ysm the chest was violently contracted and the breathing suspended; the lips were livid; and at half-past twelve by the contraction of the muscles of the chest the power of respiration was entirely overpowered, and he died in the same rigid state that the most violent spasm could reduce him to—every muscle had the hardness of a board, and the skin had become of a copper color.

The body was examined twenty-eight hours after death. The superficial integuments had softened considerably. On stripping the scalp from the calvarium, the cellular membrane was most unusually firm. The dura mater was adherent to the bone, and an unusual quantity of fluid blood flowed from the cavity of the skull. The brain itself was congested. The spinal cord did not present any unusual appearance, except the number of red vessels, probably arteries, traversing its arachnoid membrane, contrasted with the venous congestion of the membrane lining the canal. The lungs were healthy; there was a patch of pleurisy. The heart of the usual size, perhaps a little larger; the left ventricle was contracted and empty, the right full of disorganised blood, partially and imperfectly coagulated, and having many bubbles of air or gas; the lining membrane of this cavity was deeply colored. Nothing remarkable appeared in the state of the intestines, except that the rectum and lower portion of the colon contained a large quantity of feces which the enemata had failed to dislodge.

It is a curious coincidence, perhaps tending to prove an atmospheric influence, that another child within a moderate distance had a similar attack after cutting its finger, and died within three days. I do not know any of the particulars, or the treatment.

I am, Gentlemen,

Your obedient servant,

WILLIAM LEY.

115, Crawford-street, July 18, 1843.

CASES

OF

STRANGULATED FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have enclosed the history of two cases of strangulated femoral hernia, one occurring in the male, the other in a female, which were operated upon successfully; should you consider them suitable for your columns, you will oblige me by their insertion.

I remain, Gentlemen,

Your obedient servant,

EDWIN MORRIS.

Surgeon to the Dispensary, Spalding,
Lincolnshire.

Spalding, July 23, 1843.

Sarah Abbott, aged thirty-two years, the wife of a laborer, of a full habit of body, has been the subject of an irreducible femoral hernia on the right side for the last two years, but has not suffered any inconvenience from it. On the 21st of June last she was attacked with violent sickness and pain in the bowels; after suffering for several hours, she sent for Mr.

Morris, surgeon, of Gosberton, who immediately attended, and found her in the following state:—Constant sickness; dry tongue; pulse quick and feeble; a very sallow and dejected countenance; and great tenderness of the abdomen. After making ineffectual attempts at reduction, and the symptoms becoming more urgent, the operation was proposed, as the only means left for relieving the incarceration of the gut; for several hours the patient positively refused to have this done; however, at eleven, p.m., on the 23rd, she expressed a wish to have the operation performed, which was about thirty hours after the commencement of the strangulation. I was sent for, and fully agreed with Mr. Morris as to the propriety of immediately operating, for she had now hiccough and stercoraceous vomiting, with extreme tenderness over the hernia, which she could scarcely bear to be touched, and which was about the size of an egg. The woman having been placed upon the bed in a favorable position, Mr. Morris proceeded to operate in the usual way; the sac was soon laid bare, and slit up, the portion of intestine protruded was very small, and of a darkish brown color. We could distinctly feel within the intestine a hard substance, about the size of a nut; the closeness of the stricture, and the depth at which it was situated, made it a difficult matter to reach so as to relieve it; this, however was accomplished, and the crural ring enlarged by cutting directly upwards, a small portion of healthy intestine was pulled down, and there was a visible impression on it at the part where it had been so violently constricted; the whole of the intestine was carefully returned (there was no omentum down with it), and the wound brought together by sutures; a compress and bandage were applied, and the patient placed in bed; all sickness now left her, and, within fifteen minutes after, had a copious motion, and was purged several times within a few hours; the motions were carefully examined, and the substance we felt within the intestine was found to be a piece of potato. The next day there was a slight tenderness of the abdomen. A dozen leeches were applied, which effectually relieved it. After this there was not an unpleasant symptom; she rapidly recovered, and is now about her work as usual.

CASE II.—William King, aged fifty-five years, a laborer, of a spare habit of body, had not previously been the subject of hernia. On the 8th instant, after he had retired to bed, he was attacked with sickness, and retched violently; he states that he is subject to these bilious attacks. After he had emptied his stomach the sickness left him, but he perceived that the great efforts at vomiting had forced up a swelling in the right groin, about the size of a small apple; he took no notice of this at the time as it did not inconvenience him, and slept for two hours after. About six, a.m., on the 9th, he began to have pain in the swelling and abdomen; the sickness again returned, and he could not retain anything upon the stomach, and the pain in the bowels increased. At ten o'clock, a.m., I was summoned to attend him, and found him suffering from all the symptoms of strangulated hernia; he did not tell me that he had a swelling in the groin until I called his attention to the fact, by asking if he had any lumps anywhere about his body; indeed, I had great difficulty in convincing him that the swell-

ing was the cause of all his troubles. After having placed him in a convenient position, I made attempts to reduce it, but failed. I caused him to sit up in bed, and bled him to syncope, and then made further efforts to reduce it, but without effect. I had an enema administered, which brought away a small motion. At four, p.m., I again visited him, and ordered a hot bath to be prepared; it was two hours before I was able to procure it. Having placed him in the bath, I kept him there until faintness was fairly produced, and then steadily applied the taxis until he complained of great exhaustion, and his inability to bear it any longer. After having tried all the above means without returning the hernia, I proposed the operation, and, after some slight hesitation, he consented to have it done. I requested the advice of my friends and colleagues at the dispensary—Dr. Cammack, Mr. Wilkinson, and Mr. Ball—who, after an examination of the patient, declared that the operation ought immediately to be done; the bowel had now been completely strangulated twelve hours.

Operation.—After placing my patient upon a table, with his shoulders elevated, I pinched up the integuments over the lower part of the hernia, and transfixed them with a long narrow-bladed bistoury, and cut from within outwards; I now pinched up another fold in an opposite direction, and cut it in a similar manner, thereby quickly completing the external incisions, which represented the letter T inverted; I then dissected back the angular flaps of integuments, and fully exposed the superficial fascia, which I next reflected back, and laid bare the sac; I attempted to pinch up with my finger and thumb a small portion of the sac, but this I found impossible to do, so tense was the hernia; after carefully scratching with the point of the scalpel, I at last made a small incision into it, when a small portion of omentum protruded; I passed a director into the sac, and slit it up, which exposed the intestine, which was of a brownish color; having ascertained the situation of the stricture, I took Sir A. Cooper's hernia knife, and passed its blunt point underneath Poupart's ligament, at the strictured part, holding the blade sideways, with its cutting edge looking towards Gimbernat's ligament; having passed the knife sufficiently far, I turned it with the cutting edge upwards, and made a small incision in that direction; after withdrawing the knife, I found I had not relieved the stricture sufficiently so as to enable me to return the gut; I reintroduced the bistoury, and extended the incision; after pulling down a portion of the intestine, so as to be certain of the strangulation having been relieved, I easily returned the whole into the abdomen, and brought together the edges of the flaps by means of sutures and adhesive plaster, and also applied compress and bandage, and then placed my patient comfortably in bed, and gave him five grains of calomel, with one grain of opium.

July 10, half-past Seven, a.m. The sickness is quite gone, and has had some refreshing sleep; there is no pain in the bowels, but has not yet had a motion. Ordered an enema to be given, and to take some aperient mixture every two hours. At four, p.m., I was sent for in great haste. His sickness had returned, the bowels were tympanitic, there was great pain in the abdomen upon pressure, and the bowels

had not yet been relieved. Two enemas had been administered, but they had not returned. He complained of a feeling of great fulness in the body. I took about twelve ounces of blood from the arm, applied leeches to the abdomen, and injected about two pints of warm water up the bowels. In about an hour after he had a copious evacuation.

11, Eight, a.m. I found my patient much better this morning; he has had several motions during the night; the sickness has quite left him; there is still an uneasiness and tenderness about the umbilicus, for which I ordered more leeches and one grain of calomel every three hours, with a saline mixture. Seven o'clock, p.m. Much better in every respect.

12. Tenderness in the bowels much better; has had several motions, and has slept two hours in the night. I this morning removed the dressings from the wound, which is going on very favorably.

13. Progressing very satisfactorily.

21. He continued daily to improve after this date, and is now able to sit up. The wound is nearly healed up.

REMARKS.

In the above cases all legitimate means were tried for the reduction of the hernie, with the exception of tobacco; and against the use of this narcotic I have such an antipathy, that I would never use it or recommend it to others, more especially in recent femoral hernia; for if we do but reflect for a moment upon the anatomy of the parts which form the crural ring, through which the intestine protrudes, we shall find they are of a tendinous nature, and I know of no remedial agent capable of relaxing them; moreover, the action of tobacco is so uncertain and so violent in its effects, and the remedy would be of no use unless the patient were under its poisonous influence. The object is to bring on a general collapse, and to attempt reduction by the taxis during this favorable state, when all muscular power is nearly at end. Old and large hernie have been known to be reduced by this means, when all others have failed; but what has been the result? It has required no little ingenuity on the part of the surgeon to save his patient from the deadly effects of the poison, and if he fail to reduce it, his last and only resource is the operation. The patient is then in the most unfavorable state for it, so complete and alarming is the collapse. But patients have been known to have the operation performed upon them when they were pulseless, and from whom blood would not flow after the incisions. If it were possible to confine its action, it would then indeed be a valuable agent; but until that is the case, it is a dangerous, and consequently an objectionable, remedy.

So satisfied am I with the result of the above cases, that I shall always pursue a similar course, and give all reasonable means a fair trial, and not waste time in the useless repetition of them, and thereby postpone the operation until it is too late.

Liston, in his "Elements of Surgery," says, "Were I so unfortunate as to be the subject of strangulated hernia, I should certainly have no tobacco used. After the unsuccessful trial of the taxis, I might submit to be bled ad deliquium, and have a surgeon to attempt reduction during syncope; if somewhat more advanced in life, I should prefer the warm bath; if this failed I should certainly be operated upon in a very few minutes afterwards."