patient's existence, the syncope, the cold perspirations, the præcordial anxiety, the slow feeble pulse, and the convulsive closing of the jaw, all indeed indicating an insufficient supply of blood to the heart. While ulcerative induration of the cervix uteri is of very frequent occurrence, ulceration, with ramollissement of its texture, is, as far as I have witnessed, or have been able to ascertain, a rare circumstance, more particularly at the advanced age to which the patient in the present instance had attained. This lesion is slightly alluded to by Drs. Burns and Lever, and more fully described by MM. Duparcque and Colombat de l'Isère, in their respective treatises upon Uterine Disease. The description of the affection given by the latter author, under the designation of "Engorgement congestif avec Hémorrhagie," is so lucid, that I cannot forbear making a few somewhat lengthy extracts from his work, or rather from the translation by Dr. Meigs.

"This species of engorgement, which may occupy the whole, or only the neck, of the uterus, develops itself in the same manner as the preceding, ('Engorgement sanguin de la Matrice sans Hémorrhagie;') it is likewise produced by the same causes,—that is to say, by a fluxionary movement, which, in this case, is excessive, and in particular, more prolonged; and which, however, is always accompanied by an abundant and continued hæmorrhage. This sanguine discharge from the vulva, the colour, quantity, and consistence of which are variable, is the most constant symptom of the engorgement which occupies our attention. If we explore the parts by means both of the touch and speculum, we find the neck tumefied, softened, and of a more or less deep red colour. The mouth of the uterus, which is enlarged in proportion to the engorgement, as well as the whole surface of the tumour, is the seat of a sanguine exudation, which, though often considerable and permanent, does not at all diminish the congestion. The os tincæ, covered with clotted blood, appears smooth to view, but somewhat uneven to the touch; by gentle pressure, we perceive a slight sensation of crepitation, and cause an oozing of black blood, which escapes as from a sponge. When the disease has reached its last stage, the skin assumes a yellowish straw tint, as in ordinary cancerous affections; the eyes seem dull; and if some women are observed to retain a certain degree of *embonpoint*, it is because the surface of their bodies has become the seat of a general bloating, which conceals the wasting of their muscles. On examination per vaginam, the neck of the uterus is found to be macerated, and transformed into a sort of ulcer, presenting a layer, which is softened and putrid, surrounded by a hard and, as it were, scirrhus tissue. Hæmorrhagic engorgement which has reached this stage is extremely serious, and there is no hope of seeing tissues, so profoundly changed, return to their normal condition. In general, the danger of the disease is in proportion to the violence and duration of the uterine hæmorrhages."

At the commencement of the above case, when hæmorrhage first occurred, or perhaps before this

symptom obtained, the os and cervix uteri were probably simply congested, and this condition becoming aggravated by the violent efforts of retching caused by seasickness, merged into a state of intense engorgement or subacute inflammation, which in its turn, having continued for a lengthened period unsubdued, gradually advanced to that of ulceration, and finally softening of the surrounding tissue.

The measures adopted were successful in suspending the hæmorrhage, but from the nature of the lesion this result could only be regarded as a temporary alleviation. As in very many instances in which the os and cervix uteri are irreparably diseased, we found upon inquiry that the general symptoms had at no period become prominent by their severity; indeed the only direct symptom indicating the existence of uterine lesion, had been and was the repeatedly recurring hæmorrhage; but this, although contingent only, nevertheless became at once a dangerous and alarming circumstance, and called for immediate attention.

The consideration of cases like the present is highly instructive, inasmuch as they demonstrate the great importance of early examination and early treatment. Tactile exploration and the speculum became absolutely necessary to the satisfactory elucidation of this class of cases, since early treatment can alone avail and prevent those distressing sequelæ, which, if neglected, sooner or later so inevitably follow.

(To be continued.)

REPORT OF CASES OF STRANGULATED HERNIA, WITH OBSERVATIONS.

By CLEMENT HAWKINS, Esq.,

Surgeon to the Cheltenham Dispensary, and Female Orphan Asylum, Cheltenham.

(Continued from page 259.)

REMARKS.

In performing the operation in the cases which form the subject of this communication, the old practice of opening the sac was adopted. I have never witnessed an operation for strangulated hernia in which the stricture was divided and the contents of the sac reduced, without exposing its contents. I have repeatedly seen the attempt made by the most skilful anatomists and dexterous surgeons, but it has always failed, and in many instances the patient has been subjected to the inconvenience of a larger hernia than existed before the performance of the operation, by the division of the external abdominal ring.

About twelve years ago I heard one of the most able and accomplished surgeons in England say, that, however desirable it may be to divide the stricture, without opening the sac, it was a proceeding involved in difficulty, and generally inapplicable in practice. This opinion is opposed to the experience of that excellent surgeon, Mr. Aston Key, to whom is due the merit of reviving the operation of Petit. This gentleman attributes much of the success he has met

with in practice to the adoption of this method. In a recent work on abdominal hernia, by Mr. Teale, of Leeds, there is a table of thirty-two cases of strangulated hernia, in which this operation was performed; twenty-seven recovered, and four died; the result of one is not mentioned. Certainly the amount of successful cases is unusually great, especially as three of the cases were of the umbilical form, all of which recovered.

Mr. Poland has related eighteen operations for hernia, in the "Guy's Hospital Reports" for 1843. In thirteen cases the sac was opened,—six recovered, and seven died; in five the sac was not opened,—three recovered, and two died. I think no surgeon reviewing the history of these cases could attribute the recovery or the death to the mode of operating; many of the cases, as too often happens, were admitted into the hospital in an almost hopeless state, much valuable time being expended in fruitless attempts to reduce the hernia, and others perished from obstinately refusing to submit to the knife until it was too late to afford a good prospect of success. Considerable difficulty will always arise in making a comparative estimate of the success of each operation, inasmuch as the duration of the strangulation can seldom be correctly ascertained. In this particular Mr. Teale's table is very imperfect. The pressure of the stricture on the delicate structure of the intestine, together with the rude manipulations to which the bowel is subjected in the employment of the taxis, is far more likely to produce a fatal termination than a clean cut into the peritoneal sac.

The late Mr. Hey, of Leeds, considered this operation very objectionable and never performed it.

There is one class of cases, however, in which it is desirable to perform this operation,—namely, in large scrotal herniæ. In these cases, when the intestines are exposed and the stricture divided, considerable time is spent in reducing the contents of the sac; the long-continued manipulations often induce fatal inflammation, or the patient rapidly sinks from the combined effects of exhaustion and the shock of the operation. I consider Case IX to have been an instance in point. When the contents of the sac are intestine and omentum, the symptoms are not so urgent, and the danger of an operation is lessened, because the intestine is protected in a great measure from the injurious pressure of the stricture.

Another cause of failure is, that we are often obliged to perform the operation when inflammation has already attacked the abdomen. In a very large proportion of such cases death ensues. I consider such cases analogous to those in which the trephine is applied to the cranium, when inflammation has set in on the membranes of the brain. We are adding violence to parts already in a state of excitement, the operation fails to give relief, the bowels remain constipated,

the sickness continues, especially if the inflammatory action has extended to the upper part of the abdomen, remedies are useless, and an agonizing death puts an end to the patient's sufferings. Case VII is an example.

I am convinced that all treatment prior to the operation for hernia might be dispensed with advantageously in a large proportion of cases occurring in hospital-practice; I have often seen much valuable time expended in preparing baths, &c. The urgency of symptoms must be our guide in each case.

Mr. Pott's opinion was, that the operation, when performed in a proper manner and in due time, does not prove the cause of death oftener than perhaps once in fifty times. And Mr. Hey observes, it would undoubtedly preserve the lives of many to perform the operation almost as soon as the disease commences. In young and robust subjects I have more confidence in a full venesection, and the application of ice, than in the use of hot baths. Mr. Pott, Mr. B. Bell, and Mr. Lawrence, are advocates for the use of the lancet; Mr. Willmer and Mr. Allanson, not only condemn the practice, but even attribute the fatal result, if an operation should be required, to the use of this remedy. Prevention is better than cure; and I fully believe that when inflammation has once attacked the peritoneum in a case of strangulated hernia, death is almost a necessary consequence, however skilfully the operation be performed. The indiscriminate use of any remedy in surgery, however useful, is sure to bring such remedy into disuse and disrepute. Mr. Allanson tells us "that bleeding, 'ad deliquium,' had been the constant practice in Liverpool, and as soon as the deliquium happened the taxis was tried, during that stage, but I never saw it succeed;" and adds, "nor do I think bleeding even of the smallest service in forwarding reduction." Mr. Hey, of Leeds, whose practical observations on this subject have been seldom equalled, certainly never surpassed, after quoting the above-mentioned passage, says, "Amidst the contrariety of opinions what path must the young practitioner pursue? I entertain a favorable idea of all these authors, yet it is impossible that I should think them all right in these discordant sentiments. If I may be allowed to judge from my own experience, I must conclude this matter has been carried to an extreme on both sides." He relates two cases in which bleeding was followed by a speedy reduction of the hernia. On the whole, Mr. Hey's experience leads him to concur so far with Mr. Willmer and Mr. Allanson, as to declare, that bleeding has generally failed to procure a reduction of the strangulated intestine, but he does not agree with the former gentleman, in thinking that it generally renders the subsequent operation more dangerous. During my attendance at St. Bartholomew's Hospital, I saw cases of strangulated

hernia, in young and robust subjects, in which bleeding from the arm was practised previous to an operation being done, and the patient recovered without a bad symptom; perhaps they might have recovered equally well if the venesection had not been practised; nevertheless, I attribute the recovery, in a great measure, to the plan of treatment adopted. In Cases I, II, and VIII, it was practised with apparent advantage.

The treatment after the operation in the present age differs materially from that used in former times. I here remark that the cases first related were subjected to a different plan of treatment to that pursued in the subsequent ones. Aperients were given in a few hours after the operation with a view to procure evacuations from the bowels, but seldom succeeded, and it is very questionable whether they were even beneficial. Surely it is more common-sense practice to allow the system time to recover from the combined effects of a distressing disease, and a painful operation, and to give time for the re-establishment of the circulation in the intestine, than to irritate an already irritable and perhaps inflamed intestine, by the exhibition of aperient medicines, which can scarcely fail to excite vomiting and nausea. The opportunities afforded me of witnessing the effects of the one plan as compared with the other, are such as to impress my mind with the superiority of the soothing and sedative method. Purgative medicines and enemata are seldom required during the first thirty-six or forty-eight hours after the performance of an operation; as a general rule the less we do the better.

It would be far more to the advantage and the well-doing of our patients, if we were, in this as well as in other diseases, content to look on and watch them with a jealous eye, and imitate and assist the efforts which nature makes for the reparation of disease, than as too often happens, frustrate her operations by injudicious and meddling interference. The treatment generally most appropriate is to give a full dose of calomel and opium, and repeat it according to circumstances, and if the bowels do not act spontaneously within forty-eight hours after the performance of the operation, if the stomach will bear it, to give a dose of castor oil in a suitable vehicle. If this does not operate in the course of twelve hours, a common enema seldom fails to produce the desired effect, provided no inflammatory action exists in the abdominal cavity. Under such circumstances to persevere in the use of purgatives would be useless, our energies should be directed towards reducing such inflammation. Venesection to any extent is seldom required, and is not well borne after this or any other operation. Leeching the abdomen, freely followed by efficient fomentations, will answer better than the abstraction of blood from the arm. In a great proportion of cases calomel and opium are indispensable.

In Cases VIII and XIV it will be observed that the descent of the testes was incomplete. When called on to operate under such circumstances, it becomes a matter for consideration what course ought to be adopted in regard to the removal of the testicle. In Case VIII, the organ was partly within and partly without the external abdominal ring; and in Case XIV, it was completely within the inguinal canal; in both the pressure of a truss could not be borne, consequently the patients were exposed to the dangers of the hernia becoming again strangulated. Although this form of rupture has been noticed by Pott, Cloquet, and Lawrence, and more recently by Mr. Teale, I am not aware that any of these able surgeons have pointed out the line of practice which ought to be adopted when the operation is requisite. I conclude none of them could recommend the extirpation of the gland. In Case XIV, although neither testis was in the scrotum, the man informed me he was the reputed father of children.

Case X was a very interesting and embarrassing one; the symptoms were not such as are usually observed in cases of strangulated hernia. This case, with the succeeding one, will more properly come under the head of obstructed irreducible hernia; in both the contents of the sac were omentum and colon, and the symptoms resembled those of ileus, and were probably produced by the irritation and inflammation of the contents of the sac, for in neither instance did the symptoms undergo any alleviation after the performance of the operation. In fact the gut was not much constricted; nevertheless, if either had died without any operative proceeding being attempted, I should not have acquitted the surgeons of blame. Whether the exhibition of the pure mercury was really useful I am unable to determine; certainly the effect which followed was truly marvellous, and the bowels were immediately relieved.

While I was preparing this paper for publication, Case XIII presented itself, and the subject of the operation was the oldest patient I ever saw submitted to the knife; it turned out perfectly successful, and the time occupied for the healing of the wound was unusually short.

CASE OF LARYNGISMUS STRIDULUS; INHALATION OF ÆTHER: RECOVERY.

By W. E. IMAGE, Esq., F.R.C.S., Surgeon to the Suffolk Hospital.

Master J—, aged one year, a very fine healthy child, but of full habit and teething, had suffered for several days with repeated attacks of crowing inspiration. On my first visit I found him apparently perfectly well; before I left the house, however, he had a very severe attack. The paroxysms were produced by the slightest mental irritation, and were sometimes so severe that he appeared quite exhausted and in a dying state for a considerable time after the cessation