

The patient had been troubled with habitual constipation for some time. A hypodermic injection of morphine and atropine was also given. A comfortable night followed.

May 5th.—She expressed herself as much better and wished to sit up.

May 6th.—Was again called and found that after taking a dose of castor oil vomiting had returned, accompanied by great nausea but pain was not severe. A repetition of the morphia accompanied by small doses of Bismuth and Calomel again resulted in improvement.

May 7th.—The symptoms returned and I searched for possible obstruction, although by the use of enema I could secure a fair result. No *hernia was discernible*, nor could any evidence of obstruction in the bowel be localized. This made me feel that the case was probably one of a series of cases of gastro-intestinal disturbance, then prevailing in that locality. The next day menstruation came on, and the gastric symptoms reappeared in an aggravated form: a complication which she stated was of frequent occurrence at the monthly periods. The changes were rung on the usual remedies recommended. Sometimes with encouraging results but quickly followed by relapse. There was some pain, though not severe, but nausea was most distressing. At no time was the matter vomited stercoraceous until Thursday, when patient informed me that she had vomited very disgusting matter in the forenoon. This had been thrown out: what was then in a dish by the bedside being simply water that had been drunk during the day, mixed with bile.

Friday morning there was some improvement, but in the evening she had grown worse, and there was now clearly stercoraceous vomiting. I again went carefully over the abdomen, and more as a matter of form searched for hernia, of which I had previously found no evidence. However, in the right groin I discovered a tumour considerably larger than a hen's egg and quite hard and tense. I then found that the condition was one of incarcerated femoral hernia, and a slight attempt was made to reduce it by taxis. This proving impossible it was decided to call assistance, place the patient under an anæsthetic, and, if necessary, operate. Drs. McKay, Fraser, McLennan, and Morrison kindly came in consultation and rendered every assistance. At 1 a. m. the patient was placed on a table; ether was given, and as rigid measures adopted to insure asepsis as could be carried out in a private house. Her temperature was $100^{\circ}\frac{1}{2}$; pulse 134. A tentative effort at taxis was again made and abandoned. I then cut down on