needle, still threaded, withdrawn through all the structures except the temperarily invaginated skin. The linger being carefully maintained in situ, the gut on the concave surface of the needle is slightly pulled by the assistant, while that already soized is firmly held. This facilitates the turning of the needle, and transfixion of the outer pillar (Poupart's ligament). being accomplished, the skin of the abdomen is drawn towards the creat of the illum, and the needle passed through the original aperture unthreaded, and the linger and it are withdrawn. There is, therefore, one serotal and one abdominal aperture, the latter directly above the aperture of exit of the hernia. Nothing now remains but to the firmly home the two ends of the salmon. gut, out it short, and let it drop into the wound. A pad and splea bandage are applied, a dose of opicia is given, and the patient kept in bed until the parts are well matted together. The knot of salmon-gut will either become enersted or come away, it matters little which; in either case the approximation of the pillars is certain. It is satisfactory to the operator that the assistant should pass his dager up to the internal ring, when he can distinctly feel it grasped as the ligature is tightened. It is absolutely necessary that the salmon-gut should be seaked in warm water for five minutes before being used, and that long thread should be selected. The needle should be threaded from the concave side. Dr. Best states that he has performed the operation three times, twice with complete success; the third patient was refractory. The Lancet.

Puncture in Gastro-Intertinal, and Peritonnal, Pneumantosis,—Dr. Foresagrives says that this operation is practised often in Bolivia, especially in veterinary medicine. It ought to be practised with a grooved needle, but a simple hyrocole trocar may be used in emergencies. If the pneumatosis is reproduced, the operation is repeated, but it is dangerous to leave in the canula any time. Dr. F. relates some cases to prove the prompt utility of the practice, and its innocuousness in the case of gastro-intestinal pneumatosis, especially when the diaphragm is pushed up by the collection of gas, so as to render asphyxia imminent. In an old man subject to constipation, and threatened with