It may be necessary to state that in the recent brain it is next to impossible to trace the nervous filaments I have alluded to. Upon some future occasion I shall lay before your readers the method I have adopted in tracing the connexion between different parts of the nervous system. My object on this occasion is to call the attention of far more able enquirers than myself to this particular department of the anatomy of the nervous system, which I think has not received that amount of attention it so justly merits.

I am, Sir,

Your obedient servant,

GEORGE CHATER.

Norwich, May 28, 1845.

CASE OF STRANGULATED CONGENITAL HERNIA; OCCURRING IN A CHILD, SIX WEEKS OLD, AND REQUIRING OPERATION.

By JAMES LONG, Esq.,

Surgeon to the South Dispensary, and Lecturer on Anatomy, Liverpool.

On the 10th of May I was requested to see a male child, born on the 29th of March, and consequently six weeks old; he had cried all night, had passed neither motion nor flatus, strained frequently, and had vomited a yellowish looking matter. I found a scrotal hernia on the right side, the size of a hen's egg; the bulk of this, after a little trouble, was reduced, but a portion, the thickness of the little finger, occupying the inguinal canal, and having the testicle at the bottom, remained; this was exceedingly tender to the touch, and could not, by any justifiable effort I could use, be returned. The warm bath, cold applications, enemata, and the forced injection of warm water, through a long tube, failed to procure either a motion or the evacuation of flatus, or to enable me to return the intestine. These means having been employed during that day, and the greater part of the following, and tympanites and tenderness of the abdomen commencing, I proposed the operation, and requested the presence of Mr. Halton. He fully concurred in the propriety of resorting to it.

It was performed in the usual way, on the 11th. It was my intention, after dividing the stricture, to return the intestine without opening the sac, but finding this impossible, I opened the sac which contained a knuckle of intestine of a light port-wine colour, in contact with and adherent to the testicle, by a band of coagulable lymph, which was easily torn through. The stricture being divided, the crying of the child forced down several folds of intestine, the colour of which strongly contrasted with the strangulated portion, and the indented line of demarcation caused by the stricture formed a distinct boundary between the two. The most difficult part of the operation was to reduce the intestine, the forcing efforts and crying of the child being insurmountable until the difficulty was overcome by the occurrence of fainting. Three sutures, compress and bandage, were applied.

The mother, who had been greatly distressed, was directed not to give the breast until the following morning, and in the meantime to have them drawn; the child was allowed nothing but barley water. During the night two motions passed, the first exceed-

ingly foetid; in the course of the day two more motions. On the evening of the 13th, the sutures were removed; on the 14th, a teaspoonful of castor oil was exhibited; on the 17th the child was quite well, the wound healed, &c., and I discontinued my visits. There is no appearance of the return of the hernia.

May 30, 1845.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 18, 1845.

THE office of Coroner is one of such importance to the general welfare of the community, and the duties attached to it are so intimately connected with the preservation of human life from culpable negligence or wilful crime, that the introduction of abuses, of whatever kind, into its administration should be most sedulously guarded against. The diverting of the object of the inquest from its true intent, or its misapplication to purposes foreign to its legitimate use, are equally to be deprecated; and though our intention on the present occasion is rather to refer to an instance of an abuse of the Coroner's office in unnecessary and unwarrantable interference, yet we cannot allow the opportunity to pass of pointing out the importance of, in all cases, confining the exercise of it to its real and only genuine aim—the ascertaining of the actual cause of any sudden or suspicious death.

To turn however to the instance of abuse of this mode of judicial inquiry to which we are desirous of drawing attention, we must briefly relate the circumstances of a case of obstetric practice of recent occurrence, and an account of which has since been published by the medical attendant. On the 21st of February last, Dr. Coley, of Bridgnorth, was requested by Richard Instan to see his wife, a woman of middle age, and to give an opinion on her case. She was at the full period of utero-gestation. Another practitioner had been engaged to attend her two months before, and she had been in labour under his care a week. Dr. Coley found she had been three days and nights in bed, from which she was unable to rise, suffering with retention of urine, the distended bladder having been forced into the right iliac region, and perceptible through the integuments. She was rickety and greatly deformed in the pelvis; the conjugate diameter of the pelvis appeared not to exceed one inch and a half by vaginal examination and admeasurement by the fingers; the os uteri was fully dilated; the membranes had been ruptured, and there was a dark-coloured discharge. Dr. Coley advised the introduction of the catheter to prevent rupture of the bladder, and then left the case in the hands of the attendant practitioner. In the evening he was asked to see her again, and save her life, if possible,