

emphysema was still distinct, though not increased. No untoward symptoms occurred from this time, except such as were connected with a wound of the index-finger, which had been inflicted with the injury to the chest. The punctured wounds were healed in a week; the emphysema had disappeared in about three, and the patient left the hospital quite well one month after admission.

Strangulated Femoral Hernia; unusually large Tumour; Peritoneal Sac low down in front of the Thigh; Operation; Death; Autopsy.

(Under the charge of Mr. FERGUSSON.)

The connexions between the sheath of the femoral vessels, the cribriform fascia, the fascia lata, and the fascia superficialis, have of late been fully investigated, and the different directions which the hernial tumour may take in crural protrusion accurately described. Mr. Gay, in his work on Femoral Rupture, has done much to elucidate these points; we find, in referring to this book, the following passage, which bears upon the peculiarity noticed in Mr. Fergusson's case:—"Its extensibility (of the hernial sac) is very great, so that scarcely any reasonable limits can be assigned to the size which it may, under favourable circumstances, attain. A femoral hernia has been known to occupy the whole of the hollow from the anterior superior spinous process of the ilium to the tuberosity of the pubis; and in a case quoted by Sir A. Cooper, it was known to extend half way down the thigh." The following particulars illustrate the last-mentioned direction of the hernial sac. Notes by Mr. Lawson.

Eliza K—, forty years of age, was brought to the hospital in the night of December 31st, 1851, suffering from strangulated femoral hernia of the right side. She had had hernia for fifteen years; it had always been reducible up to the present time; and she always wore a truss. The intestine came down about five o'clock P.M., on the day of admission; and finding herself unable to reduce it, she sent for a surgeon, who used taxis for three hours, but without success. She was then brought to the hospital. The tumour covered the anterior and upper part of the thigh, and was about the size of a child's head eight or nine years old. It was hard, tense, and painful, and the skin over it very red. The vomiting had been frequent, but not stercoraceous; there was no hiccup, yet the prostration was very great.

Mr. Davis, the house-surgeon, put the patient into a warm bath, and endeavoured to return the hernial tumour, but finding such reduction impossible, sent for Mr. Fergusson. After having examined the patient, Mr. Fergusson stated that an operation was immediately called for. Chloroform was therefore administered, and an incision made over the internal and superior portion of the tumour. Some layers of fascia and cellular tissue were then divided, and Mr. Fergusson passed up his finger, and divided Gimbernat's ligament, without opening the sac.

Reduction was now attempted, but was found impossible. Mr. Fergusson was thus obliged to open the sac, and enlarge the external wound. The division of the stricture was now made more freely, and the very considerable mass of intestine returned with much trouble into the abdomen, a portion of the coils having previously been drawn downwards.

The intestine was found in a highly congested state, of a deep purple colour, and it looked indeed in a state approaching to gangrene. The wound was stitched up, and a full dose of opium given.

Six hours afterwards, calomel and opium were administered, upon which followed an enema. These measures produced a scanty, watery evacuation; the patient, however, gradually sank, and died twenty-six hours after the operation.

The post-mortem examination took place forty-eight hours after death. The anterior part of the thigh, down to the lower portion of the upper third, was externally of a greenish colour, the rest of the frame covered with much adipose matter, and well-proportioned. When the right iliac fossa was brought into view, it was found completely filled up by small intestine of a deep red colour; the rest of the bowels were in a pretty healthy condition. The crural canal would admit the point of the fore-finger, and led down to a cavity, formed on the anterior part of the thigh, reaching downwards to the upper part of the middle third. This cavity lay between the subcutaneous cellular tissue or fascia superficialis, and the fascia lata; it was smooth and shining, and might have contained a Dutch cheese. This kind of cyst likewise presented sacculi of a large size, towards the external part of the thigh; these might have lodged a ball pessary. The portion of small intestine, which had been strangulated, measured nine feet, and was in an almost gangrenous state.

Mr. Fergusson stated that such cases should never be subjected to much taxis, and that the tumour, when so large, does not ascend on the pubis, as is usual with crural hernia, but by its weight descends low on the thigh. Mr. Fergusson pointed out a rupture which had taken place at the lower portion of the sac, and thought that this solution of continuity might possibly have been the result of the taxis.

MIDDLESEX HOSPITAL.

Morbid habit of swallowing Hair; Prolonged sojourn of the foreign bodies in the gastro-intestinal canal. Evacuation of Packets of Hair by vomiting and alvine defecations.

(Under the care of Dr. CRAWFORD.)

DR. THOMPSON has alluded, in this journal, to the case of a girl who used to swallow her hair, and had lately vomited packets of it. The patient has, since then, passed, per anum, a large mass of the same organic product; this circumstance induced us to inquire more minutely into the case, and we learned from the girl the following facts.

She is a servant, twenty-three years of age, now pale and thin, but formerly ruddy and stout, and was admitted Nov. 16, 1851, under the care of Dr. Crawford, with very obstinate constipation. The patient began to menstruate at the age of twelve years, and at thirteen, while in a comfortable situation, contracted the habit of picking off her hair, biting, chewing, and at last swallowing it. She went on satisfying this depraved taste for four or five months, when, being reprimanded, she gave it up, and has never resumed the custom since.

Soon after this, the patient began to feel a pain under the false ribs, on the left side, just over the spleen and the large extremity of the stomach. She was treated in various ways, and at different hospitals and dispensaries, during several years, for this pain, no one, nor herself, suspecting that the above-mentioned habit was the source of her malady. The general belief was, that she suffered from a tumour in the vicinity of the spleen; pain in that region, constipation of bowels, and wasting, being the principal symptoms.

At last, about a fortnight before admission, she was seized with fits of vomiting, and, among the rejected matters, a solid concretion, about the size of a walnut, was noticed; but this attracted no attention, until a second and much larger one was likewise brought up in the hospital. The nature of the affection became now apparent, but the constipation was very obstinate, and went so far as to produce stercoraceous vomiting. No more hair was noticed after these symptoms abated, until Jan. 26, about nine weeks after admission, when a very large hairy concretion was discovered in the fæces. It was of the size of the dilated rectum, measured five inches in length, and was of a deep black colour. (The girl's hair is of a light tint.) The patient states that she felt this in the right iliac fossa, and she is now under the impression that more hair will be evacuated. The health has of late been rather weak, but the appetite is pretty good, and the intellect clear; but the patient complains of flatus, and of the bowels rolling in knots. This is another and very striking example of the difficulty of treating disease, when we do not know every particular of the history.

Supposed Aneurism of the External Iliac Artery; Deligation of the Common Iliac; Death; Autopsy.

(Under the care of Mr. MOORE.)

We pointed out, in a late number, that a case of aneurism of the arteria innominata had been admitted into this hospital, under the care of Mr. Shaw; another patient, supposed to be affected with the same arterial disease, has since been received; but it was the external iliac artery which was thought to have suffered in this latter instance. The patient, a man fifty-two years of age, was admitted, Jan. 20, 1852, under the care of Dr. Seth Thompson, for pain and swelling of the left leg.

The limb had been cedematous, and the skin permeated with large veins, for about ten weeks before admission; and it was soon discovered that this state of things was owing to the existence of a pulsating tumour situated within the abdomen, and easily felt between the umbilicus and Poupart's ligament. The patient was now transferred to Pepys' ward, and placed under the care of Mr. Moore. The tumour could be distinctly felt through the abdominal parietes, lying in the course of the external iliac artery, and yielded to the hand a strong pulsation, synchronous with the cardiac action. The tumour and the pulsation increased rapidly; and as there was no distinct evidence of their being other than aneurismal, and a prepon-