

formed. The stricture was found to be at the external ring, and was divided without opening the sac. The wound healed, and he is now well, and waiting to have the operation for the radical cure performed.

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CASE III.—Fakcer Chand, a Hindoo trader, aged 70, a very infirm old man, was admitted on the 11th November, 1871, with symptoms of strangulated, oblique inguino-scrotal hernia on the left side. It was only of three months duration he said, and was not very large. It had never before been obstructed; the symptoms of strangulation, vomiting and constipation, with pain in the tumour and abdomen, had set in twenty hours before admission. The ordinary measures—taxis under chloroform, enemata, ice applied to the tumour—having failed, the operation was performed. The stricture was found at the external ring, and was divided without opening the sac. He was immediately relieved of symptoms of strangulation, but sank on the 17th November, with symptoms of gangrene of the scrotum, and chronic dysentery.

On examination it was found that the lungs were congested. There was a fibrinous clot in the right auricle, extending into the ramifications of the pulmonary artery. The lower portion of the ileum was partially gangrenous, but not perforated. The scrotum was gangrenous. The kidneys were extensively diseased. He was a very infirm old man, and had no power of recovery. The gangrene of the scrotum was probably caused, in his debilitated condition, by the attempts at reduction by taxis before operation.

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CASE IV.—Nilmoney Paul, aged 45, a stout aged looking man, by occupation a clerk, had suffered from inguino-scrotal hernia of the right side for five months; the tumour was very large, and the hernia had previously been reducible. When the symptoms of strangulation set in, the hernia had been incarcerated for two days; it had come down when travelling on the railway, and he could not reduce it. When I saw him on 5th November, 1871, the symptoms of strangulation were urgent, and general peritonitis was setting in.

I operated without delay, and had to divide thick layers of adipose tissue, before the stricture which was at the external ring, and in the canal at the margin of internal oblique and transversalis, was reached; it was divided without opening the sac. The symptoms of strangulation were immediately relieved, and the