

became darker, having an offensive odour, and being, in fact, stercoraceous in character. This was repeated several times during the day until, about 7 o'clock in the evening, the woman being at the point of death, it was *desirable* to seek medical advice.

I found the woman lying on her back, with the right leg slightly drawn up, a tympanitic distension of the abdomen, and the entire body bathed in a clammy sweat. The lips were bluish, extremities cold beyond the wrists and ankles, and she spoke in a whisper. I had great difficulty in counting the pulse, but made it out to be about 150, and a mere flicker. From the history of the case and present condition of the patient I at once suspected hernia, although the woman was not herself cognizant of its presence, nor had she suffered from rupture. On examination I discovered a hard, circumscribed tumour, about the size of a walnut, in the right groin, having the position and ordinary characters of a femoral hernia. Even rather rough handling of the part caused apparently no pain, from which circumstance, and the fact that over three days had now elapsed since the occurrence of the rupture, I thought it advisable not to persist in any further attempts at reduction by the taxis. Having ordered brandy and ice in small quantities, with heat and friction to the extremities, I left to seek my friend Dr. Fenwick, whom I had decided on consulting as to the advisability of an operation. We returned in a couple of hours and, after careful examination of the case, decided that operative interference was the only warranted course. Accordingly, with the additional assistance of Dr. Chipman, Assistant-House-Surgeon, and Mr. Cameron, Apothecary of the Montreal General Hospital, I proceeded to operate, the patient being first well plied with brandy and put under the influence of chloroform. An incision of two inches in length was at once made through the skin and underlying fat in the line of Poupart's ligament by transfixing a fold of these tissues with a bistoury. With the aid of a scalpel and director the sac was soon reached and the bowel within felt to be firm and resilient. With the advice of Dr. Fenwick I did not open the sac, nor was it found necessary even to nick the ligament, simple distension of the stricture with the finger proving sufficient for the ready reduction of the hernia. The parts were felt to be in easy position within the cavity, the edges of the wound were brought together by three interrupted wire sutures, and a large compress of dry lint applied and secured with a flannel bandage. Strict quiet was enjoined. Nothing to be given the patient but small pieces of ice. Half an hour after the operation the pulse was 140, and much fuller than before.

Monday, 5 a.m.—The son reports that his mother has been very