and the obturator internus muscle. On withdrawing it, it was found to be congested, but with its covering peritoneum still shining and intact.

In Case III, the operation succeeded in curing the inguinal hernia; but the dissection of the femoral hernia was so instructive, that it will repay our attention, and consoled me for one of the most disagreeable *post mortem* examinations I ever saw.

"The end of the knuckle of intestine was ulcerated." Now, if the constriction were caused by Gimbernat's ligament, the effused matter would not have passed into the abdomen; the constriction by the ligament would have prevented the return of the crural sheath even; it would, therefore, prevent the backflow of effused fluids. But, if the constriction were at the neck of the sac, or at the mouth of the sheath, as Erichsen says it most frequently is, the effusion could pass between the crural sheath and the muscles and vessels, and under Poupart's ligament, and, anteriorly, would be directed by the fascia transversalis into the inguinal canal, and thus into the wound of operation for inguinal hernia; posteriorly, it would get under the fascia iliaca, and, if that fascia were not attached to the brim of the pelvis, then into the pelvis between the fascia and the obturator muscle. As "fecal matter, found in the abdominal operation-wound, was traced to the roof of the crural canal", and "the iliac fascia was stripped off the os pubis and ischium, forming a large pouch", and also, as in Case IV we found the strangulated intestine "under the iliac fascia and in the pelvis, between the fascia and the obturator internus muscle", I conclude we here have anatomical demonstrations made for us by pathological processes.

In the American edition of Sir A. Cooper's work on *Hernia*, at p. 224, is the record of a fatal case of femoral hernia, from which the following is extracted. "Upon cutting through the integuments of the groin, the sac and its contents were entirely gone from thence. Looking at the right groin from within the abdomen, the peritoneum was seen pushed upwards to the extent of two inches on the iliacus internus muscle; and, upon examining this part, I found the hernial sac included in its fascial covering, and containing the intestines strangulated by a stricture at the neck of the sac, and by the fascia covering it." Again, at p. 222 of the same work, in a footnote by Aston Key, is another case of femoral hernia, fatal after operation, from which I will extract what bears on our cases. "On looking into the sac from the wound in the thigh, no intestine was at first perceived, but the surrounding parts being all taken out, and more perfectly examined, it was found pushed up between the peritoneum and the sheath of the femoral vessels." Looking at this last case by the light thrown on the subject by our two cases and Sir A. Cooper's one, I would suggest that Mr. Key overlooked the fascia which covered the strangulated knuckle, and which would scarcely be noticed unless detached to such an extent as it was at least in Sir A. Cooper's case, and here it was less than in either of ours.

As to the anatomical point of the attachment of the iliac fascia to the brim of the pelvis, or otherwise, I find that Ellis and Ledwich do not give any information; Gray, Wilson, and the seventh edition of Quain, say that it is attached there; but Jones Quain, in his fourth edition says, "It is connected closely to the bone, after which it descends, lying upon the inner surface of the obturator internus muscle"; and Aston Key, in the anatomical part of Sir A. Cooper's work, says, "It blends insensibly with the fascia of the pelvis". You will see that the authorities are divided, but the description of dissections by disease I have laid before you, give a strong support to Dr. Jones Quain and to Mr. Key.

In a small strangulated hernia, with the strangulation not caused by the arch, it would be no difficult matter to return the tumour to the abdomen, by dividing Gimbernat's ligament, and thereby giving room for the hernia to pass bodily through; but, as the peritoneum would be carried forcibly upwards at the level of the neck of the sac, it would be thereby stripped from the inside of the abdominal walls, and if it had, by pressure of the hernia, become attached to the fascia in its neighbourhood, or if the constriction were by the mouth of the sheath, it would carry the fascia with it: even in the healthy subject it is easier to separate the fascia from the muscles than the peritoneum from the fascia.

Sir A. Cooper's cases are related to show the necessity of making sure that the stricture is divided before the tumour is reduced; but, in his case, the error was made of mistaking the fascia propria for the sac; and, as such a mistake may occur again, I would suggest that, in all cases of strangulated femoral hernia, not relieved at once by the usual operation, the most frequent cause will be found to be a constriction under the iliac fascia, and this part should therefore be examined.

Finally, I would point out that, in my Case III, there was not even an attempt at reduction of the femoral hernia, so there was no force used, except such as the effusion of fluids might produce. The intestine was ulcerated through, the effused matter found its way by ulcer-

ation through the peritoneal sac, and separated the fasciæ as described; but, since the force of an effusion seeking to escape cannot be very great, we must be more careful in applying even a slight force for the reduction by taxis of a strangulated femoral hernia.

CASE OF DIABETES MELLITUS TREATED BY THE SOLE ADMINISTRATION OF SKIMMED MILK: DEATH.

By HORACE CHALDECOTT, M.R.C.S.Eng., Dorking.

E. T., a labourer, was admitted into the Dorking Cottage Hospital, under my care, November 12th, 1874. On admission, he had a very dry tongue, great thirst, and hunger. The urine was of a pale greenish colour, of specific gravity 1032; on boiling with an equal quantity of liquor potassæ, it became of the colour of brown sherry. There was no albumen. The history obtained was that he had been emaciating for a few weeks, with increasing hunger and thirst, together with a progressive increase in the amount of urine passed.

I give below a table showing the amount of urine passed every twenty-four hours, and the specific gravity daily.

He was put on full meat diet, with greens, "diabetic biscuits", and plenty of milk; he was also ordered the following prescription:

R Liquor strychniæ ℥v; tinctura ferri perchloridi ℥x; aquæ ad 3i. M. Fiat haustus ter die sumendus.

This treatment was continued until December 10th, when he was ordered eight quarts of skimmed milk daily; nothing else either to eat or drink. On December 3rd, his weight was 9 stone 5 lbs.; on December 10th, 9 stone 1½ lbs.; on December 18th, 9 stone 3½ lbs. Hunger left him after commencing the milk-diet. The bowels, which had previously been costive, were now moved copiously and regularly. He had heard from a visitor of the efficacy of the skimmed milk treatment, and was very sanguine that it would cure him.

The treatment was steadily adhered to, and the patient was apparently doing well until December 24th, when he was attacked with purging and vomiting. He also became somewhat drowsy; but this symptom was attributed at the time to the opium in the following mixture prescribed for him at the outset of the attack, of which he took six doses at varying intervals in about thirty-six hours.

R Tinctura opii 3j; bismuthi oxidi 3j; pulveris gummi tragacanthæ 3j; aquæ ad 3viij. M. Two tablespoonfuls for a dose.

On December 25th, the purging and vomiting were allayed; the drowsiness was increasing.

On December 28th, at 9 A.M., the drowsiness had been steadily increasing, and he was now incapable of being aroused. His breathing was stertorous. The pupils were equal, rather contracted. The bowels were not relieved on the previous nor this day. The urine contained phosphates; no albumen. The patient died the same night at twenty minutes to twelve. There were no symptoms or signs of phthisis throughout. No necropsy was made.

Date.	Sp. gr.	Amount of urine passed in 24 hrs.	Date.	Sp. gr.	Amount of urine passed in 24 hrs.
Nov. 13	1035	21 pints	Dec. 6	1026	14½ pints
" 14	1031	23 "	" 7	1027	15 "
" 15	1032	21½ "	" 8	1027	14 "
" 16	1031	19 "	" 9	1027	14½ "
" 17	1031	21 "	" 10	1028	14 ",†
" 18	1030	20 "	" 11	1030	12 "
" 19	1030	19 "	" 12	1034	11 "
" 20	1029	16½ "	" 13	1032	11 "
" 21	1029	19 "	" 14	1031	10 "
" 22	1029	14 "	" 15	1030	10 "
" 23	1028	16 "	" 16	1029	10½ "
" 24	1030	16 "	" 17	1029	10½ "
" 25	1030	14 "	" 18	1029	11 ",‡
" 26	1029	14 "	" 19	1030	10 "
" 27	1030	14 "	" 20	1029	10 "
" 28	1031	14 "	" 21	1030	10 "
" 29	1031	14 "	" 22	1027	10½ "
" 30	1030	12½ "	" 23	1030	10½ "
Dec. 1	1030	14 "	" 24	1033	10½ "
" 2	1035	13 "	" 25	1031	? ",§
" 3	1030	13½ ",*	" 26	1032	? ",§
" 4	1028	14 "	" 27	1030	8½ "
" 5	1027	15 "	" 28	1028	3 ",

* Weight, 9 stone 5 lbs.

† Began skimmed milk treatment. Weight, 9 stone 1½ lbs.

‡ Weight, 9 stone, 3½ lbs.

§ Query, on account of diarrhoea.

|| Died 11.40 P.M.