The great depression of the patient made me cautious in the exhibition of active purgatives at the commencement, and the state of pulse justified, as I think, the free use of stimulants during the first twenty-four hours, which, it is worthy of remark, did not produce the slightest cerebral excitement; although from the patient's abstemious habits, such would have certainly been the effect in health. From a vague apprehension that the lead would prove poisonous in proportion to the amount and rapidity of its oxidation, I abstained from giving saline purgatives until I had had recourse unsuccessfully to purgative oils and extracts. I am not aware, however, that the sulphate of magnesia ordered on the 25th and 26th produced the effect apprehended. On the evening of this latter day urgent febrile symptoms appeared, but may be otherwise accounted for.

The application of leeches on two occasions was rather to anticipate mischief from the persistence of the constipation, and the continued necessity for larger doses of drastics, than the actual occurrence of inflammatory symptoms.

I trust Dr. Wilson, the reporter of a case of *colica pictorum* in Mr. Braithwaite's admirable summary of practical suggestions, will think his treatment by the warm bath and water enemata had a fair trial, though inoperative.

On the morning of the 27th I had recourse to full doses of *veratrum*, croton oil, &c., and to their employment I ascribe the favourable issue of the case, by their arousing the peristaltic action of the intestines. And it is satisfactory to bear in mind that the patient's restoration to his usual state of health was quick and decisive. In *colica pictorum* the daily use of purgatives for weeks is usually requisite to remove the sedative remains of lead; in this case a few doses of the mildest aperient proved sufficient. I confess I feared recovery would be retarded by a gastro-enteritic febrile attack, as the consequence of the protracted employment of purgative irritants; and this consideration induced me to seek to mitigate their virulence by uniformly combining with them henbane or belladonna, a judicious practice, I believe, in all cases requiring active purgation.

It only remains for me to add, to remove any suspicion to the contrary because of the doses used, that I have every confidence in the quality of the drugs supplied.

Ludlow, Dec. 6, 1842.

ACTIVE OINTMENT OF MEZEREON.—Herr Hoffmann, a chemist, of Landau, makes a very active preparation by dissolving a drachm of the alcoholic extract of mezereon in four drachms of alcohol, and mixing the solution with about $4\frac{1}{2}$ lbs. (avoird.) of lard. This ointment is said to be a very efficient counter-irritant.

CAUTIONS IN OPERATING UPON HERNIÆ.

By THOMAS HOWDEN, M.D., Haddington.

ON the 26th June I found it necessary to perform the usual operation for crural hernia on Robert Allan, under the following circumstances:—His age was sixty years; the hernia had descended for the first time on the 23rd, and was small, tense, and painful; it was strangulated from the commencement; there was not much abdominal pain or tenderness, and the pulse was about 80, and of good volume and strength. On opening the sac, it was observed to contain a small knuckle of small intestine, very dark, from congestion, but not at all gangrenous; the stricture was so tight, that with great difficulty the point of the bistoury could be introduced to divide it. The intestine was reduced, and then the symptoms of strangulation disappeared. No flatus, however, was passed until the 27th, and there was no passage of feculent matter until the 29th, when he had several motions; and from that time the bowels continued to act regularly and sufficiently. The wound did not heal by the first intention, and in it the small portion of peritoneum which constituted the sac was dead.

On the 1st July he stated to me that early in the morning flatus had passed from the wound, preceded by a gurgling noise in the intestine, and followed by the semifluid contents of the bowel. Doubting the correctness of his account, I thought that matter might have collected, and been thus discharged from the wound, especially as for the next five days there was nothing of it, and his bowels continued to act properly every day, and there was no symptom of abdominal derangement. On the 6th, however, a similar discharge repeatedly took place, when it became evident that the gut was perforated.

He was made to lie upon the opposite side, by which means some degree of pressure was kept up on the spot, and after two days there was no discharge, and the wound soon healed perfectly. The points of interest in the case are,

1st. The nature of the opening into the gut; and

2ndly. The cause that led to its formation. As to the first, we are forbid to suppose that it was of the nature of artificial anus produced by sloughing of the constricted portion of gut; although congested and dark coloured, it had not anything of a gangrenous appearance to lead me at all to hesitate as to the propriety of reducing it. The length of time that elapsed between the operation and its production was five days. The healthy action of the bowels, both before and after, the absence of all constitutional symptoms to indicate death of a portion of intestine, and

its speedy cure, all seem to indicate that it was not of that nature, and that its cause must be looked for in one of two circumstances, or in a combination of both.

1st. The opposing surfaces of peritoneum being united by inflammation at the point of exit from the abdomen, and the sac external to this sloughing; it may be that the ulcerative process tending to throw off this slough, extended to or slightly beyond the point of union between the gut and sac, and so opened the former; and if so, the cause of the opening, practically, was the death of the sac.

2ndly. It may be that a stricture, which is not enough to cause death of the whole gut included, may yet be effectual to produce ulceration of the part to which it is applied, or rather of a part of the circumference to which it is applied. It seems possible that one point may be so firmly constricted as to have the circulation stopped in it, although the constriction may not be so tight all round as to stop the circulation in all the gut beyond. This may have been the case here, and so the opening may have been caused, or it is possible that the two causes might act together.

If I am correct in my judgment of the opening and its cause, we are taught by it,

1st. To bear in mind, in operating, that we must not, beyond what is absolutely necessary, disturb the newly-acquired connections of the sac, as, by doing so, we must further diminish its vitality, which is already lowered by its separation from its natural connections, and by the constriction to which it has been subjected.

2ndly. It points out the propriety of withdrawing so much of the intestine, previous to reducing it, as to bring into view the constricted point, *provided this can be done by traction so gentle as not to destroy any union that may have taken place in consequence of inflammation at the point of exit*; for it is evident that had I in this case withdrawn the gut, I might have seen nothing to warn me of the risk of returning it, and yet the ulceration might have taken place within the abdominal cavity, and the result in all probability would have been fatal.

The following Case

I do not know the history of during life, but simply that she died, and after death there was found a large ventral hernia below and on each side of the umbilicus. The woman was upwards of fifty years of age, but how long the tumour had existed is unknown. On opening the sac it was found to consist of two distinct cavities; one on each side of the linea alba, communicating by an opening, apparently formed in this fibrous structure, which formed the septum between them. We thus had as it were two herniæ, each having its distinct sac, and each its point of stricture separate from the other.

In operating upon large herniæ, and especially ventral or umbilical herniæ, it is advisable, for obvious reasons, to avoid an extensive opening of the sac, and to content ourselves with an incision upon its neck; and in such cases, too, the proper course to pursue, not unfrequently, is to relieve the stricture and not to return the contents of the sac into the abdominal cavity. Had this case during life called for operation, and this rule been adopted, its true nature might never have been known, and the true stricture might never have been suspected to exist. An isolated case does not show the impropriety of the rule, but enforces the propriety of an accurate examination into the history of the outward form of such herniæ, and as far as possible into their internal structure and contents.

Haddington, Dec. 10, 1842.

CASE OF

ABSCESS IN THE BRAIN.

By G. PYEMONT SMITH, M.D., Leeds.

THE following case seems to me to possess some interest both in a physiological and a pathological point of view:—

George Moorhouse, a bricklayer, aged 38, came to me on Wednesday, Nov. 9th, complaining of headach, which he had had occasionally for six weeks, especially in an evening, after his work. On examination I found the pulse quite natural, about 80; no heat of head or throbbing of the temples, and the bowels rather inclined to costiveness. A common aperient was ordered, and I saw nothing more of him till Monday, the 14th Nov., when I visited him, and found him labouring under violent *tic douloureux* of the left side of the face, the pain was intermittent, and most violent at night; the pulse and tongue in a natural state. I ordered an embrocation of ammonia water, tincture of opium, and spirits of wine, to be rubbed on the face during the paroxysm, and a purgative to regulate the bowels.

15. The pain of face is relieved by the embrocation, but returned again after a time; bowels freely open. Continue embrocation.

17. I was sent for about five o'clock in the evening to see my patient, as he had had a fit. On inquiry I found he had been sitting in his chair about two o'clock, resting his head on his left hand, when he had been seized with a sudden peculiar sensation of thrilling and numbness on the right side of his face, and right arm. He had likewise found himself unable to speak. He got up, took a draught of water, and walked about the room for a few minutes till these sensations left him. He recovered the use of his speech in about a quarter of an hour. At about half-past four he had a second similar attack, and had not recovered from its effects when I saw him. He was then unable to