

with the forefinger an opening was found through which the hernia had protruded. It was circular in form, with a well defined tense edge, and allowed the finger to pass through it. The finger could also be swept round the protruding parts outside of the opening, and a membranous partition (fascia transversalis) could be distinguished, shutting them off from the abdominal cavity. By hooking the finger in the ring it was brought out into view, and the constricting edge divided under inspection. Reduction was now effected by returning first the intestine, then the floating omentum, and finally a somewhat compact portion of omentum which probably had habitually remained outside of the internal ring. After reduction the finger could be swept freely in contact with the parietal peritoneal surface inside of the ring. The testis, of normal size and condition, was now recognized in the wound external to the ring.

The edges of the tendon of the external oblique muscle were first secured by sutures, the ends of which were left long and brought out through the skin; the wound of the skin was then closed by ordinary interrupted sutures supported by strips of adhesive plaster. A compress and spica bandage completed the dressing. Ordered sol. s. morph. Magendie gutt. x., every 2 or 3 hours.

May 2, 1 o'clock P.M. Patient very comfortable, no pain, no vomiting, no febrile heat, pulse 90, nonolent. To continue sol. s. morph. every 4 hours.

May 3, 8 o'clock P.M. Since taking ol. ricini at 10 o'clock this morning has vomited repeatedly and suffered from nausea and acid stomach; complains also of abdominal distension. No tenderness on pressure, except in moderate degree over right iliac region. Bowels have been freely evacuated after two blue pills and laxative enemata. Pulse 80, no chill, no heat; ordered s. s. morph. gutt x., and abque calc. $\frac{3}{4}$ ss. with carb. acid water every half hour. Wound looking well; changed bandage.

May 4. Continues to do well; removed 2 or 3 sutures.

May 9. I found patient progressing favorably, the wound reduced in size and suppurating moderately; everything seemed to indicate a favorable issue. Subsequently to this my last visit, however, an unfavorable change took place, and to my great surprise and disappointment he died on the 13th May, the fourteenth day after the occurrence of strangulation.

A post-mortem examination was held on the 15th May, and revealed the existence of general peritonitis. The intestines were everywhere adherent to each other, and inclosed in their interspaces collections of sero-perulent fluid. The parts constituting the hernia remained reduced, and were adherent to each other, and to the abdominal parietes in the right iliac region; the testis was adherent on the inside ring. Membranous exudation covered the viscera everywhere, but in greater quantities in and around the iliac fossa.

Remarks: Gourand (Mem de l'Acad. Royale de Med. T. V., 1836) has admirably described this form of hernia under the title of "Hernie Inguino-Interstitielle," which the author has adopted as very appropriately distinguishing it. To him may

be conceded the credit of having more accurately described this variety than his predecessors.

The anatomical relation of this hernia, as deduced from the case above narrated, correspond in every particular to the description given by Gourand in his excellent memoir. It is as follows: The superior orifice of the inguinal canal, or the internal abdominal ring, was the seat of strangulation. The hernia itself was entirely confined within the inguinal canal, which was very much enlarged by the distension of its walls in every direction; it had not traversed the inferior orifice of the canal or external abdominal ring. The longest diameter of the hernial tumor corresponded to the long axis of the inguinal canal, and was parallel with Poupart's ligament. Anteriorly the tumor was in relation with the tendon of the external oblique muscle, and scattered muscular fibres of the internal oblique. Posteriorly with the fascia transversalis. Superiorly with the lower bundles of the transversalis abdominis muscle. Interiorly with the guttered floor of Poupart's ligament and the spermatic cord. —*Medical Record.*

—In an article, "Aims of Modern Medicine," in the *New York Medical Journal*, we find the following:—

Of old the Hylozoist idea of the inseparability of matter and force was very repugnant to the religious public of Greece. Arcopagites heard St. Paul patiently till he preached it, as exhibited in the Christian doctrine of the resurrection of the body, and then they listened no longer. They could not conceive what the soul can want with a body after death, and that it should be made part of a creed to hold such a reunion of matter necessary to future life, they viewed as folly or Atheism. Any real connection, however, between such opinions and denial of God, is satisfactorily cleared up by Cudworth, in heavily-weighted argument; while those to whom example is more persuasive than precept, may have their scruples set at rest by finding a Faraday humbly preaching Christian doctrine Sunday after Sunday, yet using "quality" and "force" as a synonymous term, and asserting their eternal inseparability from the matter which renders them evident to our senses. Ignorant only of man's ignorance, he simply wondered how anybody with the Bible before them could fail to believe it. The more advanced physical studies are, the less danger is there of their leading to Atheism. * * * * *

What is now principally feared by the shrewder class is, not so much inflammation as the panic which it causes. They almost prefer that those who have to deal with it should shut their eyes than open them and act upon their fright. A fashionable physician, who is also a learned physiologist and acute observer, was summoned to a case of rheumatic fever of some days' duration. In the consultation, he pointed out that there was extensive inflammation of the heart, to the extreme terror of the family doctor. "Oh, dear, dear! what will you think of me? How can I forgive myself for so neglecting my poor friend's case?" "Pray do not be distressed," was the comforting answer, "it is just as well you did not find out the pericarditis; you might, perhaps, have treated it."