marked. The patient is watched closely; vomited matter carefully scrutinised; any justification, no matter how slight, for delay seized on; taxis tried again and again; at last when the patient is dissatisfied or the attendant alarmed, a consultation is called. Again a trial is made and the operation is had recourse to, with results such as might easily have been avoided: bruised, inflamed, and gangrenous contents, and death from shock and peritonites soon follows. I have had over fifty cases of strangulated hernia on which I operated; the mortality amounting to not less than twelve, and all (with one exception of death from hemorrhage) from delay again and again. I have been called in to assume or share responsibility which I should not, and really, I submit, there ought to be some relief from this, and I would like to have your opinion. What rule has the consultant for guidance in such cases? A practitioner of large practice and good reputation, after keeping a patient, the subject of strangulation, suffering for several days, or even one day, trying from time to time taxis, at the urgent solicitation of friends, and finding the symptoms alarming, calls in a surgeon; the latter, after examining, finds the case in a dangerous state, and at once recommends the only possible chance, viz., the long delayed operation; he is requested to operate, does so skilfully, but the patient dies; his death has been caused by delay and the misapplied taxis, and the blame is at once promptly transferred to the operator. Surgery is injured, and the attendant goes scot-free. This has happened to me on more than three occasions. It is not fair, and the ethics of surgery should admit of some reparation to the unfortunate operator, who, in the goodness of his heart, is made to shield the real transgressor. Is there any remedy?

No, gentlemen, surgery has not, as yet, freed itself from the opprobrium of the great mortality in strangulated hernia, and nowhere can this fact be enunciated with more force and hope of benefit than from this hall. The cases I have found requiring prompt operation, beyond any other, are those where a reducible omental hernia becomes suddenly strangulated; you may be sure a knuckle of intestine has descended by the side of it into the sac, and perhaps hides it effectually from observation. I have seen four cases of this kind; a remarkable one with fatal results occurred near me a short time ago. The other serious cases are where the bowel drops into an unobliterated vaginal process. Another fact I have noticed: that although the symptoms generally occur in regular order, and are well marked, yet it will prove a fatal mistake to always wait for them. I have a vivid recollection of four cases, one a late medical friend of Belleville, where death occurred after operation, the bowel being almost gangrenous. There was no distress, little pain, slight tenderness on pressure, and no vomiting. We cannot, whether young or old, have too indelibly impressed on our memory the necessity for prompt action, when summoned to relieve an incarcerated hernia. Our line of conduct, as laid down by the unanimous and positive assertion of the most experienced masters in surgery, is simple, clear, and free from any risk; nowhere should our duty be more strictly defined or more fully rewarded. Moreover, being one of those affections that may challenge one suddenly without any notice, it behooves us to be ready; only be satisfied that the hernia is strangulated, even if the symptoms are not well marked; they are a hypodermic injection of morphia,; inversion of the body; sometimes an enema; taxis for 10 or 15 minutes; if choloform be used with the taxis, the operation should follow. The 10 or 15 minutes trial should satisfy anyone. I would allow no man to try the taxis unless previous to operating. If the patient insists on delay, we are freed from responsibility. Acting thus, mortality would be greatly diminished and surgery vindicated. Always, says the great Desault, "think well of a strangulated hernia where taxis has not been employed." A medical friend said to me a few days ago, "I never saw an operation for strangulated hernia succeed," a significant remark. It will be unnecessary to say anything about the details of so well known an operation; I may only remark that in making the first incision it is better to make a free one; it should be so made as to fully expose the point of emergence from the abdomen, so that subsequently we have no trouble, seeing all the steps of the operation, and particularly the deeper ones. The presence of the sac is readily made apparent. The condition of its contents suggests to me a point for your opinion; of course,