CONGENITAL INGUINAL HERNIA.— OPERATION.

By CLEMENT J. HAWKINS, Esq.

Mr. J., aged twenty-six, sent for Mr. Whitmore November 1, 1832, late in the evening, complaining of pain in the bowels, &c.

A tumor, about the size of an egg, situate in the left groin, was discovered—tense and very painful on pressure. He had been sick, and felt slight pain in the bowels; no stool had passed since October 29. After giving some general directions, Mr. W. left him for the night, being in attendance on a dangerous midwifery case. On visiting him the next morning, Mr. W. found him vomiting, with an anxious countenance, and the usual symptoms of strangulated hernia. The warm bath, bleeding from the arm, and moderate use of the taxis, were tried, but the reduction of the hernia was not accomplished; neither testicle had descended into the scrotum.

He gave the following history of his case:—He had a rupture as long as he can remember, and about fifteen months since he had a similar attack to the present one, while residing in the country. He sent for a surgeon, who failed in giving him any relief; having dismissed this practitioner, Mr. J. sent for a noted “quack doctor.” The case being attended with obstinate constipation, this empiric prescribed and administered a drastic purgative powder, which he called “golden dust,” and after each dose he made the patient walk about the room. The rupture was reduced.

About twelve, a.m., Mr. Charles Fowler saw the patient with Mr. Whitmore, and having again endeavoured cautiously to reduce the hernia by the taxis ineffectually, the operation was proposed and consented to by the patient.

Nothing particular took place in its progress till the sac was opened, when an unusual quantity of dark brown fluid escaped; the contents were omentum and intestine; the stricture was divided, and the protruded parts returned into the cavity of the abdomen. This being done, the testicle was found lying in the sac, which at once demonstrated the true nature of the case; it was clearly one of congenital inguinal hernia. The wound was closed, and the man recovered without an untoward symptom manifesting itself.

I have been induced to forward this case to you, because I believe it to be one of unusually rare occurrence; cases of congenital hernia almost invariably descend into the scrotum. I have repeatedly witnessed the performance of operations under such circumstances. A case of congenital scrotal hernia, in which the testicle had not passed the external abdominal ring, was operated on successfully in the Cheltenham Hospital, by Mr. Eves. I consider it would not be justifiable to remove a testicle if healthy during the operation. (I was informed by this man that he was the father of two children, although neither testis had passed into the scrotum.) On the other hand, the presence of the testis must of course prevent the application of a truss, and thus the patient is constantly exposed to the dangers of strangulated hernia.

A REPORT OF THE IN AND OUT-DOOR-PATIENTS

ADMITTED INTO THE
MUTFORD AND LOTHINGLAND GENERAL
DISPENSARY AND INFIRMARY.

(From August 26, 1841, to August 26, 1843.)

By W. C. WORTHINGTON,

Surgeon to the Lowestoft Infirmary, Fellow of the London
Royal Medico-Chirurgical Society.

In a former Number of the Provincial Journal, containing a report of the Lowestoft Infirmary, one object in view was, to lay before the medical profession the advantages arising out of the local establishment of small hospitals. Soon after that report was published, letters were addressed to me from several professional brethren, requesting further information on the subject. I am therefore induced to publish another report. It perhaps may be remembered by persons interested in the establishment of such institutions, that those already founded in Lowestoft, and the adjacent towns of Beccles and Bungay, were brought forward in support of the practicability of the project. These still continue to prosper, through the liberality of the clergy and gentry around. The district being small, an annual report is scarcely required, as the number of cases are necessarily inconsiderable compared with those received into hospitals situated in more populous neighbourhoods. At the same time it is very desirable that either a biennial or triennial statement should be laid before the profession, which may be regarded as the most practical mode of exhibiting the value of these institutions. It was to be hoped that, ere this, some account would have appeared in the shape of a tabular arrangement of the cases treated at the Beccles and Bungay Dispensaries. The former town is situated ten miles to the west of Lowestoft, the latter sixteen in the same direction, each containing about 4,000 inhabitants.

Materials would thus be furnished from time to time, which might be made available in constructing a system of statistics, useful in showing the prevailing diseases.

The number of patients admitted amount to 730. Of these, 124 were in and 606 out-patients.

In-door Patients.

Abscesses, 5; lumbar abscesses, 2; apoplexy from hanging, 1; diseases of brain, 5; burns, 2; calculus urethræ, 1; calculi vesicæ, 2; cutaneous diseases, 4; contusions of the head and face, 5; disease of the joints, 14; disease of the digestive organs, 4; enteritis, 2; erysipelas, 1; inflammatory fever, 2; fistula in ano, 1; vesico-vaginal fistula, 1; fractures, 7; ganglia, 2; diseases of genital organs (female), 1; diseases of genital organs (male), 6; hæmatemesia, 2; hydrocele, 1; icterus, 1; injury of vertebræ, 4; injury of extremities, 8; laryngitis acutus, 1; ophthalmia, 4; polypus of the nose, 1; retention of urine, 5; rheumatism (acute), 3; syphilis, 1; stricture of urethra, 2; diseases of thoracic organs, 5; tumors, 2; ulcers, 8; diseases of uterus, 3; varicose veins of the leg, 3; brought in dying from exhaustion, 1.—Total, 124.

The deaths amounted to 9. The causes were as follows:—one from pneumonia of the left lung; one from

exhaustion. This poor man was found on the high road, and died soon after admission. Upon a post-mortem examination, no apparent morbid alteration of structure was detected. Death seemed to have arisen from inanition, and exposure to night air. One from brain disease. The patient, a plethoric young man, was brought into the infirmary in a state of insensibility, with loss of volition, and dilated pupils. Active depletion afforded no relief. On the following morning violent delirium came on, accompanied with convulsions of a most frightful character, which ended in death on the third day. The substance of the brain generally, together with its meninges, when examined, were perfectly healthy. The only appreciable cause of cerebral irritation was an elongated growth of one of the posterior clinoid processes, nearly to the extent of an inch, its point sharp, and growing into the base of the brain. (*Vide* Provincial Medical Journal, Vol. V., page 206.) One from fracture of the trochanter major, in an aged woman, three weeks after the accident. One from a severe burn; one from encephalitis; one from icterus; one from acute laryngitis, occurring in a man aged twenty, who died the morning after his admission. The disease was considered too far advanced to warrant any attempt at prolonging life by the operation of tracheotomy. The futility of such an attempt was corroborated by the appearances presented on the post-mortem examination, the larynx throughout being lined with adventitious membrane, commencing as high as the tonsils, and extending into the trachea beyond its bifurcation. One from retention of urine.

Out-door Patients.

Abscesses, 14; lumbar abscesses, 2; amenorrhœa, 27; asthma, 4; aphtha, 2; aphonia, 1; anasarca, 1; anæmia, 6; bronchitis, 34; burns, 3; diseased bursæ, 3; diseased bladder, 6; bronchocele, 1; carbuncle, 1; constipation, 6; cataract, 1; chlorosis, 9; crural phlebitis, 1; cynanche, 6; cutaneous diseases, 43; cephalalgia, 8; calculus vesicæ, 1; caries, 2; coletis, 1; malformation of chest, 1; cerebral disease, 5; conjunctivitis, 13; diarrhœa, 13; dyspepsia, 42; diseases of eye, 14; epistaxis, 1; erysipelas, 5; epilepsy, 3; enteritis, 3; exostosis of the lower jaw, 1; fistula lachrymalis, 1; typhus fever, 2; scarlet fever, 4; inflammatory fever, 33; diseases of genital organs (male), 2; diseases of genital organs (female), 2; injury of head, 3; harelip, 1; hydrocele, 1; hernia, 2; hydrothorax, 1; hydrocephalus, 1; diseases of heart, 8; hæmoptysis, 4; hysteria, 1; local inflammation, 12; jaundice, 6; injury of limbs, 26; diseases of joints, 10; diseases of kidneys, 5; diseases of liver, 13; lock-jaw, 1; diseases of mammæ, 2; menorrhagia, 2; neuralgia, 18; nævi, 4; onychia, 2; paronychia, 4; phthisis, 19; polypus nasi, 2; prolapsus ani, 3; pleuritis, 14; peritonitis, 2; paralysis, 4; pneumonia, 2; rheumatism, 20; sciatica, 7; syphilis, 5; scalds, 4; scrofula, 7; diseases of spine, 5; tabes mesenterica, 3; tumors, 3; tinea capitis, 18; diseases of uterine organs, 2; ulcers, 16; varix, 3; vermes, 12.—Total, 606.

The deaths amounted to 19, and were as follows:—One from disease of the liver; one from asthma; one from malformation of the chest; five from phthisis; one from hydrocephalus; one from diarrhœa; one from malignant disease of the hand; two from tabes mesenterica; two from enteritis; one from bron-

chitis; one from disease of the digestive organs; one from pleuritis; one from hip-joint disease.

The few following remarks may, perhaps, not prove unacceptable:—

In the treatment of tinea capitis, and some other cutaneous diseases, the ioduret of sulphur as an external application proved very valuable, many of the cases requiring not more than from three to six weeks to effect a cure, with no other aid than an occasional calomel purge. The hair was ordered to be cut close, and washed night and morning with soft soap and warm water. The ioduret of sulphur ointment was afterwards applied in the proportion of one scruple of the ioduret to six drachms of white cerate.

In several neuralgic diseases the Indian hemp was tried. As a therapeutic agent, it fell far short of the virtues ascribed to it by Dr. O'Shaughnessy. Some two or three cases, where its sedative influence was produced, much larger doses were required than recommended by Dr. O'S.

Belladonna, given in doses sufficient to produce dilatation of the pupils, proved a much more speedy and permanent remedy.

Many of the cases of conjunctivitis were treated on the plan recommended by Dr. Hocken, viz., the external application of the nitrate of silver in substance to the upper and lower lids. This mode is scarcely attended with any pain, and the rapidity with which it sometimes arrested the inflammatory affection was very striking, one application being generally sufficient, and it seldom required to be repeated a second or third time.

A case of paraphimosis of three days' standing, occurring in a lad sixteen years of age, was, after other means had failed, successfully treated by a persevering process of manipulating the glans penis. The engorged vessels became thus gradually emptied, thereby rendering the replacement of the prepuce easy.

In some few cases of phthisis, naphtha seemed to afford relief, and for a time gave a check to the progress of the disease. The approach of cold, however, or atmospheric change, seldom failed to bring back the symptoms.

Naphtha, when combined with squills and senega, administered in chronic bronchitis, was found eminently useful. It may be here remarked that, amongst the various remedies which of late have been introduced to the notice of practitioners for the cure of phthisis pulmonalis, none has proved more successful than the chloride of sodium. The dose was ten grains three times a-day, in milk, gradually augmenting it to two drachms. In the course of six or eight weeks the general health improved, the cough, expectoration, and other distressing symptoms, disappearing.

A lad, aged twelve, presented himself with fracture of the neck of the scapula, which had been treated for dislocation. Three months had elapsed since the accident occurred. The shoulder had, in a great degree, lost its rotundity, and pain was experienced upon any attempt at moving the arm. Three weeks after admission the pain increased, accompanied with fulness and tenderness, which terminated in abscess. Two openings were the result, one situated near the axilla, at its posterior part; the other higher up, corresponding to the spine of the scapula, within two

inches of its neck. A probe could be made to enter each sinus, discovering the bone to be carious. During the progress of these symptoms the general health at times materially suffered. The patient still remains under treatment. A question arises how far it may be expedient eventually to remove the head of the scapula by excision.

Varix of the leg has been successfully treated by means of needles and suture, a plan recommended by Mr. Liston in preference to any other. Previous to the operation the patients were briskly purged, and rest strictly enjoined for several days. These means rarely failed of reducing the swelling and inflammatory irritation of the affected limb. With these precautions, no phlebitis has been known to follow the operation.

It is scarcely necessary, in this report, to describe a very uncommon and interesting case of stricture of the trachea, as a detailed account, accompanied by a well-executed plate, is published in the twenty-fifth volume of the "Medico-Chirurgical Transactions." It may be worthy of notice, that in a letter received from my friend Dr. Copland, he remarks, "The case of stricture of trachea, independant of false membrane, and of the pressure of tumor, &c., is quite unique. I have never seen nor heard of such a case. I can find none resembling it in any of my references on tracheal disease."

TREATMENT OF BUNION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Can any of your innumerable correspondents tell a country parson how to cure that most troublesome disfiguration of the foot, called a bunion?—or can you direct me to any eminent person whom I can apply to?

I have read all the medical works within my reach, from the most ponderous dictionary, downwards; but the result of my search has been anything but satisfactory. Some call it a "subluxation" of the great toe outwards; others say that there is a "bursa" formed on the joint; all of them have something learned to say; but, unluckily, hard words are but poor plaisters; and not one of them, that I have met with, gives any satisfactory plan of treatment. It is caused, they say, by tight shoes; and the patient must leave them off, and wear proper ones. But still it occurs to me, that when a bunion is once formed, something more is necessary to remove it.

One of my daughters, a promising girl of thirteen, came home from school last month, and brought this troublesome complaint with her; and the great toe, meeting, as I suppose, with a broken chilblain on the one next to it, has fretted it into a sore; for the great toe is driven outwards, and goes completely under its neighbour. My wife, of course, sent for our medical friend, who examined it, and touched it, and looked very wise; and then told me that she had been wearing tight shoes, and must now wear loose ones. However, I told him that I had learned all that before from Dr. Buchan (nay, I told him I knew all about the "subluxation" and the "bursa" too, which he did not seem to relish); and asked him what

could be done to keep the unruly member in its own place; whereupon he proposed some strips of plaister, which were put on very curiously, and looked very neat, but, unluckily, did no good at all.

Seeing that this gentleman was discomfited, and that he did not seem to like the job, I determined to take the case into my own hands; and being of a mechanical turn, I thought I would contrive something that would answer my purpose. So I got a thinnish plate of brass, thin enough to bend easily, cut it accurately to the shape of the fore part of the foot, then bored holes corresponding to the intervals between the toes, and tied them down, each in its proper place, with narrow tape.

This I thought a masterpiece of ingenuity; but it became uncomfortable after a day or two, and then my wife hit upon a contrivance which, up to the present time, has answered admirably. She first of all puts on the patient's foot a stocking much too wide; this she pinches in between the first three or four toes, and sews it up between each, so that it resembles a glove with the fingers sewn together, each toe, of course, being in a separate cell; and lastly, she stitches on to the bottom of the stocking so prepared a stout piece of card board, cut to the shape of the front part of the foot. By this plan, the great toe is kept from intruding on its neighbour, and the patient can walk more comfortably than she has done for a long time.

The lawyers, Gentlemen, have a proverb:—*de minimis non curat lex*. I sometimes feel inclined to apply the maxim to another of the "three black graces," namely, medicine; for really, there are a great many lesser ailments which are troublesome to a degree, and the subject of my letter is one of them—but yet, if you ask some of the first members of the faculty, they are quite at a nonplus, although they would cut your leg off to a nicety. Our surgeon is an example; and in despair, I appeal to the numerous readers of your invaluable periodical. Mr. — brings it over to me every week—(let me, by the way, express my warm commendations of your recent excellent articles)—and I hope that you will indulge me by letting this letter find room in its columns.

I am, Gentlemen,
Your humble servant, and constant reader,
A COUNTRY VICAR.
—, Lincolnshire, Jan. 10, 1844.

ON THE POSSIBILITY OF INTERRING LIVING PERSONS AS DEAD, WHO ARE CONSCIOUS OF THEIR SITUATION.

By ROBERT DRUITT, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A remark which you made in the last number of your valuable Journal, on the possibility of interring living persons as dead, has brought to my recollection a few observations which I put together some time since, whilst studying the phenomena which are exhibited by the mind immediately before death. They have no great value; but perhaps you will give them a place in your columns.