symptoms have appeared. The boy eats and sleeps well, and there is considerably more activity exhibited by him than the appearance of the arm would have led a person to suppose. To repeat the mixture, and to have warm fomentations applied.

9th.—Twelve o'clock: He has passed a good night; the sensation of soreness is much less, and the redness is fast disappearing. The swelling in the hand and arm appears to be subsiding, but above that point it still remains; there is slight pain on pressure being applied behind the clavicle; the vesication on the back of the hand has disappeared. To continue the liniment and mixture.—Ten o'clock P.M.: The arm is evidently much improved, the swelling continues to decrease, and he can move his fingers with more freedom. He still feels a little pain in the course of the cephalic vein. Continue the same treatment.

10th.—There is considerable diminution of the swelling; and this now pits on pressure. The arm presents an ecchymosed appearance not distinguishable from that due to an ordinary bruise; it is moved with greater ease and freedom, as also are the fingers. The pain and soreness has wholly disappeared. Appetite good, and his general appearance bespeaks health. He went out for a walk to-day, and was ordered steel and quinine.

11th.—The improvement is more marked to-day; the arm is assuming its natural form and size.

12th.—He was discharged to-day, having regained the perfect use of his hand and arm.

Table, showing the different measurements of the hand and arm during treatment:—

	July 7.	July 8.	July 9.	July 10.	July 12.
	Inches.	Inches.	Inches.	Inches.	Inches.
Around the thumb	3	2½	2½	2½	2½
„ „ centre of hand	9	8½	8½	8	7½
„ „ wrist	7	6½	6	5½	5½
„ „ arm, just below elbow }	9	8¾	8½	8¼	8
„ „ arm, above elbow	10	11¼	11¼	10¼	9¾*

The snake was brought to the hospital on the same evening that the patient was admitted. There was no doubt of its being the common viper. On reference to Bell, "On British Reptiles;" it corresponds in every respect with his description of the *Pelias Berus*, or common viper. The specific character is brown, with a series of confluent rhomboidal black spots along the back; head almost oval and depressed, and widening between the eyes. It was twenty inches in length.

UNIVERSITY COLLEGE HOSPITAL.

WÜTZER'S OPERATION IN TWO CASES OF INGUINAL HERNIA: ONE OF THEM PROVING SUCCESSFUL, THE OTHER NOT, FROM GETTING UP TOO SOON AFTER THE OPERATION.

(Under the care of Mr. ERICHSEN.)

We must confess we should like to see Wützer's operation for the radical cure of inguinal hernia more generally adopted. Of all surgical measures which have ever been brought forward for the actual cure of one of the great sources of disablement in the strongest and most robust, none appear to be so simple, or more promising than this operation. We fully entered into a consideration of its probable value in a former "Mirror," when recording a case under Mr. Coote's care at St. Bartholomew's (THE LANCET, vol. ii. 1856, p. 511); a second instance under the same surgeon was noticed in our "Clinical Records" (vol. i. 1857, p. 264). We to-day report two cases treated by Mr. Erichsen, the first of which was completely successful, but the second was not so, owing to imprudence on the part of the patient in moving about the ward with the plug in the invaginated integument. This proves very forcibly that the utmost quietude and repose are necessary for a certain number of days, till the plug is withdrawn, when a truss should be worn for a few months. The attention of hospital surgeons was much attracted to the subject when the first record of this operation in the London hospitals appeared in the "Mirror;" and although a desire has been apparent on the part of a great many to try the operation, such a small number of patients apply for relief of their ruptures who wear trusses, that it is only when

other causes have brought them under observation that they have been prevailed upon to submit to the operation at all. We say "prevailed upon," because very few patients with inguinal hernia, who sometimes suffer very little inconvenience, believe any operation is necessary to afford relief. With a view of again drawing attention to the operation, we present drawings of the instruments, which have already been described in a former "Mirror," and are referred to in the subjoined cases, the notes of the first of which were furnished by Mr. G. Medcalf, the dresser of the patient.

Fig. 1.

Fig. 2.

Henry P—, aged twenty-one, a coal-porter, was admitted March 7th. Has always been in good health. Has been a coal-porter for the last nine years, during which time he has had to carry very heavy loads. About two days ago he had a violent fit of coughing, and was seized, while sitting, with a gnawing, pinching pain in the belly and left groin, as if the belly was being drawn up. He did not feel anything give way, but soon afterwards noticed a swelling about the size of a walnut in the left groin, and he began to feel sick. He was much troubled with cough in the night, and the swelling increased in size and hardness, and descended into the scrotum. The pain increased to such an extent that he was unable to walk home, and was doubled up.

When admitted into the hospital at four o'clock in the morning, a hernial tumour was found in the left side of the scrotum, as large as a fist, very hard and tender. It was reduced without any difficulty, and all uneasiness vanished; a spica bandage was applied, and he returned three days after to his work. The bowel, however, came down again, and he was re-admitted and the hernia again reduced. The external abdominal ring was tolerably patent. On the 11th of March Mr. Erichsen performed Wützer's operation, under chloroform, the patient refusing to submit without it. The left index finger was passed, with a pouch of scrotal integument before it, into the inguinal canal; the finger was then withdrawn, and the box-wood plug of the instrument was pushed up, well oiled, into the canal; the curved needle was then pushed through the aperture at the end of the plug, passing through the wall of the sac and the invaginated scrotum. A piece of cork was then fixed on to the end of the needle, and the cover screwed down to the plug, so as to compress that portion of integument and sac between them. This was followed next day by some tenderness about an inch round the abdominal ring; on the fourth day, the compressed skin was a little inflamed, but there was no discharge. The patient said he felt quite well. On the seventh day, Mr. Erichsen removed the apparatus and introduced a plug of oiled lint into the inguinal canal. The external ring was covered by a pad, and a double roller was applied over it. The lint was removed five days later, and subsequently a truss was applied, and he was discharged from hospital.

James L—, aged twenty-two years, admitted 24th June, 1857. Is a perfectly healthy young man, but the subject of right inguinal hernia for twelve months, for which he has never worn a truss. It comes down every day, and continues so, and goes back of itself every night on retiring to rest. It was as large as his fist. On the 24th June, Mr. Erichsen performed Wützer's operation, as in the foregoing case. Owing to this patient not remaining quiet in his bed, having got up and walked about the ward, the operation was rendered ineffective, as the bowel came down in the form of a small knuckle at the side of the invaginated skin. The plug of the instrument was removed some days later, and any hopes of a radical cure were for the present abandoned. He was bandaged up, and left the hospital, with the recommendation of wearing a truss for the present. The patient believed the bowel came down the same day; but this was by no means certain. He got up on the third day, at which period the symptoms were such as to show the bowel had come down.

* Natural size.