stricture found to exist in the membranous portion of the urethra.

The difficulty of micturition continued, the state of the urine was unaltered, and on the 25th he complained of a harassing hacking cough, and was ordered a mixture of ipecacuanha, syrup of poppies, and mucilage.

29th. There is considerable fever to day, and some nausea; a mixture of citrate of potass and camphor mixture was given.

30th. Passed a sleepless night. R. Pulv. Doverii, gr. x. h. s. He was ordered a hip bath.

Oct. 3rd. Fever and nausea much diminished.

4th. Much worse to-day; micturition most painful and frequent. To use the hip-bath again.

R. Tinct. Opii, m. x.; Vini Ipecac., m. v.; Mist. Camphoræ, oz. ss. M. omni secunda hora sumend.

From this time he gradually got worse. On the 7th he was in a half stupid condition, not answering two questions together in an intelligent manner; he became so weak as to be unable to sit up in bed, and still suffered intensely from the frequent desire to make water, and great pain in voiding it. On the 16th he was in a half comatose state, muttering to himself continually. From this condition he did not rally, but died on the 19th.

Sectio Cadaveris, twenty-four hours after death. Body extremely emaciated; lower extremities œdematous.

Thorax:—A small quantity of serum was found in the pericardium, and in both pleural sacs. Lungs adherent to the walls of the thorax in many places, on both sides showing a few spots of emphysema at the interior and lower margins; and some serous effusion throughout both lungs. Heart weighed seventeen ounces and a half; generally and equally hypertrophied, valves healthy.

Left kidney weighed five ounces and three quarters; presented a few patches of Bright's deposit near the surface, as large as peas, otherwise healthy. Right kidney weighed eleven drachms; both cortical and medullary portions atrophied; lining membrane of the pelvis and calyces redder than natural; a few particles of red matter, resembling in appearance the crystals of uric acid thrown down from urine by an acid, were seen in the tubes, and projecting in two or three places at their orifices at the papillæ. The coats of the bladder were of full four times their usual thickness; the inner surface was sacculated by the increased development of the muscular tissue; mucous lining red and congested, especially at the back part, covered in many places by a deposit of dirty adherent lymph. Just behind the bulb of the urethra, the coats of the canal were found thickened for about the length of half an inch by a hard deposit, the seat of the old stricture, and two false passages had been made, the catheter having undermined the mucous membrane for about an inch at the entrance of the bladder; these appeared to be of old standing.

Although no good history could be had of the disease of the bladder and kidneys previous to his coming into the Hospital, it doubtless had its origin from the stricture; and it seems more than probable, that with the heart so much hypertrophied, and such extensive disease of the urinary organs and lungs, the drying up of the sores of the legs must have tended to

accelerate the progress of the morbid changes going on. It may also be worthy of remark, that the asthma from which the patient so greatly suffered was towards the last much better, and the breathing comparatively free; the examination of the two lungs after death shewed very little cause for the urgent dyspnoea the patient experienced.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by CHARLES J. GIBB, House Pupil.)

STRANGULATED SCROTAL HERNIA.

John Vile, aged 52, a well-formed healthy seaman, of the bilious lymphatic temperament, admitted September 17, 1845, labouring under severe concussion of the brain, the result of a fall from a considerable height. By the first of October he had recovered completely, and was to go out on the morrow; the same evening, however, he complained of being ill, and on being visited was found to have a strangulated scrotal hernia of the left side; the hernia had appeared four years ago from a strain at work, and had always been reducible until this morning, at eleven, when, after having walked about for an hour without his truss, he endeavoured to return it, but found his efforts useless, and went to bed; from that time to six p.m., when he was first seen, he laboured occasionally to put it up, but without success; his belly was soft, but tender on pressure; the tumour large, tense, and rather painful. The taxis was used for a considerable time, but as it had no effect upon its size, he was ordered a refrigerant lotion, and had his pelvis raised.

At eight p.m. fresh symptoms had appeared, and he was seen by Mr. Greenhow. The abdominal pain and tenderness were great; vomiting and hiccough were troublesome, and the tumour, which distended the whole scrotum, being about six inches from neck to fundus, and proportionately broad, was tensely elastic, and apparently contained much intestine, with some omentum at its inferior part. The bowels had been purged in the morning early, but since the strangulation had not been moved. The taxis was again employed, but owing to the most gradual and consistent pressure producing intolerable pain, without any diminution in the size of the tumour, or sign that its contents were disposed to retreat, it was not long continued, especially as Mr. Greenhow perceived from the first touch the failure of the attempt. As diarrhoea had existed before the gut came down, it was thought that the free exhibition of opium might induce a favourable change, as similar cases had been presumed to arise from preternatural activity of the intestinal contractions, or muscular spasm at the neck of the sac. Two grains of crude opium, with four of calomel, were therefore given, and ordered to be repeated in two hours if the necessary composure should not have ensued; whilst bladders of ice were to be kept constantly on the hernia. He soon fell into a composed sleep, in which he continued at intervals until the morning.

October 2nd. 10 a.m. Remains slightly under the influence of the opium; free from abdominal pain except on considerable pressure; no hiccough nor

vomiting; no motion yet; skin cool and moist; pulse 62, soft; tumour scarcely so tense and large. The reduction by the hands was again attempted, but smart pains followed the continuance of the pressure, and compelled Mr. Greenhow to desist. A consultation of the surgical staff was called, (as is usual in such cases,) when it was resolved that until more violent symptoms presented themselves, the operation should not be performed, but that enemata and the cold applications should be persisted in.

5 p.m. Worse; recurrence of hiccough; pain returning; no motion. Operation performed by candle-light, which was found to add considerably to its danger. Each fascia and the sac were readily recognised, and slit up with the assistance of the director, when a quantity of gut of a brownish red colour protruded, and embarrassed the division of the stricture, (at the edge of the transversalis and oblique muscles,) which had to be enlarged by Sir Astley Cooper's knife, on the point of the finger; the gut composed of several folds of the ileum, with some omentum, was then returned with difficulty, owing to the rather violent struggles of the patient, and two sutures, with the usual applications, having been placed over the wound, he was sent to bed greatly relieved. A few drachms of dark fluid issued on the opening of the sac, and the operation was attended with very slight hæmorrhage.

10 p.m. Easy. Rept. opium et calomel. Habent enema domesticum cras mane.

November 3rd. Slept well; only slight tenderness of abdomen and scrotum; bowels moved twice freely; urine copious; pulse 100; tongue moist.

Sago and arrow-root. Capt. haust. anodynum hora somni.

4th. Doing well, slept little and has some uneasiness in bowels, which were opened slightly this morning; thirst; pulse 88, soft; tongue cleaner; rose out of bed yesterday against orders; no ill result fortunately.

Rept. enema statim. Rept. haustus anodynus. Pulvis effervesces tertio quaque hora sumendus.

5th Easy. Bowels free; some appetite; hernial sac contracted and much thickened; wound united by the first intention, stitches removed.

Rept. enema et haustus.

8th. Going on well.

12th. No complaint except of weakness.

16th. A small abscess burst through the cicatrix this morning. A poultice applied; full diet.

18th. Discharge nearly gone. Unguentum cretæ parti.

22nd. Abscess filled up; sac very small and thick. To resume the truss and sent out cured.

STRANGULATED FEMORAL HERNIA.

John Drew, aged 46, a strong healthy shipwright, admitted October 10, 1845, at four p.m., with strangulated femoral hernia of the left side. Says he first observed the tumour, with the abdominal pain, on the morning of the 7th, whilst at work, but thinks that lifting a heavy weight the day before was the cause of it. No notice was taken of the swelling, but all his attention directed to getting his bowels open, to accomplish which he took every purgative that he was acquainted with, until fortunately he called in a surgeon this morning, who seeing its nature, advised him to enter the Infirmary.

Appears in extreme distress; complains of constant

pain of abdomen, often of a twisting character, and very much increased on pressure, not being able in fact to bear the weight of the bed-clothes; incessant vomiting and hiccough since the 8th; no motion since the 6th; intolerable thirst; skin dry and hot; tongue red; pulse quick and firm; abdomen greatly distended and tympanitic; hernial tumour painful, soft, flattened, and about the dimensions of a hen's egg, situated at the top of the thigh, over the saphenous opening, and unconnected with Fallopius' ligament, which is a little above it. As the taxis had been unsuccessfully used previous to admission, no efforts were made to return it, but notice was sent to Mr. Greenhow, who, arriving at five p.m., withdrew twenty ounces of blood, and proceeded to operate by candle-light. Extreme care had to be taken in dividing the usual fasciæ, they being so thin and undistinguishable; when the sac was opened a little serum flowed out, and a dark chocolate-coloured fold of the ileum came into view. This was easily reduced after dividing the stricture, which as usual, was at Gimbernat's ligament, but at the back of the sac and firmly adherent to its neck was a little omentum, that was allowed to remain after slight attempts to return it, as little good would have resulted from doing so, whilst much difficulty with increase of danger would ensue by attempting to free it. After the introduction of a couple of sutures and the application of a pad and bandage, he was sent to bed greatly easier.

Tinct. Opii, M. vij., hora somni sumend. Enema domesticum mane.

11th. Doing well. Bowels twice freely opened; urine free; pulse 84, soft. Captr. pulvis effervesces tertio quaque hora.

9 p.m. Pain simulating that of peritonitis for the last hour; it is, however, of a vermicular character, and appears dependent upon flatulence; pulse quiet.

R. Calomel, gr. iij.; Opii, gr. i. Sumat statim.

12th. Easy; slept well; bowels confined and distended, but not painful; less thirst; pulse 72, soft; tongue cleaning. Takes light food.

Habt. enema purgans statim. Cont. pulvis.

13th. Bowels very free; great uneasiness from flatulence; abdomen soft; wound dressed, no union, stitches removed.

R. Pulv. Rhei, Magnes. Carb., utrque gr. x.; Tinct. Card. Co., dr. ss.; Tinct. Opii, M. xx.; Aquæ Menth., oz. iss. M. Capt. hora somni.

15th. No complaint; sleeps well; flatulence relieved. Cont. haustus et pulvis.

17th. Bowels confined; wound looks well.

Oleum Ricini, oz. ss., statim.

21st. Doing well; wound healing fast; bowels confined again.

Rept. Oleum Ricini.

23rd. Flatulence again; no other complaint.

R. Infus. Gent. Co., oz. viii.; Pulv. Rhei, Magnes. Carb., utrque dr. ss.; Tinct. Aurantii, dr. iij. Capt. cochlearia bis die.

28th. Wound healed; no complaint.

To have a truss, and go out.