advancing part of the invaginated gut was found to be the ileo-cecal valve and the vermiform appendix. The child made an uninterrupted recovery. There had been a history of some obscure abdominal trouble extending over two months before admission to the hospital, and doubtless the intussusception was more or less chronic in character.

The *second* case I have recorded was that of a baby five months old, admitted for intestinal obstruction, under my care in the Hospital for Sick Children, Toronto, on December 15th, 1899. Abdominal trouble became apparent the morning of the previous day, and all efforts to get the bowels to move by the administration of purgatives were unavailing. Laparotomy was performed and a twist of the small intestine was found about two feet below the duodeno-jejunal juncture. Six inches above this an intussusception existed, involving four inches of the gut. This was readily reduced. Six inches still nearer the duodenum was a second intussusception involving some four inches of the gut. The portion of bowel above this point was greatly distended, whilst below it was remarkably collapsed and presented a curious pitted appearance. The wound was closed in the usual way. All efforts were unavailing to produce a movement of the bowels, and the patient died sixteen hours after the operation.

The *third* case was that of a boy fifteen months old, admitted to the Hospital for Sick Children, Toronto, under my care on April 20th, 1899. At 2 a.m. on the morning of admission the bowels moved freely after castor oil, but towards daylight abdominal pain became great and a considerable quantity of blood was passed per rectum. He also vomited persistently all day. Late in the afternoon he was admitted into the hospital when an enema was given, and as a result a small quantity of blood and mucus passed, but no fecal matter. Digital examination of the rectum revealed no tumor, but blood came away on the finger. The child was remarkably drowsy, in an almost semi-comatose condition, but he could be roused. He had little or no pain. The abdomen was somewhat tense, but not markedly so. There was some indistinct indication of a tumor on the right side in the iliac fossa. Chloroform was administered at 9 p.m. (about fifteen hours after the onset of the symptoms). Air was pumped into the rectum by a Higginson's syringe. This readily passed through the ascending colon and the transverse and the descending colon, but it seemed to stop at the ileo-cecal valve, where the tumor still appeared to exist. It was therefore considered wise to open the abdomen, and an incision was made in the right semilunaris. The cecum was pulled out into the wound, and on making traction upon it the ileum came into view. This was very