

consult a medical man, who recommended to her a belt, but this gave her so much pain, and was attended with an abrasion of the skin, as to compel her to relinquish its use altogether, since which time up to the present she had applied a broad roller, merely with the view of affording support to the swelling, and without which she was scarcely able to move about. On observing to her that I attributed much of her present suffering to the swelling in question, she replied that she was confident that my opinion was wrong, inasmuch as she had had not less than six similar attacks during the last two or three years, but which had not held her so long, having always subsided on procuring a free action of the bowels; and therefore, from former experience, she had been endeavouring to bring about that result by taking a great variety of purgative medicines, consisting principally of castor oil, Epsom salts, senna, and aloes, &c., but without the desired effect. On former occasions, it had not been before the lapse of two or three days (during which time a persevering use of aperient medicines was made) that the obstinate constipation and vomiting were overcome. In the intervals she had to be careful as to her regimen, or symptoms of indigestion became troublesome. After employing the taxis for some time unsuccessfully, I opened a vein in the arm, and took away sixteen ounces of blood. Pills containing the compound extract of colocynth, blue pill, and extract of henbane, were frequently administered, besides enemata of castor oil and turpentine.

On the following day I found the pills had been rejected, vomiting more distressing; the bowels had not acted; the abdomen more tender; the pulse increased in frequency, together with more febrile heat of skin. Again employed the taxis; still, however, without avail. Ordered the pills and enemata to be continued, and a mixture containing tartrate of soda, carbonate of soda, tincture of hop, and hydrocyanic acid, (Scheele's.) To go into a warm bath; an evaporating lotion to the tumour.

On the third day still worse; increased tenderness on pressure; the pulse upwards of 100; tongue getting more furred and dry; skin dry and hot; the stomach not retaining either food or medicine; no action of the bowels. The nurse informed me that she thought some fæculent matter had been vomited, which, however, she had not kept. I told the patient that her case was gradually getting worse, and that I saw no chance without an operation, to which proposal she decidedly objected. Ordered two grains of calomel and one-third of a grain of opium every four hours; fomentations and poultices to the abdomen. In the evening still no improvement. Again urged an operation, for which I could not gain her consent. Tobacco enema, which produced great prostration and languor. Handling of the rupture began now to give her more pain.

On the fourth morning no amelioration of symptoms, in addition to which hiccough had come on during the night; the vomited matters had been kept for examination, which left no doubt of stercoraceous vomiting. After strong solicitation she consented to the operation.

Having made a crucial incision, I experienced some difficulty in dissecting back the integument, owing to its extreme tenuity, as well as its being so very adherent to the subjacent structure. The sac and fascia having been divided on a director, an immense portion of omentum came into view, on raising which two small convolutions of intestine, of a deep-red colour, were observed. The opening at the neck of the sac appeared to be almost circular, and I was enabled without much difficulty to introduce the points of my finger, on which, with a probe-pointed bistoury, I divided the stricture directly upwards along the course of the linea alba. On returning the intestine, I did not attempt the reduction of any portion of the omentum, in consequence of its great size, besides its powerful adhesions.

Six hours after the operation I found her countenance improved, pain had considerably abated; hiccough ceased; only vomited once; passed two copious stools, partly fluid, and containing scybalæ, the first time for ten days. From the time of the operation she continued to progress favourably, and in a fortnight she was sufficiently well to be able to walk about in her room.

The next case, Mary M—, aged fifty-four years, tall, and of a spare habit, the mother of seven children, has been the subject of umbilical hernia fifteen years, the cause of which she attributes to nursing a heavy child during the pregnancy of her fifth child, and a violent cough to which she had been liable for a long period. She states that the rupture continued increasing, but much more rapidly during the pregnancy of her sixth and seventh children. She has had for many years to undergo great physical exertion, without having received a proper supply of the usual necessities of life.

She had worn various kinds of bandages and trusses, which, instead of benefiting her, had given her considerable annoyance, so much so, that she had frequent occasion to leave them off for a time, and then again resume their application. When I was

called in, I found that she had been ailing for two days, commencing with vomiting, pain in the stomach and bowels, inability to procure a discharge from the bowels. Her symptoms were more decidedly of the character of acute strangulation than those of Mrs. H—; she likewise had no conception that the rupture was the cause of her indisposition. Neither taxis, warm bath, injections, or medicines had any effect on the swelling, vomiting, or constipation; and in this case, also, I had attended two days before I could prevail on the patient to submit to operative procedure. This hernia was more prominent; its neck had not so broad a base, and the greater half appeared to be more to the left of the linea alba, and above the umbilicus, than that of Mrs. H—, and the umbilical cicatrix was low down, and inclining to one side. It might strictly be considered as much a ventral as umbilical hernia.

In operating I made the inverted T incision, and experienced the same difficulties from the thinness of the coverings; the chief bulk of this hernia was also omentum, under which was present a small knuckle of intestine. The orifice at the neck of the sac was more oval than circular, and in enlarging the opening I had occasion to use a director, in consequence of its tightness, and owing to the hernia approaching so closely towards the epigastric region, I made the division laterally, and to the left side. The intestine was so much congested and dark-coloured, that I felt afraid of its being gangrenous; on drawing it down, however, and applying a warm sponge, it shortly appeared to be in a condition safely to be returned into the abdomen. This case also terminated favourably, notwithstanding the convalescence was rather more tedious, arising, no doubt, from the greater severity of the symptoms, together with the impaired health of the patient.

I may observe that Mrs. M— had not had either vomiting or constipation previously, and the reason that I did not suggest an operation in the case of Mrs. H— earlier, was, from the symptoms at the first not being of so alarming a character; and I have little doubt but for the first few days it was one named by the French author, "l'étranglement par engouement."

Bolton-le-Moors, Lancashire, 1853.

## ON A CASE OF GUNSHOT WOUND.

By H. PARKER LAURENCE, Esq.,

ASSISTANT-SURGEON, 20TH BELOUCH BATTALION.

I SEND you another case of gunshot wound that occurred in this battalion, but I present it with rather a melancholy satisfaction, as it had a very speedy fatal termination, and afforded me no time to illustrate practice. On the evening of the 21st of November last I was hastily summoned to the hospital to look at a private, who, it was said, "had been wounded by a bayonet in several places." I recognised an old patient, one very fond of the hospital, sitting up in bed, and looking as unlike a wounded man as any in this world. On examining him, I could only discover three scratches (the bayonet wounds), which he said he had received in a scuffle with a Pathan, who was at that moment running a muck in the lines.

Near to the lines then I went, but had barely reached them when I beheld a crowd pressing towards me. In the midst was what appeared to be a wounded man being carried by other two. His countenance was pale and suffused with perspiration, and his clothes dripped blood. He was soon under my hands, but the first thing to be done was to administer stimulants, he being icy cold and in a state of almost perfect collapse. This done, he spoke distinctly in a short time, complaining of excruciating pain, and pointing to his left hip. This I examined first, and discovered the unmistakable entrance-wound of a bullet. It was situated about midway between the os coccygis and trochanter of the left femur. Hæmorrhage from this wound had ceased; there was not the slightest oozing; a probe being inserted into it would have disappeared. I therefore cautiously turned the patient on his back, and now discovered an exit wound at the front and lower part of the middle third of the left thigh. Here also there was no longer any hæmorrhage, but the patient was evidently brought to the very verge of exhaustion; the pulse was barely perceptible; skin cold and clammy; and one of those severe shocks attendant on gunshot wounds had been given to the system from which no rallying was to be looked for. He died in a very short time.

Remarks.—First as to the question of practice. All that I undertook to perform was to support the patient as much as possible with stimulants and dress the wounds with charpie and slight bandages. I dare say my esteemed teacher, Mr. Fergusson, would say that under the circumstances nothing more could have been done. An autopsy was made before a coroner's inquest, or, as it is here termed, a "court of inquests." Knowing the

deceased as I did,—for he had very recently been an inmate of the hospital,—considering also the nature of the gunshot wound, and being convinced that he suffered from no complication of disease, I was not prepared to entertain the idea that suggested itself to one of the members of the court (a medical man) that my patient might have died from the effects of a poisonous dose of opium; because, in the first place, there was no data for any one of us to suppose that the deceased had ever taken opium, and even allowing that he might have been under the influence of an exciting dose of this drug when turbulent in the lines, would he not, if savagely inclined, have spitted his comrade with the bayonet instead of contenting himself with getting rid of his company by a few harmless scratches?—and, in the next place, if the quantity of opium swallowed had been taken to the extent of a poisonous dose, would he have died in the full possession of his senses? This over-wise suggestion I should not have noticed did I not think that it was intended at the time as an unkind and injudicious attack on my professional judgment; so, without speculating further on it, let me say that a careful display of each organ, one more beautifully healthy than another, very soon satisfied my curious friend, and led me to direct his attention to the injured limb, where we discovered first a complete severance of the femoral artery, at the terminating extremity of the adductor magnus, or, more correctly speaking, a little above the aperture through which the vessel makes its descent. I also discovered severance of the sciatic artery, and a few collateral branches at the point where it crosses the nerve of the same name. Surely, then, there could be no doubt that death was occasioned by the effects of a gunshot wound.

Shikurpoor, Upper Scinde, Jan. 1853.

## ON AN INSTANCE OF SUICIDAL MELANCHOLIA.

By WILLIAM P. KIRKMAN, M.D.

JAMES O—, aged fifty-eight, was admitted into the Suffolk County Lunatic Asylum on the 21st of June, 1852, very much emaciated in body and depressed in spirits; the latter he accounts for by saying that he had committed some great sin, for which he feared he should receive no pardon. There is no hereditary predisposition to insanity. After remaining in the asylum for about four months, his mind having been diverted from himself as much as possible by regular and continued employment, at the same time improvement of the general health not having been neglected, he was discharged cured on the 9th of October, 1852. He remained well and usefully engaged until a fortnight previous to his re-admission, which took place on the 10th of June, 1853. He was at this time suffering extremely from melancholy, and presented a most wretched appearance. About ten days previous to this he had twice attempted to destroy himself—once by strangulation, and the second time by drowning. Five days after the last admission I was requested by the attendant to go and see him. On so doing evident symptoms of the existence of some foreign body in the œsophagus presented themselves; no solid or liquid food could be swallowed; there was choking sensation, with sudden and spasmodic coughing. A probang with an ivory head was introduced into the œsophagus, which rested about half way between the lower part of the pharynx and cardiac orifice of the stomach upon something hard. By careful manipulation this substance was pushed down into the stomach, and several hard bodies giving the sensation of stones could be distinctly felt with the probang. Upon close questioning the man acknowledged that he had swallowed some 200 common gravel-stones, with the hope that they would kill him; at the same time he thanked me for having relieved him, and promised never to attempt self-destruction again in any way.

An ounce of castor oil was given immediately, which brought away a great number of stones. After twelve hours this was repeated, which had the effect of freely evacuating the bowels, but no more stones appeared, and all were supposed to have passed safely through. Six days afterwards he sent for me, saying that a large stone had stopped at the fundament, and that he could not pass it. On introducing the finger into the rectum, several stones, with sharp, jagged edges, could be distinctly felt impacted in fœces; the finger could be passed round this mass, which appeared to be so large as to render it impossible that it should pass by the anus without laceration. I went away for the purpose of preparing a copious glyster of thin gruel. However, about ten minutes after I left, with severe straining, he passed a large stool, eight inches and three-eighths in circumference, and containing seventy-two large stones, pieces of brick, &c., the quantity of foreign matter present weighing nearly nine ounces; no laceration of the anus had taken place, and the stool was only

slightly streaked with blood; since which time the man has been well in health, but the state of his mind is not improved. A fortnight since, he first refused to take his food, and it is even now with the greatest difficulty that he can be persuaded to do so.

Suffolk County Asylum, Melton, July, 1853.

## Hospital Reports.

### STAFFORDSHIRE GENERAL INFIRMARY.

*Extensive Wound communicating with the Cavity of the Left Knee joint, and Recovery by Partial Anchylosis.*

(Reported by WILLIAM WEBB, M.R.C.S.E., &c., Resident-Surgeon.)

JOHN H—, aged ten years, a pale and weakly-looking lad, living in the country about ten miles from Stafford, was admitted an in-patient of the infirmary at noon on the 11th December, 1852, under the care of Mr. Masfen. It is reported that on the previous morning he and another boy were engaged in chopping wood. He discontinued working, and kneeling suddenly on the ground, received, while in the act of doing so, a severe blow from his companion's axe. The blade of the instrument fell rather to the outer side of the left knee, and was directed downwards and inwards towards the cavity of the joint. He was conveyed home directly; but his friends, thinking that the injury was not of a very serious character, did not send for a surgeon, but had a linseed-meal poultice applied to the part. Great prostration, succeeded by drowsiness and stupor, followed, so that on the morrow it was considered expedient to procure surgical assistance, and accordingly he was brought to the infirmary.

*Present state.*—Upon examination, the left knee appears considerably enlarged, and there is a gaping wound on the outer side of it, through which a piece of articular cartilage from the lower extremity of the femur protrudes. There is a constant escape of synovia from the wound, and slight hæmorrhage; very little constitutional irritation, and pulse 85. After a consultation of the surgical staff, it was decided that an attempt should be made to save the limb. Perfect rest, the antiphlogistic regimen, and the following medicines were ordered:—Calomel, two grains; powder of opium, one grain; make a pill, to be taken every four hours. Half an ounce of saline antimonial mixture to be taken two hours after each pill. The limb was slightly flexed, a splint applied to prevent any movement in the joint, the projecting piece of cartilage removed, and the part enveloped in hot fomentations.

Dec. 12th.—The constitutional symptoms have changed. He has vomited several times this morning, and complains of an abiding sense of nausea and great thirst. The pulse is rapid, 130, perhaps not quite so full as yesterday; pupils contracted; skin hot and dry; bowels opened twice since admission. Local pain very severe, and referrible not only to the joint and immediately around it, but to the middle and even the upper third of the thigh. The medicines to be continued. To have a draught of Epsom salts and senna every six hours.

13th.—Reports himself much better. Bowels relieved four times since yesterday; stools liquid; slight perspiration; pulse 135; local symptoms improved.

14th.—Has slept well for the first time since his admission. Pulse 126; wound has begun to suppurate.

16th.—Says that he feels very little pain in the limb this morning. Free perspiration; pulse 105; suppuration continues. Repeat the medicine.

19th.—The wound looks very unhealthy; has a sloughy appearance; is larger, assuming an oval form, and is covered with fungoid granulations; swelling and tension of the thigh increased rather than otherwise; has vomited once since breakfast, and complains of pain in the right iliac-fossa, which is not greater on pressure; pulse 90, and much softer; bowels open. Omit the mixture and pills. To have half a grain of powdered opium night and morning. The nitrate of silver to be applied. Arrow-root and beef-tea.

23rd.—A large slough separated on the renewal of the fomentations this morning; suppuration increased; no complaint of pain, and the size of the limb, as well as the amount of tension decreased; had an attack of diarrhœa in the night, and bowels moved six times before the morning visit; evacuations dark, liquid, and very fetid. To have the following draught after each liquid motion:—One ounce of compound chalk mixture, five minims of tincture of opium, and half a drachm of tincture of catechu. Port wine three ounces daily. Continue nutriment.

30th.—The splint was re-applied this morning without causing much suffering; is greatly improved in health, as well as in the local mischief; relishes his food, and asks for more wine. To