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

of the paroxysm. The severity of the attacks daily increased. The crowing breathing was now succeeded by a state almost approaching to asphyxia. The gums were well and repeatedly lanced; the bowels well relieved by purgative medicines; leeches and blister to the nape of the neck, mustard to the legs, hot baths, and cold water to the head at the same time, with other remedies, were used, but without advantage. The attacks increased in frequency and severity. At length he had so severe a paroxysm that he remained two minutes and a half quite unable to breathe. His lips and face were purple; pupils dilated. The body became covered with cold perspiration, and he appeared to be dying. His recovery from this frightful attack was very prolonged. His intellect was not restored till the following day. It was now agreed to apply æther to the nose and mouth on the slightest approach of spasm. Two days after this attack he began to crow as before, and every appearance of a severe attack presented itself. Æther, poured on sponge, was instantly applied to the nose and mouth. The spasms increased for a few seconds, and then perfectly subsided, and the child was well again. For four days the spasms recurred, but were instantly overcome by the æther-vapour, and from that period the child has remained free from an attack, and is perfectly well.

I will not offer any remarks on the foregoing facts, but merely state my conviction, that the æther was greatly influential in preventing a recurrence of the dreadful paroxysms which had so nearly deprived my little patient of life.

Bury St. Edmunds, May 22, 1847.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ.

By PETER HINCKES BIRD, one of the Resident Medical Officers.

(Continued from page 237.)

CASE XXIX.

CARBUNCLE.

Mary Ann Moss, aged 42, housewife, married, admitted August 11th, 1846, into the Queen's Hospital, under the care of Mr. Sands Cox. She states that about three weeks ago she first perceived a circumscribed, livid, red swelling on the back, she opened it with a needle, but no matter came out; a hard immovable scab formed over it; it gradually increased in size, and caused her much pain; pain described as gnawing, pulling, "as if the flesh were torn from her;" when it had attained the size of her fist, which was about a week since, it broke into a number of small holes, which discharged a large quantity of whitish thin matter, the pain being considerably relieved. Her health has been very indifferent lately; she has been in a weak condition for some time; has had ten

children, four of whom are living; had difficult labours with them all, especially with the last; she lost a considerable quantity of blood in her last labour; has been much troubled with headache, described as if "something was hammering in her head," accompanied with singing in the ears and palpitations; has frequently "turned faint;" is not subject to cough. Has had poultices applied lately.

Present State.—There is a large ulcer, rather larger than the bottom of a wine-glass, situated in the right lumbar region, about three inches from the spine; it contains a mass of mortified cellular tissue, of a brownish grey colour; the integument round the edges of the ulcer is of a dusky-red colour, and has a peculiar feel, like that of brawn; the ulcer discharges a thin brownish matter, mixed with strings of a yellowish colour; she complains of but little pain in it now; it is present at times as a slight gnawing pain; she has a pale anæmic look; pulse 90, very weak, easily compressible; tongue moist, of a whitish colour; she complains of a nasty bitter taste in the mouth; appetite indifferent; bowels open; sleeps pretty well at night; also complains of beating pain in the head; the urine was of a light colour, and of natural quantity; it was examined for sugar by the usual tests, but not a trace could be discovered.

Ordered to have a large linseed poultice applied three times a day, and the following mixture:—R. Decoct. Cinchon., oz. viij.; Tinct. Cinchon., oz. ss. M. Sum. oz. iss, ter die.

14th. A large mass of mortified cellular tissue was discharged in the poultice yesterday; the ulcer discharges a thin, lightish-brown, not offensive, matter; she feels better; appetite improved. To have extra diet.

16th. The ulcer is quite free from mortified cellular tissue, and presents an uneven deep excavation. Ordered to have it filled up with dry lint, and covered by strips of adhesive plaster, so as to bring the edges of the wound in rather closer apposition.

R. Quinæ Disulph., gr. xij; Acid. Sulph. dil., dr. j; Aquæ puræ, oz. viij. M. Sum., oz. iss, ter die. Continue the extra diet.

18th. Feels stronger; appetite very good; bowels regular; tongue clean; sleeps well. Continue medicine.

21st. Improving; tongue clean; pulse stronger; bowels open; complains of dull pain over the eyebrows. Continue medicine.

24th. Getting stronger; no pain in the head; is not troubled now with palpitations; the wound looks healthy, and is filling up.

September 1st. Doing well; the granulations are rather indolent; health good; feels stronger. To have the ulcer dressed with lint dipped in a solution of sulphate of zinc.

12th. Much smaller since last report, but it has not made much progress towards healing within the last few days. Ordered to be dressed with the Lotio Nigra.

18th. Improving rapidly.

26th. Quite well; health much improved; no palpitations nor headache. Discharged cured.

Anthrax, or common carbuncle, resembles furunculus