

faculties remained clear and unclouded till the last. She said she felt she was dying, but was perfectly tranquil and resigned. Death took place 48 hours from the commencement of the attack. The treatment was at first a dose of calomel and rhubarb, followed by salts and senna; afterwards, calomel and opium, with prussic acid, and creasote to quiet the stomach; large injections were given at an early period, and frequently repeated. The prostration was so great from the first, that neither general nor local abstraction of blood was deemed advisable. Hot fomentations were kept constantly applied, and turpentine was used hot as often as it could be borne.

*Post mortem examination.* On opening the abdomen, the convolutions of the intestines were found in many places glued together, by firm membranous bands, the result of an attack of peritonitis, from which she had suffered many years previously. There was slight indication of recent inflammation, afforded by a small quantity of bloody serum contained in the peritoneal cavity. A duplicature of the inferior portion of the ileum was formed into a loop, by one of the bands of false membrane previously mentioned. The band connecting the two portions of the gut was about half an inch in length, and of great strength, and the aperture thus formed, was oval in shape, with well-defined, resisting margins, an inch and a half long, by three-fourths of an inch in diameter. Through this opening, nearly three feet of the superior portion of the same intestine had passed, producing strangulation. The strangulated portion was purple in color, but tough and shining, without any evidence of commencing gangrene; it was moderately distended, with liquid and flatulent contents; both above and below the obstruction the intestines were contracted and empty. The peculiarities of the above case, were the absence of severe pain, and abdominal tension, although life was terminated by the obstruction within forty-eight hours from the first symptoms indicating its presence.

The 2d case occurred last winter in the practice of my friend Dr. Wight of St. Johns. The morbid parts were sent to me by that gentleman, along with the following description, which I give in his own words:—

“I have just met with a very singular and, I think, *unique* case of hernia, in a patient laboring under ovarian dropsy. The particulars and history of the case I will furnish you at some time hereafter, but shall only now say that before death my patient suffered much from intestinal pains, colic, &c. &c.; bowels were open till within some days of death.

*Post mortem appearances.* On opening the body, the ovarian sac was found adhering to the peritoneum in front, and loose behind, excepting at its middle portion. On opening the sac, about nine quarts of thick