

Operation in the Royal Victoria Hospital, October 20th, 1894, at 11 a.m., thirty-nine hours after onset of symptoms. The patient, a stoutly built woman, had always enjoyed good health. About fifteen years ago a hernia first appeared in the right femoral region. It had always been reducible and had never given her much trouble. She had not worn a truss. Symptoms of strangulation came on about 8 o'clock in the evening (October 18th), severe pain, swelling of the mass, which could not be reduced, great tenderness (a specially marked symptom), and frequent vomiting which soon became faecal in character. On admission these symptoms persisted, but in a modified degree. The pulse was 96 and the temperature 100°F. The abdomen was moderately distended. No attempt was made to reduce the hernia. On making the incision through the skin and fascia, brownish serum exuded from the cellular tissue having a strongly putrefactive odor. The sac was greatly thickened, dark, oedematous and friable, and contained a couple of drams of dark blood-stained serum, which also gave off a strong odor of putrefaction. The hernia consisted of about three inches of ileum tightly caught and quite gangrenous. When the opening was enlarged by incision of Gimbernat's ligament and healthy bowel brought down, the gangrenous part lay collapsed and empty, and was almost separated from the healthy gut at both ends where it had been constricted. The bowel was emptied and compressed by the fingers of an assistant, and six and a half inches removed and the ends united by the Murphy button. The mesentery corresponding to this portion had been ligated off at some distance from the bowel through healthy tissue. In spite of the greatest precautions, however, the mesentery stripped itself away from the bowel at either end. There was no great bleeding, but I felt that I could not leave the patient in that condition, for fear of hæmorrhage in the first place, and secondly, for fear of sloughing of the bowel which had been thus deprived of its vascular supply. I therefore continued my incision upwards and outwards through Poupart's ligament and opened the abdominal cavity. I