No apex beat was visible, and to my surprise none could be felt, nor could any sound be heard in the usual locality. Percussion gave moderately dull note at the fifth rib, passing into dulness lower down and continuing the costal margin.

Examination of the right side cleared up the anomaly, as there was no sign there of the usual liver dulness, while the apex beat was easily found in the fifth space, one-half inch inside the mammary line. The spleen was located within the usual limits, but on the right side. Percussion and auscultation of the apices did not encourage the belief that the lungs were transposed.

The boy made an uneventful recovery.

Cases of transposed viscera are uncommon, but one in which the conservation of life is dependent on this condition is possibly unique.

METHOD OF CLEANSING BLOOD PIPETTES.

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The following simple method is submitted with the hope that it may be of service to others doing blood work, as it has been to me.

Thoroughly cleansing the capillary pipettes after use is a very important feature in blood work. The usual method of blowing through a rubber tube is very trying to the buccal muscles. The use of an ordinary camera bulb, rubber being more pliable and durable, solved the problem. Expulsion of the contents, cleaning and suction of the ethereal vapor by this means is much easier, quicker and more thorough. The bulb must fit the

Use of an ordinary camera bulb in cleaning the capillary tubes of the Thoma-Zeiss Blutkörperzahl apparat.

tube (pipette) snugly. Usually rubber tubing is connected with the camera bulb. This must be removed, using merely the bulb.

I have found this method very convenient, particularly in the expulsion of the contents from the red-diluting pipette. I am also able to regulate the drop for the counting slide much better than with the regular tubing.

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APPENDECTOMY THROUGH THE OPERATIVE WOUND FOR THE RADICAL CURE OF RIGHT INGUINAL HERNIA.

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Four times within the last fifteen months, in operations for the radical cure of oblique inguinal hernia of the right side, the cecum and appendix were involved, and in these the appendix was removed. These cases presented no difficulty, so far as the appendectomy was concerned, for the reason that this organ had descended into the hernial sac.

History.—On Oct. 7, 1906, I operated on a man suffering with a right oblique inguinal hernia, who also gave a history of three well-marked attacks of appendicitis of the relapsing type. I advised him to have this organ removed at the same operation in which the radical cure of the hernia was undertaken, as there were at this time no symptoms of disturbance about the appendix.

Description of Operation.—Through the usual incision for

the Bassini operation the sac was opened and a loop of small intestine returned to the abdominal cavity. By means of the index finger, introduced through the neck of the sac, the cecum and appendix were felt about as far above the normal position of the internal ring as the finger could reach. By careful dissection with the finger tip, the cecum and appendix were gradually loosened from their anchorage and brought far enough down to permit me, by the aid of strong upward traction on the arched border of the conjoined tendon, to tie off the meso-appendix with catgut and the appendix with the silk ligature one-quarter of an inch from its origin. The stump of the appendix was cauterized with pure carbolic acid applied by means of a wisp of cotton twisted on the end of a small probe. A drop of alcohol was added to neutralize any excess of carbolic acid. The cecum and stump were allowed to resume their normal position and the hernial operation was completed after the technic I advise, namely, the treatment of the sac after the method of Macewen; the plastic work after Bassini; the treatment of the spermatic cord after the method of Halsted.

The patient made an uneventful recovery and left for his home in Florida two weeks after the operation.

A DICEPHALOUS MONSTER.

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On account of the peculiarities of this case of dicephalous monster, I wish to record it, together with the facts pertaining to its birth.

Back view of dicephalus monster showing the double arm. The two spinal columns can readily be traced downward from the heads.

History.—I was not engaged to attend the patient until labor had set in, so the history of the pregnancy previous to that time is unknown, except for the statement by the patient that she had been feeling very well, but had worried a great deal over domestic troubles.

The woman is an American, height 5½ feet, weight 150 pounds, aged 29. She is strong and healthy. She has been married seven years and has one healthy well-formed child, 4 years old. No miscarriages. She first felt fetal movements in December, 1905. The father of the child is 29 years of age and gives a good family and personal history. He has never had gonorrhea or syphilis. He has been drinking to excess for the past two years, which accounts for the domestic trouble referred to. There are no twins or deformities in either family, his parents having five and her parents three normal children.

Labor.—Labor pains began on the morning of May 5. About 7 o'clock I was called, and on examination found dilatation almost complete, the membranes unruptured, and the vertex presenting. Labor progressed in a normal manner; when the membranes ruptured there was great excess of liquor amnii. Diagnosis of the condition was not made until the second head was felt presenting alongside of the first head. I made fre-