On the tenth day she consented to have Dr. Crouse called in, who confirmed the opinion of Dr. Hume; and although, from the length of time that had elapsed, he apprehended that gangrene must have resulted, he advised her to submit to the operation as the only chance of her life;—this, however, she still refused to consent to. All the means that are usually effective in reducing hernia having been already employed, these gentlemen left in the expectation that death would shortly put an end to her sufferings. Such, however, was not the case.

On the evening of the twelfth day a message was sent to Dr. Crouse, informing him that she continued much the same as when he had visited her on the Sunday, and that she was now willing and anxious for the operation. The following morning Dr. C. called upon me, related the history of the case, and requested me to accompany him. On visiting her, I learnt that the stercoraceous vomiting since 1 a.m. had not been so profuse or frequent; the tumour was not as tender to the touch as might have been expected,—the pulse averaging 90 and not intermittent. There were neither cold sweats nor hiccough; and excepting the diminished pain no particular evidence of mortification had ensued; we therefore decided in consultation upon the propriety of operating. Drs. Crouse and Hume having kindly requested me to operate, I had the patient placed upon a firm table, immediately opposite the window, made the first incision through the integuments two and a half inches long, commencing an inch and a half above the external ring, and extending to the bottom of the tumour. I then cautiously divided the several coverings on a groved director. Upon reaching the sac, there was a small escape of a thin serous fluid, which induced me to suppose that I had penetrated it; but on close examination, I satisfied myself that it was not so. I then explored with the index finger of the left hand for the seat of stricture; but, owing to the rigidity of the parts, I failed in dividing it sufficiently to permit of the return of the sac. I then opened the latter, discovered the intestine of a dark chocolate colour, but not gangrenous or extensively adherent. With a hernia bistoury I divided freely the stricture at the conjoined tendons of the internal oblique and transversalis, and the bowel was then easily returned; light dressing with a compress soaked in warm water, retained by a spica bandage were applied, the patient removed to bed, and a pill of chloride of mercury and opium administered. There was very little hæmorrhage during the operation, and the patient was but little exhausted. Four hours after the bowels were profusely opened. Drs. Crouse and Hume, who subsequently attended her, informed me that there was but trifling inflammation ensuing; and in three weeks the wound had healed sufficiently to permit of her being taken in a sleigh to visit some relatives. She is now quite recovered.

All surgeons, I am aware, agree in considering large old hernia as less immediately dangerous, and admitting of longer delay in operative procedure, than the recent small ones; but there are, I think, but few cases, if any, on record, where the result has been successful after a period of strangulation equal to the above case.