canal, along the upper and anterior surface of the neck of the hernia; after some time I succeeded in passing it into the canal about two inches and a half. I next made another small puncture just above the former one, and through this I introduced a convex, blunt-pointed myotome, with a very small blade; the latter was directed upwards and outwards, along the groove of the director, and with it I divided gradually the anterior wall of the canal, making pressure with the index and forefinger over the parts that I wished to divide. In this manner I penetrated as far as the internal ring, and then attempted to reduce the hernia, but found that some portion of the external ring remained undivided. I now introduced a smaller myotome, concave and probe-pointed, and easily passed it between the ring and the neck of the hernia; on pressing up the tumor, it now passed readily through the external ring, but the reduction was only apparent, as the contents of the hernia were lodged in the subcutaneous wound, and did not pass beyond the external ring; I therefore reintroduced the myotome and divided the internal ring in two places, from below upwards and transversely from within outwards; the hernial tumor was now reduced with the utmost facility in a few minutes. The openings were closed with small pieces of plaster and firm pressure made over the canal, with compresses and a bandage.

Although the patient had been much fatigued by the efforts at reduction, which had been continued for so long a time, he fell asleep an hour after the operation; no untoward symptom of any kind manifested itself, and on the eighth day the patient was allowed to walk about.

Remarks.—It may appear premature to decide how far the subcutaneous method may be applied to the treatment of strangulated hernia, yet if we may be allowed to reason *a priori*, and from the experience of a single case, the following principles appear to merit the attention of surgeons. In the first place we may affirm, that the subcutaneous operation is applicable to cases of strangulated hernia, where we have reason to believe that the stricture does not exist at the neck of the sac, and that the intestine is free from gangrene. The objections urged against this method of operating, are its difficulty and uncertainty, and the danger of wounding important parts, as the intestine, arteries, or spermatic cord. The difficulty and uncertainty of the operation, however, cannot be fairly urged as insurmountable objections; they apply equally to any subcutaneous operation, and have been urged especially against the subcutaneous division of the recti muscles for the cure of strabismus; but the objection exists rather in theory than in practice. M. Guérin has operated with perfect success in more than seventy-five cases of strabismus, by dividing the muscles *underneath* the conjunctiva, and is therefore entitled to affirm that the difficulty and uncertainty of the operation exist only in idea. But it may be said, the danger of the operation must increase according to circumstances; thus, although there may be little risk when the sac contains epiploon only, it is quite different when a portion of intestine is strangulated. This is certainly true, but can it be adduced against any operation, the object of which is to save the patient's life? Besides, by following M. Guérin's instructions, the operation is as safe, when performed by subcutaneous incision, as it is

by the common method. The great difficulty is to find the external opening of the canal through which the hernia has descended, for when this is done, it is very easy, by drawing the neck of the sac a little, to pass a director between the sac and canal. These remarks, be it remembered, apply to cases where it is not necessary to open the hernial sac.

The intestine is not in greater danger of being wounded by this method, than by the common one; the blunt-pointed bistoury being guided by the director, can only injure the same parts that are exposed in the common operation, viz. a portion of intestine which may get entangled in front of the blade, and the neighbouring arteries. We can avoid the intestine by drawing down the neck of the hernia, and thus extending it on the director, and as for the arteries, they are just as much exposed to injury by one method as by the other.

We may now ask, how can the operator decide that the seat of stricture is in the hernial canal or at the ring, and not at the neck of the sac? How can we be certain that the intestine is not in a state of gangrene? The following general rules may serve as a guide upon these points:—

1. In cases of strangulated hernia, where the latter has not been reducible, the stricture does not occur at the neck of the sac.

2. When small hernia, which have been previously reducible, become strangulated, the stricture usually occurs at some other point than the neck of the sac, unless the latter has been lacerated.

3. In cases of large strangulated hernia, where the contents have been reducible, or where the hernia is an old one contained in the tunica vaginalis, the stricture usually occupies the neck of the sac.

4. In old irreducible hernia, strangulation generally occurs at the neck of the sac.

But though we may admit that several exceptions to these rules may occur, and that strangulation may exist at the neck of the sac in certain cases where it was not foreseen, the greatest inconvenience that can arise, is the having employed an innocent operation uselessly; the same objection will hold good against the taxis, and all preliminary attempts at reduction. As for gangrene of the intestine, we may remark that when the surgeon employs the taxis, &c., he does so at the risk of reducing a gangrened intestine, and in this respect the subcutaneous operation is not more dangerous.—*Gaz. Med. No. 33.*

ON THE USE OF OPIUM IN STRANGULATED HERNIA.

By A. W. DAVIS, M.D., Presteign.

(Read before the York Meeting of the Provincial Medical and Surgical Association.)

THE internal use of opium to aid in the reduction of strangulated hernia, not being, I believe, part of the general practice usually resorted to, I beg leave to mention an instance in which its employment was successful, and which came under my own observation.

I was at the house of an eminent surgeon in this neighbourhood, when his assistant arrived

with intelligence, that all the means used for the reduction of a case of strangulated hernia had failed, and that the operation must not be longer postponed. The assistant, a member of the College of Surgeons, had been with the patient during the preceding night, and had neglected none of the ordinary means constituting the taxis. Finding that opium had not been given, I suggested the employment of a large dose, and a teaspoonful of laudanum was immediately given. This producing no effect, after waiting two hours, another teaspoonful was given. This was almost immediately followed by prostration of the muscular system, a dilatation of the pupil in a remarkable degree, and the easy reduction of the hernia. The patient was a strong muscular man, a farmer's servant.

I deem this the more worthy the notice of members of our association, because I derived the hint from my excellent friend Dr. John Conolly, in conversation, when I had the pleasure of seeing him at the Anniversary Meeting at Oxford. The benevolent mind of Dr. Conolly will be gratified to learn, that an incidental remark of his saved at least one individual from a painful and dangerous operation.

ON THE NECESSITY OF ESTABLISHING PAUPER LUNATIC ASYLUMS.

By THOMAS POYSER, Esq., Wicksworth.

I BEG leave respectfully to direct the attention of the Provincial Medical and Surgical Association to a subject, which, indeed, has great claims on the consideration and sympathy of the public at large—I mean the present condition of the pauper lunatics of this country. Although a great change has taken place in the management of the sane poor, and workhouses on an extensive scale have been erected, yet I am not aware that any measures have been resorted to, or contemplated, for the amelioration of the insane, or any asylums proposed for their reception.

The fearful extent to which insanity prevails among the poor, is a subject of great and melancholy interest to all. From recent parliamentary returns, it appears that there are in England and Wales upwards of thirteen thousand pauper lunatics and idiots, and that the number is progressively increasing. Among the causes which tend to increase insanity, may be reckoned extreme distress and poverty; the use of ardent spirits; and exposure to cold. But the most efficient cause is unquestionably hereditary predisposition.

This is seldom adverted to by the poor; hence they contract improvident marriages, and insanity, scrofula, and other hereditary ailments are propagated to a fearful and constantly increasing extent. The operation of the new poor-law may also, it is to be feared, in some cases prove an exciting cause; the bastardy clause for instance, however politic it may be in other respects, has a tendency to destroy maternal feelings; and the state of desertion and destitution, to which the unfortunate female is reduced by it, not unfrequently occasions insanity, suicide, or destruction of the offspring. The indiscriminate removal of the poor to workhouses; the consequent separation of families; and the little distinction that is

made from poverty occasioned by illness and misfortune, and that which is the result of idleness and guilt, has a tendency, in many instances, to subdue the strongest heart, and to produce despair, melancholy, and insanity. Poverty is too commonly treated as a crime rather than as a calamity; and, indeed, the unfortunate pauper has frequently to endure hardships and privations, which are unknown even to criminals. Poverty, wretchedness, and even bodily illness, are, however, compared with insanity, trifling calamities. For however painful and loathsome disease may be, if the mind retain its seat, the sympathy of friends may cheer the bed of sickness, and frequently the illness becomes a blessing to the individual. Indeed, I know of no instance on record, of suicide from mere bodily suffering; but alas! it is far otherwise with mental distress; not a daily paper can be taken up without appalling accounts of self-destruction, from what is generally considered temporary insanity. The moment a poor man is bereft of reason, he becomes, as it were, an outcast from society; a terror to himself, and to his relatives and friends. To him the pathetic language of Job is literally applicable, "My breath is strange to my wife, yea, young children despised me: all my inward friends abhorred me; and they whom I loved are turned against me." Deprived of those curative measures which the rich can command, and which in the great majority of instances are attended with success, the temporary lunacy of the pauper, from ignorance or neglect, usually becomes permanent; and he has to end his days in the parish workhouse—

"The moping idiot or madman gay."

When a pauper becomes deranged, he is generally allowed to wander about until he commit some act of violence; and there is scarcely a village in the country without a lunatic or idiot going at large, himself exposed to injury, and a terror or an object of derision to the neighbourhood. If restraint become necessary, he is commonly sent to the workhouse, and unless he be unmanageable, is kept there, often in direct contravention to the act of parliament. In the workhouse there are no means of using, with success, moral or medical treatment, and consequently the medical attendant seldom resorts to any; the lunatics, therefore, go about among the aged, the sick, and the infirm, unless their violence require them to be manacled with cords, or the strait waistcoat. If, however, they become dangerous or quite unmanageable, they are removed to the cheapest private asylum, and although the accommodation in these institutions for paupers is of the very lowest order, yet the expense (from ten to twelve shillings a week) is sufficient to deter parishes from sending them, except as a last extremity.

In the private asylum for the poor, as little attention is usually given to curative measures as in the workhouse. Eight or ten lunatics are commonly confined in a small room, frequently under personal restraint, with no light or ventilation, except from a skylight; without classification; without any regard to the causes or peculiar character of the cases, and without any interest for their recovery. The great panacea in the treatment of lunacy, viz. unvarying and never-ceasing kindness and attention, is withheld from these wretched inmates; and their constant exposure, in their lucid inter-