one on the day of the operation, the other on the following. The evacuations soon became plentiful, no unfavourable symptoms occurred, and the patient was quite well one month after admission.

CASE 3.—Strangulated Femoral Hernia.—Frances L., forty years of age, a married woman of habitual weak health, was admitted, April 8, 1851, under the care of Mr. Lloyd, affected with a strangulated femoral hernia of the left side. The tumour is of large size and situated entirely below Poupart's ligament; it extends down the upper part of the thigh, and appears to protrude from the saphenous opening. The swelling is firm and resisting; some impulse is communicated to it by coughing, and the skin covering it is distended and red. The countenance is anxious, the abdomen slightly distended, the tongue furred, the skin dry and hot, and the pulse 109, small and jerking; there is nausea, but no vomiting.

The patient states that she has never enjoyed good health since she first perceived a hernia on the right side, now about fifteen years ago. The tumour, from suddenly assuming a large size, had been difficult of reduction three different times; it was, however, each time replaced by a surgeon. On a fourth occasion the same practitioner could not succeed in reducing, and the patient was admitted into St. Bartholomew's Hospital under the care of Mr. Lawrence. An operation was then performed with complete success.

It was, however, on account of another hernial tumour on the left side, as above stated, that the patient was now admitted; this hernia had existed about twelve years; difficulty of reduction had only occurred once, viz., two years ago, when the tumour was replaced by the taxis. It had come down again since that time, but was of small size, and the patient was able to return it herself until a twelvemonth ago, when it began to cause her some inconvenience. The tumour has gradually increased in size, and for the last two months she had not been able to return it.

On the evening of the patient's admission her truss suddenly broke as she was stooping; the hernial tumour instantly increased in size, and being unable to return it, she applied to the hospital. Taxis, aided by the warm bath, failed to replace the hernia, and Mr. Lloyd therefore proposed an operation, which was performed in the usual way without opening the sac, whilst the patient was under the influence of chloroform. The stricture was situated at Gimbernat's ligament, and very tense; but it was divided without difficulty.

After the operation five grains of calomel and one of powdered opium were administered; vomiting occurred during the night, but the bowels were opened twice. When, on the third day, the pad and bandage were removed, an erysipelatous blush was noticed about the wound; it was confined to the left side, and mounted above Poupart's ligament; the abdomen was painful and distended, and febrile symptoms present. Mr. Lloyd directed twelve leeches to be applied to the iliac region, and small doses of mercury with chalk and opium to be taken every fourth hour. On the fourth day the symptoms were aggravated, the wound was suppurating, and some air noticed to escape from it. The leeches were repeated, a poultice applied, and the patient ordered small doses of calomel and opium.

On the fifth day a few bubbles of air continued to issue from the wound; the erysipelatous blush and pyrexia continued unabated; abstraction of blood by leeching was therefore again resorted to, and the patient ordered to take jelly. From this time the symptoms became less severe, the improvement continued, and about eighteen days after admission the wound began to close; it looked healthy, and the patient was gaining strength.

It will at once be perceived that the foregoing cases illustrate in a very distinct manner the immense advantage of operating early; in none were the symptoms very distressing; in none were they very urgent, but as soon as gentle taxis had failed, Mr. Lloyd operated without waiting until the constriction had caused inflammation and its consequences, without torturing the bowel by repeated manipulations, and without weakening the patient by tartar-emetic, tobacco, &c.

Whether the sacs not having been opened had much influence on the favourable results would be difficult to determine; it may, however, be supposed that one incision less was perhaps more favourable to the patients than the reverse. We should, however, not omit mentioning that it has been the practice of Mr. Lloyd since the publication of his paper in the *Medical Gazette*, now thirteen years ago, in which he supports Petit's operation, to treat all the cases of hernia which came under his care, and in which it was feasible, by the same method—viz., refraining from opening the sac.

We shall conclude by quoting from Mr. Gay's work on femoral hernia, a passage of Petit's book, where he answers the objections which were brought forward in his time against his operation: "It is objected that the operation is difficult with the director, which is peculiar to myself; there is not a surgeon who could not perform it with ease, however little dexterity he may possess; but the difficulty of a thing is not the question when it is useful and practicable."

"It is said that fluids are found shut up in the sac, which are returned into the cavity of the abdomen, where they may produce mischief; but I will ask those who make this objection, would they not, if they had reduced the tumour without operation, have returned it with the fluids which were contained in the sac, &c.?" He finally says, "my opinion is, that with the exception of gangrenous hernia, those in which the intestine is loaded with scybala, and some of those in which the intestine contains a foreign body, all others may be treated without opening the sac; there are some even which ought not to be treated in any other way."

Among the advantages of Petit's method, Mr. Key reckons "the less exposure of the vessels to danger, and the avoidance of hæmorrhage into the abdominal cavity in case an errant vessel should be wounded; the diminished risk of accidentally wounding the intestine with the knife, or of rupturing a portion of the bowel that might have undergone the ulcerative process from the pressure of the constricting band, a result which sometimes happens from drawing the bowel from under the stricture, in order to bring it into view. Again, collections of pus, which have been found at the mouth of the sac, attended with intestinal irritation and peritonitis, are not so likely to occur, if the sac be allowed to remain entire." (Gay on Femoral Hernia, p. 70.) We would refer those who are disposed to hear both sides of the question, to Mr. Hancock's Essay, where the opening of the sac is skilfully advocated.

OBSERVATIONS ON THE TREATMENT OF CERTAIN INTRACTABLE DISEASES OF THE SKIN, AS PURSUED IN THE PARISIAN HOSPITALS.

By JAMES W. BEGBIE, M.D. Edin.

LUPUS.—(continued from page 480.)

My own observation of the treatment of lupus in Paris, limited as it has been to a few months, will not allow me to express an opinion in regard to the return of the disease under the treatment by cod-liver oil; but I have heard several of the Parisian physicians speak strongly on this point, and M. Devergie has frequently mentioned, that relapses are less common, and when they occur, do so at much longer intervals, than under other methods. After my own observation of the efficiency of cod-liver oil, I cannot help contrasting it most favourably with the prolonged and frequently unsuccessful treatment of the disease by mercury, arsenic, and iodine. I might adduce many interesting cases, the records of which I have preserved, but have purposely selected the two following as illustrative of the plan of treatment I have seen so successful. The 1st, lupus in a scrofulous subject, treated and cured by cod-liver oil. The 2nd, lupus resisting at certain points the constitutional remedy, but cured after the employment of an epispastic.

CASE 1.—Early in Nov. last, a woman, aged thirty-six, entered the Hospital St. Louis, under the care of M. Devergie. She was from the country in the vicinity of Paris. The disease first attacked her fourteen years ago, but after continuing for some months, under the influence of treatment it healed. At various periods during this long interval the disease has reappeared, but after some months' continuance, and followed by the loss of a good deal of the surface attacked, it has declined. The disease originally began in a pimple at the junction of the left ala nasi and cheek; now both alæ are completely destroyed, and there exist a large number of small dark-red tubercles, situated on an inflamed base, which occupies the summit and both sides of the remainder of the nose, and the upper lip presents the same appearance. The disease returned some months ago, and has resisted remedies employed in the country. The patient is very scrofulous in appearance, and has enlargement of the cervical glands. Ordered cod-liver oil.

On the 14th of December, M. Devergie drew the attention of his clinical class to the improvement effected in this case. There then existed no tubercles, the inflamed character of the sore had passed away, and the lip was nearly cicatrized.

There was a small ulceration on the lower left eyelid, which M. Devergie touched with lunar caustic, because, though not lupine in appearance, such are always suspicious. Cod-liver oil continued.

On the 21st, the sore was completely healed. The patient remained a few days longer, and then left the hospital, with instructions to continue the oil.

CASE 2.—A young woman came under the care of M. Devergie, in the end of November, with tubercular lupus of the left cheek and nose. The disease had first manifested itself in the same situation as in the former patient, and after some weeks a tubercle had appeared on the cheek. There existed no great destruction of parts, the ulceration of the cheek being only the size of a groat, but the appearance was threatening. The constitution evidently scrofulous.

She was ordered cod-liver oil in large doses, and after its employment for six weeks, there resulted the cicatrization of the sore, except at two points, both of these on the cheek. The skin in the neighbourhood of these had that delicate puffy appearance, familiar to all who have watched the progress of lupus. To these two spots M. Devergie, on the 4th January, applied the chloride-of-zinc paste in the manner already described; after a few days the parts so treated presented a perfect cicatrization.

I should mention that M. Devergie is frequently in the habit of prescribing the cod-liver oil in much larger doses than I have seen done by any other physician—in doses of three and four wineglassfuls twice a day. The languor and indigestion, which frequently follow the dose of cod-liver oil, he further prevents by the combination with it of tonics, especially gentian.

(To be continued.)

DEATH FROM RUPTURE OF THE FALLOPIAN TUBE DURING EXTRA-UTERINE PREGNANCY.

By FRANCIS ROGERS, M.R.C.S., Hants.

ON the 14th of last October, I was requested, in my way through the village of Warnford, to call on Mrs. Eliza C—, the wife of a respectable man, in the employ of E. R. Tunno, Esq. She represented herself to have been unwell for some days, and attributed her indisposition to over-exertion. The statement and the symptoms were as follows:—Considered herself pregnant; believed she was about to miscarry; had laboured under an uterine discharge for some weeks; twenty-eight years of age; mother of five children. The tongue was moist, but coated at the root; she had been sick two or three times; complained of weakness in the back; abdomen tense, but free from pain on pressure; the pulse about 75; the skin moist; face covered with large drops of perspiration. I ordered for her compound infusion of roses, eleven ounces; syrup of orange-peel, an ounce; diluted sulphuric acid, a drachm; tincture of hyoscyamus, two drachms. Mix. Three tablespoonfuls to be taken every six hours.

I saw her early on the following day, the 15th; she had passed a restless night; had been sick several times, ejecting bile; complained of a dragging weight in the back; the abdomen tense, but not painful on pressure; tongue moist; pulse 80; the bowels constipated, and very flatulent; uterine discharge slight. I directed the following:—Compound extract of colocynth, five grains; chloride of mercury, three grains. Mix, for pills; to be taken immediately. Compound infusion of senna, an ounce; sulphate of magnesia, three drachms; manna, two drachms; tincture of senna, a drachm; compound spirit of ammonia, twenty drops. Mix, for a draught, four hours after the pills. Effervescing draughts occasionally.

The same evening the husband called on me, stating that the medicine had not acted, the draught being rejected immediately after having been taken. At this period I felt some concern about the case, and having furnished him with another draught of the same character, requested that, if necessary, I might be sent for in the night, or early next morning.

Not hearing the ensuing day (the 16th) I concluded the patient was better. In the course of the day I called on her, and, as I anticipated, found her improving: the bowels had acted freely; the flatulent state of the stomach was much relieved; the sickness abated; and in every respect she was progressing satisfactorily. I directed her to discontinue the effervescing medicine, as it felt cold on the stomach; and after a proper interval I recommended another dose of the compound extract of colocynth and calomel, followed in a few hours by an aperient draught.

On the afternoon of the 17th I saw the patient again; the medicine had acted well; every uneasy sensation before described had moderated; she felt persuaded that the aperient plan had benefited her, and was sure, from having felt bilious a long time, that it was necessary.

She entered into conversation of an ordinary kind, and was very cheerful, a good night being all she required in her own opinion to restore her to her usual health. She continued in this state up to ten, P.M. About eleven o'clock the same evening my immediate attendance was requested, the patient having, as it was stated, changed suddenly for the worse. With as much expedition as possible I hastened to the case, and on arriving my astonishment was as great as my anxiety. With a small, quick pulse, perfectly bloodless countenance, extreme restlessness, constant sickness, a bursting sensation in the abdomen, hands and feet perfectly cold,—I could but silently agree with her often-repeated exclamation, that she must die. Stimulants internally, warmth externally, and the rapid employment of every available measure calculated to rouse and support the sinking powers, gave us a hope for a short time that she would rally; but at the expiration of an hour or two, with a quick movement she turned on her left side, and immediately expired.

Those who, in common with myself, are entrusted with the lives of their fellow-creatures, can well understand the regret felt at the loss of a patient under circumstances so unexpected.

With a pardonable anxiety to have the mystery by which the case was enshrouded, cleared up, and to restore confidence in my own judgment, as well as to lighten the responsibility which the public attach to the office filled by those in whose hands the issues of life and death are presumed to be placed, I asked for a post-mortem examination; the husband readily consented to my wish.

Before instituting an inquiry, I ventured to express to the friends my belief that some important organ within the abdomen had suddenly given way, as the symptoms immediately preceding death resembled those that are witnessed in rupture of the hollow viscera.

Post-mortem examination eighteen hours after death.—The body appeared perfectly exsanguine; on making a perpendicular section of the abdominal parietes, a large quantity of fluid blood escaped. To render the investigation easier, a transverse section was required. Before proceeding farther, it was clear that death was owing to internal hæmorrhage; the escape of fluid blood over the sides of the incisions was immense.

The precise seat of lesion was the next point to determine. After removing a large quantity of blood partly coagulated, I could recognise the different organs within the pelvis.

The uterus was somewhat larger than in the unimpregnated state; the bladder empty; the right ovary, with the Fallopian tube and fimbriated extremity, healthy, and in their natural situation. On the left side, about two inches from the ovary, I discovered an enlargement about the size of an orange, which at first looked like a firm coagulum, but by washing it carefully it soon became evident that it was an organized body, and on closer inspection the peculiar structure of the placenta was apparent. The ovum I could not discover; it was no doubt lost in the enormous quantity of blood effused after the rupture of the Fallopian tube. The vagina had a covering of dark blood, and the uterus itself, at the fundus, was coated with a tenacious fluid, which could easily be wiped off.

No practical advantage may follow the record of this case; to myself, however, the utmost satisfaction arose from the inquiry, as it must be acknowledged that by no foresight could such a result have been anticipated, whilst no treatment from the commencement could have prevented such a termination.

Westmeon, near Petersfield, Hants, June 1851.

THE QUEEN'S COLLEGE, BIRMINGHAM.—The Rev. Dr. Samuel Wilson Warneford has presented to his trustees, the Rev. Chancellor Law, the Rev. Vaughan Thomas, B.D., and William Sands Cox, F.R.S., the munificent donation of £500 towards the completion of the east wing of the quadrangle. He has also augmented to £4400 his endowment for the professorship of Pastoral Theology, in addition to his former endowments of £2000 for the Wardenship and lectures on Morals and Theology; £2000 for the Chaplaincy of the College and the Queen's Hospital; and £3000 endowments for medical scholarships, medical prizes, and a resident medical tutor.