ous symptoms would have followed in the case of Reilly, when she was first brought before them; and yet we have now only to step over the way to convince ourselves of the fallacy of such an opinion. I have no doubt of the paralysis in this instance having been the commencement of cerebral disease. The very fact of the opposite nerve becoming afterwards affected, proves that the diseased condition of the root of the nerve ran across to the opposite side, and from that period all her bad symptoms set in.

I may sum up what I have said on this subject:—

1st. The diseased condition of the root of the nerve, arising from cold, may lead to cerebral disease, and so end fatally.

2ndly. The complication of headach, plethora, and dimness of vision, cannot assist us in our prognosis, as is shown by death taking place where those symptoms were absent, and recovery where they were present.

3rdly. The occurrence of partial loss of sense over the fifth pair of nerves, also, cannot assist us, as is shown by the dangerous symptoms following one case, and recovery in another, where that complication existed.

4thly. Neither can habit of body, age, &c., always assist us in our prognosis, as is proved by comparing Cases 2 and 4.

I regret that I have so little to offer respecting the pathology of this affection. We may have progressed much in our knowledge respecting the functions of the brain and spinal marrow, and their diseased condition, and yet we daily meet with cases in which to account for the symptoms produced, we are totally at a loss. The necessity of a guarded prognosis in all cases where we have reason to suspect the nervous centres to be affected, is apparent.

Having confined myself in this paper to paralysis of the seventh, the result of cold, I have left untouched all those cases which are the result of accident or inflammation, recurring along the course of the nerve, either of the parotid gland, or, as has been suggested by Dr. Mouath, to a diminution of the aqua ductus Falopii. In all these instances we can mechanically account for the paralysis.

INSTANCE OF

SPONTANEOUS PERFORATION OF THE STOMACH.

By George P. May, *M.D., Maldon.*

Miss ———, a young lady of delicate health and pallid complexion, had long been subject to gastrodynia and indigestion, for which she had been under treatment several times. The paroxysms were sometimes so violent that she could not take the simplest article of diet without the certainty of its entailing upon her some hours of suffering. For three months prior to her death, her condition had considerably improved, although she was by no means free from uneasiness after her meals. On the evening of Feb. 7, she appeared to her friends to be in unusually good spirits, and expressed her belief that she was altogether better. Before retiring to rest she partook moderately of cold chicken. After having slept soundly, she was seized about two o'clock in the morning of the 8th with violent pain in the abdomen, accompanied with a little vomiting. The ordinary domestic remedies of brandy and water, ginger, &c. were administered, without contributing in any way to her relief.

I visited her at about five, A.M. She was then suffering excruciating pain through the whole abdomen, without any remissions. She was compelled to lie doubled, with her head and knees nearly in contact. The face was cold and clammy, the features shrunk, and expressive of the most acute agony; the abdomen was tense and tympanitic, and exquisitely tender to the touch; extremities cold; pulse 120, and feeble. Calomel and opium were administered, and succeeded by a large dose of castor oil. Bleeding, and leeches to the abdomen, hot fermentations, and, subsequently, frictions of croton oil, were resorted to with no beneficial results; the pain continued with scarcely any mitigation. There had been no vomiting since the commencement of the attack; no alvine evacuation could be obtained. Fœtid and purgative enemata were administered, but they were either retained or returned without any admixture of fæcal matter. The surface of the body continued cold; the pulse became more feeble: such was her condition, with little variation, throughout the day.

Late in the evening she stated that she thought she felt a little easier, but her sufferings even then were very severe. At midnight I was summoned to her bedside, as she had experienced a renewal of the abdominal pain in its most intense degree. She begged earnestly for something to relieve her. The pulse was now reduced to a mere tremor, and the vital powers appeared ebbing fast. I directed a grain of opium to be given every half hour, until four should have been taken, and a wine-glass of brandy and water at the same intervals.

On visiting her at five, A.M., on the 10th, the pulse was imperceptible; she was in perfect possession of her mental faculties; her sufferings appeared to be slightly mitigated. She was desirous of continuing the use of the brandy and water, as she thought she derived some benefit from it. She remained much in the same condition until

two, P. M., when she expired, exactly thirty-six hours after the invasion of the symptoms.

Autopsy, Twenty-four Hours after Death.

The abdomen was very tense and tumid; on making an incision through the parietes a considerable quantity of flatus escaped; the peritonæal surface of the small intestines was of a bright rose tint, and, in some situations, coated with a flaky purulent deposit; they were much distended with flatus, but contained little solid matter; a large quantity of yellowish fluid, bearing on its surface many oleaginous particles, was diffused amongst the viscera of the abdomen; these, on a subsequent examination, proved to be portions of the castor oil which she had taken the day previous to her death; the stomach was lying collapsed; two apertures were discovered immediately below the line of the lesser curvature, nearly midway between the cardiac and the pyloric orifices; the openings were circular; one, at the posterior surface, being about the size of a shilling, the other, at the anterior, of dimensions somewhat less; they were immediately opposite each other, being divided by a septum nearly an inch broad; their margins were perfectly smooth, and of a darkish hue; the texture of the stomach around the openings was much thickened, and along the border of the small curvature appeared almost cartilaginous in its character; the mucous coat generally was soft and pulpy, and with this exception presented nothing abnormal in its aspect; the other viscera were apparently in a healthy condition.

Remarks.—That the perforations took place previous to death appears evident from the following circumstances:—1st. The sudden and violent invasion of the pain, unaccompanied by any remissions, and the immediate and continued prostration of the vital powers. 2nd. The speedy occurrence of the tympanitic distention. In ordinary cases of peritonæal inflammation this condition would not be present until some hours after the accession of the primary symptoms. 3rd. The absence of vomiting. In simple ileus or enteritis it is well known that this symptom is one of the earliest and most constant. In many of the recorded cases of perforation of the stomach, where there has been but one opening, vomiting has been present; but, in the case just detailed, it is difficult to conceive how vomiting could take place, as the stomach had contracted no adhesions to any adjacent tissues whereby its continuity might be preserved, and, from the size and relative position of the apertures, any effort to contract could produce no other result than the farther extravasation of its contents into the peritonæal sac. Lastly,—and, undoubtedly, the most important fact tending to establish the distinction between this case and one of solution of the coats of the stomach after death,—the morbid condition of that part of the organ which was in the immediate vicinity of the apertures, and the situation of the apertures themselves.

The diagnosis of such lesions is by no means clear. In the present case there was such a combination of symptoms, each of them in their most aggravated form, as to warrant a strong suspicion that perforation of the stomach had taken place: but in many instances such well-marked characters are wanting, and no clue is afforded which will enable the practitioner to distinguish perforation of the alimentary tube from peritonitis depending upon the ordinary causes. Pain, the most marked and permanent symptom, sometimes exists in a subdued degree, and has been known to be altogether absent. A boy was recently under my care with extensive disease of the mesenteric glands and tuberculated lungs. He had for months suffered much abdominal uneasiness and tenderness on pressure. Hectic fever supervened, and he sank gradually, apparently, under the common symptoms of phthisis. The day before his death there was some vomiting, which was the only additional feature to the train of symptoms under which he had long laboured. An examination of the body after death disclosed an aperture (the result of tubercular ulceration) the size of a quill, in the ascending colon, through which a large quantity of fæcal matter had been discharged into the cavity of the abdomen. The intestines were so strongly agglutinated to each other and to some of the contiguous viscera, that it was quite impossible to separate them. In this case there was no material increase of pain previous to death, nor aggravation of the maladies usually attending the disease under which he was suffering.

Little, unfortunately, can be said as to the means likely to be serviceable in cases of perforation of the alimentary tube. Dr. Stokes has advocated the employment of large doses of opium, with the view of subduing the peristaltic action of the intestines; but a serious obstacle to the adoption of this measure with any degree of satisfaction, exists in the difficulty before alluded to, of establishing the diagnosis of the lesion upon sufficient data. Rarely is there such a concurrence of distinctive characters as to enable us to pronounce with any confidence upon its existence; nothing but a post-mortem inspection can demonstrate it clearly. But, could the discovery be made during life, it is very questionable whether any mode of treatment would be attended with benefit, when a constant excitant of intense inflammation exists in the extravasation of foreign substances into the sac of the peritonæum, which must have taken place before any treatment could be em-

ployed. For my own part, if a case occurred to me in which the symptoms encouraged a suspicion that perforation and extravasation had ensued, and if, by means of opium or any other remedies, the patient recovered, I should conceive that such recovery was in itself conclusive evidence that my suspicions were ill founded. It is always with reluctance that we admit that disease has completely baffled our efforts—that it has put the resources of our art thoroughly *hors de combat*. Human nature rebels at the charge of self-insufficiency; but, oft'times must the truth of the axiom, "'Tis not in mortals to command success," force itself upon the mind of the practitioner in his endeavours to alleviate the sufferings of his fellow-mortals.

STRANGULATED HERNIA.

PECULIAR STRANGULATION.—OPERATION.—RECOVERY.

To the Editor of THE LANCET.

SIR:—The following case is at your service for insertion in your valuable Journal. I am, Sir, your obedient servant,

A. H. VALLACK, M.R.C.S.L.
Torquay, March 14, 1840.

On the 16th of December, at 6, P.M., I was called by Dr. Battersby to see a woman labouring under symptoms of strangulated hernia. She was married, aged 40, of spare habit, but moderately strong constitution. Two years ago, shortly after her confinement, she detected a rupture in the right groin, but knew nothing of its origin. She has never worn a truss. The hernia never caused uneasiness, having been always easily reduced, until within the last twelve months, during which time the reduction has been imperfect.

At eight o'clock, on the morning of the 16th, while at breakfast, on reaching across the table, she was suddenly seized with violent pain in the bowels, followed shortly by two evacuations: during the day she took an ounce of castor oil and a quantity of brandy; but the pain went on increasing, and was attended with vomiting.

Present Symptoms.—Countenance pale and anxious; a very painful sense of tightness across the lower part of the chest; constant vomiting of a light-coloured fluid; intense pain in the bowels, especially about the umbilicus, increased by pressure; the hernia (which was femoral) of the size of a large walnut, excessively hard, but not very painful; pulse 110, hard and small; tongue coated. She was immediately bled to syncope, and in that state the taxis perseveringly used, but without success. It was now proposed to perform the operation without delay; but to this she strongly objected. Another surgeon was called in whose efforts at reduction were equally unsuccessful. The tumour having now become very painful, a purgative enema was given every half hour, but instantly rejected without producing any good effect.

17, 9, A.M. Passed a very restless night, but appeared better; countenance less anxious; pulse 96, soft; no stool; abdomen less tender on pressure, but very hard; tumour rather more painful; vomiting incessant, till within the last hour; blood drawn last night slightly buffed. The taxis was again tried for a short time, but failed. Although the symptoms were not so urgent this morning, it was evident that nothing could effectually relieve her but an operation.

At 6, P.M. we were sent for, and found all the previous symptoms aggravated to an alarming degree; the vomited matter had, moreover, a fæcal odour. Assisted by Dr. Battersby I now proceeded to the operation. The protruded bowel having been exposed in the usual manner, it was found to consist of small intestine, of a leaden hue, with three or four bright red spots about the size of a split pea. Having divided the inferior margin of Poupart's ligament upwards and inwards, and finding the intestine still strangulated, I divided freely Gimbernat's ligament, but the stricture remained as tight as before. I now passed the back of the forefinger along the intestine, when a very tight band was discovered by the nail stretching across the tube; it was so tight that the point of the director was, with the greatest difficulty, insinuated under it. On dividing this band the intestine instantly returned, except a small portion that was very firmly adherent to the tissue about the femoral vessels, &c., with which it was not considered prudent to interfere. The mouth of the sac was situated about half an inch above the stricture, and would just admit the point of the finger. The edges of the wound were brought together and retained by sutures, and a compress applied.

11, P.M., five hours after the operation. Feels tolerably easy; pulse 86, strong and full; abdomen being very tender on pressure, it was judged advisable to abstract sixteen ounces of blood; fomentations to be assiduously applied, and to take a purgative draught every four hours.

18, 9, A.M. Has had no sleep; countenance anxious; bowels relieved four times; blood drawn on the previous night buffy; tongue coated; abdomen very painful on pressure, and tympanitic; pulse 116, and rather of an irritable than inflammatory character. To continue the purgative draught.

3, P.M. Much the same; has had two alvine evacuations.