diagnosis of obstruction; the symptoms being those of strangulated hernia. We considered the advisability of an operation, but as the patient was in a somewhat collapsed condition, hands and feet cold, face pinched; pulse 100, small and irregular, we decided it was useless to think of it at that time.

Jan. 3rd.—She was easier, had vomited less, but was in a very weak condition. On the afternoon of Jan 4th, as she had rallied a little, Dr. Hillier, of Bowmanville, was called, and we decided to operate.

Thursday, 5th inst., a.m.—Patient was a little weaker than on the previous night, having been vomiting in the meantime; she was again examined by Drs. McLaughlin, Hillier and myself without any fresh development, no hernia could be detected nor any tumor, bowels resonant and a little tender. The rectum, as before, was empty, and nothing abnormal could be felt. There had been no tenesmus or passage of flatus since the last natural action of the bowels on the 29th ult., a period of seven days. The urine had been normal. Everything being in readiness we proceeded with the operation. The ordinary antiseptic precautions were observed; I opened the abdomen by the usual central incision. We found the peritoneum normal, bowels congested, and on examining the right side found the cæcum and surrounding parts normal. Tracing the undistended ileum from this point we soon came on the seat of obstruction, as we found the bowel firmly attached, and on close examination, the trouble proved to be an *obturator hernia*. The bowel was quite inflamed and adherent, and was withdrawn with considerable difficulty. The loop of bowel, although much inflamed, was apparently in a recoverable condition. The wound was closed with a drainage tube at lower part. Patient rallied fairly; she complained of a good deal of pain, which was relieved by a hypodermic of morphia. Flatus passed freely through the bowels the next day. The patient never recovered strength, as she was unable to take nourishment to any extent by the stomach, and though rectal alimentation was faithfully tried, it proved of no avail; she gradually weakened and died on the fifth day after operation. The bowels moved quite freely the day before her death; at all times flatus passed freely, and there was much greater freedom from pain. The wound healed nicely, notwithstanding the condition of patient, and at the time of death was nearly united. From the relief afforded by the operation and the length of time the patient lived afterward, had the operation been undertaken early the chances of recovery would have undoubtedly been good. The delay until the patient was weakened by the excessive vomiting and pain told very strongly against her chances of recovery.

CASE II.—This case occurred in the practice of my neighbor, Dr. Fish, of Blackstock. He has kindly furnished me with the history, of which I will give you a synopsis. Master A. H., aged 15, nearly six feet in height, very well proportioned, intelligent, and fond of sport in which he took a great interest. He had taken an active part in the games in Cartwright, on the 12th of July, 1888. For two weeks previous to his illness he had not felt so well as usual, but had made no complaint, nor had his parents noticed anything amiss.

On July 19th, 1888, after a free natural movement of the bowels he was taken with pains in the belly, and his father procured and gave him two pil. Cath. Co., which moved him two or three times, when pain became more severe and the doctor was called in. He found the patient with legs drawn up, suffering intense pain, very restless, anxious expression, temperature 103°F., pulse 120. The pain extended over the entire abdomen and was not referred to any particular part. The diagnosis was peritonitis. Appropriate treatment was applied, but the patient gradually grew worse. Enemata were used freely, but no passage of fæces or flatus took place.

I saw the patient at one a.m. of the 23rd inst. He was apparently in great pain, although opiates had been freely administered. Peritonitis well marked and undoubtedly obstruction from some cause; I advised an immediate operation as the only thing that would give the boy a chance to live. This suggestion was not acted upon and I returned home. On the afternoon of the 24th inst., in company with Drs. Hillier and Lammiman of Bowmanville, I again saw the patient, when symptoms were much aggravated and he was in a decidedly worse condition for operation. After a long discussion with the parents it was decided to operate and about 5 p.m. we began. Pulse 110 small and thready; temp. 100½°. Found the abdo-