

from anus in the little patient, with straining and restlessness and a refusal to nurse, and an occasional outburst of crying. Temperature I found was normal and pulse somewhat rapid. I gave a mild sedative and ordered a small enema of water and left instructions for the father to report to me in three or four hours. He did so, stating child was no better. He was told to bring the baby to the operating room. When stripped and laid upon the table the little fellow vomited a quantity of thin fluid and at same time there issued from the anus bloody mucus. Rectal examination was negative, the abdomen seemed soft and not distended, and no evidences of tumor could be seen. Palpation of abdomen, however, disclosed a sausage-shaped tumor to the right of the umbilicus. A diagnosis of intussusception was made. Operation revealed the tumor to be 10 inches of the ilium, which, with its mesentery, had travelled through the ilio-cecal valve into the ascending and transverse colon. There was also partial inversion of the cecum. The appendix was  $3\frac{1}{2}$  inches long. Slight adhesions had formed at the point where the ilium had passed through the ilio-cecal valve. The vessels of the involved mesentery were swollen and of a dark color. Steady pressure on the apex of tumor with gentle traction on ilium aided by warm towels and pads reduced the intussusception. The abdominal wound was closed by through and through silk-worm gut sutures. Throughout the night the little patient was restless. The temperature rose to  $103^{\circ}$  and the pulse ranged as high as 180. Within twenty-four hours the temperature dropped to normal. During convalescence, which was uninterrupted, the baby nursed at his mother's breast. The variety of intussusception, in this case was that of ileo-colic, which, according to Treves, is somewhat rare, occurring only in 8 per cent. of all cases.

CASE 2.—*Femoral Hernia (Strangulation)*. — A female patient, aged 54, resident of one of the asylum cottages, was reported sick on June 16th, 1897. It was found that she had had occasional attacks of vomiting during the previous three days and was thought, by the attendant in charge, to be an ordinary attack of biliousness. Examination, however, of patient showed a small hard lump on right thigh immediately below the middle of Poupart's ligament. Diagnosis of strangulated femoral hernia was made and operation was proceeded with. A knuckle of the small intestine made up the tumor. Constriction was caused by very slight band at neck of ring, and not by Gimbernat's ligament, and stretching of the neck was easily accomplished. The involved intestine was very dark in color and apparently the circulation was stagnant; also no peristaltic movement could be observed. It was thought