

in a few days past, and have to report that the case has turned out most satisfactorily, a perfect cure resulting, 15 months having elapsed since the operation.

Richard Durney, a labourer, aged 56, was admitted into the Montreal General Hospital on the 19th July, 1867. On examination it was found that the left side of the scrotum was enormously distended, but firm and hard, giving no fluctuation or other sign of the presence of fluid. The tumour measured 20 inches in its long diameter, and 5 in its transverse.

The account he gives of the growth of the enlargement is the following:—About 8 years ago he strained himself and became ruptured on the left side. Four years subsequently he perceived that the side of the scrotum was becoming gradually distended; after a period of two years the tension became so great that he sought relief at the hands of a surgeon. The fluid was removed at once, and the operation repeated three times, at intervals of two months. He now permitted six months to pass without having the dropsy tapped; at this time he perceived that the tumour became apparently firmer and harder, and he experienced considerable pain in the part; finally it burst and discharged about a pint and a half of thick pus. On one occasion, a short time after, there was considerable hæmorrhage from the same opening.

It was resolved to remove the whole of the diseased parts, as this was considered the only method by which a perfect cure could be effected, Tapping and injection would of course have been of no avail, as the parts were so entirely altered by the previous suppuration, that no adhesive inflammation could be looked for in them; accordingly on the 28th July the operation was performed by Dr. Reddy in the following way. A longitudinal incision, of about 6 inches in length, was made through the integument and immediately underlying tissue. This was then reflected back on both sides, considerable difficulty being experienced in this step by the dense and unyielding nature of the areolar tissue and dartos of the scrotum, which were completely solidified by previous inflammation. The next step was to make a transverse incision with a view to separation of the parts. The protruding bowel was carefully held up by an assistant, and the incision made below the point where it was thought the hernial sac terminated, but, unfortunately, it turned out that the lower end of the sac was severed; the tunica vaginalis extremely thickened, and the testicle was dissected out and removed. The Doctor then proceeded to secure the portion of intestine in its place; this was done by bringing the cut lips of the sac together, transfixing in the centre with a double threaded needle and tying firmly on both sides. A