We have now, Mr. President, accomplished, to the best of our power, the rather arduous duty assigned to us by the society, and, while fully conscious that fresh interest might have been imparted to the narration of such varied and interesting detail, had they been entrusted to abler hands, it is but justice to state that some of our omissions have been the inevitable result of imperfect materials, many of the preparations being recorded without any description whatever—a defect we hope, in the ensuing year, to see remedied, by increased attention and diligence on the part of the members.

The great interest of a document like the present is, we conceive, in its being truly representative of our proceedings; and we have purposely avoided giving to your Retrospective Address any other character than that of a history of our own acts and deeds. In conclusion, we cannot do otherwise than congratulate you upon the results of your first year's labors; they have, if we mistake not, exceeded in amount and interest the expectations of the most sanguine amongst us, and more than realised the advantages we mutually expected to gain by our present association. Compared with other analogous societies, we have cause for exultation rather than discouragement; and though laboring in a more limited sphere, and deprived of many of the advantages of our metropolitan brethren, let us not yield to them in our zealous endeavours to uphold the respectability and promote the true interests of our common profession, by an ardent and steady cultivation of all the opportunities in our power, and by maintaining amongst ourselves that spirit of union and friendly co-operation so essential to individual happiness and to corporate prosperity.

CASE
OF
FEMORAL HERNIA,
SUCCESSFULLY OPERATED ON FORTY-EIGHT
HOURS AFTER STRANGULATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I have much pleasure in sending you the following case for insertion in the "Provincial Medical Journal."

Your obedient servant,

FRANCIS BORTON, M.D.,
Physician to the Malton Dispensary.

Malton, August 3, 1842.

It was a correct observation made by the late Sir Astley P. Cooper, and deserving of being retained in remembrance, that hernia was, of all cases, that which required the utmost promptitude of treatment, and application of skill on the part of the medical practitioner; for as to aneurism or stone, they admitted of delay, so that a patient or his friends might consult those who were known to have possessed the greatest opportunities and the most extensive experience in operating in those diseases, whereas, with respect to hernia, there was no time for procrastination—no time for procuring aid from a great distance—consequently, on the experience and nerve of the

medical attendants whose services might be required on such occasions, would often depend the life or death of the patient. The case which I am going to relate is an instance of success manifestly resulting from the adoption of decisive measures, and is an illustration of the applicability and importance of the preceding high authority.

Ann Walker, aged twenty-six, unmarried, and whose health at best is only delicate, has been afflicted with femoral hernia, on the right side, for the last five years, and as the truss which she had been in the habit of constantly wearing caused her some pain and uneasiness, she was induced to procure and apply a new one, which she continued to use till within three days of the unfortunate occurrence of strangulation. In addition to this negligence, she had also omitted to attend to keeping her bowels in a state of regularity, and they became constipated. Finding herself to be getting worse, and labouring under great suffering and agony, she sent, on the 27th of June, for Mr. Charles Cobb, of Malton, the surgical attendant on the family in whose service she was engaged, at Wharrah-le-Street, a village situate on the wolds of Yorkshire, at about seven miles distance from this place. On his arrival, which was not sooner than twenty-four hours after the bowel had been strangulated, the patient was copiously bled, the taxis applied, a tobacco enema administered, and the taxis a second time tried. These energetic measures not having achieved their object, I was then requested to join Mr. Cobb in consultation. At the time we met about four hours had elapsed since the patient was first visited. We again deemed it advisable to have recourse to the tobacco enema, and to the taxis, but were again disappointed. We then proposed the operation, urging its necessity by stating that death to a certainty would take place, before many hours elapsed, without she consented to it, and that it afforded the only possible chance of saving her life. Notwithstanding all our entreaties, however, she withheld her consent. Cold applications were then directed to be constantly applied to the part during the night, and we left her.

On visiting her in the morning, we found that, instead of there having been any mitigation of pain, &c., the symptoms had increased in violence, and that a troublesome sickness and vomiting, the latter partaking of the stercoraceous character, had come on. Pointing out to her again how her case had assumed a more serious form, and how very critical her situation had become, she gave her consent to the immediate performance of the operation. On Mr. Cobb's commencing the operation, the tumor was large and painful to the touch; the abdomen was slightly enlarged, having a tendency to become tympanitic; and the strangulation had existed forty-eight hours. On opening the fascia propria, about an ounce and a half of yellowish serum escaped, and the sac contained about half that quantity. After the free division of Poupart's ligament, the hernia was still irreducible, the sac being adherent to the femoral vessels and fascia iliaca, and the bowel firmly attached to the sac. The bowel was carefully detached from the hernial sac, which was also dissected from the fascia iliaca and femoral vessels, sufficiently to admit of the return of the hernia after the division of the stricture,

the seat of which was at the neck of the sac. The operation being completed, and the patient placed in bed, five grains of calomel, with five of compound extract of colocynth, were given three hours afterwards; and every three hours a drachm of Epsom salts was given, with fifteen grains of carbonate of magnesia, and every six hours an aperient enema was administered.

June 29. Bowels not moved; abdomen enlarged, tympanitic, and painful on pressure; tongue brown and dry; pulse 120. Bled to twenty ounces; took five grains of calomel and a grain and a half of opium, and repeated three hours afterwards. The bowels moved two hours after the bleeding. Two grains of calomel and one quarter of a grain of opium taken every three hours, and the salts and magnesia continued.

30. Abdomen still tympanitic, but not so painful on pressure; pulse 100; twelve leeches applied; bowels moved. Enema, if necessary, to be daily used.

July 1. Passed a good night; bowels freely moved; mouth rather sore; abdomen still painful on pressure; twelve leeches applied; salts and magnesia continued; one grain of calomel and a quarter of a grain of opium taken night and morning.

2. Abdomen admitted pressure well; tongue cleaner; mouth sore; pulse 100; diarrhoea troublesome. Chalk mixture given, and the calomel, &c., omitted.

3. Not visited. Directed fifteen grains of nitrate of potass, and five drops of tincture of foxglove, to be given every three hours.

4. Bowels not moved since having taken the chalk mixture; abdomen not quite free from pain on pressure; pulse 98. One drachm of Epsom salts, and fifteen grains of nitre, and six drops of tincture of foxglove, were administered every three hours.

5. Not visited. Bowels moved.

6. Abdomen perfectly free from pain; bowels moved, and in a natural state; tongue quite clean; pulse 80; wound rapidly healing. Ordered her merely to take two drachms of salts daily.

On giving her a friendly call on Friday, the 15th of July, I was much gratified to find her perfectly well. A few days afterwards she left her situation, and went to reside with her parents at Tipthorpe, a village not many miles from Wharram-le-Street.

MILLIPEDES DISCHARGED FROM THE HUMAN STOMACH.

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

[Read at the Exeter Meeting of the Provincial Medical and Surgical Association.]

A boy, fifteen years of age, the son of a labourer named Griffiths, living in the village of Bucknill, near Knighton, had for some months complained of pain in his stomach, which did not yield to common remedies. On the 9th of June his mother gave him an emetic of antimonial wine, after which he vomited a considerable number of millipedes (wood-lice), an insect of the genus scolopendra. They were mostly alive and full grown, but wanting the brown color of those found in natural situations. These were white. I happened to be in the neighbourhood, and being apprised of the circumstance by my friend, Mr. Warren,

I accompanied him to the place, when we were fortunate enough to secure some of the insects, which are now in Mr. Warren's possession. I had the testimony of the mother and neighbours that they would have half filled a common sized teacup.

In a practical point of view, such a circumstance is of little or no value; but I submit this short notice to the meeting from a natural desire one feels to communicate to them whatever is unusual. I think there can be little doubt that the ova had been swallowed by the boy with his food. I find the insects frequently buried in bacon, which is sometimes eaten raw by hungry children.

ON THE MINUTE ANATOMY OF THE LUNGS.

By M. BOURGERT.

[Read before the Academy of Sciences, July 11.]

When a thin slice of a dried and inflated lung is examined under the microscope (magnifying from twenty to fifty times), we see that the whole surface is divided into small, irregularly circular cavities, which are divided by septa of various thickness, enclosing the vessels. On examining these cavities carefully, we find that those whose orifices are perpendicular, extend downwards to a considerable depth; hence they are not vesicles, but *canals*. The canals present the same appearance, whatever the inclination of the section of the lung may be. They present every variety of direction, are very flexuous, and communicate freely with each other on all sides. The canal never appears to terminate in a cul-de-sac or blind extremity. Each canal communicates with the neighbouring ones, and, moreover, receives in its passage the orifices of one or more canals; I have counted as many as seven in the wall of a single horizontal one.

Thus, the general idea of the capillary apparatus of the lung is an assemblage of flexuous canals, anastomosing in all directions, but nowhere direct canals without anastomosis, or vesicles. The canals are, as I have said, inclined in all directions, and all communicate with each other, so that the orifice and exit are confounded in the same point; hence each lobule, with its single bronchial orifice, is a miniature of the lung, of which the trachea is at once the orifice and the exit.

I have called these canals the labyrinthine canals, to distinguish them from the branching canals, in which the bronchia terminate.

To understand these latter, we must study the structure of the lobule. Each lobule commonly receives a single bronchial ramification; but if it be large, it may have two or three branches; the small branches terminate laterally in the manner presently to be described, while the continuation of the chief branch descends to the basis of the lobule, and winds round it, giving off branches, to reach one of the angles of the lobule. From the central branch are given off innumerable secondary ramuscles, which radiate from its subdivisions, and which I would call the branching canals; beyond these latter commence the labyrinthine canals. The former terminate in the latter in the following manner:—The bronchial canal, in its trajet, first opens laterally into one or more