctly improved and it was then returned into the abdomen. The patient being somewhat feeble, the abdominal cavity was filled with salt solution through the crural opening, after which the edges were sutured, overlapping one another, by kangaroo tendon and the wound closed. Recovery was good and there has been no return of the hernia.

CASE 3.—*Inguinal Hernia (Strangulation).*—On the evening of January 11th, 1899, an outside employee of the asylum came to me complaining of severe pain and sickness of the stomach. I found him pale and skin cold and clammy; pulse fast and somewhat weak; abdominal pain was intense. He drew my attention to the fact that he had a hernia which he could not reduce. On examination I found a right inguinal hernia of a large size, tense and tender. He stated that he had suffered for several hours and tried several times to put it back but failed. I had him carried to the operating room, and failing reduction by manipulation, proceeded to operate. The contents of the incarcerated sac was a coil of small intestine, which at this time was distended and very red. Remembering my experience in the previous case, I kept up a steady stream of hot salt solution on the bowel for fifteen or twenty minutes after freeing the constriction at neck of sac. Returning the now revivified bowel, I closed the wound by the Bassini method. He is now well and minus a hernia.

CASE 4.—*Volvulus of Intestine.*—A chronic epileptic patient of miserable physique was brought to the operating room from the refractory wards on March 7th, 1899. The doctor in charge stated that on the previous day the patient had refused his meals and was pale and feverish. This morning he showed a rapidly increasing swelling of the abdomen and was exceedingly tympanitic. Ordinary measures failed to reduce it. Obstruction of the bowel from some cause was diagnosed. Great care had to be exercised in making the abdominal incision. When the peritoneal cavity was opened a huge coil of intestine rolled out. On examination it was found that the descending colon was twisted three times on itself in the form of a volvulus two or three inches below the splenic flexure. The colon above and below the constriction must have been four inches in diameter and very thin and of a bright red color. At the point of the twist the bowel was irretrievably injured. For an inch in length, four-fifths of its circumference, there remained only a sodden peritoneal wall. The extreme distention below injury was no doubt due to paresis caused by this injury. A