

NAME.	AGE.	SEX.	VARIETY.	DATE OF OPERATION.	CONTENTS.	TIME STRANGULATED.
1. Mrs.	38	F.	F.	March, 1888.	B. & O.	6 days.
2. Mrs. C.	40	F.	F.	April, 1888.	B.	3 days.
3. Mrs. V.	42	F.	F.	Dec., 1890.	B. & O.	2 days.
4. Mrs. N.	40	F.	F.	Nov., 1891.	B.	3 days.
5. Mrs. M.	50	F.	F.	July, 1892.	O.	48 hours.
6. Mrs. O.	65	F.	F.	Dec., 1893.	O. & B.	24 hours.
7. Mrs. R.	44	F.	Ing.	Dec., 1890.	B. & testicle.	24 hours.
8. R. S.	19	M.	Ing.	Feb., 1890.	B. & O.	8 hours.
9. C. H.	52	M.	Ing.	June, 1892.	O.	6 hours.
10. I McM.	42	M.	F.	Feb., 1887.	B.	5 days.
11. S. M.	49	M.	Ing.	May, 1882.	B.	5 hours.
12. R. M.	50	M.	Ing.	Aug., 1893.	B. & O.	20 hours.
13. S. W.	63	M.	Ing.	April, 1893.	O.	3 days.
14. Mrs. S.	65	F.	Ing.	March, 1894.	B.	2 days.
15. Cheighton	76	M.	Ing.	May, 1894.	B. & O.	2 days.
16. Mrs. P.	48	F.	F.	No operation	B.	12 days.
17. Mrs. G.	70	F.	F.	No operation	B.	uncertain.

TIME OF RECOVERY.	REMARKS.	TIME OF RECOVERY.	REMARKS.
1. Death	Peritonitis 2nd day	10. 2 weeks	
2. 5 weeks		11. 2 weeks	
3. 5 weeks		12. 4½ weeks	
4. 5 weeks		13. Death	8 hours' shock, gut wounded.
5. 3 weeks		14. 2 weeks	
6. 2 weeks		15. Death	Third day.
7. 2 weeks		16. Death	Gangrene (artificial anus made).
8. 5 weeks		17. Death	1 m'th after nature had formed an artificial anus
9. 5 weeks			

Comments.—The table shows an analysis of 17 cases of hernia with 16 operations. Of these 12 recovered (6 males and 6 females), 4 died (2 males and 2 females), as well as No. 17 upon whom no operation had been performed. In the former 2 had been strangulated three days, one (an omental hernia) five days, and in 3 others, two days. Of the remaining 6 cases 2 had been in a condition of strangulation one day, and the remainder from five to twenty hours. Of the fatal cases, one had been strangulated six days, 1, twelve days; 1, two days, and another two and one-half days.

Of the operations, eight were performed on males and eight on females. Of these, eight were for femoral ruptures with two deaths, and six for inguinal, with two deaths. The youngest operated on was 19, and the oldest 76 years. Three were between 30 and 40; seven between 40 and 50; one between 50 and 60; two between 60 and 70.

Of fatal cases, one died on the third day from supposed peritonitis, but there was no autopsy; another in eight hours from shock; one in three

days from exhaustion, apparently, who was 76 years of age, and suffering from hemiplegia at the time of the operation; the last in thirty hours, from exhaustion.

One of the herniotomies was for femoral rupture in the male; one for inguinal in the female. In all the other cases operated upon the inguinal hernias were in males and the femoral in females. In six of the cases the sac contained both bowel and omentum, in five, bowel only; in four, omentum; in one, bowel and endescended testicle, which was removed. In most of the cases where omentum occupied the sac it was adherent, a ligature was applied above the adhesions, and after resection returned to the abdominal cavity. In No. 13 (report), the bowel was wounded accidentally in relieving the stricture, Lembert's sutures were applied and the wound enlarged to cleanse the peritoneal cavity. The operation was prolonged, owing to this unfavorable complication, to one hour and a-quarter. Death took place in eight hours, apparently from the shock. The sack was opened in every case but one. In No. 16 (report) alone was there a certainty of gangrene, and an artificial anus made. No. 10 (report), the omentum looked suspicious; it had been strangulated for five days, but the patient recovered. In No. 1 the bowels looked dark and doubtful, but was returned with a cessation of symptoms; the bowels moved during the night, pain and vomiting ceased, but she died on the third day of what the attending physician thought was peritonitis. In case No. 15 the hernia had been long irreducible with the bowel and mesentery firmly adherent; the stricture was relieved, but no attempt made to sever the adhesions. Death ensued; the age was 76. The operations extended over a period of 12 years from May, 1882 to May, 1894. An attempt at radical cure was made in 75 per cent. of the cases. In 1, 13, 15, the patients being much exhausted, and the necessity of a rapid completion of the operation plain, the sac was left alone and the wound closed. My experience of strangulated hernia leads me to the conclusion that adherent omentum is present very frequently, adherent bowel rarely. The former condition was found in ten cases, the latter in one only. The omentum generally in addition to being adherent, was found matted together, and so altered in structure that it was thought best to remove it