

received a blow. Mr. Ferguson thinks Schirrus is much more malignant in the male than in the female, an opinion directly opposed to Mr. Birketts.

*Congenital Hernia. Strangulation. Operation.*

At the Westminster Hospital on the 27th of July, shortly before noon, a healthy male infant about 6 months of age, was admitted with the symptoms of strangulated hernia. Immediately after its birth the mother noticed the rupture, and when it was seven weeks old it was provided with a truss, which answered admirably till within a week of admission, when it got broken. During this week the mother contented herself with returning the gut when it came down, which she managed with perfect ease. The day previous to its entering the hospital, (26th July,) during a violent fit of crying the bowel came down, and to a much greater extent than it ever did before. All her efforts to return it were futile. When I saw it first, which was very shortly after its admission, it was crying loudly, and seemed in great distress. Vomiting had taken place eight times. The bowels had not been moved since the descent of the gut, and so far as could be ascertained the strangulation had existed twelve hours. Previous to the arrival of Mr. Holt, under whose charge the little patient was to be placed, Mr. Adams, the house surgeon, and Mr. Heath, had the child put under the influence of chloroform, and attempted its reduction, but without success. On Mr. Holt arriving he at once proceeded to perform the ordinary operation. On the opening of the sac a quantity of dark coloured fluid escaped. The quantity of bowel protruding was fully half a foot, and a good deal of difficulty was experienced in returning it. The external wound was closed by wire sutures, a compress, and a bandage placed over it, and the child put in bed with directions to have the knees well supported. No medicine whatever was ordered. On the day following, the bowels were moved, and he took the breast. On the third day the dressings were removed, and on the fourth day the sutures taken away. In two weeks from the day of operation, the child was discharged well.

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ART. XIII.—*Case of Placenta prævia; spontaneous expulsion; recovery.* By CHARLES SMALLWOOD, M. D., LL.D., one of the Governors of the College of Physicians and Surgeons of Lower Canada.

Madame C——, æt. 38, mother of several children, had been under my care in previous labours, which were twice or thrice attended with excessive floodings, proceeding at one time from a partially detached placenta near the fundus uteri; the detached portion was readily detected after birth. She had suffered from considerable hæmorrhage during two abortions also. On the 21st June, 1861, I was waited upon by her husband at 10 a.m., who informed me that his wife was in labour at her full period of gestation, and that she had suffered slight pains during the night attended with considerable hæmorrhage, and wished instructions as to treatment, neither he nor the patient being much alarmed at the flooding from the results of her previous labours. I ordered her to be kept perfectly quiet, in a recumbent position, cold applications to be applied to the vulva, and to return to fetch me should her pains increase or the hæmorrhage not cease. About 3 p.m., the hus-