was employed and castor-oil, &c., administered, all of which she brought up. The hernia extended to the anterior superior spine of the ilium. She had a warm bath on admission, and an attempt was made at reduction without success; this had been previously tried by a surgeon before admission. This was one of the largest cases of femoral hernia I ever observed. It extended towards the internal ring, across the symphisis pubis, and externally to the anterior superior spinous process, occupying a space, perpendicularly, of 3½ inches, in a fat woman. You could hardly have a more unpromising case to deal with, and I determined to see if the reduction could not be effected without opening the sac; the stercoraceous vomiting showed the stricture to be very tight. I made an incision over, as correctly as I could judge in such an abnormal condition of parts, Gimbernat's ligament and cut upwards and inwards, so as to enable my finger to pass freely underneath, I could find no band, and therefore attempted reduction. Now, when we consider the cause of femoral hernia, and see where this tumour made its way, it would appear difficult to determine the course most favorable for reduction; but still I pressed the parts from above downwards, and then upwards, and by gradually continuing this, all the intestine apparently went up, but then I found a good deal of omentum. I did not return a great deal of this, but left some, thinking it better to do that than open the sac. I was sorry I made an attempt even to reduce the omentum, because in a large hernia, when at the time of the operation omentum has been left in the sac, I have found it all disappear in a short time, or if it remained in the sac, occasion no inconvenience. I have sometimes even left a small part of intestine, which has subsequently gone up; it is rather a bold thing to do, but it is sometimes preferable to opening the sac. This operation was done on Sunday evening, and she has gone on as well as we can expect; she had a very little nausea and vomiting subsequently, but nothing else of importance occurred. There has been a little liquid motion, and I have ordered her an injection. At present things are most favourable, but if the sac had been opened it would not, perhaps, have been so. This case subsequently recovered perfectly—the sac in about a week having opened itself, and the omentum sloughed away.

In another case, admitted on Saturday, a woman with femoral hernia, not large but with a narrow neck, and tight stricture, and continually vomiting. As usual, I cut down upon the seat of stricture, and passed my finger to Gimbernat's ligament, which I divided, but the hernia could not be reduced. I then found a band of fibres crossing the neck of the sac, and which when divided, permitted reduction without any difficulty; the whole operation only occupying a minute's time. She had enteritis before the operation, but subsequently continued improving under the use of appropriate remedies.

Another case I operated on died; it is this:—A man was admitted on 24th January, in a state of delirium tremens, having laboured under it the last two or three weeks—a most unfortunate state in a patient about to be operated on for strangulated hernia, because in delirium tremens the vital power is at a low ebb, and the inflammation which kills, from hernia in itself of a most depressing kind. I have never seen delirium tremens