I offer these suggestions in the hope that some of your correspondents, accustomed to microscopic investigation, will favor us with their opinions.

J. B.

December 7, 1842.

WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE INTESTINE.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

William Webber, aged eleven, received a small wound from a penknife, on the right side of the abdomen, just below the hypochondrium. I found him lying on his back, with a considerable portion of the ileum protruding from the wound, into which the point of the finger could barely be inserted. The accident had happened two hours previously, and ineffectual attempts had been made to return the intestine. He was much exhausted, sick, with cold extremities, and a sinking pulse. The wound was dilated upwards, but the protruded part could not then be reduced; and at every attempt he cried so violently that more intestine was forced out. The opening was then enlarged transversely towards the umbilicus; considerable hæmorrhage instantly followed the incision, which I thought arose from the division of the epigastric artery. It ceased on pressure, when I replaced the intestine, and would have united the integuments, but found that the intestine protruded between the peritoneum, which obliged me to connect the latter to the aponeurosis of the external oblique muscle by four ligatures, leaving the ends out of the external wound, which was also brought together by suture. A compress was laid over the wound, and the whole supported by strips of adhesive plaster and bandage. There was no return of hæmorrhage.

He was put to bed, but his extremities remained cold, with sickness, vomiting, and a very small weak pulse. An opiate was given, and immediately rejected. The case was considered hopeless by the surgeon who had called me to his assistance and the friends of the patient; therefore, I was requested not to repeat my visit; but on the next day he was reported to have passed a good night. Some difficulty occurred in procuring evacuations, after which he went on favorably; all the ligatures came away by the twelfth day, and in three weeks the wound was firmly healed.

Bridgwater, Dec., 1842.

TREATMENT OF HÆMORRHOIDS.

By WM. E. HORNER, M.D.,

Professor of Anatomy in the University of Pennsylvania.

Two methods of removal are resorted to in the United States; the one immediate excision, the other strangulation by wire ligature. The French practice of the actual cautery has few or no advocates. The first mode is followed in some cases by enormous and alarming hæmorrhage, which in one instance I have known to be ultimately fatal. The wire ligature is occasionally attended with an agonising and excessive pain, which lasts from two days to a week, depriving the patient of sleep, and sometimes producing general

spasm. The above consequences are points of familiar and distressing experience to surgeons.

From four to six weeks are not unfrequently consumed, in the entire course of treatment by excision or the wire. The steps taken by myself present a combination of measures arising from these two dissimilar modes of operating, and leave the patient well, in from two to three weeks in bad cases, and in a shorter time in mild ones.

The plan here recommended is to calm the rectum by cold water injections for some days before the operation; a precaution, the value of which, I have learned from one of the best and most experienced surgeons we have, my friend Dr. Thomas Harris, of the United States Navy. The rectum being healthy at the time of operating, the patient, by straining in a squatting posture, forces the tumor or tumors out. He then goes to bed, and rests on the side corresponding with the tumor, and near the edge of the bed. A thick sail needle, armed with a large ligature, is then passed transversely through the upper part of the base of the tumor; the needle being removed from the ligature, the two ends of the latter are tied together, so as to form a loop. A stout awl then transfixes the lower part of the base of the tumor in a line parallel with the ligature above.

In a large protruded pile, the usual anal pouches or sacs are much enlarged, and have their orifices pointing downwards. The awl, when placed as intended, is between these sacs and the adjoining margin of the anus, and makes the part so firm, that it is more easily operated on subsequently. The inferior third of the base of the tumor is now detached from the anus with a scalpel, the anal sacs, and a corresponding loose fold of skin which commonly exists at the same time with large hæmorrhoids, going along with the tumor. Should the tumor recede, the loop above and the awl below enable the operator to draw it out. A wire noose is then thrown around the adherent base of the tumor, and drawn perfectly tight by the aid of a double canula. This noose occupies the previous incision, and it may be placed with great accuracy, from the command over the pile derived from the first ligature and the awl.

The tumor, if very large, may now be punctured so as to disgorge its blood. At the end of five hours, the part is perfectly dead by strangulation, the tumor may then be cut off near the wire noose, say three lines from it, for which act in the process of operating a pair of scissors will do, but, what is still better, Dr. Physick's tonsil instrument, owing to the accuracy of its line of incision. The wire noose itself may then be taken away, as the vessels are so compressed and deadened that no blood will pass through them.

The awl should be removed directly after the wire noose is applied and fixed, but the first loop should be retained for the final act—to wit, the excision of the tumor, as it assists very much. The operation thus completed, an injection of tincture of opium, half a drachm in two ounces of thin starch, puts the patient at ease, and he falls into a tranquil sleep.

I have now tried this combination of existing plans in several cases; it has the signal advantage of reducing pain and counteracting hæmorrhage, and is decidedly the best for large piles that I have seen used. The description of it is much longer in time than the opera-