

The third case was brought to the klinik at the same time as the last mentioned. An old man seventy-six years of age. He had for many years suffered from a very large right, oblique, inguinal hernia; this had always been reducible till within a few days, when it suddenly became fixed in the hernial sac. Some vomiting occurred a few days after the incarceration and one day before his coming to the klinik. This, however, was slight. An attempt was made to reduce by taxis in a warm bath, but without success. Symptoms not being urgent, he was sent to bed till the following day. The operation was then performed without difficulty. The bowel showed no special evidences of strangulation. The sac was smooth and healthy, the ring large, three fingers passing through it without difficulty. It was, however, firm and unyielding. The hernia consisted of nearly the whole of the small intestines, part of the omentum, and a large part of the greatly elongated mesentery matted together by old inflammatory adhesions. In spite of this, however, the functions of the bowels had never been noticeably interfered with till incarceration took place. No peritonitis or other surgical complication appeared to take place, but the patient sank in a few days. The post-mortem revealed chronic cystitis, chronic suppurative pyelitis, and extensive parenchymatous degeneration of the kidneys. Here operation could scarcely be successful, yet could it be refused?

The last case is one of peculiar interest from the stand-point of diagnosis, and not the less so because it is a rare, if not a unique case.

The patient, a woman, large and strongly built, of middle age, and generally good health, was brought to a surgical klinik several days before I saw the post-mortem. She complained of intense pain in the left femoral and inguinal regions. She was constipated and vomited very freely. This was said to be of faecal character. A small oval tumor was found in the left femoral region, which appeared like a small hernia. A young surgeon employed taxis, and the tumor was felt to escape into the abdominal cavity. After this the patient seemed easier, though this may have been due to the anodyne, which had been administered. The vomiting

ceased, and a few hours after the patient had an operation of the bowels. Matters went on with little change for nearly four days, when the patient suddenly and most unexpectedly died.

At the autopsy the bowels were found to be perfectly healthy. No opening could be found at or near the femoral or inguinal rings through which a hernia could have passed. Professor Kunrat's acuteness was, however, equal to this puzzling occasion. An examination of the right lung showed a large embolus in one of the main branches of the right pulmonary artery. The professor at once returned to the femoral region, and on dissecting out the veins, found the great saphenous blocked with a broken thrombus, which had evidently extended into the greatly dilated femoral vein. This thrombus seems to have been by operation at the wrong time forced into the large veins of the abdomen, where it had broken up and produced the then naturally fatal results.

J. H. DUNCAN.

Vienna, Nov. 20th, 1886.

Book Notices.

The Heart of the Fish Compared with that of Menobranchius, with special reference to reflex inhibition, and independent cardiac rhythm. Reprinted from the *Journal of Physiology*, Vol. VII., No. 2.

The Rhythm Innervation of the heart of the sea-turtle. Reprinted from the *Journal of Anatomy and Physiology*, Vol. 31.

The Action of Certain Drugs and Poisons on the Heart of the Fish. Reprinted from the *Canada Medical and Surgical Journal*.

The above three papers are written by one of our own countrymen, who is fast becoming highly distinguished in this department,—T. Wesley Mills, M.A., M.D., L.R.C.P., Eng., Lecturer on Physiology, McGill University, Montreal.

Laryngology and its Cognate Branches in America. Read in the section of Laryngology in the eighth International Congress, at Copenhagen, Denmark, Aug., 1884.