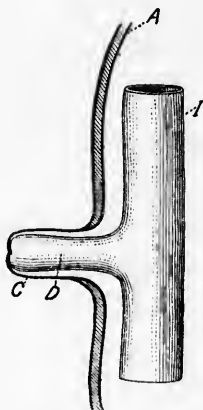


The child was shown at the Meeting of the Canadian Medical Association, which happened to be meeting in Montreal at the time, and among others it was seen by Mr. Bryant, of London. The general opinion was that the protrusion was due to everted mucous membrane probably from a persistent vitelline duct. That the fistula was connected with a Meckel's diverticulum was probable, for the excellent condition of the child led me to the conclusion that the fistula was either connected with the large bowel or the lower end of the small intestines.



*A*, Abdominal wall; *C*, Stump of cord containing (*D*) diverticulum from (*I*) ileum.

Operation for radical cure having been determined on, the patient was put under chloroform on September 19th. An incision was first made through the protrusion, near to its exit from the abdomen. This incision revealed the fact that it was not mucous membrane, but skin deprived of epithelium; for, on cutting it through, the peritoneal cavity was entered and a portion of bowel seen to be protruding through an opening at the umbilicus; this bowel, by its open extremity, was continuous with the fistula already described. It was now determined to enlarge the incision by opening up the abdominal cavity above the