(11) Mr. Nolan, Bombay Police, tells me he "timed" a woman who fell into a well at 4 A.M. in August 1892. She came up in exactly 4 hours.

Drowned in tanks.

(12) Male, 23, was seen alive at midnight, 26th March; was found floating 8 A.M., 28th March, —less than 32 hours.

(13) Male, 35, was seen alive at 8 P.M., 29th April; found floating at 7 next morning—less than 11 hours.

(14) Female, 55, had food with her son at 10 A.M., 8th March; found floating face downwards at 1 P.M.—3 hours later.

(15) Boy, aged 6, seen alive 8 P.M., 12th March; found floating 7 next morning—11 hours later.

(16) Male, sank at 2-30 P.M., 18th May, was dragged up at noon next day; had not floated in 21½ hours.

(17) Male, 70, seen alive 7-45 P.M., May 26th; found floating at 1-30 P.M. next day, 17¾ hours later.

Drowned in quarry holes.

(18) Male, 70, brought food to his son at 8 A.M., 6th September; was next seen floating, in hole 10 ft. deep at 10 A.M., following day—26 hours later.

(19) Male, 30, left his house at 11 A.M., 4th May; was next seen floating at 9 A.M. following day—22 hours later.

I have taken these cases without any selection from my notes. They can be multiplied manifold, but they are quite sufficient to shew that Chever's figures are not of universal application.

It will be observed that many of the bodies in these cases were first seen floating at daybreak, so that it is probable that they had been already floating for some time, and that these figures err in no case on the shorter side.

It will be seen that two bodies rose in less than 3 hours, one in 4 hours, two in 8 hours, three less than 11 hours, one less than 17¾ hours, one less than 22 hours, one 26 hours, one 32, two 33, one 36, one 37, one 40½ hours (??)

One had not risen after 7 hours, another after 21½ hours' submersion.

A NOTE ON OPERATION FOR HERNIA.

BY A. NEVE, F.R.C.S.E.,
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DURING the last few years I have tried the methods most in vogue for radical cure of hernia such as MacEwen's, Ball's, Halsted's and Bassini's, and during the last year or two I have settled down to a modification of Kocher's. With regard to the other methods, I may state briefly what I consider their respective drawbacks.

Neither Ball nor MacEwen displace the neck of the sack enough, while the extensive interference by Halsted's or Bassini's operations with the structures of the cord is apt to give rise to trouble in the testicle, both at the time and subsequently. I do not regard Kocher's latest modification, namely, invariation of the sac as an improvement.

The operation as I perform it is briefly as follows :—

The incision is about 3 inches long and extends from about one inch above, and external to the ring downwards. Avoiding the cord I at once seek the sac, working with scissors and forceps. Pressure with a sponge on the lower end of the incision and the testicle is very useful at this stage, as it drags the cord down, while the sac remains prominent. My object is to open the sac as directly as possible, cutting quickly through its coverings with the scissors until a small opening in the peritoneum is made, then putting a finger into it. I separate the sac completely, or if it is very large, clear all structures off it for about an inch just external to the ring, and cut through it there. Gripping the sac with forceps, it is drawn down while the finger clears its neck up to and above the internal ring. The forceps are stout and well curved, these are pushed inside the ring, and out to about an inch below the anterior-superior spine where they are made prominent, and are cut down upon, by an incision which splits the fibres of the external oblique. The sac is then seized with another pair of forceps, while the others are withdrawn. It is drawn out through the wound, ligated at its base and cut off. The surface of the stump is sutured to the wall, by the stitch which unites the aponeurosis over it. Another stitch closes the skin wound.

The ring should be dealt with thoroughly; if the cord be small it may well be lifted up and brought out at the upper end of the ring, splitting the external oblique a little for the purpose, but if the cord be bulky I prefer to push it down, and carefully unite the walls of the ring, not edge to edge, but surface to surface, the external pillar, behind the internal pillar, and if these structures are too thinned, then opening the rectus sheath I include some of that muscle in the stitches.

The whole operation takes a shorter time to perform than to describe; I seldom exceed 20 minutes over it. So far we have seen no recurrences in the last fifty operations, except one in which there had been strangulation, and MacEwen's operation had been performed.

UTILITY OF SALINE INJECTIONS IN HÆMORRHAGE.

BY B. K. CHAUDHURI,
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KURBAN Sheik, a Mahomedan male, aged 75 years, was admitted into the Sambhu Nath