with it, we have also seen how nearly it touches the high and mysterious question of spontaneous generation.

These several questions may, indeed, all be summed up in this one, whether or not, and under what limitations, things specific in their nature, and which multiply by propagating their own kind, may also be engendered in other ways. This great question, in one form or another, is at this time powerfully agitating the minds of scientific men. Under the influence of discussion our conceptions of its conditions are gradually clearing up, so that we may hope that here, as in other subjects, this period is the prelude to discovery.

22, Park-street, May, 1842.

CASES ILLUSTRATIVE OF THE PATHOLOGY OF DISEASE OF THE HEART.

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To the Editor of THE LANCET.

SIR,—I beg leave to transmit the following cases in illustration of the pathology of cardiac disease. My object in this paper is not only to show the connection between the physical and rational signs and the organic lesions, but to point out the morbid changes in other organs, especially in the lungs, liver, and brain, which are almost invariably found to accompany derangement of structure in the chief organ of the circulation. I remain, Sir, your obedient servant,

R. H. SEMPLE, Surgeon.

Islington, May 5, 1842.

CASE 1.—*Disease of Mitral Valves; Hypertrophy; Pulmonary Hæmorrhage; Meningitis.*

Jane P., ætat. 34, formerly a shoebinder, has been married sixteen years, has borne six children, and has generally enjoyed good health; has never suffered from any attack of rheumatism. For the last two years, however, she has been troubled with a slight cough, and six months ago she was attacked with violent shivering, with increase of cough and spitting of blood. A month after this attack the menses ceased, and they have not since returned; about the same time also anasarca began to appear, the swelling commencing in her thighs, proceeding downwards to her legs and feet, and, lastly, appearing in her belly. She was attended by a medical gentleman, and at first derived some benefit from the medicines prescribed; she, however, subsequently became worse, and was admitted into the Islington Infirmary April 21, 1842. At the time of her admission she presented the following symptoms:—The face is rather plump, and there

is some colour in the cheeks, but the lips are purple and the eyelids cedematous; the arms are emaciated, and there are numerous livid marks upon the hands and fingers; she lies on her right side and breathes with difficulty, the muscles of the neck being called into action at every inspiration; she does not sleep well in general, and attributes her restlessness to cough, and the weight and inconvenience of the dropsical effusion. The feet, ankles, legs, thighs, and labia, are enormously distended with fluid, and pit upon pressure; the abdomen is also greatly distended, the distention rising above the ensiform cartilage of the sternum; there is distinct fluctuation felt in the abdomen between the pubes and a line drawn six inches above the umbilicus, but above this line percussion gives a tympanitic sound; urine scanty, turbid, of a dark red colour, and depositing a copious sediment; pulse 128, very weak and thready, but not irregular; bowels confined; tongue rather white; appetite good; some thirst. She has a little hacking cough, not attended with expectoration.

Physical Signs.—Percussion gives a clear sound beneath the clavicles, but the precordial dulness is heard over a much greater space than usual; on laying the hand over the region of the heart, the action of that organ can be distinctly felt accompanied by a thrilling tremor.

Auscultation.—Action of the heart very strong, lifting up the stethoscope, and perceived over a great extent to the right of the sternum. A loud bellows-murmur accompanies the first sound of the heart, prolonged into and obscuring the second sound, which is sharp and clicking. This murmur is heard most distinctly towards the apex of the heart, though it is impossible to apply the stethoscope directly to the apex, in consequence of the great distention of the abdomen which encroaches upon the thoracic region; no bellows-murmur in the carotids; sibilant, sonorous, and mucous rhonchi heard in various parts of the chest, but not very loud.

The diagnosis was disease of the mitral valves with hypertrophy and dilatation. The prognosis was necessarily unfavourable. She had a strong desire to be tapped, and it was determined that the operation should be performed in a day or two, not with the hope of materially improving her health, but to relieve her of some of the more urgent symptoms of the disease. In the mean time she was ordered milk and broth daily with a little meat, and the following medicines:—

Rx *Jalap powder*;

Bitartrate of potash, aa, ʒj.

To be taken immediately.

Rx *Tincture of digitalis*, m. v;

Solution of iodide of potassium, m. xx;

Mint water, ʒj.

The draught to be taken every four hours.

23. No better; bowels not open; has made very little water, which is of a dark

red colour, and very turbid; slept very little last night; pulse very feeble.

R *Castor oil*, ℥ss;

Croton oil, gtt. j.

To be taken immediately.

24. Bowels have been relieved, but there is no material alteration in the symptoms. To continue the mixture, together with the following:—

R *Elaterium*, gr. $\frac{1}{2}$;

Colocynth pill, gr. iij.

A pill to be taken every four hours.

25. Has had one motion after each pill, but the stools are not watery. In all other respects she continues in the same state.

26. Paracentesis of the abdomen was performed, and eleven quarts of thin straw-coloured fluid were removed. She bore the operation well, and seemed relieved by it. She was ordered three glasses of port wine.

Seven, p.m., same day. Feels very weak, but is not in any pain; complains of great difficulty of breathing and want of sleep; pulse very feeble; action of the heart strong, heard over a great space, and accompanied by prolonged bellows-murmur, heard chiefly at the apex. She was ordered another glass of wine and the following draught:—

R *Tincture of opium*, m. xx;

Mint water, ℥j.

To be taken immediately.

27. Has slept well, and says that she feels better. There is still great difficulty of breathing; pulse 136, very feeble; respirations 40 in the minute; bowels confined; has passed very little urine; abdomen tympanic; she has spit a considerable quantity of blood, which is in clots, and of a dark colour. She was ordered two glasses of port wine every day, and the following draught:—

R *Tincture of squills*, m. xx;

Epsom salts, ℥ss;

Infusion of senna, ℥j.

To be taken every four hours.

28. Feels worse; bowels have not been open; no sleep; has vomited some dark thick matter, which appears to be blood acted upon by the gastric juice; has also spit a large quantity of florid blood mixed with froth. To take ℥ss of castor-oil, and the following:—

R *Tincture of digitalis*, m. v;

Epsom salts, ℥ss;

Infusion of senna, ℥j.

The draught to be taken every four hours.

29. Much the same as yesterday; has again spit a large quantity of dark-coloured blood; complains of great difficulty of breathing and tightness of the chest with palpitations.

Physical Signs.—Action and sounds of the heart the same as those above described. Percussion of the dorsal region gives a dull sound over the thorax on each side of the

vertebral column; muco-crepitant rattle heard extensively in the same regions, and bronchial respiration on the right side.

Diagnosis.—Pulmonary hæmorrhage, which was distinguished from pneumonia (which it very much resembles in its physical signs), by the character of the expectoration. As it was considered useless to adopt any active measures, she was ordered to apply a mustard poultice to the epigastrium, to relieve the urgent dyspnoea, and to take the following:—

R *Dilute sulphuric acid*, m. v;

Epsom salts, ℥ss;

Infusion of roses, ℥j.

The draught to be taken every four hours.

30. Appears to be sinking; has again spit a large quantity of very dark blood. A spot of sphacelus has appeared over the sacrum.

She died on the 1st of May at ten, a.m., having been delirious during the preceding night.

Post-mortem Examination Forty-five Hours after Death.

The legs were anasarcaous; the abdomen tympanic; a quantity of bloody fluid flowed from the mouth. The parts of the body not infiltrated with fluid were emaciated.

Head.—The scalp, skull, and dura mater, presented no morbid appearance. The arachnoid membrane was inflamed, and its minute vessels injected; it was thickened in a few places, but was in general easily torn and separable from the pia mater and from the convolutions. A considerable quantity of thin serous fluid was found between the layers of this membrane on the surface of the brain, in the ventricles, and in the vertebral canal. The substance of the brain presented no peculiar appearance, except that some parts appeared to be of softer consistence than the rest.

Chest.—The cavity of the pleura on the right side contained more than a quart of thin bloody serum, probably poured out shortly before death, as there were no adhesions on this side, nor was the lung compressed. On the left side there were some rather strong adhesions between the costal and pulmonary portions of the pleura. The right lung presented a dark congested appearance externally; the upper lobe was emphysematous at the edges. The upper and middle lobes when cut exhibited patches of dark extravasation defined by a distinct border. The whole of the posterior lobe of this lung was converted into a dark mass, very solid, of a deep purple colour, approaching to black, exuding blood of the same colour from its cut surfaces. These appearances clearly indicated the existence of pulmonary hæmorrhage, the apoplexia pulmonum of Laennec, which was detected during life. This disease, which is not very common, presents a considerable resemblance

to pneumonia in some of its forms, but may be distinguished by its very dark colour, approaching to black, and by terminating abruptly by a distinct border, and not passing gradually into the colour of the surrounding tissue. The mucous membrane of the bronchi was of a deep purple colour, apparently from infiltration from the adjacent congested parenchyma; the bronchial tubes contained no frothy mucus. The left lung presented the same morbid appearances as the right, except that the dark patches of extravasation were not quite so extensive. The heart was enlarged, and extended to an unusual distance to the right of the mesial line, almost as much being placed on the right side as on the left. The right auricle was very much dilated, and contained a large clot of blood; the right ventricle was also dilated, and the carneæ columnæ were very much thickened; the cavity also contained a large clot of blood with fibrin in its centre. The tricuspid valves and the pulmonary semilunar valves were healthy. The left ventricle was hypertrophied, and the carneæ columnæ were thickened. The auriculo-ventricular opening on this side was very much contracted, and was scarcely large enough to admit the passage of a goose-quill, although this aperture will usually admit the entrance of two fingers. This contraction was owing to the disease of the mitral valves which had grown together, forming a tough, strong, cartilaginous tube round the orifice. The semilunar aortic valves were not diseased, but the opening was contracted so as hardly to admit the passage of one finger.

Abdomen.—There were upwards of two quarts of thin serous fluid in the cavity of the abdomen. The colon was enormously distended with gas. The liver was very dense in its consistence, and its substance was highly congested. The stomach presented no morbid appearance, and the spleen, pancreas, kidneys, and other organs were all healthy.

This case illustrates the train of morbid phenomena which arise in consequence of obstruction existing in one of the orifices of the heart. Owing to the contracted state of the mitral valves, the left ventricle does not receive a sufficient supply of blood to furnish to the arterial system, and hence the weak, thready pulse and general debility. As the blood cannot pass through the left side of the heart, it necessarily accumulates in the lungs; and hence congestion of those organs, with cough and difficulty of breathing. In consequence, too, of the obstruction in the lungs, the right ventricle and auricle become dilated and hypertrophied, owing to the forcible but vain efforts which they make to propel the blood through the congested lungs. From the accumulation of blood in the right side of the heart, the whole venous system becomes congested; the liver is gorged with blood; the veins are universally distended;

the absorbents lose their power; hence arises lividity of the lips, feet, and hands; and hence too arise effusions into the serous cavities and into the general cellular tissue. In a more advanced stage the congestion in the lung passes into pneumonia or pulmonary hæmorrhage; and the brain, being influenced like the other important organs of the body, becomes congested, its membranes become inflamed, and pour forth fluid into its cavities, and its substance being also affected, becomes the subject of inflammation, ending in common softening or extensive ramolissement.

The diagnosis in this case was not difficult. As dropsy is very seldom, if ever, idiopathic, the seat of disease was sought for in some important organ; and the heart was first examined. It was found that its action was very strong, and felt over a great space; it was therefore concluded that there was increase in the volume of the organ. The first sound of the heart was accompanied by a loud and prolonged blowing or bellows-murmur, whence valvular disease was suspected; and as this blowing murmur was heard loudest at the apex of the heart, the mitral valves were fixed upon as the seat of disease.

The prognosis was necessarily unfavourable; and in such a complication of morbid actions, no remedial means could be expected to produce a beneficial result.

CASE 2.—*Disease of Mitral Valves; Pneumonia; Ramolissement.*

On the evening of Nov. 16, 1841, I was sent for to attend Sarah T., ætat. 52, a pauper patient in the Islington Infirmary. When I arrived I was informed that she had had a fit, and had been insensible about a quarter of an hour. When I saw her, however, she was in full possession of her mental faculties; but she spoke very indistinctly in consequence of an accident she had met with many years ago, and by which she lost, by exfoliation, large portions of the left upper jaw-bone and of the nasal bones. Her mouth, in consequence of the same accident, was habitually distorted. She had not been inclined to sleep previous to the attack, but, on the contrary, had suffered from the want of sleep. She complained of total inability to move the left arm, and when it was lifted by another person, as soon as the hold was relaxed, it fell down like an inanimate mass. But when the skin of the hand or arm of this side was pinched she immediately complained of the pain; she was able to move the left leg as well as the right, and both legs seemed endowed with the usual amount of motory and sensitive power. The pupils presented no unnatural appearance, but were of the usual size and shape: she complained of great pain in the abdomen, with a disagreeable taste in the mouth and flatus; tongue

moist; not much thirst; pulse rapid and irregular; bowels rather confined.

Physical Signs.—The action of the heart was very irregular; a loud blowing murmur accompanied the first sound, heard chiefly at the apex; no murmur in the neck.

R Carbonate of magnesia, gr. v;

Essence of peppermint, m. v;

Epsom salts, 3ss;

Infusion of senna, ʒj.

The draught to be taken every four hours.

17. She was this morning again very carefully examined, in order to form, if possible, a correct diagnosis; but although the paralysis of the left arm gave me reason to suppose that disease of the brain existed, the other symptoms were too vague and unsatisfactory to point out the precise nature of the cerebral lesion. The pupils were of their natural appearance; she had passed a sleepless night; she was in full possession of her mental powers. The left arm was still perfectly sensible, though it had entirely lost the power of motion; no paralysis existed in any other part. The patient complained of great pain in the abdomen and back, which she said was increased on pressure; but as this external sensibility was general over the whole body, it was considered to be neuralgic.

R Tincture of opium, m. x;

Mint water, ʒj.

The draught to be taken immediately, and repeated every four hours.

19. The symptoms are much the same, but she appears to be sinking; pulse very feeble, but the action of the heart remains strong, the murmur loud, and the motions irregular; tongue dry and furred; great thirst; headach, and occasional nocturnal delirium. She was ordered a glass of port wine daily, and the following:—

R Aromatic spirits of ammonia, m. xx;

Compound tincture of lavender, m. x;

Mint water, ʒj.

The draught to be taken every four hours.

20. On a physical examination of the chest, a crepitant rhonchus was detected at the lower and posterior part of the right lung. There was no cough, dyspnoea, or expectoration, but the presence of pneumonia was clearly indicated by the physical sign, and by that alone. The state of the pulse precluded the possibility of abstracting blood, and in consequence of the general depression of the vital powers it was not judged expedient to discontinue the use of the wine and ammoniacal mixture. But the following was ordered in addition:—

R Calomel, gr. iii;

Opium, gr. ss.

To be taken in sugar immediately.

The two following days the symptoms remained essentially the same; the crepitant rhonchus continued, but, as from the first, without any cough, expectoration, pain, or any other rational symptom of pneumonia,

adding another instance to many already observed and recorded, in which the only evidence of this formidable disease is to be derived from auscultation; and proving the necessity in all cases of examining the condition of the lungs and heart, whether those organs appear to be affected or not. The calomel and opium, together with the wine, and the draughts mentioned above, were continued daily, but without any amelioration of the symptoms. She gradually sunk, until November 23rd, when she expired, having been in full possession of her mental faculties for many hours before her death, complaining of excessive tenderness of the abdomen and back, but never referring her complaint either to the head or the chest, which were the real seats of disease, and were so considered during life, although the violent pain complained of in other parts was calculated to mislead.

Post-mortem Examination.

Head.—The skull-cap, skull, and dura mater, presented no remarkable appearance. The arachnoid membrane was much inflamed, its vessels being minutely injected; it presented an opalescent appearance, owing to a quantity of thin, transparent, serous fluid effused beneath it, and which escaped in great abundance from the surface of the brain and the spinal cord during the dissection. The substance of the left hemisphere was healthy, and of its natural consistence; the ventricle of the same side contained an unusual quantity of thin serous fluid. On examining the right hemisphere a patch of softening was discovered in the anterior lobe, above the roof of the ventricle, and not extending to the surface of the brain; the softened part was two inches in length and one in breadth, of a curved form. The softened part was of a dirty brown colour, and of a ragged, ulcerated appearance. On inspecting the ventricle of the right side, it was found that the corpus striatum was softened, its surface presenting a ragged appearance, uncovered by the layer of arachnoid membrane which lined the rest of the cavity. On tracing the diseased mass, it was found that the softening involved the whole of the corpus striatum of the right side, with the exception of a small portion of the white substance, and extended as far as the inferior surface of the brain. The whole of the softened part was of a pulpy consistence, and of a dirty ash-grey colour, the grey and white substances being apparently mixed up together into a confused mass.

Chest.—The right lung was adherent to the parietes of the chest by strong bands; the left lung was not adherent. The heart, on a superficial view, appeared larger than usual. The right auricle and ventricle, the pulmonary artery, and the venæ cavæ, contained a large quantity of half-coagulated blood, together with large coagula of fibrine

of a straw colour. The parietes of both ventricles were rather thick, and the carneæ columnæ were increased in size. The tricuspid valves, and the semilunar valves of the aorta and pulmonary artery were healthy; but the mitral valves, as was indicated by the symptoms during life, were found diseased. The auriculo-ventricular opening of the left side was very much contracted, so as scarcely to admit one finger, and the mitral valves were thickened and indurated so as to form a strong, narrow tube.

The right lung was generally congested, and the posterior part of the inferior lobe was highly inflamed. The cut surface presented a dark red colour, and a large quantity of frothy fluid flowed from the incision. The substance, however, was not hepatised, but crepitated as usual, showing that pneumonia had not proceeded beyond the first stage.

Abdomen.—The liver was congested; the kidneys somewhat enlarged; the intestines perfectly healthy. There was no appearance whatever in the abdomen to account for the agonising pain, of which she complained during life.

CASE 3.—Hypertrophy of Heart; Pneumonia; Meningitis.

Hannah P., ætat. 64, a thin, debilitated woman, an inmate of the Islington work-house, who had frequently suffered from attacks of dyspepsia, chronic bronchitis, and other diseases, was seized on the 6th of March, 1842, with an attack of vomiting, attended with acid taste in the mouth, flatulence, pain at the stomach, and general uneasiness. She was ordered the following:—

R Tincture of opium, m. vi;
Carbonate of magnesia, gr. v;
Epsom salts, 3ss;
Infusion of senna, ℥j.

The draught to be taken every four hours.

7. The more urgent symptoms have been somewhat relieved by the medicine, but she still feels great languor and uneasiness with prostration of strength, without being able to refer her malady to any particular part; pulse 104, very weak, irregular, and difficult to be counted; action of the heart very irregular, impulse weak; no morbid sound; does not complain of cough, difficulty of breathing, or pain in the chest, but it is obvious that her respiration is embarrassed, for the muscles of the neck and face are brought into violent action during each performance of that function. On examining the chest by auscultation, crepitant rhonchus was heard in the lower lobes of both lungs posteriorly, more particularly on the right; the expectoration was scanty, very glutinous, adhering to the pot, and of a rusty brown colour. Thus the existence of pneumonia was manifest, but owing to the depression of the vital powers it was not considered proper to abstract blood. She was ordered to apply a

blister to the sternum, and to take the following:—

R Calomel, gr. ii;
Opium, gr. ss.

To be taken in sugar every four hours.

R Ipecacuanha wine, m. xx;
Mint water, ℥j.

The draught to be taken every four hours.

8. Feels a little better, but she has a cough attended with thick, tenacious, copious rusty-brown expectoration; crepitant rhonchus heard in the inferior portion of both lungs; action of the heart very irregular, but the impulse to-day is strong, and felt over a great space; there is no morbid sound; pulse very feeble and irregular, 88; tongue brown. To continue the powders and draughts.

9. Says she is better; but she still spits the same viscid, brown sputa, and her respiration is embarrassed, 32 in a minute; pulse 104, very feeble and irregular; tongue brown and furred; great thirst; crepitant rhonchus heard in both lungs; bronchial respiration on the left side in front, and on the right side back; prognosis unfavourable. To take a glass of port wine daily, and to continue the draughts and powders.

11. Exhibits no marked sign of improvement, though she still says that she is better; bronchial respiration very distinct in the upper portion of the right lung, exactly resembling cavernous respiration, from which it was distinguished by the previous history of the case; pulse 120, more regular than before; tongue brown, dry, and furred; hectic flush on cheeks; great thirst; sputa, as before, very copious.

She died March 13th.

Post-mortem Examination Sixteen Hours after Death.

The body was emaciated.

Head.—The scalp and skull presented no morbid appearance. The dura mater was congested, and the sinuses full of half-coagulated blood. The arachnoid membrane and pia mater were inseparably connected, and their vessels, both arteries and veins, to their minutest ramifications distended with blood. The arachnoid membrane was not much thickened, except at the vertex, where it presented an opaque, pearly appearance, owing to the effusion of serous fluid beneath it, and which amounted to about three fluid ounces. The substance of the brain was of a darker colour than usual, and its cut surface exhibited a number of bloody points. There was a little fluid in the ventricles; their serous lining membrane was congested, and the choroid plexuses were cedematous. The consistence of the brain itself was firm throughout. There had been no symptoms during life indicating cerebral disease.

Chest.—There were no adhesions between the costal and pulmonary portions of the pleuræ. The right lung was much enlarged

and exceedingly heavy. The upper lobe was completely solidified, and the substance, when cut, presented a soft, cheesy consistence, of a dull ash-colour, totally destitute of crepitation, and filled with innumerable small cavities, whence a thick yellowish pus exuded. This exhibited the grey hepatitis passing into the third stage of pneumonia, viz., purulent infiltration. The middle lobe of this lung was congested, of a dark, scarlet colour, and when cut, poured forth a quantity of frothy fluid mixed with blood. In the inferior lobe of the left lung at its posterior part, the texture of the organ was much reddened, and, on being cut, it also poured forth a quantity of frothy mucus mixed with blood. These last-mentioned parts exhibited the first stage of pneumonia. The bronchial tubes were inflamed, and contained a small quantity of frothy fluid. The heart appeared externally rather above the natural size; it was found that the cavity of the left ventricle was rather diminished in size, while its walls were very much thickened, thus presenting an instance of simple hypertrophy. The ventricles and all the valves were healthy, as was expected from the absence of any murmur during life.

Abdomen.—The liver was much enlarged, and its peritoneal covering was opaque and thickened. The substance of the organ exhibited marks of congestion, the ultimate ramifications of the portal vein which surround the minute lobules being of a darker colour than the inclosed spaces. The spleen was of a dark colour, very soft, and easily torn. The kidneys were rather larger than usual, and their texture was congested; the intestines also bore the marks of congestion, but were otherwise healthy.

There is a considerable similarity existing in the above three cases. In all there was disease of the heart, the mitral valves being affected in cases 1 and 2, the left ventricle being hypertrophied in case 3. In all there was disease of the lungs, clearly consequent upon the cardiac lesion, pulmonary hæmorrhage being the form assumed in case 1, pneumonia in cases 2 and 3. The liver was congested in all. The brain was affected in all the cases; inflammation of the arachnoid membrane with effusion of fluid being observed in each case, and extensive ramollissement being superadded in case 2. In all the cases the nature of the morbid action was ascertained during life, except in the case No. 2, in which the symptoms of ramollissement were too obscure to determine its existence; but it must not be forgotten that disease of the most important organs may remain undetected during life, and unsuspected even by the patient, when sudden death stops short his career, and the post-mortem examination alone indicates the seat and nature of the organic lesions.

STRANGULATED HERNIA

SUCCESSFULLY TREATED BY
EXHAUSTION THROUGH THE
ELASTIC TUBE.

To the Editor of THE LANCET.

SIR,—I am induced to submit to you the accompanying case of strangulated hernia, successfully treated by exhaustion through the elastic tube, believing that every fact is deserving of record which tends to increase the number or confirm the efficiency of those agents by the use of which a dangerous operation, otherwise unavoidable, may be sometimes dispensed with. I am, Sir, your obedient servant,

CHARLES S. WEBBER, Surgeon.
Orford, Suffolk, May 10, 1842.

On Sunday, the 3rd of May, at 10, a.m., I was requested to visit Benjamin Nickels, wheelwright, aged 20, whom I found labouring under the usual symptoms of strangulated hernia. The rupture was stated to have existed from birth, and had hitherto been easily reducible, having been kept up by a truss, which the patient had worn for years, but which he had carelessly laid aside the preceding week. On Friday morning, while he was at work, the bowel descended; and, after considerable effort, he found himself unable to return it. From this period symptoms of incarceration rapidly set in, and had been increasing in intensity up to the time when I saw him, about eight-and-forty hours.

The tumour, which occupied the scrotum on the right side, was of the size of a goose's egg, remarkably tense and unyielding, particularly at the neck of the sac; there was great tenderness and distention of the abdomen; an oppressive girding and dragging at the scrobiculus cordis; a quick and wiry pulse; much anxiety of countenance; occasional hiccough; frequent vomiting; obstinate constipation, the bowels not having been relieved since the commencement of the attack, although he had taken aperients before requesting medical assistance.

The taxis was diligently and carefully applied for about twenty minutes without success. The patient was then bled to syncope, and the taxis again had recourse to, followed by the application of cold to the tumour, and such other of the usual remedial measures as circumstances permitted. These having been employed for the space of an hour and a half with no better result, I had determined to proceed to the operation, when the idea of passing the elastic tube per anum, as first recommended by Dr. O'Beirne (and practised recently by your correspondent, Mr. Haine Maunder, of Collumpton,*) suggested

* Vide LANCET, vol. xxxvii., p. 693.