by drawing down the now adherent portion, ligaturing with silk, and after excision return to the peritoneal cavity. In case 15, where the bowel and mesentery were both firmly adherent to the sac, the patient weak, suffering from hemiplegia, and 76 years of age, the operation consisted in relieving the stricture and closing the wound as speedily as possible.

In none of the fatal cases was there an autopsy. In the first, strangulated it was supposed about six days, peritonitis was alleged to be the cause of death. The 2nd., fatal result was due to shock after prolonged operation with slight wound of the bowel. The third died apparently of exhaustion on the third day. The fourth in thirty hours from the same cause. The real cause of death after herniotomy is usually difficult to make out in each case.

In the early part of the present century the introduction of chloroform displaced all other methods of treatment in strangulated hernia. We are told that the question in connection with the operation was whether or not the sac should be opened if taxis failed. It was considered the best practice to try the taxis patiently and for a considerable time, providing that the hernial contents were in a fair condition. If the surgeon suspected gangrene from the symptoms present, the advice was given to operate at once without any manipulation, and always to open the sac. The vital importance of early operations was insisted upon then as now, but the taxis was very much more prolonged and considerable force used. Either reduction by the taxis or Petit's operation, in the event of the former failing, was considered a great improvement on any operation necessitating an opening into the peritoneal cavity. Since the improved method of treating wounds has come into use, it is recommended in most cases to open the sac, thoroughly examine the hernial contents, and, after dealing with them as their condition requires, complete the operation by performing the radical cure. Later still, there has grown upon us a disposition to use the taxis only for a short time and very gently, and a decided preference for early operation. Some surgeons go the length of not using the taxis at all. No doubt this practice is fairly successful in experienced and skilled hands. We must bear in mind, however, when approaching this subject, that we are dealing with cases of emergency. Probably one half the operations of strangulated hernia are performed by general practitioners, far removed from hospital accommodation, without the necessary assistance; to this may be added inexperience in operating, bad sanitary surroundings, and possibly, imperfect light, In cases suitable for taxis (that is of not too long duration) where the patient is a long distance in the country, and the aid of a fellow-practitioner not at hand, I am disposed to think the physician would be justified in giving chloroform alone, and attempt reduction. As a general rule, however, the patient's consent should be obtained for a cutting operation before an anæsthetic is given, so that should the taxis fail, relief can be given by knife. Whatever line of treatment is adopted, there should be no excuse for delay, for every hour that elapses carries the subject of a strangulated hernia, nearer and nearer to his grave. I am one of those who believe that a patient should not be allowed to vomit a second time from strangulated hernia without attempting something for his relief. In all but two of the 17 cases reported, taxis has been used, and in the majority, persevered in for some time, but in none had any appreciable harm been done to the hernial contents. The bowel is capable of enduring a great deal of manipulation, provided the strangulation has not long been present and the taxis used in the right direction. All matters relating to the operation of herniotomy and its usual complications are so well understood and familiar to all that it would be out of place to refer to them. I make exception to the condition of gangrene and shall report the histories of the two cases from the annexed table where this was present.

Mrs. Geene, aged 70, admitted to hospital March 2nd., 1894, with fæcal abscess resulting from gangrenous femoral hernia. It was ascrtained from her family physician that he had been called in about February 12th. At that time the bowels had not acted for two weeks, though she was moving about and doing her own work. From this date to the 18th., she suffered from pain in the abdomen, vomiting and constipation. An enema caused an evacuation, after which diarrhœa set in and lasted for four or five days. On the 22nd of February she complained of a painful swelling in the groin, poultices were used and a discharge took place on the 26th, four days before her ad-