

umbilicus, and to examine further. This was done, and the protruded portion of the bowel was drawn out and found to be a diverticulum from the small intestines. The diverticulum was cut off close to where it was given off from the gut, and the opening thus left sutured by a double row of continuous silk sutures, the outer row of which included only the peritoneal coat of the bowel. The sutured bowel, after having been found perfectly water-tight, was dropped back into the abdomen, the stump of the cord cut off and the abdominal wound closed with three silkworm-gut sutures. The wound was dusted over with iodoform, covered with absorbent cotton, kept in place by adhesive plaster. The child's condition after operation was excellent. For twenty-four hours it was given no food, and then was allowed to have the breast for a few minutes at a time every two hours. Having to leave town, Dr. James Bell kindly looked after the case for me. The stitches were removed on the sixth day, and the wound was found to be perfectly healed. The child's condition continued good, and he left the hospital on the 25th of September, and went home to the Northwest as well as ever on the 30th. I have since had a letter from Dr. Turnbull, dated November 18, 1891. He writes that the child is in the best of health and growing rapidly.