was introduced two inches above the iliac crest, and nineteen ounces of dark chocolate colored fluid were withdrawn.

Repeated aspirations at intervals were practiced after this, and large quantities of pus were withdrawn, but the patient was losing ground and Mr. Harrison was called in consultation. Further surgical interference was deemed necessary, and an incision was made parallel with the last rib on the left side. On reaching the subperitoneal fat and connective tissue the finger was passed underneath the rib in an upward direction, when it entered a large collection of matter. About thirty ounces of pus of a dirty yellow color escaped through an opening, which was freely enlarged with the finger, the cavity was washed out with a weak solution of carbolic acid and a large drainage tube was inserted.

The patient rapidly improved after this operation. It subsequently became necessary in the course of the case to enlarge the wound in order to facilitate drainage, and to open an independent collection of matter along the line of Poupart's ligament on the left side. But after these procedures the patient's progress to recovery was uninterrupted, and he was discharged perfectly well.—*British Medical Journal*, Mar. 17, 1888.

H. PERCY DUNN (London).

VI. A Case of Omphalectomy for Strangulated Umbilical Hernia. By W. W. KEEN, M.D. (Philadelphia). A very fat woman, æt. 56 years, had an umbilical hernia about the size of a small pear for eighteen years. Six days before the operation the tumor became painful and inflamed, and symptoms of strangulated hernia followed. On the sixth day the tumor was exposed, a small enterocele reduced and an epiplocele excised. It being impossible to close the umbilical aperture, it was excised by a vertical elliptical incision six inches long with the umbilicus at the centre and the lips of this opening drawn together and united. The patient did not rally well, and death supervened the following day. The operator attributes the death of the patient to the exhaustion and fæcal vomiting, believing that an earlier operation would have saved her.—*Medical News*, Feb. 25, 1888.

JAMES E. PILCHER (U. S. Army).