return the caught small intestine and omentum, and to leave the large bowel alone. This should be borne in mind as safe and judicious.

The cases in detail are as follows:

CASE I.—Left inguinal hernia; slipped large intestine; operation; reduction; suture of internal ring; cure. W. S.——, male, aged sixty years, peddler; left inguinal scrotal hernia of twenty-five years' duration; reducible at first and controlled by a truss; later a hernia appeared in the right scrotum. Entered the New York Hospital January 30, 1885. The hernias were treated by Heaton's injections of tincture of oak bark, which served to keep them up for two months, when they recurred after a severe fall. A second injection was made at his request, but one month later

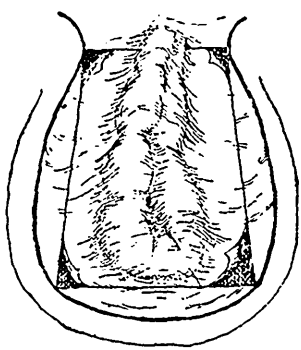

FIG. 3.—Outline of Peritoneal Lining of Sac utilized as a flap to cover posterior surface after it has been freed by dissection.

the left hernia recurred. It was then the size of a goose's egg, resonant at its top and partly reducible. On May 22nd the sac was opened up to the external ring; the sac was incomplete; its contents were the large intestine, the posterior layer of the sac passing over the intestine. The attachments of the bowel to the scrotal tissue were so lax as to permit the bowel with some force to be pushed back into the abdominal cavity. The sack was cut off as high up as possible towards the internal ring, which admitted the conjoined tips of three fingers. The edges of the ring were sewed together by three silver sutures and the outer wounds closed. He was discharged cured on June 9th. He was seen ten months later, and his rupture had not recurred.

CASE II.—Incarcerated sigmoid hernia; operation; incomplete sac; reduction; suture of internal ring. F. B.——, male, aged fifty-eight years, priest; left inguinal hernia for twenty-