

A boy aged 10, who several times before had attacks of obstruction of the bowels, which always terminated in copious evacuations after enemata, was, on the present occasion, taken suddenly with vomiting and great pain in the abdomen. Opium and enemata proving of no avail, Mr. Clutton decided to operate. He was transferred to St. Thomas' Hospital, and after the administration of an anæsthetic, the abdomen was opened. A collapsed portion of bowel was soon found, and, on bringing it to the surface, a tight, ring-like cord could be felt and seen to be the cause of the strangulation. The band was clamped by two pairs of forceps and divided; each end was ligatured by catgut. After division of the band, the bowel was set free from its strangulation. The band, on examination, was found to have reached from the extreme end of a diverticulum to the wall of the same loop of bowel at a distance of six inches. The abdomen was stitched up, and the boy recovered without any bad symptoms. In the discussion which followed the reading of the paper, Mr. Treves said that Peyrot had collected 29 cases of intestinal obstruction treated by operation, only four of which were strangulations by Meckel's diverticulum. He himself had collected 50 cases, and the mortality was about the same, viz., eight, and thirty recovered. In cases of operation for strangulation due to diverticula, only about one in four recover. Mr. Treves also remarked that the pain of complete obstruction was continuous, as in only 5 out of 50 cases was it intermittent.

Dr. Angus McDonald (*Lancet*, Feb. 9th, 1884) reports a successful case of *Resection of several inches of the Small Intestine in the course of Abdominal Section for removal of an Extra-uterine Pregnancy*. On opening the abdomen, a loop of small intestine was found communicating with the foetal sac, and, in fact, forming the roof of the sac. The intestine was in a very unhealthy and friable condition, and in endeavoring to empty the foetal sac, Dr. McDonald injured the bowel. The piece of diseased and injured intestine, amounting in length to about six inches, was removed, and the cut edges of the two ends brought together with a continuous catgut suture, care being taken not to include any of the mucous membranes. The