the right hemisphere of the brain, constituting in fact the "Hæmorrhagie Moyenne" of Rostan, in whose division of cerebral hæmorrhages observation and experience lead me to concur, and to regard as theoretically correct and practically useful. In addition to the paralytic affections in the present instance a most unpleasant complication existed, which not only aggravated the primary disease, but also rendered it imperative, in my estimation, to abstain altogether from the employment of active depletion, whether general or local, which, had the symptoms of pressure indicated a more extensive extravasation, must have been resorted to at all hazards. I allude to the symptoms indicative of delirium tremens, which existed at the time of his admission and continued for several days. At one time I was much inclined to suspect that, in addition to any extravasation, there was going on a process to which the term "inflammatory ramolissement" may not be inaptly applied—which apprehension, however, the result of the case proves to have been unfounded—whilst the progress to convalescence and the symptoms accompanying it tend most decidedly to confirm the original diagnosis.

2ndly, Treatment. From what has been above stated, my reason for not having recourse to general blood-letting is sufficiently obvious; at the same time it may be asked whether the local abstraction of blood might not have been safely practised. This question suggested itself to me more than once in the course of the case, and had symptoms persisted it should have been resorted to, not, however, either by cupping or leeching in such a manner as to abstract a quantity of the vital fluid in a brief space of time, but by applying successively a single leech, so as to keep up a gradual flow of it, until the required impression on the system was produced, by which all the bad effects of the sudden shock attendant on any other method may be prevented, and yet the object be effectively secured. Although somewhat irrelevant to the present subject, I cannot refrain from impressing on your junior readers the safety and advantage of this mode of applying leeches where their more liberal and ordinary employment is matter of danger or of doubt.

The first indications were to prevent increase of excitement, to allay the morbid sensibility of the nervous system, to evacuate the intestinal canal, and at the same time to guard against the collapse likely to ensue and consequent on the sudden abstraction of the stimuli in which the patient had so recently indulged, which objects were satisfactorily attained by the treatment resorted to at the first visit. The next point was to guard against any further extravasation, and to promote the absorption of that already existing; this appeared likely to be effected by the means recommended on the 18th, viz., the saline mixture as calculated to moderate the action of the heart and arteries, and the sub-muriate given in such doses and at such intervals as to produce its speedy action on the system generally, and on its absorbent powers in particular, which effect was fully attained within the period of forty-eight hours, when they were obliged to be discontinued in consequence of severe ptyalism and a considerable irritant action on the intestinal mucous membrane. From the 20th to the 29th,

excitement and depression were alternately combated by the means recorded and the occasional exhibition of wine, negus, or porter. On the 29th he suffered from a smart attack of influenza, which continued up to the 2d of July.

On the 4th, the endermic employment of strychnia was resorted to, and with the effect above mentioned, and repeated at the intervals stated, until his discharge.

On this remedy the following remarks may not be irrelevant, as I am fully satisfied that when duly exhibited it is both safe and effective, more especially when used endermically. As a general rule it may be stated, that all excitement should be perfectly removed previous to its application—that its efficacy and safety are greater when externally applied than when taken internally—and that its action is more under the control of the practitioner. In those cases where I have given it internally it has invariably produced the most distressing tetanic convulsions, even though given only to the extent of one-twelfth of a grain; to counteract which the largest opiates were but of little avail, whereas, when introduced through the medium of the skin, where even unpleasant spasmodic twitching is the consequence, this may be speedily obviated by sprinkling the surface with a little morphia.

In conclusion, it is due to the memory of the late lamented Dr. Shortt of Edinburgh, to state, that to his kindness and friendship I am indebted for my first information as to the value of strychnia, as well illustrated by his experiments with it in the Royal Infirmary there, on which his clerk, Mr., now Dr., Balfour wrote an excellent thesis.

Sunderland, Nov. 20, 1843.

STRANGULATED FEMORAL HERNIA.— OPERATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I send you the following case of strangulated femoral hernia, should you have room for its insertion in your Journal.

I am, Gentlemen,

Your obedient servant,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Nov. 25, 1843.

On Wednesday, October 25, 1843, I was requested immediately to see Mrs. Beach, of this town, aged forty-two, whom I found with constipated bowels, great pain and anxiety of countenance, and constant vomiting. On examination I found, as I suspected, the symptoms to be occasioned by a femoral hernia, about the size of a small egg, on the right side. She had had these symptoms for nearly twelve hours before my visit, but latterly they had much increased in severity. After a fair trial of the taxis, general bleeding, the warm bath, &c., she remained in the same state. I stated my conviction that nothing but an operation would relieve her, being satisfied all further interference was worse than useless, which was confirmed by two medical friends. She, however, expressed her firm opposition to the operation, and it was not until fourteen hours afterwards, when the symptoms had become much aggravated, that she consented.

I lost no time in proceeding to the operation by candle-light. I made an incision in the direction of the tumor, and exposed the sac, a little thickened. It was opened, and a small quantity of bloody serum escaped; the stricture was divided, and with some little difficulty the intestine (in a more favorable condition than I expected, from the length of time strangulated) returned into the abdomen, and in the course of three hours the bowels acted freely, and all appeared pretty well.

Oct. 26. Peritoneal inflammation has set in in its most unfavorable form; the pain is very great, the vomiting incessant, with great thirst, anxiety of countenance, &c. Leeches were applied, with calomel and opium every three hours.

27. In the morning the symptoms appeared a little relieved, but returned with greater severity in the afternoon. Leeches were again applied, and the calomel and opium continued. The stomach rejects everything.

28. Leeches were applied morning and afternoon, with hot fomentations, as she seemed much worse in every way; great anxiety of countenance; continues vomiting, and pain.

29. Symptoms not at all relieved, but great exhaustion has taken place, and, fearing further depletion by leeches, I ordered a large blister over the abdomen. This had a decidedly beneficial effect. After the blister had risen her symptoms began gradually to improve; the pain was not so great, the sickness abated, and the stomach for the first time retained a little gruel; previously everything had been rejected the moment swallowed.

30. Better in every way; a little broth given, which the stomach retained.

31. Still improving; there is no unfavorable appearance about the wound, nor has there been from the first. From this time until November 8 she kept gradually improving, and was so much better as to come down stairs.

Nov. 12. She is now quite recovered.

POSITION IN FRACTURES OF FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—After having read Mr. Rodick's letter on this subject, in No. 163 of your Journal, I referred to the "Medical Gazette" for 1832, and there found four letters on the same subject, two of them by Mr. Lonsdale, and two by Mr. Rodick. Mr. Lonsdale recommended the same position that I have been advocating, and for the same reasons that I adduced. Mr. Rodick's letters were to the same purport as the one he addressed to you, and in the last of them he used the same arguments as in that letter, and in the same words. Now, as Mr. Lonsdale did not answer this last letter, and as it has been again brought forward, I cannot let it pass unnoticed a second time.

Mr. Rodick says, "he is quite at a loss to imagine" why, after the radius has been broken, the biceps should supinate its upper portion. Let me ask him why it is that, in oblique fractures of the thigh-bone, we cannot prevent shortening of the limb, except by

means of permanent extension? Can Mr. Rodick prevent this shortening by "requesting the patient not to make any muscular effort on his part?" The practical man does not say, Why is this? but, Is this so?

Again, a muscle is not always passive when it has been relaxed. What does Mr. Rodick think of the following case from "Cooper's Dictionary," p. 538? "I had a strong athletic bricklayer, with an exceedingly oblique, almost a longitudinal, fracture of the leg, and, notwithstanding the aid of McIntyre's apparatus, and the trial of the bent position, the projection of the upper fragment could not be prevented. The straight posture was then resorted to; but this caused the displacement to be still greater. The bent posture, as advised by Pott, with the limb laid on its outside, was then tried, but in vain; and we were obliged ultimately to return to the bent position on McIntyre's apparatus, as the most effective."

I have seen Mr. Syme treat cases of this sort most effectively in the straight posture, with a cushion and splint in front of the leg, similar to what Dupuytren used to the inside of the leg in cases of fracture of the lower end of the fibula; thus resisting, instead of relaxing, the muscles of the calf.

Then, in regard to fractures below the insertion of the *pronator radii teres*—it does not seem here to be a question of comparative strength between the two muscles. The inferior radio-ulnar articulation alters the action both of the pronators and supinators. I tried to explain in my last letter that, after fracture, the biceps turns the *whole* of the upper portion of the bone on its own axis; and I need not now explain that the pronator also in the same case acts differently.

Mr. Rodick next supposes what seems to me an almost impossible case, and one in which the hand must remain permanently fixed in some posture; and argues that because he thinks it best in such a case, to have the hand fixed in the middle posture, that that posture is best in all cases. That such cases are very rare, we have the testimony of Mr. Phillips, who says that, in museums, we very rarely see a specimen of union between the two bones. Yet experience and reflection teach us that the very inconvenience of such a case is partially produced in all cases of fractured radius by this middle posture which he would have us to adopt.

Mr. Rodick tells us that he has never tried the supine posture; but another gentleman, Mr. O'Connor, tells us in your last Number that he has tried both postures, and declares in favor of the supine one.

I am, Gentlemen,

Your most obedient servant,

JOHN CHADWICK.

Bury, Lancashire, Nov. 20, 1843.

Much has been said respecting the proneness of both ovaries to be diseased. I have carefully examined the records of twenty-nine cases of true dropsical ovaria, and found that there were but two in which the opposite ovary presented a *decidedly* abnormal character.—*Mr. Southam.*