

insupportable foetor, leaving upon the lint a layer of ichorous pus, lost, after the first or second application of the *Eau de Javelle*, their fetid odour, and soon put on the most favourable conditions of cicatrization. Two of these patients were cured in five or six days. The *Eau de Javelle* should be, at first, employed; diluted with from two to eight parts of water, according to the sensibility of the diseased part; but the proportion may be soon augmented until it is employed undiluted. It may be used, according to circumstances, under the form of lotions, injections, baths, or applied by means of lint or rags. The dressings should be renewed two or three times a day.—*Archives générales de Médecine*.

Case of Strangulated Diaphragmatic Hernia. By JAMES MACFADYEN, Surgeon, Glasgow.—The following case affords an example of one of the rarest species of hernia that the human body is liable to. It is also not unimportant in itself in a physiological and practical point of view.

J. W. a slater, on Monday (March 24, 1823) towards noon, being thirsty and overheated, drank a considerable quantity of cold water, acidulated with sulphuric acid. He was soon after seized with acute pain, situated at the lower part of the sternum, and extending over the whole of the left side of the thorax. Every thing he took was immediately returned unaltered. The pulse was small, firm, and rather frequent; the respiration confined; and the face pale and anxious. There was no pain in the region of the stomach; and the abdomen, instead of being tense or swollen, seemed as if retracted towards the spine. The patient himself was restless, appearing to labour under an inexpressible sense of uneasiness, and was continually tossing and turning in his bed. These symptoms, taken together, were supposed to indicate a spasmodic affection of the stomach, and the usual remedies were consequently employed.

On the following morning, he was found nearly in the same state; the vomiting, pain of side, and restlessness continuing as formerly. He had, however, one motion in his bowels. The pulse being more frequent than yesterday, though still small, 15 oz. of blood were taken from the arm. An injection was also ordered.

About mid-day, the pain in the left side of the thorax abated, but was succeeded by acute pain in the left lumbar region, stretching over the whole abdomen, which now, for the first time, became sensible to the touch. None of the other symptoms, however, suffered any material alteration. The patient appeared more exhausted than formerly, his respiration was

impeded, and the pulse scarcely perceptible. As a repetition of the bleeding appeared improper, a blister was applied to the epigastric region. But towards evening, before it had risen, the patient died.

This man, about a year previous to this attack, had fallen from a considerable height, and received a severe injury of the chest. As far as can be at present learned, there was no fracture of the ribs; but only a severe pain in or above the epigastric region, succeeded by symptoms of inflammation, which confined him to his bed for six weeks. The effects of this accident were never altogether removed. He was always occasionally liable to vomiting, and to pain in the left side of the chest, and particularly in the left shoulder. These symptoms were always aggravated after a full meal. Particular kinds of food, especially acescent, were found to disagree with him. He was able, however, notwithstanding these complaints, to follow his usual employment; and on the morning of the day on which he was attacked, he enjoyed, according to report, his usual health and spirits.

For great part of the above detail, I am indebted to Mr Mackay, surgeon, who saw the case from the commencement.

On the following day, on inspecting the body, the following appearances presented themselves. The abdomen felt hard, yet was not distended or tense; on the contrary, (as before remarked,) it rather seemed as if retracted towards the spine. I also remarked, that the left side of the chest was considerably fuller than the right. The body showed little signs of emaciation from long disease.

On exposing the thorax and abdomen, a situation of parts presented itself, such as has been rarely met with in the investigations of the pathologist.

The whole of the left side of the chest was found occupied by the stomach, and the transverse arch of the colon, with the omentum, which also covered the forepart of the right side; so that the thorax and abdomen appeared to constitute one large cavity. The stomach itself was distended to an enormous size, apparently capable of containing a gallon of fluid. It filled up the whole of the left side of the thoracic cavity, the lung of that side being compressed to a very small size. The stomach was of a grey purplish hue externally. On laying it open, it was found about two-thirds filled with a dark-coloured fluid, and the internal coat black, and easily removable by the point of the finger. The colon was empty and contracted, and it, as well as the omentum, unlike the stomach, was of a vivid red colour, with large vessels ramifying upon their surface.

On examination, it was found that they had passed through a considerable aperture, situated about the cordiform tendon of the diaphragm, and not through the œsophageal aperture, as was the case in the most of the cases on record. In this instance, the gutlet, after passing into the abdomen, through its own proper foramen, turned back into the thorax. This aperture bore evident traces of having been produced by laceration, from its irregularity and situation; although it was equally evident that some time must have elapsed from the occurrence of the accident. It was found tightly grasping the parts that passed through it, like the neck of the sack in the more common varieties of strangulated hernia.

The peritoneum, throughout, showed some slight traces of inflammation; but there was neither adhesion nor effusion. In the left lumbar region, the ileum was found highly vascular, accounting for the acute pain that had been felt there for some time previous to death. The rest of the viscera appeared perfectly healthy.—*Edin. Med. and Surg. Jour.*

Jenckes' Patent Apparatus.—A machine for removing the sick has been invented by Mr John C. Jenckes, of this town, which, where it has been in operation, is pronounced to be of great utility. A person confined to his bed, may by this machine be raised with perfect ease to himself, and with little effort or labour on the part of attendants, to such a height and for such a time, as to give an opportunity for making the bed and changing the linen; and in warm weather the patient may be much refreshed by being raised and kept at a distance from the bed. The motion is so regular and easy, that it is stated a person asleep may be raised without being awakened. A committee of the Association of Mechanics and Manufacturers of this town, having examined the machine, made a favourable report respecting it; and by the recommendation of that committee, the Association have ordered one to be procured for the use of the members.

It owes its origin to the confinement of the inventor by a fractured limb, during which he taxed his ingenuity to obtain some relief from the excruciating pain which he suffered when removed in the ordinary manner, and produced this machine, which is admirably calculated to alleviate the distresses of a sick bed, and to diminish the burthen of attendants.—*Providence Gazette.*

TO CORRESPONDENTS.

The Editors of the New England Journal have received a pamphlet entitled 'an Examination of the Strictures in the New England Journal for October, 1823, and in the North American Review for October, 1823, on Essays on Fevers, &c. by Thomas Miner, M.D. and William Tully, M.D.' The Editors do not, however, see any reason to depart from the ground they have taken in the Review. They are perfectly willing to refer the case to those who have compared the work with the Review, without any further explanation.