which had large vessels passing over it transversely, and sacular indentations resembling those of the colon. For some time I was at a loss as to whether I had sac or bowel. After freeing it well and gently trying reduction, which failed, I decided the question by gently passing the hypodermic syringe through the presenting membrane and obtained bloody serum, which showed that the bowel was not penetrated. I then nicked the sac and opened it widely to the extent of the incision in the skin. There presented a large fold of omentum, congested and livid. Underneath were two folds of small bowels, thickened and dark from strangulation. There was a distinct fibrous envelope over a portion of the gut, from inflammation. After due consideration of the patient's age, etc., I returned the bowels with some misgivings, having first nicked the neck of the sac upwards. I then drew down the omentum till a healthy part presented, at which line I transfixed it and tied it with a stout chamois cat-gut. Then I stitched it to the edge of the ring and cut off the congested portion. Then I tied stout catgut around the sac and cut off the redundant portion. A few interrupted sutures over a strip of twisted iodoform gauze for drainage, iodoform gauze and boracic cotton, with a spica bandage, finished the dressing. Time, one hour and a half.

Feb. 4th.—Temp. 97, pulse 90, still irregular: tongue moist; bowels moved through the night freely. No pain.

Feb. 5th.—Great distension of abdomen. General condition as day before. Ordered castor oil, ʒss., ol. terebinth, 10m., tr. opii, 5 m. as required.

Feb. 6th.—Tympanites much less; bowels freely moved. General condition as before. Discontinued mixture.

Feb. 7th.—Tympanitis again marked, bowels moving constantly; no pain. Ordered bismuth, tr. opii and turpentine, in mucilage and syrup.

Feb. 8th.—Tympanites less; patient quite hopeful.

Feb. 21.—Patient sitting in bed with wound very nearly healed.

REMARKS.—The success of this operation under the circumstances—the age of the patient, the age of the strangulation (three days), the unsanitary surroundings, the patient being poor—speaks volumes for Nature's powers to heal when given a fair chance.

THE TREATMENT OF PNEUMONIA.

This constantly-recurring topic of the treatment of pneumonia shows how the profession feel that in this disease we are often disheartened by our results. In the *Boston Medical and Surgical Journal*, Shattuck points out that no method of aborting the disease which has yet been proposed has made good its claims. Pneumonia, like typhoid fever, may abort spontaneously, but we cannot make it do so. Still, it seems that the method of Petresco, of Bucharest, is worthy of trial. Since 1883 he has treated seven hundred and fifty-five cases of pneumonia with very large doses of digitalis from the time they first came under observation. He gives for two or three days a strong infusion, and claims to be able to cut early cases short and to influence very favorably more advanced cases. His mortality now is only 1.22 per cent. He gives from 1 to 2 drachms of the leaves daily, the equivalent of one or two ounces of our tincture. In like manner we have had no distinctly curative treatment, though we are encouraged to hope that the injection of immune blood-serum may prove to be such after further trial. In short, our efforts are at present confined to promoting the comfort of the patient and conserving his forces in every way to enable him to outlive the self-limited disease. This in itself may be much.

For the better application of this