stricture resulting from swallowing lye. The operation was successful and she went home with a fistula, through which she received all her nourishment. He saw her again in December, 1905, and her condition then was as follows: The œsophagus was absolutely impermeable to food and liquids, both of which were administered through the gastric fistula. She is in good health, and her development normal for a child of her age. The operation was the old-fashioned gastrostomy in two stages, and she formerly wore a belt with an inflated rubber pad over the fistulous opening to prevent leakage, which is usually an annoying feature in these cases. The modern operations obviate this more or less perfectly. In this case she is not now annoyed in this manner. She wears continually a large rubber tube in the opening, which is dilated over its former size. A piece of gauze is tied around the tube close to the abdominal wall to prevent it slipping in too far. This tube is carried up under the clothing to the patient's neck, bent on itself when not in use, and tried with a string. She takes into her stomach a variety of liquid foods, including many eggs, and also gratifies her appetite and varies her tastes by masticating meats and other solid foods, which are afterwards expectorated and not ingested. The manner of feeding is decidedly interesting, perhaps unique, and he had an opportunity of seeing her consume a glass of milk. She takes everything into her mouth before passing it into the fistula. When drinking milk, she takes about three swallows, the milk passing into the œsophagus as far as the stricture. This quantity she then injects into the tube by placing the tube in her mouth and regurgitating into it. By three or four of these manœuvres she empties an ordinary glass of milk with much gusto and apparent satisfaction. It was suggested to the father that the stricture might be relieved by a retrograde operation from the stomach. The father stated that he would allow the girl to attain years of discretion, and then she could judge for herself.

Strangulated Inguinal Hernia in Infants. (Nassau & Mutschler, at the Philadelphia Ped. Society, in the June Archives.)

An infant five weeks old, with a hernia strangulated for thirty hours. Operation under chloroform. The sac tied off high up. Perfect recovery.

A second case in a child thirty-four days old. Operation also performed with a good result.

In discussing these cases, Drs. Deaver and Wharton both stated that strangulation was very rare in infants. Hernia was common, but strangulation not so under 10 or 12 years of age.