

matters very much. We used the director as we neared the sac, which, when reached, welled or rolled up clear and shining. We resolved not to open the sac, so passing in the forefinger, which had been carbolised, I found the tense edge of Gimbernaut's ligament well defined. We then passed in the hernia knife with its flat side towards the finger in the usual manner, and turning the cutting edge towards the ligament incised it with a sawing motion, after which we found little difficulty in emptying the sac and returning the bowel, which went back with a gurgling noise. We used antiseptic precautions from first to last, with the exception of the spray. The wound was well sponged out with carbolic lotion and brought together with deep wire sutures, carbolised silk being used to bring the lips in apposition, a piece of lint soaked in carbolic lotion was laid on the wound—a figure of eight bandage put on—an opiate given, and the patient allowed to rest. The bowels moved naturally five hours after the operation; this was the first time since the attack, notwithstanding the injections of warm water, warm olive oil, and other means that had been repeatedly used during the three days she had been under treatment. Everything in short went well until the fourth day, when it was found that a quantity of pus had collected at the lower edge of the wound, the rest having healed by first intention. The temperature which had resumed the normal after the operation now rose to 101° , the pulse to 120, and the patient became restless. The pus was evacuated and the part sponged with carbolic lotion, a good dose of quinine was given and repeated at intervals until the temperature became normal, which was three days afterwards. The wound was kept scrupulously clean, and carbolic dressings used, and the patient made a good recovery. At this stage I regretted that a drainage tube had not been used as I believe this complication might have been prevented. The part of the wound where the pus had formed had to heal slowly by granulation, after which a well-fitting double truss was procured, and the patient resumed her household duties and has done well ever since.

REMARKS.

It may be thought strange that we had so much difficulty in deciding as to whether it was a case of femoral or inguinal hernia