day; and the clamp dropped off the pedicle on the thirteenth day. For some weeks the stump of the pedicle remained protruded and covered with florid granulations. It at length became completely retracted, and the child was discharged well about eleven weeks after the operation. The tumour weighed two pounds eleven ounces; it measured six inches across, and seven inches from above down, and was nearly spherical in shape. The lower half was composed of a thin-walled cyst, capable of holding a large cocoa-nut; it had projected into its cavity several smaller cysts. The hard part contained a plate of bone measuring two inches by four inches, and other smaller pieces of bone. There were cysts at the upper and outer part of the growth, with gelatinous and solid contents, many of which contained sebaceous matter, with collections of dark short hairs. There were also fibroid bands and irregular spiculæ of bone interposed between some of the cysts-Medical Times and Gazette.

Strangulated Femoral Hernia.—(Operation for Strangulated Femoral Hernia, in which an Anomalous. Obturator Artery was divided.)—Mr. BARKER read notes of this case. The patient, a woman of fifty-six, was operated on in the usual way on February 7. Most of the constricting fibres were easily divided; but on severing some which remained, embracing the neck closely, blood welled out of the wound. The latter was enlarged and the vessel sought. As it could not be found and the bleeding soon ceased to be severe, it was deemed advisable to apply pads over the wound and compress with bandages. On the 8th the patient was better, and on the 9th better still. Early on the morning of the 10th, however, she took a turn for the worse (indicating peritonitis), and died at 5 p.m., on the same day. A post-mortem examination revealed acute peritonitis with serous effusion. Near the wound, about three or four inches of blood were found effused underneath the peritoneum in the pelvis, above and at the right side of the bladder. This blood came from an anomalous obturator artery passing down on the inside of the neck of the sac. It sprang from the epigastric, about half an inch from its origin, and was