

ature was normal, the pulse slightly accelerated. I tried taxis cautiously, getting the husband to raise the lower part of the body, throwing the weight on her shoulders, a manoeuvre which I had often found succeed, but all was of no avail. I remained with her all night, and at 8 o'clock a.m. Dr. Scott was called in. He also tried the taxis, but failed, and as she was easy, advised delay. Saw her repeatedly during the 26th in company with Dr. S., using injections, taxis and anæsthetics at intervals, as symptoms seemed to require and our judgment would dictate—pulse and temperature all this time remaining normal and the pain and vomiting being allayed by the hypodermic injections which were repeated from time to time.

During the night of the 26th symptoms began to grow more grave, and I prepared for an operation, which I was willing to perform whenever such a course was decided upon. Dr. Scott still counselled delay, and Dr. Gunn, of Brucefield, having called upon me accidentally, I took him in to see our patient. This was about 11 o'clock a.m. The patient was vomiting greenish matter every five or ten minutes, and the temperature which had hitherto been normal, now rose to  $101^{\circ}$ , while the pulse reached 120. Dr. Gunn was in favor of an immediate operation, and as the friends wished to see Dr. Gounilock, he also was called in and was in favour of operating at once. I had been looking forward to this decision and had everything in readiness. It was, however, decided that when the patient was put under chloroform Drs. Gunn and Gounilock should each try the taxis for the last time, and failing, I would operate without allowing her to recover from the influence of the anæsthetic. The taxis failed, as was expected, and we began the operation. Dr. Gounilock attended to the chloroform, Dr. Scott sponged, and Dr. Gunn assisted me with the instruments. As there was a doubt in the minds of my consultees as to whether it was femoral or inguinal hernia, I consented at their request to make incisions which would suit either case, namely, one parallel to Poupart's ligament and another at right angles to the former, having the neck of the sac under the junction of the two incisions. We made our incisions carefully. There was a large amount of adipose tissue which complicated