

wear one with any comfort or safety. The testicle was all wasted, and consequently incapable of functional activity, and its loss would not render him impotent. According to the opinion of the best and latest authorities, undescended testicles were especially prone to cancer, and although its removal would be attended perhaps with danger, still, taking everything into consideration, the wisest course for him was to take the risk and have it removed. After hearing and considering these several reasons he consented.

The operation was performed on the 18th of March. I was assisted by Drs. Niven and Harper, of this city; the latter administered the chloroform. The testicle lay in the inguinal canal, opposite the external ring, and was about the size of a small marble. Alongside its inner border, and firmly attached to it, was a thick piece of tissue, very similar to a piece of intestine; this had to be very carefully separated from the testicle and its coverings, before the cord could be made out and secured. When this was done it was cut across, the usual precautions being first adopted, and tied *en mass.* The tissue, when examined, was found to be the sac of the hernia in a thickened condition; a ligature was necessary on the cut portion of it, on account of troublesome hemorrhage. When the testicle was removed, the vaginal sac came very plainly into view, and a broad director could easily be passed up as far as the internal ring, where it was stopped. The wound was stitched up with silver wire sutures, and a compress of lint soaked in carbolic oil, 1 to 16 laid over it, and the whole enclosed in a spica bandage.

In two hours a good deal of secondary hemorrhage occurred, which was arrested only after an enlargement of the incision upwards, so as to get at the cord which had retracted up the canal, in order to apply a second ligature above the first. This effectually stopped the hemorrhage. Cold iced-water was then applied over the wound, which was not restitched. He was then given some brandy and beef tea, as he was very weak, and at night pul. opii gr. j. was ordered.

19th. Had a tolerable night; pulse, 100; no sickness; considerable tenderness and tumefaction over the part; no hemorrhage; abdomen above Poupart's ligament all right. Cold water dressing to be continued. Ordered pul. opii gr. i., calomel gr. i. every four hours; low gruel diet, and to be kept very quiet.

20th. Going on well; pulse, 90; tongue rather coated; bowels not yet opened; tenderness and swelling not so great; no abdominal pain above Poupart's ligament; no tendency to nausea; continue treatment.

21st. Much the same; suppuration commencing; spongio-piline dipped in water, was substituted for cold water dressing; bowels still confined; no nausea. Pul. cal. et opii every six hours.

22nd. Had a good night; pulse, 94; wound discharging well; spongio-piline too heavy; lint and oiled silk was substituted. An enema of gruel, salt, and castor oil was administered in the morning, and, although repeated in the middle of the day, had no effect. He was then ordered two pills of pil. col. et hydrarg. at bedtime, to be followed by a dose of castor oil in the morning if necessary. Abdomen is soft; voids urine well. Omit pul. cal. et opii.

23rd. Bowels opened this morning without oil; pulse, 80; wound discharging well, and swelling much reduced: considerable fetor; all danger of peritonitis over. Lotion of permanganate of pot. ash, grs. v. ad. ʒi to be applied.

24th. Is better this morning; pulse, 80; had several passages from the bowels yesterday. Pul. opii gr. i. to be taken.

25th. Same; cataplasm of linseed meal to be applied; no passage from the bowels to-day.

26th. Same; had a good motion this morning; feels much better; wound granulating; no fetor.

27th—28th. Improving; wound contracting; bowels open every day; continue lotion.

30th. Much the same; if the ligatures were away the wound would soon heal.

April 5th. Ligatures came away on the 3rd inst., the sixteenth day after the operation, and the wound healed in a few days.

*Remarks.*—There are many points of interest in this case. First, it is to be noticed that the hernia was not congenital—not having been discovered until he was four years of age. Had it been congenital, the vaginal would then have been the hernial sac, a contingency which would have been so much the worse for the operation, as there is much greater danger of peritonitis in such cases on account of the communication with the abdominal cavity being enclosed. It is important, therefore, in forming a diagnosis, to be clearly satisfied whether the hernial protrusion is congenital or not