

der one—was in the performance of an operation. This was readily assented to, and I performed my first operation for hernia. A cautious incision was made from about an inch above the abdominal ring to the lower part of the scrotum, about six inches in length. A careful dissection brought me to the tunica vaginalis, on puncturing which, some dark bloody fluid spirted out. The bistoury was then ran up to the ring and down to the bottom of the scrotum, when the intestines bulged out, of a dark mahogany colour. The stricture was dilated as far as seemed prudent, but the intestine was still so distended that it could not be made to recede, nor could much manipulation be resorted to, as it seemed so soft and tender that the finger might, upon the exertion of any force, easily be pushed through. In this emergency, I punctured the bowel transversely with a lancet, when more than half a pint of liquid fæces escaped, with much flatus. The bowel at once collapsed, and was easily returned.

A moment's reflection convinced me that I had no cause for extreme self-gratulation upon my wonderful achievement! A diseased intestine, approaching to gangrene was pushed back into its cavity, being, besides, cut through its coats. I determined, however, to employ such means as might afford a chance of recovery, and with this view enjoined entire abstinence from eating and drinking, with the exception of a small quantity of water or broth every fifteen minutes, so that nothing could escape from the opening. Added to this, and to prevent all action or disturbance of the bowels, as well as to keep the parts in *juxta-position* a large and soft compress was laid over the inguinal region, and another over the whole abdomen, which was then well and gently compressed with a flannel bandage.

The next day found everything in a most gratifying condition; the chief complaint of the patient being with regard to hunger! He was, however, enjoined penance for twenty-four hours more, when a more liberal supply of broth would be allowed him until his craving should be sated. Several injections were administered without disturbing him, which brought away some fæces and flatus.

A fortnight later the patient went about his business, and, wearing a truss, lived for many years.

REMARKS.—Having perused Travers' excellent work on injuries of the intestines a short time previous to the above case, I was satisfied that the bowel, dark and chocolate colored as it was, was not mortified, inferring this from its glassy or shining surface. In making the puncture I took care to divide the bowel transversely, thus lessening the chances of distension, and consequent accidents from the escaping of the contents into the abdominal cavity. The following observation by Mr. Travers also induced me to the performance of the operation; "if the wound be incised or punctured, the intestine empty, or only moderately filled, the size of the aperture small and its direction transverse, adhesion may be expected."

This case having terminated so successfully led me to make further enquiry respecting wounds of the intestines, especially when the result of operations in hernia, and I learnt that the celebrated Desault had long before,—to use his own words—"been convinced by experience and particularly by dissection, that the portion which forms the hernia never recedes from the ring, and that there