the torments of a calculus in the bladder, rather than submit to the horrors and danger of being "cut for the stone." They delude themselves with the false hope that their sufferings will lessen; they lose precious time in the employment of useless nostrums, and at last are obliged to consent to the *dernier resort* when the constitution has severely suffered from the effects of their malady, happy if their procrastination has not robbed them entirely of a fair prospect of recovery, by allowing the formation of irreparable disease. Such cases are familiar to every surgeon. In our small hospital, I have had within two years five such cases, in a district where this disease is by no means common. Four out of the number died from disease of the bladder and kidneys, and the fifth has so large a calculus, and so much catarrh of the bladder, that the possibility of relieving him, at the age of 70, is very doubtful indeed. A sixth had made up his mind never to be "cut," but came when he heard of lithotripsy, and was cured; and a seventh, now under my care, has deferred application for relief so long, from fear of "cutting," that he is by no means at present in a state for anything to be attempted upon him.

But my own moderate experience need not be adduced in proof of what I think all surgeons will readily admit, that many cases are either needlessly complicated or entirely lost from fear of the knife. Now, if, as all who have operated with the percussor have proved, the operation of lithotripsy involves really trifling suffering, and, at least, not more risk than lithotomy in cases of long standing, and none at all in very recent cases; if, I say, this be the fact, the full moral effect of it should be allowed upon the public mind, to encourage all persons to submit early to an operation which will then certainly rid them of their enemy without risk, as well as comparatively without pain. I think I am not too sanguine in hoping that when the merits of this simple operation are once generally known and appreciated, we shall then have little reason to dread the existence of stone in the bladder; we shall apprehend it only as a trifling disease, for which we have a certain and easy remedy.

CASE

OF

STRANGULATED FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should you think the enclosed case of sufficient interest, perhaps you will have the kindness to insert it in your valuable Journal.

I am,

Gentlemen,

Yours obediently,

W. CLARK.

Lansdown Grove, Devizes.

Lucy Harraway, aged 55, of a spare habit, had long been the subject of a double femoral hernia. Previously to Tuesday, Nov. 23, she had always been able to reduce it herself, but on this day she failed. She remained with the hernia incarcerated till the following Friday, without any assistance, on which day she sent for me. Bleeding, and the various usual means, were tried to effect reduction, but without success.

The symptoms not being urgent, I left her to be watched by my friend, Mr. Hoare, surgeon, of Seend, in which village the patient lived, and returned in the evening for the purpose of operating. It did not, however, appear that the symptoms were sufficiently urgent, and I was recommended to try a tobacco injection, which I declined. Enemata of gruel were given without any effect. She remained in this state till Monday morning, Nov. 29, at three o'clock, when all the symptoms of strangulation came on in full force. I was immediately sent for, and the operation was performed at five o'clock. She bore it well, and the bowels were relieved in a few hours after, and every thing went on favourable till the following Thursday, Dec. 2, when she suddenly awoke in a fright, having dreamt that a large dog had jumped on her bed and barked at her. She was agitated and uneasy when I saw her at ten o'clock, a.m.; she complained of distension of the bowels with a diffused pain over the abdomen; pulse 120, small but wiry; tongue furred; skin hot and dry; great thirst.

Ordered thirty leeches to the abdomen; an enema, with two ounces of castor oil.

4 o'clock. No better. To be bled to twelve ounces; a blister to the abdomen; to have five grains of calomel with one of opium, at once.

Dec. 3. Much better; slept well; bowels acted twice during the night. From this to Dec. 11, the patient went on well. Diet, broths and jelly.

11. Inflammatory symptoms have again come on; to be bled to twelve ounces, and have one ounce of castor oil at once.

Calomel, three grains;

Opium, one third of a grain. Every six hours.

2 o'clock, p.m. Fæces passed involuntarily; picking at the bed clothes; tongue dry and furred; pulse 120, distinct, and no intermissions; abdomen tympanitic. Thirty leeches to the abdomen; to be followed by a blister.

10 o'clock, p.m. Symptoms the same, with retention of urine; catheter passed, and a pint of water drawn off.

12. No better; has talked incoherently all night; tongue dry, with black incrustations; to have two ounces of wine every second hour.

13. The effect of the wine has been almost magical; from delirium she has passed into a state of calmness and composure, and is now perfectly sensible; the tongue is clean and moist, and a gentle perspiration pervades the surface of the skin. Diet, beef tea and jelly.

26. The patient is now convalescent.

It seldom happens in a case of femoral hernia that the symptoms of strangulation are not urgent and pressing, requiring an early resort to the knife for relief. In the case I have detailed there was no serous vomiting until the morning on which the operation was performed, neither was there any tenderness of the hernial tumour; there had been no passage through the bowels for four days; her only complaint was a sense of constriction around the abdomen, with occasional vomiting; her symptoms were those of incarceration rather than strangulation. The intestine, on being exposed, presented a dark purplish hue, but was firm in texture. The stricture appeared to be caused by both Gimbernat's and Poupart's ligament, as after the division of the former, the gut could not be returned until a few fibres of the latter were severed.

With regard to the tobacco injection, I confess I cannot see in what manner benefit can be derived from its exhibition; because the parts engaged in femoral hernia are firm and unyielding, and not likely to be influenced by it. The effects also are so powerful upon the system that, as a general rule, the policy of adopting it is to my mind very doubtful, even in inguinal hernia. Again, with regard to bleeding, the

object is of course to relax the system, and through it the stricture, and this desirable object is frequently attained in inguinal hernia; but in *femoral* the case is widely different, and if the gut be strangulated it is very unlikely that by bleeding we shall be able to reduce it. I do not mean to deprecate the use of the lancet entirely, as such a course tends beneficially after the operation; but to bleed for the purpose of relaxing the stricture is, in my humble opinion, chimerical. When the gut is once strangulated in femoral hernia there is, I fear, little chance of overcoming it by bleeding.

It may be thought that, subsequent to the operation I carried the depleting system to too great an extent. I was fully aware that typhoid symptoms would probably supervene after the second attack of inflammation, from the severity of the treatment on a constitution at the best of times weak; but still I did not feel justified in altering my plan until it had been subdued. The result of the case proves, I think, the justification and the importance of a determined perseverance in the use of remedies, for on two occasions the patient was looked upon as in articulo mortis.

Before I conclude, I wish to say a few words as to the delay of the operation after strangulation had taken place. Is it right to wait until unequivocal or urgent symptoms of strangulation come on before you operate? I think not; and I further think that, had I operated immediately after the usual means had been tried for the reduction of the hernia, I should not have been harassed to the extent I was by the inflammation. The danger of the operation itself is well known to be trifling when compared with the danger of delay, and my only reason for not operating sooner was from a deference on my part to the opinions of others. I have to thank my friend, Mr. Hoare, for his vigilance during my absence, and which greatly contributed to the success of the case.

CASE OF SALIVATION EXCITED THROUGH THE LUNGS.

By EDWARD D. WALKER, M.R.C.S.,

Surgeon to the Reading Dispensary.

(Read before the Reading Pathological Society.)

The following case, possessing some features of presumed novelty, I have thought of sufficient interest to bring under the notice of the society:—

Mrs. H—, of a sanguine and bilious temperament, 33 years of age, consulted me on the 12th of July for a painful affection of the mouth, which she said had come on three days before. I found that her gums were swollen, inflamed, and ulcerated; the tongue was swollen, and covered with a whitish crust; the salivary glands were enlarged and painful; and the breath had an extremely strong mercurial fœtor: in short, she was labouring under all the symptoms of mercurial salivation in a severe degree. She had been in close attendance on her mother, who was affected with pneumonia, for which she had been taking calomel to the extent of between twenty and thirty grains. As soon as the medicine began to exert its usual specific effect on the system, it was discontinued. The daughter (the subject of the present communication) sat up several nights with her mother, and was in the habit of occasionally lying down on the same bed for some hours. The affection of her mouth came on fourteen days after her mother began the use of the medicine. On my inquiring what medicine she had been using, she stated that she had taken nothing but one antibilious pill, which both herself and her mother had long been in the habit of using, and which they obtained from a druggist.*

* On subsequent application to the respectable druggist who supplied the pills, he assured me that they contained no calomel, or other mercurial preparation.

My firm impression was that she must have taken some of the pills prescribed for her mother; but this she positively and solemnly denied, and has uniformly done so since, whenever I have questioned her upon the subject, adding that she knew of no reason which she could have for wishing to deceive me. The case seemed so singular—was so new, at least to me—that I took every pains to investigate the circumstances; and, at last, seeing no good reason for distrusting the woman's statements, I felt bound to believe her, and to conclude that she had become so affected with the mercurial poison, by the long continued inhalation of an atmosphere tainted with the pulmonary and cuticular exhalations from another, under the influence of the medicine.

Whether this case is unique, or not, I do not know, but conclude that it has not been often observed, since I do not recollect to have met with a similar one in the course of my own reading or experience before; nor have I been able to learn of any such from the professional friends to whom I have mentioned it.

But now, taking into consideration certain physical, as well as physiological and pathological facts, it does not seem difficult to admit the inference which appears to be unavoidable from the foregoing relation; and, moreover, that such an occurrence is not only possible, but highly probable.

It is well known that mercury is emitted in the form of vapour from the body of a person who is under the influence of the mineral, so as to impregnate the surrounding atmosphere. This is proved by the familiar fact, that a piece of gold or copper rubbed on the skin, or placed in the mouth, or worn in the pocket, of a person under the mercurial influence, becomes covered with a coating of quicksilver.* We might also infer that such would be the case, from the records of some authentic post-mortem examinations, considered in conjunction with what we know of the physical properties of the metal. Many instances have been collected by Dr. Christison, Dr. Sigmond, and others, of large quantities of fluid mercury having been found in the bodies of those who had taken its preparations during life. It has been discovered in the bones, in the brain, the blood, and several of the secretions; and the skull-cup is said to be a frequent seat of these curious accumulations. Now this fact, taken in connection with another—namely, that “mercury emits a sensible vapour, between 68 deg. and 80 deg.,” as stated by Graham,† and others, and first proved, I believe, by Faraday, would seem to justify the conclusion that abundant vapour might be thrown off at the naturally higher temperature of the body.

Again, it is also well known that mercury in the state of vapour can be received into the system of a healthy person, by inhalation, so as to produce its specific effects. In proof of this, I need only refer to common experience of the method of administering the remedy in the form of vapour baths; and to the well known effects of the fumes upon those who are exposed to their influence—as miners and gilders. A remarkable instance of the same kind, which occurred on board of two British ships, in 1812, is referred to by most writers on the subject, the circumstances of which are so familiar, that I need not take up the time of the society by detailing them. Dr. Christison‡ states that “one of the readiest means of bringing the system under the poisonous action of mercury is, by introducing its preparations into the lungs.” And again, after adverting to the fact which I have before noticed, that vapours arise from metallic mercury at the ordinary temperature of the atmosphere, he goes on to remark that “the vapours thus discharged may

* See Sigmond's Lectures on Materia Medica; “Lancet,” 1827-8, vol. i., p. 226; Christison on Poisons; Thomson's Materia Medica, vol. i., p. 371, &c. &c.

† Elements of Chemistry, p. 649.

‡ On Poisons, p. 619.