

thoughts, to chasten the feelings and touch the heart. The sad varieties of human pain and weakness with which our daily vocation is familiar should rebuke our pride while they quicken our charity. To us are entrusted in more than ordinary measure opportunities of doing good to our afflicted fellow-creatures—of showing love to our neighbors.

"The profession of medicine having for its end the common good of mankind knows nothing of national enmity, of political strife, of sectarian dissensions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice and honesty of its client's cause; but dispenses its peculiar benefits without stint or scruple to men of every country, and party, and rank, and religion, and to men of no religion at all. And like the quality of mercy, of which it is the favorite handmaid, 'it blesses him that gives and him that takes;' reading continually to our own hearts the most impressive lessons—the most solemn warnings.

"Familiar with death in its manifold shapes, we are not permitted to be unmindful that *our* own stay also is brief and uncertain, and *our* opportunity precarious.

"Surely then you will not dare, without adequate and earnest preparation, to embark in a calling like this: so capable of good if rightly used; so full of peril to yourselves and society if administered ignorantly and unfaithfully. And even when you have made it, as you may, the means of continual self-improvement and the channel of health and ease to those around you, let not the influence you will thus obtain beget an unbecoming spirit of presumption; but remember that in your most successful efforts you are but the honored instrument of a superior power—that, after all, 'It is God who healeth our diseases and redeemeth our life from destruction.' "

"The paths of pain are thine; go forth  
With patience, trust and hope—  
The sufferings of a sin-sick world  
Shall give thee ample scope.

Beside the unveiled mysteries  
Of life and death, go stand  
With guarded lips and reverent eyes  
And pure of heart and hand.

The Great Physician liveth yet,  
Thy guide and friend to be,  
And the Healer by Gennesaret  
Shall walk the rounds with thee.

FAREWELL!

*Femoral Hernia.* By JAMES PERRIGO, M.D., Professor of Medical Jurisprudence, University of Bishop College.

The following case may prove of some interest, in helping to shew the benefit to be derived in an early operation.

I was called in the middle of last January to see a Mrs. L., of Petite Côte, who, to use her husband's words, was suffering great pain from a lump having suddenly formed in her right groin. It appeared that she had been the subject of hernia for over two years, which was first contracted by lifting heavy articles of furniture while house cleaning. For this she wore a truss, a very inferior one and not at all adapted for the purpose. It caused her so much pain that she was accustomed to leave it off occasionally, and on this particular night did so, as she was going out to spend the evening at a friend's house. In getting out of the sleigh, her foot became entangled in the robes and she fell with some violence to the ground, when she experienced sudden and intense pain in the groin, followed immediately by vomiting. This happened about nine o'clock in the evening. She was at once taken home and a medical man was sent for, who attempted reduction but to no purpose. Mr. L. came into town for me at 2 a.m., and on my arrival I found her suffering great agony, with a strangulated femoral hernia, about the size of an egg, on the right side. She was in a depressed state, with a very rapid pulse, and suffered a great deal from nausea, although there had been no vomiting, except what took place at the time of the accident. Mrs. L. was always a healthy woman, and a little inclined to be fleshy. Was the mother of six children, and never had any difficulty at any of her confinements. After the full state of affairs were ascertained, she was put under chloroform and reduction attempted, but without success. Knowing that already a previous attempt had been made, and ignorant of the amount of force used in the first trial, I sent into town for Dr. Slack's assistance. Upon his arrival we proceeded to operate. An incision was made over the middle part of the tumor, through skin and fascia, the fascia propria divided and the sac exposed. It was found that Gimbernat's ligament caused the stricture, this was divided, and almost immediately, without any trouble, the contents of the sac returned to the abdominal cavity. There was hardly any bleeding, and the sac was not congested. Everything had a very favorable appearance. The edges of the wound were brought together, pad and bandage applied, and the patient made as com-