

down at the bed side in a hysterical fit, and at least forty people ran in to congratulate the boy and assist in helping the mother. I saw him no more, but was informed that on the succeeding day he had got out of bed, and that on the third day after the operation he died; the bowels acted well prior to his death, but the pain and tenderness I believe increased; and I suppose that the peritonitis went on unchecked and aggravated by the want of good nursing and attendance, so indispensable to the success of this operation.

The prognosis of this case was of a very doubtful nature, from the bowels having been incarcerated for so long a time; but yet the patient's general appearance, coupled with the state of the intestine, was such as infused a reasonable degree of hope that the result would be successful, more especially if the bowels began to act, which they did very soon and very regularly; but notwithstanding these good indications, the nursing and treatment he would receive, away from constant medical surveillance, were adverse to his recovery, as there is always so much reluctance to attend to points of minor detail, and which, in the aggregate, frequently turn the balance in favor of the patients. Perfect quiet and abstinence from stimulating drinks are two things, the importance of which you never can inculcate amongst ignorant people.

The chief points worthy of remark in this case are the occurrence of the hernia, for the first time, so late in life, whilst the communication between the abdomen and tunica vaginalis must have been always patent; and, 2ndly, the situation of the stricture. Every one conversant with anatomy is aware that the cavities of the abdomen and tunica vaginalis are originally continuous, but that at birth or shortly after the testicle descends behind the peritoneum, as it were, and finally reaches the scrotum, and that this continuation or communication of peritoneum gradually becomes obliterated by the adhesion of its opposing surfaces in the inguinal canal. This

is by no means an invariable occurrence; and it is in these cases when the potency exists, that the bowels can and will descend frequently from birth,—whence the term “congenital,”—but occasionally not until puberty as in the case above referred to, or even so late as at 30 years or more, as admitted by Sir Astley Cooper. With regard to the situation of the stricture, it is remarkable in this case as having been formed at the external ring, differing in this respect very materially from the description given by the same authority, who quotes it as almost invariably occurring at the upper part of the canal; he even goes so far as to say, that “if a surgeon is called upon to operate for strangulated hernia and expects to find the stricture at the abdominal ring, he is not fit to perform the operation at all; and if any of you were to state, in your examination at the College, that the abdominal ring was the seat of stricture, such a man ought to be immediately turned back; it is contrary to truth; and every man who has dissected the disease, and understands anatomy, must know it to be an abominable error,” &c. &c. &c.

The recital of the foregoing case must tend, therefore, to call in question this fact, although it emanates from so great an authority—for that the stricture was relieved, and the bowels returned completely into the abdomen by division at the external ring, must be evident from the free and regular stools that were passed subsequently to the operation. In conclusion, I would add, that the expected success from this operation must be in the ratio of time elapsing after the strangulation exists; and that so soon as well directed efforts to reduce it by the taxis have failed, there is no time to be lost in having recourse to the knife,—for of all surgical cases, there are none requiring decision of judgment and action so much as these cases of strangulated hernia; and if the practical surgeon should adopt a motto, in reference to this particular lesion, none would be so appropriate as “carpe diem,”

: Bytown, May, 1851.