a scheme till more conclusive evidence were obtained of its harmony with our institutions. A preliminary trial in those commercial ports, which, I have endeavoured to show, possess strong claims as holding an intermediate position between arsenals and ordinary municipalities, would go far, I believe, to solve the problem; and, if thoroughly successful, would afford the best encouragement for the further expansion of the system.

In the records of the army, navy, and mercantile marine, we possess much more definite and correct information as to the success or failure of sanitary experiments than we can ever hope to find in those relating to the civil population; and a few years' tentative experience in these three branches of the service would decide the question.

I have, I fear, dwelt too long on this topic; but at this important meeting, comprising, doubtless, several medical representatives of the ports in question, we may hope to have the advantage of hearing the opinions of gentlemen who have great practical experience, and who have probably bestowed much thoughtful consideration on the subject.

[The length of the debate on Hospitalism in the Public Medicine Section prevented any discussion on this question.]

CASE OF STRANGULATED INGUINAL HERNIA: OPERATION: RECOVERY: UNION OF THE WOUND BY FIRST INTENTION.

By ARTHUR EVERSLED, Esq., L.R.C.P., Amptill.

THE following notes of a case of herniotomy may at the present time be of some interest, since they show that perfect repair of the injury inflicted by the knife in this operation may occur under the simplest treatment, without the formation of a single drop of pus.

William Cook, aged 34, a healthy farm-labourer, had been subject to an inguinal hernia on the right side for four years. It came down almost daily (for he never wore a truss), and he could always return the protrusion himself, until a few days before the operation, when the hernia having come down, a portion of it could not be reduced; still, he had no inconvenience until the next day, Wednesday, October 7th, when he was cleaning some harness, and felt the intestine descend still more; he had then considerable pain about the umbilicus. This occurred at 10 A.M.; and in the evening, at 8 P.M., finding, after repeated efforts, he could not get the bowel back, he sent for assistance. The tumour at this time was of the size of a pigeon's egg, situated at the junction of the scrotum with the pubes, being half in the scrotum; it was very tense and elastic, tender to the touch, and it received no impulse on coughing.

All attempts to reduce the hernia failed, so opium was given, and cold applied. At 9 P.M., vomiting commenced, and continued through the night.

October 8th, 11 A.M. He had now stercoraceous vomiting; his tongue was becoming coated; his pulse 76, rather weak; he had some anxiety of expression. There was now more tenderness about the tumour. The taxis was again tried, unavailingly, so also was pressure made upwards and backwards, when the man was standing, the operator also standing behind the patient. Chloroform was then given, and the taxis again tried; but as it failed to give relief, the operation for dividing the obstruction was performed by me, assisted by Mr. Montague Evershed. An incision, two inches long, was made over the seat of obstruction—the external ring—in a direction almost parallel with the linea alba. The several coverings of the hernia (excepting the sac) were divided, so also was the obstruction, and the strangulation relieved. Two wire sutures were put in, the edges being brought neatly together, and any protruding fat was cut away. A pad of lint was then placed over the wound, and maintained there by strapping and bandages; the knee was bent, and a pillow placed beneath the ham. He was strictly enjoined to take only a fluid diet, and to keep perfectly quiet. A pill, containing one grain of opium, was given every three hours. The patient went on favourably from the first. The opium was discontinued on October 11th; on the 12th, the wound had entirely healed, without the formation of a drop of pus. On the 13th, the bowels had relieved themselves naturally by a perfectly healthy evacuation. He was allowed to have some mutton. On October 15th, the sutures were removed. A day or two after this he was wearing a truss quite comfortably; and in less than a fortnight from the time of operation, he walked nearly a mile, and was able to wear the truss all day.

In this case, the urgent symptoms of strangulation were manifested early—i.e., within twelve hours, and faecal vomiting occurred within twenty-four hours of the time when the strangulation took place. The satisfactory termination was due, in part (most probably), to the early performance of the operation; and that, too, on the spot, in the pa-

tient's cottage, far away from other surgical cases and various sources of disturbance. The patient himself also is a man of most temperate habits; his life has been spent out of doors; and his health had, up to his recent illness, been uninterruptedly good.

FEMORAL ANEURISM: LIGATURE OF EXTERNAL ILIAC ARTERY: RECOVERY.*

By R. T. LAND, M.D.,

Lecturer on Anatomy in the School of Medicine, Leeds.

THE case was one of aneurism of the right femoral artery occurring in a woman, aged thirty-three, a weaver. About six or seven weeks before my seeing her, the patient had much heavier pieces of cloth to lift than usual; this was followed by a weak, numb feeling in the right leg, and a difficulty in standing, to such an extent, that she was compelled to give up work. At this time, she noticed, in the upper part of the thigh, a lump, which gradually increased in size, and to relieve the pain of which she had recourse to frequent rubbing with the hand. There was now unmistakably distinct aneurism of the femoral artery. The skin covering it was of a bluish-white colour, glazed, and very tense, and presented all the appearance of giving way externally. In conjunction with my father, and my friend Mr. Jessop, it was determined to ligature the external iliac artery. This was accordingly done, under chloroform, on November 24th, 1868. Nothing unusual occurred in the course of the operation, until, after carefully dividing the various strata of the abdominal wall, it became a question whether the structure exposed was peritoneum or simply transversalis fascia. The opinion seemed to be, that the lining membrane of the abdomen had yet not been exposed, and that the structure was transversalis fascia. This was therefore slit up to the full extent of the external wound, when it was at once discovered that the peritoneal cavity was opened. The cut edges were held together by Mr. Jessop; and, without anything further untoward taking place, the operation was completed. All went on well until December 4th, when, from the patient having had a restless night or two, and considerable pain in the right hip, on which she was lying, I was induced to examine that part, and found a very large sloughing bed-sore, which had been considerably aggravated by the patient persistently urinating into the bed, and which, unknown to me, had existed before the operation. With the view to get over this second complication, I now had the patient placed on a water-bed, and the sore dressed, in the first instance, with carbolic acid lotion, and afterwards with zinc ointment, until it was completely healed. Means were adapted to keep up and improve the general condition of the patient; and all went on satisfactorily, with the exception of one or two points which I shall presently mention, to a complete and satisfactory recovery. The ligature came away, with a little assistance, on December 31st—the thirty-eighth day.

I would now shortly draw your attention to two or three points in this case.

1. Here is an aneurism, of rapid growth, occurring in a woman (a rare occurrence), and on the point of bursting externally, arrested completely by ligature above the part.

2. As to the cause of this aneurism; the woman was rather weakly looking; no history of syphilis could be made out; and it seemed to me, as the patient had suffered some time before from acute rheumatism, that some impairment of the nutrition of the vessel therefrom had taken place, and that the condition was excited by the increased exertion to which she was subjected, of lifting heavy pieces of cloth, using, at the same time, the right leg as a lever.

3. The slitting up of the peritoneum was done deliberately; and how this membrane was mistaken for transversalis fascia, seems difficult to understand, except that the light was bad, and the transversalis fascia not so readily distinguishable in the female as in the male. The edges of the wound were stitched together after the ligature had been placed around the vessel; and this ultimately came away through the opening in the abdominal wall. Not the slightest indication of peritonitis presented itself.

4. The complication of bed-sore was treated, in the first instance, by a lotion composed of one part of carbolic acid to eight of olive oil, up to December 14th, a period of ten days, when the patient was seized with severe bilious vomiting, and pain in the epigastrium, and passed dark coloured urine, noticed in cases of poisoning by carbolic acid. This dressing was, therefore, discontinued for three days, and the symptoms thus related ceased; and, with a view to ascertain whether the carbolic lotion was the cause of this disturbance, I re-applied it as before, with the same result.

* Read in the Surgical Section before the Annual Meeting of the British Medical Association in Leeds, July 1869.