6. That the use of the cultures seems to be accompanied by no special danger and that they cause no irritation.

Neoplasms are due to interference with normal cell reproduction induced through trauma, pressure, severe inflammations, or constant irritations; these factors act upon cell proliferation by producing abnormal cells which in turn, if the original irritating status is maintained, again generate cells of their own kind.

If trophic nerve impulses are not interfered with, normal conditions may supervene when the irritation or inflammation subsides.

If involvement of the trophic nerve takes place so that efferent and afferent impulses are interfered with or inhibited, riotous development of the new progeny of cells will be invited. If the trophic nerve supplying the part is severed or permanently inhibited, ulceration will supervene.

The above theory place the etiology of cancer formation upon a rational basis, and permits us to guard against its increase by prophylactic measures which readily suggest themselves.—Dieffenbach, *Medical Record*.

GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynecologist to the Toronto Western Hospital, and Consulting Surgeon, Toronto Orthopedic Hospital.

CLINICAL NOTE ON INTUSSUSCEPTION.

Ernest A. Hall, L.R.C.P., Ed., Victoria, B.C., reports the following case :--

A baby four months and three weeks old, bottle-fed and delicate, received his food at 9.20 a.m. and immediately went to sleep. He did not awake at 12 as usual. At 12.45 the mother heard an unusually sharp cry and found the child pale, with the legs flexed upon the abdomen, and screaming.

I arrived with the family physician, Dr. Helmcken, three-quarters of an hour later. One glance at the patient,—the pale skin, pearly eyes, abdominal attitude, and peculiar, high-pitched, intermittent cry,—gave a picture never to be forgotten. A rectal examination with the little finger gave one drop of bloody mucus. On account of the rigid recti no tumor could be felt. Within half an hour the child was upon the operating table.

Under anæsthesia a mass could be felt in the left iliac region. The whole of the ileum had prolapsed into the cæcum, and the cæcum into the colon as far as the signoid flexure. The prolapse being recent there were no adhesions. The first inch of the ileum was bruised and dark for