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I was called on Sunday, of last week, by my friend, Dr. Powers, to visit Mrs. B., of this village, aged 53, the mother of several children, who had been under his care for ten or twelve weeks, with what he considered visceral inflammation, occasionally shifting from one organ to another. We now, however, recognized the presence of strangulated hernia. On examination the patient presented a general unhealthy appearance; extreme sallowness and emaciation, with general tenderness, on pressure, over the whole abdomen. At the usual seat of femoral hernia, was a tumor presenting the appearances common to that disease. The history of the tumor, however, created some embarrassment; and it is on this account, chiefly, that I have thought the case worthy the notice of the readers of the Journal. The patient said "The swelling had been there two years. Sometimes as large as at present, generally less, but never wholly absent." It had never created any uneasiness, and was never suspected of being hernia. On the day preceding my visit, it had suddenly increased in size, and in the course of the day some of the symptoms of strangulated hernia made their appearance. The generally diseased condition of the patient, and especially the evidences of abdominal disease, made the prospect of an operation exceedingly unpromising. We were, however, constrained to say to the patient and her friends, that it offered her the only chance, as the tumor was manifestly irreducible by the taxis, after all the preparatory steps proper in her situation had been taken. On dividing the hernial sac, the omentum protruded, of a healthy appearance. Below this was a fold of intestine, three or four inches in length, of a dark color, but not darker than I have seen in cases that did well. After dilating the stricture, the intestine was readily returned. The omentum was returned with more difficulty, owing, as it afterwards appeared, to a strong adhesion to the peritoneum, at the neck of the sac. After the operation, the patient was somewhat faint and languid; continued to sink during the night, and died about 7 o'clock the next morning.

On examination of the body, six hours after death, the whole serous surface of the intestines was covered with the flush of intense recent inflammation. Most of the parietal peritoneum was in the same condi-

tion, whilst extensive suppuration and depositions of fibrine and adhesions of the convolutions, were the evidences of disease of a more chronic character. The portion of intestine which had been strangulated, was black; and a part of the omentum, firmly adherent to the neck of the hernial sac. The patient's life was probably not materially abridged by the occurrence of the hernia, or by the operation; as neither could have caused the appearances of abdominal disease.

The case derives its chief interest from the complication of permanent irreducible omental hernia, with recent and strangulated enterocele. In *this case* the diagnosis was not very difficult, although the medical men present were not altogether unanimous. But in some instances that have fallen within my observation, where an omental hernia, of some ten, or twenty, or thirty years' standing, has at length been complicated by the sliding down of a knuckle of intestine, and this becoming strangulated, without any sensible increase of the size of the tumor, the case has been exceedingly difficult to decide upon, especially as the symptoms—the *rational* signs of strangulation—are often extremely insidious. A valuable illustration of this latter fact occurred to me three or four days before the case I have now described. A woman of 40, in perfect health, and who had never experienced any of the symptoms of hernia, was attacked with vomiting. The symptoms, according to the account of her physician, Dr. Russ, of Pomfret, resembled those occasioned by the passage of a gall-stone, rather than those of strangulated hernia. Things remained in this condition 24 hours, when the doctor elicited the fact, that about the period of the commencement of the vomiting, the patient had perceived a tumor at the top of the thigh. On examination, he made this out to be a crural hernia, and after making such attempts for its reduction as he thought proper, called me in consultation. After carrying the trials at reduction by taxis as far as seemed warrantable, without success, I proceeded to the operation. And although the protruded intestine was very dark colored, yet its function was speedily restored; evacuations from the bowels occurred on the day subsequent to the operation; the wound healed by the first intention, and the patient's health is now wholly restored.

The frequent occurrence of strangulated hernia; the alarming rapidity of its course to a fatal termination, and the importance, both to the patient and the practitioner, of an early correct diagnosis, must be my apology for details which are sufficiently familiar to the experienced surgeon.

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THE EFFECTS OF MENTAL EMOTIONS IN PRODUCING ASTHMA AND DYSPNŒA IN GENERAL.

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I HAVE often been surprised at the great number of asthmatics to be met with among educated and public men. From my own observation