Polymorphonuclears	...	68·8 per cent.
Lymphocytes ...	...	21·9 ,,
Large-mononuclears	...	7·2 ,,
Eosinophiles ...	...	2·1 ,,

The arterial blood pressure was rather low being 115 mm. of Hg. in the right brachial artery.

The case was evidently one of right-sided hemiplegia with lesion in the left crus-cerebri.

There was no history of syphilis or any evidence of that disease, still it was thought worth while to try the effects of anti-syphilitic remedies. After a preliminary dose of a mercurial pill at night and a saline draught next morning, he was put on mercury and iodide of potash in the form of a mixture. His temperature kept normal or a little below it except on the 4th day of admission when he had a mild attack of fever which, however, yielded to quinine. Later on mercury was omitted from the mixture and administered by inunction. On 12th of March his left eye was found swollen and the lids œdematous, but the eye ball underneath was unaffected and healthy. Fomentations with warm boric lotion for a couple of days relieved him of the swelling and pain, and it was on the 14th of March, *i.e.*, just a week after admission that he was found for the first time, just to move his left upper eye-lid. Ever since then, there has been a gradual improvement in the patient's condition, but he left the hospital on 30th March on the plea of private affairs, after a stay of only 24 days, and the treatment could not be carried on any further. On the date of his leaving the hospital the condition of the patient was as follows:—Ptosis and squint were much less than before, the left pupil which was widely dilated was now only a little more than that on the right and it responded (though somewhat sluggishly) both to light and accommodation; the right arm and right leg regained power, and, on the whole, the patient gained 4lbs. in weight.

The photographs were taken by me a few days after admission. In one, the patient is trying his utmost to open both his eyes, and in the other, the upper lid is raised showing marked external strabismus and to a little extent dilatation of the pupil in the left eye.

A CASE OF STRANGULATED INGUINAL HERNIA.

By AGHORE NATH GHOSE,

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This case is specially interesting as it showed the great recuperative power of the intestine.

Kirat Panjara, Hindu male, aged about fifty-five, was admitted in the Monghyr Hospital at about 8 p.m. on the 11th December 1910. The history was that the bowels used to descend into the scrotum for the last five years and each time a little manipulation would set everything right; but on this occasion the bowels came down at 2 p.m. but did not return and the patient grew very restless and depressed. He vomited several times. There was absolute constipation and intense pain in the abdomen.

After admission in the hospital he vomited twice. The vomiting was bilious, not stercoraceous.

I tried taxis, but to no purpose. Lieutenant-Colonel J. G. Jordan, the Civil Surgeon, very kindly allowed me to do this operation. The operation was done at 10 p.m.

The incision extended from the point corresponding to the middle of Poupart's ligament to the lower third of the scrotum over the longitudinal axis of the hernial swelling. The incision was deepened till the white fibrous surface of the external oblique aponeurosis, the first rallying point, was exposed. This aponeurosis was divided up to the external angle of the cutaneous wound with scissors on a grooved director which was slipped beneath the outer pillar of the external abdominal ring. The outer layers of the sac were also divided on a grooved director, then a fold of the sac was picked up and opened parallel to the surface of the sac and the opening was enlarged with the finger as the guide. A large mass of omentum and about 14 to 16 inches of small intestine were found.

As the constricting band was very tight, it was only possible for me to nick the lower edge of the band with scissors, the pulp of the left index finger acting as the guide; in this way sufficient relaxation was obtained and the complete division of the band facilitated. The gut was found deeply indented at the seat of the stricture. Nearly the whole of the protruded gut was lustreless, black and emitting a putrid odour and the colour reaction was also absent.

The whole of the protruded omentum was resected after the stump was tied with interlocking ligatures. No radical cure was attempted, but the gut was reduced, and the external wound was partly approximated by silkworm gut sutures.

No opium was given. The patient passed a little mucus and blood twice on the night of operation and thrice on the day following. The temperature ranging from 100° to 101° F. On the third day after operation he passed flatus and on the fifth day he passed a copious stool without any stimulation of the bowel either by purgative or enema. The patient made an uneventful recovery.