lows-murmur and the bruit de diable could no longer be heard,

The sesquioxide of iron, although almost always to be depended upon, is not a very agreeable preparation, and in private practice it is difficult to induce patients to take it; occasionally the quantity overloads the stomach, and some patients cannot take it in treacle. For these reasons the lecturer was desirous of ascertaining whether other and more agreeable preparations were equally efficacious. He had given the tincture of the muriate in a large number of cases, and often with very good effects; but it had not appeared to him so generally to be depended upon as the sesquioxide, and not unfrequently it had disappointed him altogether.

He had not had much personal experience of the iodide, which had been introduced into practice by Dr. A. T. Thomson, and was now largely used, and he determined to make trial of it in the case of Hazelgrove. The result had been very gratifying to him. He found a very speedy amendment in all the symptoms, which progressed steadily, until the patient was quite well. The duration of the treatment was about a month, the same as in the first case. The remedy was given in three-grain doses, three times a-day, and increased to four or five grains. It was not found necessary to exceed the latter quantity.

The result of this case induced him to give the iodide to the third patient, and in her case it had been equally successful. She was made an out-patient before she was well, in order to make room for a more acute case, but the amendment had been as rapid as in the first case, and the patient would, probably, be cured in about the same time.

In both these cases, as he had mentioned before, the morbid sound in the heart persisted as the anemia disappeared, and on this ground it was probable that it depended on structural disease of the aortic valves.

CASES OF STRANGULATED HERNIA.

By ARTHUR SEALY LAWRENCE, Esq.,
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It is generally acknowledged that in strangulated hernia, the surgeon should first of all make use of those means which are best calculated to obviate the necessity of having recourse to an operation for its relief; and which operation should not be delayed too long, after giving a sufficient trial to whatever is deemed most advisable in any particular case.

One of the latest proposals for the reduction of hernia, is that recommended by Dr. J. O'Beirne, of Dublin, which consists in

introducing a long tube up the intestine, to relieve the bowel from flatulent distention, and thereby rendering the reduction more easy; and he states "that no medical man can henceforth be considered justified in proceeding to an operation for strangulated intestinal hernia, without having previously given a full and fair trial to the mode of treatment in question." And Mr. W. H. Maunder, of Collumpton, in Devonshire, in *THE LANCET* of Feb. 1, 1840, p. 693, in a letter to Dr. O'Beirne, relates a case in which he introduced the tube of a stomach-pump to the distance of twenty-six inches, and thus freed his patient from flatus, and an operation was prevented. Now, without speaking disparagingly of the competency of any one in particular, I believe the generality of practitioners, unaccustomed to such a procedure, would find that the introduction of a tube of this length could not be accomplished without much difficulty, and considerable risk of injuring the intestines. The rectum is but nine inches in length (according to Erasmus Wilson's Anatomy), and the stomach-tube, as described by Mr. Maunder, must in that case have been passed up the colon seventeen inches above that! At all events, under any circumstances it is desirable to endeavour to supersede the necessity of forcing a tube of such a length up the bowels; and I have the satisfaction of knowing, that for nearly four years before Mr. Maunder's case was published, I was successful in relieving a strangulated intestine that had resisted every other means usually tried previous to an operation, together with the taxis, by distending the bowels with a large injection of tepid fluid, together with cold water in a bladder applied externally to the groin; which in this instance, and another also, had the effect of withdrawing the protruded part of the intestine from strangulation.

The principle upon which I applied cold externally, was to condense the flatus in the intestine, and to produce a constricting effect on the integuments; while, by simultaneously distending the bowel internally with a large injection, the intestine in both cases became freed from the constriction, and was afterwards easily returned into the abdomen.

I now proceed to give the particulars.

CASE 1.—On the 7th of November, 1836, at seven, a.m., I was called to attend on Mrs. M., aged 28, and found her affected with pain and tension of the abdomen, with a hernial protrusion in the right groin, which had taken place on the day previously, and as the symptoms became more alarming I was sent for. She had been subject to inguinal hernia, and the bowels had been opened before the strangulation; but Mrs. M. could not now return the protruded part as usual, which was very painful. There was an anxious expression of countenance,

and she was very restless, and vomited. I tried the taxis in the *most gentle* manner, without success. Half-past ten, a.m., bled her until fainting was produced, and again tried the taxis, unsuccessfully. The sickness increased, with cold perspiration. I again attempted to reduce the hernia, but was unable. Twelve o'clock, I applied a bladder partly filled with cold water to the groin, and very gradually injected *four pints* of tepid water-gruel, and returned home for my instruments. At one, p.m., the sickness was relieved; abdomen less tender: again used the taxis, by which the swelling was lessened; I then injected one pint more of fluid, which did not pass so freely as the former quantity, which was still retained, and, in consequence, the piston of the syringe requiring greater propelling force. Two, p.m., says that she is considerably better, and by a repetition of the taxis the swelling became nearly reduced; tenderness of the abdomen but slight. I changed the water in the bladder for colder, and applied it as before. Three, p.m., attempted the taxis again, when the bowel returned easily. Twenty minutes after the reduction she had a large motion, followed by one of very feculent matter, and scybalæ. Six, p.m., quite free from pain and sickness, and feels disposed to sleep. Castor-oil, $\frac{3}{4}$ j. immediately. Nine, p.m., oil had produced a copious and offensive motion.

Nov. 6. Ten, a.m. Pulse good; abdomen soft, and free from pain; tongue white, and she complains of thirst; bowels had been relieved twice during the night.

R *Calomel*, gr. iij;
Compound ipecacuan powder, gr. vj;
Mucilage, q. s.

To be taken directly. It is not requisite to detail the subsequent treatment, as from that time she did well, and has had no return of her complaint.

CASE 2.—September 8, 1841, ten, a.m., I was requested to visit Mr. Jenkins, of Portshead, aged 74. He had been taken ill yesterday, about seven in the morning, with great pain in the umbilical region, costiveness, and continued vomiting of bilious and even feculent matter; countenance expressive of anguish; abdomen tense, and painful; protrusion in the left groin; the tumour extending to the scrotum, with tenderness of the parts. To be bled to syncope, immediately. In this state I carefully tried the taxis, but without success.

Eleven, a.m. Cold water applied in a bladder to the groin and to the umbilicus; injected *four pints* of thin gruel, tepid, and sent for my instruments.

Twelve. Sickness relieved, and not so much pain about the umbilical region; tried the taxis again.

One, p.m. Hernial swelling diminished.

Half-past one. Administered another pint of the injection.

Two, p.m. After again trying the taxis, the hernia receded into the abdomen, the pain ceased, and copious motions followed, with feculent matter. He then dropped into a sleep for twenty minutes, which was disturbed by gurgling of the bowels, and frequent evacuations.

Seven, p.m. No return of sickness or pain; he feels inclined for food, and took a small quantity of weak mutton-broth.

Nine, p.m. Prescribed an ounce of castor-oil, which operated several times; and the patient was thus freed from the dangerous situation in which he had been for many hours. On the following and succeeding days he continued to get better, and ultimately did very well.

The following observations appear to me to be so important, and corroborative of my practice, and of the benefit to be derived from the application of cold in cases of strangulated hernia, that I extract them from THE LANCET of October 10, 1840, p. 86: "Much experience and observation lead me to object earnestly to the *common* advice, to apply the *taxis* previously to any preparatory measure. Indeed, it is to be lamented that a practice which when patiently examined appears to be opposed to every law of the animal economy is still persevered in. This so often fatal ailment is treated at the present day as it had been a century back, and improvements correct in theory, and sanctioned by successful practice, are misunderstood." The author here alluded to, and signing himself "An experienced Practitioner," gives the following directions: "Apply *cold water* by cloths often wetted, so as to abate the sensibility—also the size, by condensing the warm air, and repelling the fluids internally—this will be more effectual if the body be exposed to the cold air. Shivering and shrinking of the surface will soon ensue. *Then, but not till then*, the hands are to surround the part, solely to press out the contents *gently*. This manipulation is safe after the sensibility has been lessened, but would have been mischievous or destructive as a first step. When pain is considerable, about sixteen ounces of blood should be drawn. This view places the taxis in the *last stage*; a course that I have pursued in many cases, so as to warrant me in the belief that its universal adoption would prove successful in almost every ordinary case of strangulated hernia." I also take this opportunity of mentioning that Dr. Sprague, residing at Clevedon, near to Portshead, informs me that the late Dr. Edwards, formerly surgeon of the Swansea Infirmary, often succeeded in reducing strangulated hernia, by *first* giving the patient *sixty* drops of tincture of opium, and in an hour *after* the rupture has been returned by the taxis, without any difficulty. How much safer is this practice

than the use of tobacco in any form. See Mr. Liston on the deleterious effects of this narcotic, in cases of strangulated hernia (*Elements of Surgery*, 2nd edit., pp. 524-25). A case of poisoning by a tobacco enema, in enlarged prostate, is reported in the "*British and Foreign Medical Review*," for October, 1841, p. 562.

I trust that these suggestions, together with my successful treatment of the cases occurring in my own practice, may afford some useful information to my professional brethren, and thereby be beneficial to other patients, under similar circumstances to those whom I attended.

2, Richmond Park, Clifton,
Dec. 29, 1841.

ON

CROTON OIL IN TIC DOULOUREUX.

By J. A. EASTON, M. D.,

Professor of Materia Medica in Anderson's University; Member of the Faculty of Physicians and Surgeons of Glasgow, &c.

THE following is an addition to the facts, already published, regarding the efficacy of croton oil as a remedy in tic douloureux.

The observations of Janelli, of Sir Charles Bell, Dr. Newbigging, Mr. Cochran (of Edinburgh), and others, on croton oil as a remedy in nervous diseases, induced me to try that medicine in the subjoined case, which presented itself on the 10th inst. On that day I was requested to visit Mr. W. M., a gentleman, whose vocation as a commercial traveller necessarily exposes him to the full force of those sudden atmospheric changes which take place so frequently in our northern climate. Four days before this, Mr. M. had travelled for five hours, from five to ten, p.m., on the top of a coach during the prevalence of a piercing easterly wind. The day after this journey, he was seized with intense pain in the left side of the head; to relieve which, he applied of his own accord eight leeches to the affected part, and had recourse to Epsom salts and other purgatives. Deriving no benefit from his stock of *domestic therapeutics*—which he had completely exhausted—my services were requested on the 10th, as already mentioned. Pain, represented as excruciating and darting, is experienced at stated periods in the left side of the scalp from forehead to vertex, while pressure on the trunk of the left supra-orbital nerve augments his sufferings to an almost intolerable degree. The headach commences about five in the afternoon, and continues without intermission or abatement for fourteen hours, during which the patient is so distractingly agonised that he feels a strong desire to dash his head on the wall,

or on any other solid body that is within his reach. His friends state, that at this period he is slightly incoherent. With the termination of the dreaded fourteen hours, return tranquillity of mind and alleviation of pain. The bowels are regular, the pulse is 80, the skin cool, the tongue whitish; but it ought to be mentioned, that when these observations were noted, the headach, though severe, was comparatively tolerable. The following was ordered:—

R *Croton oil*, gtts. ij;

Compound extract of colocynth, gr. xij.

Make into four pills, of which let one be taken every two hours.

On the next day (the 11th) the headach was greatly relieved, though by no means removed. The medicine, to use his own language, had produced "above forty stools" of a yellow colour and most offensive smell. The urine was greatly increased in quantity, and of a deep-red colour. Desirous to follow up the success which had been evidently obtained, I ordered the pills to be repeated; but the severe purgation which they had induced formed an obstacle to their administration, which neither argument nor entreaty could overcome. Under these circumstances the treatment at first adopted was abandoned, and the following was substituted:—

R *Arsenical solution*, gtts. viij.

Three times a-day.

12. Pain of head returned yesterday afternoon with nearly equal intensity, and Mr. M. has passed a sleepless night. Will not consent to take the pills which were prescribed on the 10th. Increase the dose of the solution of arsenic to ten drops; and let half a drachm of tincture of aconite be rubbed upon the painful part of the head, morning and evening.

13. No change. Headach as severe as formerly, and of the same duration.

14. Headach as intense as on the 10th. Patient, having an impression that death will soon terminate his sufferings, will now submit to anything in the way of treatment. Omit the solution of arsenic and tincture of aconite.

R *Croton oil*, gtts. ij;

Crumb of bread, q. s.

Make into four pills; one to be taken every three hours.

15. Pain of head did not return until five hours after the usual period, and, when it did commence, was less severe; alvine evacuations frequent, but neither so copious nor so offensively foetid as formerly, and of natural colour; urine greatly increased in quantity. Continue the pills.

16. Had only four hours of pain which was moderate and tolerable; alvine evacuations abundant, but not profuse; no note of state or amount of urine. Continue the pills,