if given at first, might have rendered the affection permanent, if not have led to a fatal result in such an aggravated case. But most probably in this case the endocarditis would have been discovered, whether I had thought of administering chloroform or not, as in all serious cases I make it a rule to ascertain the condition of the heart and lungs.

I have just seen two brief notices of the efficacy of tartar emetic in chorea, in the last Volume of "Braithwaite's Retrospect," by G. Corfe, Esq., of London, and M. Salgues, of Dijon. To their testimony I beg to add mine, and will conclude this communication, with expressing a hope, that by its being employed to subdue inflammation of the serous membranes of the heart, spinal cord, or brain, (which are, one or other, or collectively, probably always more or less implicated in this disease,) previously to the administration of tonics, fewer cases will be met with to prove incurable, and that such cases as have hitherto been curable, may be rendered still more so by the rational and simple plan of treatment, which I trust the report of the above case may be sufficiently explicit to suggest to those members of the profession, who have not paid particular attention to this curious disease.

Bewdley, September 11, 1848.

ON THE MEDICAL AND GENERAL TREATMENT OF LOCAL DISEASES IN PREFERENCE TO THEIR TREATMENT BY OPERATION.

By THOMAS HUNT, Herne Bay.

I. STRANGULATED HERNIA.*

Having shewn that the taxis, carefully and patiently applied, will generally succeed in reducing a strangulated hernia,—an opinion confirmed by the late Mr. Liston's observation, that, "if the surgeon conduct the proceeding with a *wish* and *determination*, if possible, to succeed, he will generally find his attempt, after a time, crowned with success,"† I proceed to the considerations of the objections to the operation, which are, in fact, far more serious, than seriously thought of by the generality of operators.

It must be well considered at the outset, that the question now under discussion, is not whether every hernia can be reduced by the taxis, but whether, in cases which cannot (with the utmost skill and patience,) be so reduced, the operation is likely to save the patient's life. I believe it so unlikely, that it is even questionable whether, in the most favourable cases, the risks of the operation do not *diminish* the already slender chance of recovery. In cases where the stricture is at the external ring, and the intestine is inflamed or tender from pressure, or actually giving way from the arrest of the circulation, it is evident that the introduction of an instrument between the stricture and the intestine, cannot be effected without sufficient force to destroy the structure of the bowel. When this

is done, and the bowel returned, what is the value of the patient's life?

The statistics of the operations for hernia are appalling. Mr. Macilwain reports, that out of 500 cases taken at random, in which the operation had been performed, both in this country and on the continent, scarcely less than *one half* terminated fatally;* and of these fatal cases, perhaps more than one half might have been saved by the right use of the taxis. Hospital surgeons are generally called to cases in which the taxis has been neglected, or imperfectly tried, some of them roughly handled, or the protruded bowel even burst by the violence of the manipulations, and the evils of strangulation increased ten-fold by injudicious attempts at reduction. They therefore, one and all, advise that *no time should be lost*; that, if the taxis fails, especially under bleeding, the warm bath, relaxing enemata, &c., the operation should immediately be had recourse to. But, how many cases of strangulated hernia would be taken to hospitals at all, if every surgeon were better informed in the right use of the taxis? Probably not one hundredth of the number now recorded in the hospital books. The saving, therefore, of unfortunate patients suffering from strangulation, is in the hands of private surgeons, country surgeons especially. The hospital cases are, probably, more than half of them, hopeless cases, irreparable mischief having been done, or suffered, before their entrance into those asylums; and if reduction is there again attempted in the prevailing method, the subsequent operation affords but a sorry chance for the unhappy patient. The dangers of the operation, (I need not enumerate them, they are too well known,) added to the dangers of the accident, aggravated by the "pushing and kneading," and often augmented to a fatal degree by tobacco enemata and other depressing remedies, are at best so formidable, that it may well be questioned whether a case too far gone for reduction by a gentle but determined application of pressure to the tumour, may not as well be left to its hopeless and helpless fate. On this point, however, I will not insist. No reproach can rest on a surgeon who is induced to operate in such an emergency; but in more hopeful cases, in those, namely, where the chances for the success of the operation would be considered promising, the chances for the success of the taxis, skilfully and patiently employed, are, in my estimate, immeasurably greater; and I conclude by earnestly entreating that it may be tested by experiment, and not by argument. It is easy to imagine cases in which the taxis must fail, and I do not deny the existence of such cases, but I believe they are at once so rare, and so obscure in their diagnosis, that they cannot justify recourse to an operation which so very frequently fails to save the patient.

II. RETENTION OF URINE.

If cases of strangulated hernia have been lost, as is generally believed, by delay in the operation, much more frequently have patients died from retention of urine, from culpable delay or blundering incompetency in passing the catheter. Yet, there are many cases of

* Continued from page 320.

† Liston's Practical Surgery.

* Lancet, 1845.

retention, simple in their nature and easily relieved by medical treatment, which from error in diagnosis have been aggravated to the imminent danger of the patient, by unnecessary and unsuccessful attempts to introduce an instrument into the urethra under circumstances of inflammation or spasm. These causes of retention are so frequent, that the elder Grainger was once heard to say that he had never met with a case of retention which he could not relieve by medicine. Few practitioners can go so far as this: yet, in my own practice, and in that of several medical friends with whom I have conversed, the cases of retention, requiring the catheter, have formed a very small proportion of the whole. I do not refer, of course, to cases of stricture, in which there is an evident mechanical obstruction, which must be removed by mechanical means, guided in some instances by all the resources of surgical skill; nor to cases of obviously enlarged prostate pressing mechanically on the urethra. I am thinking of those every-day cases, in which, without any apparent cause, a patient suddenly finds that he cannot micturate, and sends to the surgeon in great alarm. The use of the catheter in these cases, without any previous trial of other means of relief, is, I fear, too common a practice with young and inconsiderate practitioners, and as frequently leading to disastrous consequences, merits exposure and severe reprobation.

That the officious and indiscriminate use of the catheter in retention of urine, is not always a harmless error, will be better illustrated by the following case than by mere declamation:—

In the autumn of 1836, a neighbouring practitioner who was esteemed a skilful operator, requested me to try my hand at the introduction of a catheter in a case of extreme danger, in which, after many fruitless attempts on his part, alarming symptoms had appeared. I found a middle-aged man, with a distended bladder, and a copious infiltration of urine into the cellular tissue of the pubis, preputium, and scrotum, the two latter organs having already become extensively sphacelated. The whole of the scrotum, and the greater portion of the prepuce were perfectly black, cold, and insensible; but the pulse had considerable force. The patient had formerly been troubled with hernia, and the tumefied state of the inguinal region and scrotum was mistaken by the surgeon for a large hernial tumour; no suspicion having been entertained of the real nature of the case. I declined making any further attempt at catheterism, but advised that free incisions should be made into the tumefied cellular membrane, the skin being tense and crepitant. This was accordingly done, giving exit to a pint or more of urine, which flowed freely from each incision. A small vessel was accidentally wounded, from which lucky event the patient lost a considerable quantity of blood; the hæmorrhage yielded to slight pressure, and in half an hour or less, without any other means being used for his relief, the patient evacuated his bladder in a full stream from the urethra, to the extent of three or four pints of urine. Under subsequent medical treatment the sphacelated portions soon separated and sloughed away, and the patient recovered, not without deplorable mutilation.

It is needless to add, that a few leeches to the perineum with saline aperients, in the first instance, would have reduced the local inflammation which had caused the retention, and thus rendered surgical treatment as unnecessary as it proved to be mischievous and destructive.

Retention of urine in the female very frequently occurs from causes which seldom affect the bladder of the male subject. After difficult labours, and in some cases of hysteria, the bladder loses its contractile power, and the catheter is required. The operation is so easy that it is scarcely possible to fail in the attempt, and there is generally no objection to its performance.

It has been observed, however, and very justly, that in hysterical girls, who complain of retention of urine, it is often better to leave the bladder to its own resources than to repeat the operation every time that viscus becomes slightly distended. Both the power and the will to retain the urine are mysteriously exerted in these cases; but both will yield to the urgent distress resulting from a firm refusal to catheterize the patient. Every practitioner is familiar with these cases, and I know of no absolute rule to determine our conduct.

(To be continued.)

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE VIII.

SUBCLAVIAN ANEURISM.

"A spontaneous aneurism," says Mr. Guthrie, "is generally slow in its growth, not, perhaps, exceeding the size of an egg in a year, and rarely that of a flattened orange." In this example was a degree of enlargement far beyond that of which Mr. Guthrie considers to be the maximum ratio of increase. In January the impulse could be felt but one-third of the extent which it could eight or nine months afterwards. In the first admeasurement from the superior pulsatory margin, passing over the tumour downwards, to the inferior pulsatory margin, $4\frac{1}{2}$ inches; horizontally, $3\frac{5}{8}$ inches; but in September the same admeasurements had increased to $12\frac{1}{4}$ inches, and $10\frac{3}{4}$ inches. The pulsatory thrill would be communicated much farther than the parietes of the aneurism extended, for it is not probable that the tumour itself would enlarge to such dimensions. The effusion and organized matter in the subcutaneous cellular tissues was the reason why the impulses could be distinctly felt so far as mentioned. The previously-named rules to be observed in diagnosis, enable us to decide the question, because the impulsion against the parietes, and the retracted impulsion, are only distinguishable when the aneurism itself is pressed upon. We know it