cylindrical clots occurred in both radial and ulnar arteries, with the indication of a small atheromatous patch.

Fig. 3 exhibits a portion of left auricle and left ventricle, with a large bilobed and irregularly mammillated growth springing from the point of union of the anterior with the posterior flap of the mitral valve, near the septum cordis. An incision having been carried through the outer commissure of the flaps at the only patent part of the auriculo-ventricular opening, the front flap, with a portion of the wall of the auricle, was held forwards with a hook, so as partially to cover the opaque and thickened aortic valves.

TWO CASES OF STRANGULATED FEMORAL HERNIA;

OPENING OF THE SACS; OMENTUM LEFT IN THE SACS; RECOVERY.

By E. T. TIBBITS, M.D. LOND.

CASE 1.—On the 22nd July, 1868, I was sent for to see Eliza B—, aged sixty-five, wife of a labourer, who was suffering from strangulated femoral hernia. She had noticed a lump in the groin for two years. By means of the taxis the swelling was much reduced, and all symptoms of strangulation subsided.

On the evening of the 25th, the symptoms having become urgent, I called in my colleague, Dr. Monckton, to assist me. Having attempted reduction by means of the taxis (whilst the patient was under the influence of chloroform) without success, I made incisions in the usual manner, and came upon the sac. On opening this a small quantity of serous fluid escaped, followed by protrusion of omentum. The sac was then freely opened, and a large mass of omentum having been turned aside, a small knuckle of intestine, of a dark-claret colour, but shining, was seen at the bottom of the wound. The stricture (evidently at the crural ring) was then divided a few fibres at a time, until reduction was accomplished. The omentum was simply tucked into the sac, and the wound closed by sutures, plaster compresses, and spica bandage. Ordered to suck ice and drink barley-water.

July 26th.—Had a good night; pulse 96; passed flatus. To continue diet.

27th.—Had a stool last evening. Wound inflamed. Sutures removed; bread poultices applied.

29th.—Patient feels quite well and hungry. Wound healthy, and granulating. To dress it with spermaceti ointment.

From this time the patient went on well, and the wound was perfectly healed on the tenth day after operation.

CASE 2.—I was summoned to Elizabeth H—, aged fifty-five, on the 24th February, 1870. No evacuation, and constant sickness, since Feb. 20th. Had noticed a small swelling in the groin for two years. She was evidently suffering from strangulated femoral hernia brought on by violent coughing. The taxis was unsuccessful, so I called to my assistance Dr. Monckton and Dr. Tylecote. The latter gentleman noticed great irregularity and even intermittence of the heart's action, which I had not observed; therefore the use of chloroform was contraindicated. A freezing mixture of pounded ice and salt was applied to the swelling, and incisions made in the usual manner: here, however, it was necessary to make a second incision downwards and inwards from the middle of the first. By dividing the structures on a director, the sac was reached. On opening it some serous fluid issued, followed by protrusion of omentum. On freely opening the sac there was a considerable quantity of omentum exposed, and a large knuckle of intestine, of a deep-claret colour, shining, very tightly nipped by the constricting fibres at the crural ring.

The stricture was then divided, and the intestine returned, the omentum being treated as in the former case, and the wound closed.

Feb. 25th.—To suck ice, and to take half an ounce of gruel every half an hour. No sickness since operation. Very comfortable. Has passed water, and is very thirsty. Pulse 87.

26th.—Good night. No pain or tenderness. Pulse 87, and regular. Thirst less. No action of the bowels. One tea-

spoonful of beef-tea every hour, in addition to ice and gruel.

27th.—Going on very well; wound inflamed; removed sutures, and applied bread poultices. Administered a pint and a half of warm-water injection; returned in about ten minutes containing plenty of fecal matter. From this date up to March 8th, an injection of warm water was administered every day, always followed by a good action.

March 8th.—Bowels acted naturally. Wound nearly healed.

14th.—Wound all but healed. Patient feels quite well.

Remarks.—In both cases the stricture was undoubtedly at the crural ring, and in Case 2, in which chloroform was inadmissible, the tension and hardness of the structures were very great, showing the great use of an anæsthetic. The omentum in each case was simply tucked into the sac, and no bad result followed. What ought to be done under such circumstances? Some say, "cut it off"; others say, "return it into the cavity of the abdomen." In either case (except the omentum be gangrenous) I think the irritation of the ligatures, or the bruising produced by manipulation in squeezing the fatty material into the abdomen, is more likely to induce peritonitis than simply leaving the omentum in the sac. At any rate, in these two cases there was not the slightest indication of any inflammatory action.

In Case 2 the woman was of a very nervous temperament, as shown by intermittence &c. of pulse, which is naturally a very good one. In fact, immediately after the operation it was quite regular, although somewhat accelerated.

Rugeley, March 15th, 1870.

CASE OF INTERMITTENT OR PAROXYSMAL HÆMATURIA.

By CHAS. MORDAUNT MATTHEW, M.B.

I HAVE a patient suffering from intermittent or paroxysmal hæmaturia, and, as it appears to be a rare affection, the following report of the case may prove interesting to readers of THE LANCET.

I was called on January 4th to William S—, who complained of pain in the region of the right kidney, and had passed some urine the colour of port wine. I examined the urine, and found it full of blood, highly albuminous, and containing numerous hyaline casts and crystals of oxalate of lime. Being treated with gallic acid and opium, the urine gradually became paler, and he improved until the 16th, when he was seized with sudden retention of urine, and on passing a catheter a large quantity of port-wine-coloured urine came away, and several hard clots of blood. This continued for three days, when the urine began to regain its natural state, and by the 22nd he was apparently well. On the 28th the same symptoms recurred; hæmaturia; sudden retention. Catheter passed twice. Treated with gallic acid at first, and then with tincture of perchloride of iron. On Feb. 7th he was again well. The existence of a calculus being suspected, he was sounded both by myself and by a friend, but we found nothing. On the 5th of March he passed some dark-coloured urine, but after two or three doses of gallic acid the symptoms disappeared. On April 26th sudden retention again necessitated the use of the catheter, which brought away about two pints of urine containing a large quantity of blood. The next morning the same proceeding was necessary. In the evening the patient passed from three to four ounces of coagulated blood, after which he gradually improved, and was apparently well on the 30th. On May 15th the same retention occurred. Catheter used once, bringing away port-wine-coloured urine, which I examined and found highly albuminous, containing blood-cells and epithelium in abundance, but no casts. By the evening of the next day all the symptoms had disappeared. He is now taking tincture of perchloride of iron and sulphate of quinine, in the hope of warding off another attack.

The patient is fifty years of age, rather pale, and thin, but not remarkably so; was born in the Lincolnshire fens, and had ague when ten years of age; left the district soon after, and resided in various parts of Lincolnshire until fourteen years ago, when he removed to town. He had the first attack of this kind five years ago, and has had three