sensitive practitioner recoil from taking an active part in its operations, from its treating his possible infringement of its *letter* as a felony, punishable only by imprisonment and hard labour, when circumstances may so arise, that it would be a solemn and conscientious duty, on principles of undoubted science and experience, for him to *inoculate*, on an emergency, with small-pox virus. I need not here enlarge on the collateral effects which the exclusive public administration of vaccination will have on the general members of the profession. As all, rich as well as poor, may have their children vaccinated at the public expense, by the hands of the contracting vaccinators of the parish, and as these gentlemen will naturally be supposed to have the choice of the best lymph always at their command, this preference will as naturally create something like a monopoly in private practice, in favour of these privileged practitioners. Other practitioners who may still be called upon to vaccinate in the families of their patients, will, therefore, have some difficulty in getting a guinea, or half that sum, as heretofore, for what may be done as tenderly and as effectually for one shilling by others equally talented and respectable. But the profession must not complain, for "*Salus populi suprema lex.*"

(To be concluded in our next.)

MERCURY IN INCIPIENT PHTHISIS.

By RICHARD CHAMBERS, M.D.

(Continued from page 134.)

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As a detail of the rules necessary to be observed in, or the circumstances most favourable for, the adoption of the mercurial treatment in cases of incipient phthisis, would be nothing more than a reiteration of what is already written on the subject, I beg to refer my readers to those sources, and shall proceed to an examination of the two cases I have detailed. That there was every probability of their terminating in phthisis, we have strong grounds for supposing, both from an examination of the symptoms, and the collateral circumstances attending them: it is not to be expected that I can positively affirm that they would have had such a termination; but if we (as we all must) daily see cases, presenting the same essential characters, terminating in confirmed phthisis, it would be equally unjust and unphilosophic to withhold from the remedy its meed of praise, because recovery happened under its administration.*

The boy Edwards, exclusive of a family predisposition to phthisis, had been for some months prior to his illness reduced to a state of extreme cachexy, by the unhealthy nature of his trade, and an insufficient quantity of food. About a fortnight before I saw him, he had been seized with pyrexial symptoms, accompanied with a severe cough, for which he was attended by a medical man up to the period of my visit; but it appeared that saline aperients, and a blister to the chest, were the sole measures that had been adopted. On visiting him, I found that, in addition to pectoral symptoms of great urgency, he was nearly exhausted by hypercatharsis; and I must acknowledge, that the mercurial treatment was begun, more with the view of calming the intestinal tube, than controlling the chest affection; and it was with much pleasure that I witnessed the improval of both, *pari passu*; leeches and blisters (necessary adjuvants in most cases) were, at the same time, applied over the affected portion of the lung. That it differed from ordinary bronchitis and pneumonia, its locality is sufficient to point out; but what I wish chiefly to call the attention of my readers to, is the fact of its aggravation by general antiphlogistic measures, (if the system of superpurgation will be considered as such,) and I feel satisfied, that if scrofulous inflammation pos-

sesses one distinguishing feature, it is that of its not being amenable to the *usual* antiphlogistic regimen; and that although local antiphlogistics or depletory measures may be imperatively demanded, we will find them aided by a generous yet unstimulating regimen.

It may be naturally supposed, that from the favourable results which ensued in the case of Edwards, I would have no hesitation in employing the mercurial treatment in Mrs. —'s case; yet my early prejudices against the mineral were so strong, that I was compelled to resort to it as an alternative; and few cases could have presented a more unfavourable aspect for its adoption. That this will be readily admitted, I doubt not, when it is recollected that one of the patient's sisters had died of phthisis; that she herself had had the influenza some months previously, from which she but slowly recovered; some irritation remaining in the lungs, as evidenced by the cough; and lastly, the locality of the disease, and purulent character of the expectoration. When we consider the little success that attends the antimonial treatment in suspected cases of tubercular disease, are not the cases successfully treated by mercury that are on record, though few, sufficient to inspire us with the hope, that, in addition to its power of controlling inflammatory action, it also exerts some specific action over tubercle? In the case of Mrs. —, although it was in consequence of a recent attack my assistance was requested, I am disposed to believe that there were tubercles in the lungs; and the character of the expectoration led me to think that it proceeded from an abscess, an opinion not at all diminished by the physical signs, but which they were not adequate to decide. It must be allowed, that more extended observation is needed, to enable us to discover the true value of the treatment under consideration; but I think we have sufficient evidence to induce us to look upon it as a valuable auxiliary in a disease that has hitherto baffled human ingenuity.

It may be said, that a sufficient lapse of time has not occurred to test the stability of those cases I have detailed: as far as they have gone I have no reason to doubt their permanency. The first patient has been for some months employed in various out-door occupations, and is at this moment in the enjoyment of excellent health. I hope to resume the subject at a future period; and should any change occur in either, I shall not fail to mention it.

CASE OF STRANGULATED HERNIA IN A CHILD TEN MONTHS OLD.

By JOHN VALENTINE, Esq. M.R.C.S.L.

A RECORD of unsuccessful cases is not very gratifying to the feelings of the practitioner to whom they occur, but yet, if faithfully portrayed, may not only be beneficial to himself, but also to his professional brethren. For my part, I am truly thankful for the publication of the *PROVINCIAL MEDICAL JOURNAL*, which, being especially intended for the country practitioner, opens a channel through which he may preserve from oblivion many an interesting fact, which might otherwise be irretrievably lost. With these feelings I am desirous of contributing, through its medium, my mite to the general stock.

Charles Gibbs, the subject of three herniæ, (an umbilical, a right and left inguinal,) all of which were observed a few days after birth, was seen by me on Wednesday, May 17th, 1837, at 2 P.M.† The hernia of the left side was irreducible, about the size of a large hen's egg, very tense and painful to the touch, the testicle plainly felt at its posterior and inferior portion. The mother says, that on her return home the preceding day, she found the hernia down, and made several attempts to return it, but they were ineffectual. The bowels have not been moved since 8 A.M. of Tuesday. There is now frequent vomiting and fever. The warm bath, taxis, bleeding, application of cold to the

* Vide Graves' Clinical Lectures, *Medical Gazette*, 1837; Stokes on Diseases of the Chest.

† The father, uncle, and brother are all affected with hernia.

tumor, constituted the treatment, but without the slightest benefit. On visiting the infant the next morning at ten, I was informed it had passed a restless night, with frequent vomiting. Under these circumstances, the operation was the only chance of saving its life; and I confess it was with some reluctance I resolved on it, but the symptoms being so urgent, the duty was imperative. I operated without any more delay, forty-four hours after the hernia was found by the mother to be irreducible. The hernia proved to be in the tunica vaginalis testis, consisting of a knuckle of small intestine, scarcely altered in appearance, inclosed in a thin peritoneal sac, not attached to any of the surrounding parts, and containing about a table spoonful of serum. The stricture, which was at the external ring, being divided, the hernia was easily reduced. The bowels were moved soon after the operation; the child had some sleep and took the breast. It is unnecessary to occupy the columns of this journal by a daily detail of symptoms; suffice it to say, that peritoneal inflammation came on, and notwithstanding the use of leeches, calomel, and opium, &c. the child died on the 22d, four days after the operation. Permission could not be obtained to examine the body.

REMARKS.—There is no doubt that I erred in delaying the operation, under the vain hope that the measures adopted would render it unnecessary. Were I to meet with the like case again, I should operate immediately after giving a fair trial of three or four hours to bleeding, the warm bath, and the taxis. The opinion of the late excellent Mr. Hey on this point ought never to be forgotten by surgeons. "I have now, at the time of writing this, performed the operation forty times; and have often had occasion to lament that I had performed it too late, but never that I had performed it too soon."—*Hey's Surgery*, p. 130.

Since writing the above, I have met with the following passage in Dr. Johnson's *Medico-Chirurgical Review* for Oct. 1828, a work most valuable, inasmuch as it contains, in a long and regular series, a large mass of practical information:—"We resume the review of Dr. Anderson's Report in the *Glasgow Medical Journal*. In a case of inguinal hernia, occurring in a child nine months old, an approach to syncope was induced by eight leeches to the tumor, and the warm bath; after which the reduction was effected by the taxis. The tumor was large and tense, and strangulation had been present three hours. Dr. Anderson believes that, though seldom of use in the hernia of adults, leeches are much to be depended on in cases like this. They should be freely employed, attention being paid to the subsequent bleeding. The time for the employment of leeches, in the adult, is *after* the operation, and applied to the abdomen. We are sure, that if bleeding and local depletion were more generally put in practice, they would serve to arrest, or moderate, at any rate, the not unfrequently fatal inflammation of the peritoneum."

Somerton, Somersetshire, Nov. 16, 1840.

CASE OF STRANGULATED INGUINAL HERNIA.

By GEORGE BOTTOMLY, Esq.

READ BEFORE THE SOUTHAMPTON MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

MARY CAUSTICK, aged 34, mother of eight children, and pregnant with the ninth, had been the subject of right inguinal hernia, and wore a truss for about two years; she was seized on Monday with violent abdominal pains extending to the back, accompanied with severe faintings; pulse small, quick, and irritable; being in the third month of pregnancy, they were supposed to arise from uterine irritation; her bowels were open, and she was free from pain in the hernial tumor, which was stated to be quite reduced. On Tuesday the symptoms increasing in urgency, an examination of the hernial tumor took place, when it was discovered that a small portion had descended below the

pad of the truss which pressed upon it; an immediate attempt was made to reduce it, without success; the usual remedial measures were promptly had recourse to without benefit. The symptoms increasing in urgency, rendered it necessary that an operation should be performed; it was proposed early on the Wednesday morning, but met with most decided opposition both from herself and husband, although every means were adopted to overcome it; nor could consent be obtained till the Friday morning, when there was hardly a ray of hope left; the abdomen at this time being quite tympanitic, hiccup, vomiting of fecal matter, sunken and distressed countenance; pulse thready and beyond counting, accompanied with cold perspirations. In point of fact she appeared to be fast sinking; but with a view of giving her the most remote chance, I performed the operation in the usual way. Upon opening the sac the escape of fluid was immense; the sac contained a knuckle of intestine of a very dark colour, with several very suspicious spots, but as it did not appear to have totally lost its vitality, I returned it into the cavity of the abdomen; the wound was dressed and the patient placed in bed, in an almost lifeless state. Reaction soon followed; leeches and a large blister were applied to the abdomen; a dose of castor oil and opium was given, and a mild cathartic injection administered, which in a few hours produced some healthy alvine evacuations; from that time she gradually recovered.

The most remarkable feature in the case was, that, although the sufferings were so very great during the strangulation, as well as the shock caused by the operation, it did not interfere with utero-gestation; she went on to her full period, and gave birth to a very large child, and is at this moment enjoying perfect health. It is one of those cases in which, although the chance of recovery is very remote, it is our duty to comply with the patient's wishes, even though delayed till the last moment.

CASE OF SPONTANEOUS GANGRENE—OPERATION—RECOVERY.

By THE SAME AUTHOR.

MARY MATTHEWS, aged 39, was confined on the 8th of February, 1838; her general health during pregnancy was good, until within two months of her confinement, when she became subject to cough and great debility, probably arising from cold and a want of proper nutriment, it not being in her power to procure animal food more than once a week, and then only a small quantity of bacon. Her labour was expeditious; the child diminutive; lochia small in quantity, and the after-pains exceedingly slight; the child was born with spina bifida, and died within twenty days of its birth. The mother continued to do well for ten days, when symptoms of pleuritis, accompanied with considerable constitutional disturbance, presented themselves; she was bled, blistered and leeches, and recovered very speedily. Two or three days after her recovery from the pleuritic attack, she complained of pains in the heel, taking a course thence to the great toe, and into the ankle-joint; externally nothing could be discovered to account for the excruciating pain she suffered; the foot and leg preserved their usual warmth, and the integuments had quite a normal appearance. Under the supposition of its being a severe neuralgic affection, the veratrine ointment was applied in considerable quantities; it produced the usual tingling sensations; the acetate of morphia was given to allay the agonizing pain; fomentations and a variety of applications were had recourse to, but all to no purpose; at length livid spots appeared at the inferior parts of the toes, the temperature of the foot and leg falling gradually below the natural standard, accompanied with corresponding diminution of sensibility; the pain continued to increase, and sensibility to diminish, the livid spots progressively increasing, until at length all the toes were perfectly black; this gradually extended, involving the foot and ankle; it went through its different stages in the usual way; the line of demarcation was formed about two inches above the ankle-joint. During the whole of the latter period she was well supported, by meat, wine, beer, &c.;