

III. Suppurating Bubonocoele. By THOMAS BRYANT (London). The patient was admitted into Guy's Hospital under Mr. Bryant. His age was 21 years. Ten days previous he noticed a small swelling in left groin, not painful until six days before, when he had a dull, aching sort of pain there. Bowels confined. Took two pills on two occasions which relieved his bowels four times in the ten days. Taxis had been freely applied. There was a small hard swelling in left groin, irreducible; no impulse on coughing. It was not very painful. He felt sick but had not vomited. Bowels not opened for three days. Swelling dull on percussion. It was regarded as an irreducible omental hernia, and next day Mr. Bryant operated, under an anæsthetic. An incision three inches long was made over the swelling in the direction of Poupart's ligament. When the skin and tissues were cut through pus escaped, and a piece of suppurating omentum was seen. An aneurism needle was passed through the upper parts of the omentum and it was ligatured with catgut and cut off. Wound was then plugged with iodoform gauze and left to granulate up. Patient made an uninterrupted recovery.—*Lancet*, Oct. 27.

IV. Hernia into the Foramen of Winslow. By FREDERICK TREVES, F.R.C.S. (London.) Patient, æt. 26 years, well developed, muscular and robust; never been ill, was steady, knew nothing of dyspepsia. On April 9, ate a hearty dinner at 3 P. M., finishing up with a considerable number of periwinkles. At 5 P.M. was suddenly seized with violent abdominal pain, situated in the umbilical region; could not recline, was bent double, became faint, broke out into cold perspiration; pain at first intermittent; abdomen not tender; vomited on 10th; nothing passed per anum. Opium was administered and bowels relieved by enema. Abdomen became swollen, especially marked in epigastrium. Admitted into the London Hospital on 11th. Great prostration, pinched face and sunken eyes of acute abdominal trouble. Tongue brown and dry, temperature subnormal, pulse soft, small and feeble. Lying upon back with knees drawn up. A little brownish fluid with faint intestinal odor vomited every half hour. Much pain about umbilicus; abdomen moderately distended; conspicuous bulging of an-