

reach, he found that it had suddenly enlarged, and from which he experienced special pain for the first time. Upon going home he performed taxis as usual, while in the prone position, but was unable to return it. He vomited from this date (12th) to the 17th, when he took two cathartic pills to move his bowels, and applied a mustard plaster over the tumor; but, finding no relief, he applied to a physician in Jersey City (18th) at which time he had stercoraceous vomiting, and he advised him to go to the hospital. He came to New York on the 19th, and I saw him on the 22nd. I found him prostrated from protracted efforts to vomit, and deemed it inadvisable to use prolonged taxis in attempts to reduce it, on account of its having been strangulated for so long a period. Having called to my assistance Drs. Dennis, Williams, Crawford, Schapps and Bargar, of this city, we immediately proceeded to etherize the patient, and when under its influence performed gentle taxis, but being unable to reduce it, proceeded to the operation without delay. Upon cutting down to the sac, we found it deeply congested, being of a reddish-purple color, and the fact of strangulation having existed for so long a time, we thought it safer to enter it, when we found, as we had previously diagnosed, an entero-epiplocele; a coil of the sigmoid flexure of the colon, was enveloped by a segment of the omentum, and was of a purplish colour; but no signs of decomposition had taken place, and there was scarcely any serum in the sac. The protruding mass was tightly grasped by Gimbernat's ligament. The stricture was divided by cutting upwards and inwards, and the contents of the sac returned with but little difficulty. Having cleaved the wound thoroughly, three interrupted carbolized silk sutures were applied, leaving the most pendant portion open for drainage; then applied a compress dipped in tepid water, enveloped by a spica bandage. One grain of opium was administered every two hours during the night and every four hours during the day, as occasion required, until the 25th. On the day following the operation (23rd), pulse 72, tem. $99\frac{1}{4}$; 24th, pulse 70, tem. not taken; 26th, bowels not having moved was given an enema of oat-meal gruel and castor oil, which produced a movement that evening. Patient was kept on a fluid nutritive diet, consisting of corn-starch and arrowroot, farina, barley-water and ice for a day or two, then allowed beef-tea cold. The sutures were

removed on the fourth day, and a poultice of linseed meal applied daily, for three days, to aid the suppurative process; then renewed the warm-water dressing with spica bandage, the limb being flexed and retained in that position to relieve all tension. There were no signs of peritonitis, except slight tympanitis, which, I presume, was due to the opium administered, and which readily yielded to the application of turpentine stupes applied over the abdomen. January 13th, 1878.—Wound has healed, and the patient is walking about, feeling perfectly comfortable. The peculiarities of this case, as you will perceive, are as follows:—

1st. The fact of its being a femoral hernia in the male.

2nd. There being no gangrenous condition of the intestine, even after ten days strangulation.

DOUBLE OVARIOTOMY.

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In October, 1876, Mrs. M., aged 35 and mother of seven children, consulted me with reference to an enlargement of the abdomen, which she had first perceived several months before. She had no pain, but noticed that the enlargement was steadily increasing. On examination, I found a tumor of the left ovary, about six inches in diameter. As the tumor gave very little trouble, I advised that nothing be done except general tonic treatment. In September last, seeing that the tumor had increased until she was stouter than she had ever been before her confinements, and that her health was giving way, I advised immediate operative procedure, to which she consented. On drawing out a little of the fluid, it gave more than two-thirds of its bulk of albumen. The operation was arranged for the 18th of September, and for a considerable time previous to that, she took iron in moderate doses. This seems to me to be a means of great importance for the prevention of erysipelatous forms of inflammation, and it certainly invigorates the system and increases the reparative power of the blood. On the day appointed, being the tenth after the cessation of the menstrual flow, I proceeded to operate in presence of Drs. Henderson and Carter, of Arthur; Thom and Tamblin, of Douglas, and Orton, Griffith and Johnson, of Fergus.