rupture, whilst lifting a heavy box, on the morning of October 1st, felt a sudden severe pain in the right inguinal region. He was immediately taken to the hospital, and it was then found that he had a tumour, rather larger than an egg, in the right side of the scrotum, which was recognised as a hernia. He was suffering severe pain in the umbilical region and in the tumour.

At two o'clock on the same day Mr. Hewett performed herniotomy. The sac, which was formed by the tunica vaginalis, was opened, and found to contain about two and a half inches of small intestine, together with some omentum. Another portion of omentum was firmly adherent to the upper part of the neck of the sac. There was a very little clear serum in the tunica vaginalis. The stricture having been divided, the bowel was returned, the omentum ligatured and cut off. One grain of opium was given immediately on the patient's return to bed, at seven P.M., at eleven P.M., and at five o'clock on the following morning.

The patient went on well, and on the fourth day the bowels were relieved by a simple enema. At that time there was slight discharge from the wound. On the ninth day the bowels acted naturally. Later in the case there was a good deal of rather offensive discharge from the wound, which gaped considerably. Towards the end of the month granulations appeared, the discharge lessened, and the wound was quite healed on November 17th, when the patient quitted the hospital.

Mr. Hewett mentioned a case in private practice in which he was consulted not long ago. A gentleman eighty-two years of age, the subject of congenital inguinal hernia all his life, was suddenly seized with symptoms of strangulation. The scrotal tumour was so large that a mere pucker indicated the rupture, whilst lifting a heavy box, on the morning of October 1st, feeling a sudden severe pain in the right inguinal region. He was suffering severe pain in the umbilical region and in the tumour.

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UNUNITED FRACTURE OF THE RUMPUS ; EMPLOYMENT OF BICKERSTETH'S PROCESS FOR PROMOTING UNION OF THE FRAGMENTS.

(Under the care of Mr. Paget.)

There is probably no event more annoying to a surgeon than to find, after every apparent care has been devoted to a case of fracture, that the fragments have failed to unite. This accident is not, happily, of frequent occurrence. Lonasdale found that of 4000 fractures treated at the Middlesex Hospital only four or five refused to unite. Liston met with one only in his own practice. Norris did not meet with one case out of 946 fractures. (See Holmes's System of Surgery, vol. i., p. 703.)

So that probably we may allow one failure of union for about every 1000 cases of fracture. The most common cause of non-union is thought to be motion between the fragments. That this is a likely cause must be evident to every one. But, considering the large number of simple fractures which must necessarily be badly treated, and the very small per-centague of failures, it is tolerably certain that the large majority of broken bones will unite even under such disadvantageous circumstances, and that we must look for some superadded cause when union fails to take place. Such a cause may be found in constitutional debility from old age, pregnancy, lactation, scurvy, or by injury to the spine. Such a cause may also be found in tight bandaging. In the case which we are about to relate, Mr. Paget pointed out a probable local cause which it is worth while to remember, as a misfortune of the kind may very likely be prevented in future. Such a cause may be found in tight bandaging.

Two cases of ununited fractures are at the present time in St. Bartholomew's Hospital under Mr. Paget's care. A Welshman, thirty-one years of age, broke his left femur about the lower part of the transverse, the parietal, and part of the eighth of an inch in front of the corpus striatum to the front wall of the middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined towards its centre, and the thalamus to a great extent. The clot did not extend into the yellowish softened cavity of the clot. The brain was softened and discoloured up to the grey matter of a great part of the thalamus to a great extent. The clot lay in a cavity of softened brain extending from about an eighth of an inch in front of the corpus striatum to the front wall of the middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined towards its centre, and the thalamus to a great extent. The clot did not extend into the crus cerebri.

Before the above examination was made the pia mater had been taken off and the convolutions observed. The insula looked yellow, and getting off the pia mater tore through into the yellowish softened cavity of the clot. The brain was softened and discoloured up to the grey matter of a great many folds, including the posterior half of the third frontal, lower part of the transverse, the parietal, and part of the second frontal. As soon as the bone was removed, a curved mark on the pia mater could be seen, showing the local meaning of the word "epilepsy." It is sometimes discussed whether epilepsy causes cerebral hemorrhage or cerebral hemorrhage epilepsy.

ST. BARTHOLOMEW'S HOSPITAL.