

Hunter touched nothing that he did not adorn. He can truly be said to have raised surgery from the level of an art to the dignity of a science. To apply to him the simile of Johnson in his *Life of Dryden*, Hunter found surgery brick and left it marble. His mind had truly a wonderful range. I know of no historic figure he more resembled than Newton, and I have often thought that the inscription on Newton's bust at Cambridge might with equal truth be applied to nature's great investigator, "the marble index of a mind forever voyaging through vast seas of thought alone."

To my mind the finest estimate of Hunter I have met with, is that condensed description of him given by a contemporary: "That which made him superior to his competitors was his original expanse of thought, his being exempt from that prejudice in favor of ancient authorities which fetters the youthful mind; it was his steady determination of investigating for himself, his deep scrutiny of every object that came under his inspection, his vigorous intellectual activity."

Could Hunter revisit the scenes of his former labors, and contemplate the progress of the century that has passed since his death, what a view would be his. A profession elevated and advanced, and advancing upon the lines which he marked out for it, an anti-septic system well nigh perfected, a new world in pathology opened up to us by the revelations of the microscope, men of broader survey and wider information than were contemporaneous with him, upholding the honor of the science, many of them working with that patient industry which he appears in his day to have well-nigh monopolized. When another century shall have passed, what a retrospect will be theirs who shall then be visiting in the fields of medical science, and while much will be due to those who shall come between us and that distant day, they shall not fail I feel

assured to recognize, and duly to estimate, the work of John Hunter of two centuries before, and to pay a fitting tribute to that marvellous pioneer of that distant past.

STRANGULATED INGUINAL HERNIA

Three Days Old, in a Woman 77 years old—Operation and Recovery.

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On the 3rd of this month I was sent for to see a patient troubled with vomiting. On my arrival, I found a woman very thin and wrinkled, lying on her back with knees drawn up, a rapid irregular pulse, cold hands, and apparently exhausted. Had been vomiting since Wednesday. This was Saturday. Vomiting was accompanied with severe pains in the "bowels"; pains had ceased. The vomiting was stercoraceous. On examining abdomen, found much swelling and tympanites, but no tenderness till I reached down to the left inguinal region. The patient insisted in trying to prevent any further examination downwards. She finally yielded, and on removing the clothes there appeared a tumor about the size of two fists. The skin over the tumor was glazed and red; but this was explained to be owing to hot turpentine stripes. I saw at a glance that taxis was out of the question. Still, with the hope of relieving tension and facilitating reduction, I plunged in a hypodermic needle in two places, obtaining some bloody serum but no air. I told the patient that the case required an operation at once, and after much difficulty obtained leave to give chloroform, and try reduction, then, if necessary, an operation.

In less than an hour I got everything ready, and had her under chloroform by Dr. Murray. After shaving and well washing with soap, water, and carbolic acid, I performed the ordinary incision, and got down to the sac.