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TWO CASES OF STRANGULATED INGUINAL HERNIA.

[Under the care of Mr. LE GROS CLARK and Mr. QUAIN, at St. Thomas's Hospital, London.]

ALTHOUGH there is some difference of opinion amongst surgeons as to the propriety of opening the sac in the operation for strangulated hernia, we are confident that the peritoneal investment is never laid open, except the surgeon conscientiously thinks the measure necessary. But even when this necessity is most manifest, there may be some apprehension in the mind of the operator, who is apt to ask himself whether he is not, by laying bare the intestine, jeopardizing his patient's life?

Now, it must be evident to those who see a great many of these operations, that the opening of the sac, and even the decidedly dark color of the bowel, are, to say the least of it, pretty often followed by favorable results. Of course, we are only stating a general impression, and know full well that accurate statistics are indispensable for settling the question; but we are nevertheless anxious to select from the numerous cases which come under our cognizance, a few, which may tend to allay certain fears which operators might experience. For ample information on the subject, we beg to refer to Mr. Hancock's excellent monograph "On Petit's Operation." Here follow Mr. Clark's cases, as noted down by Mr. Tyrrell, house-surgeon to the Hospital.

CASE I.—James B——, a railway porter, aged 24 years, was admitted into Henry's ward on October 11th, 1854. The patient states that he has always been subject to a small swelling in the right side of the scrotum, which caused him no pain or anxiety. The tumor was, at times, increased by another swelling, which appeared occasionally in the groin; but the hernia never stayed down long, and could always be returned without giving him any pain or inconvenience.

On the night before admission, his bowels were open freely and the man retired to bed as usual, there being no swelling in the groin beyond that which was constantly there. He was, however, woke rather earlier than usual by uneasiness in the abdomen, when he found the swelling in his groin larger than he had yet noticed it. It, however, did not arouse any fear in his mind; but, as the pain continued, he went to a surgeon, and, complaining only of abdominal pain, was ordered some simple purgative. This made him sick, but produced no motion; he therefore went again, and mentioned the tumor, which the surgeon tried

in vain to return. He was then sent to the Hospital, which he reached about 1 o'clock.

On admission, the patient was found to have a swelling, about the size of a turkey's egg, occupying the position of an inguinal hernia. He was complaining of great pain in the belly, there was sickness, his pulse was weak, and his tongue a good deal coated. Attempts were made, by taxis, to reduce the hernia, but without effect. Ice was then applied until half past six, P.M., when, after another attempt at reduction by taxis, Mr. Clark decided on immediate operation.

It was accordingly proceeded with in the usual manner. After dividing the integuments, some smart hemorrhage took place, and three arteries required the ligature. On arriving at the peritoneal investment, an attempt was made to return the contents without opening the sac, but this was found to be impossible, from the stricture existing in the neck of the sac itself. The latter was accordingly opened, and a considerable quantity of fluid, not exactly resembling the serum usually found in hernial sacs, escaped. This was the fluid of a hydrocele. The gut was found to be of a dark claret color; there was a large quantity in the sac (five or six inches of intestine); and it was, after some little delay, returned into the abdomen. The testicle was found in the sac, proving the hernia to have been of a congenital nature. The wound was now dressed, the patient returned to bed, and at half past 8 he was fast asleep with the chloroform; at 12 he woke, and, as he did not feel inclined to sleep, he had twenty drops of laudanum.

The next morning the patient was all the better for his sleep, though he had some little pain in the head. The bowels had not been opened in the course of the day; he had some slight pain in the abdomen, for which he was ordered to take, every sixth hour, two grains of calomel and a quarter of a grain of opium.

No evacuations took place until about half past 2 the following day, forty-three hours after the operation. The man was now perfectly relieved, and suffered afterwards no pain. From this time he continued to improve, and went out of the Hospital with the wound quite healed up.

CASE II.—Richard B——, a paper-maker, aged 39, was admitted into Henry's ward, on October 10th, 1854, under the care of Mr. Clark. The patient gives the following account:—

He has had a rupture on the right side for twenty-five years, and on the left for fifteen years. Has worn a double truss for five years, previous to which time he had not used any apparatus. About a twelve-month before admission here, the rupture on the left side came down, and he was unable to return it for some little time. Previous to, and after this, he had had no trouble with either rupture. His work is heavy, and he does a good deal of lifting, &c. In the afternoon of the day which preceded admission, while in bed and asleep (he works at night), the right rupture came down further than he had ever known it come before. This circumstance woke him up, though the swelling did not pain him much for about half an hour after its descent. At the expiration of that time, however, he had a great deal of pain in the re-

gion of the umbilicus, and felt after this very sick. The straining consequent on his retching made, he says, the tumor become larger.

He now sent for a surgeon, who put him in a warm bath, and used taxis for some time, without success. He continued very ill all night, but his bowels were very slightly opened once this morning previous to his admission. Finding himself getting worse, in the morning he started for the Hospital, and was admitted at 10, A.M.

A tumor was seen in the right groin, the size of a large turkey's egg; it was very tender on pressure; and the man had also some little pain in the abdomen. Mr. Clark tried taxis for about a quarter of an hour, after which the patient was sent to bed, and ice applied to the tumor.

At 3 o'clock, Mr. Clark again applied taxis, without success; he therefore obtained the patient's consent to an immediate operation.

The latter was performed in the usual manner. Mr. Clark opened the sac, which was found to contain a large quantity of serum tinged with blood. The intestine, of which there were six or seven inches, was deeply congested, but otherwise unaltered. After the operation, the wound was dressed, and the patient removed to bed. He was ordered thirty drops of Battley's sedative.

The patient was a good deal troubled with flatus for some days, especially after the operation; it proved very annoying and painful, and resisted all methods of alleviation. The next day (October 11th) the bowels were not open; Mr. Clark therefore ordered some castor oil with a little laudanum, and also an enema. No result was obtained, but three enemata were given in the space of forty-eight hours, to get the bowels open and relieve the flatus.

As these lesser means proved futile, he was ordered, on the third day, four grains of calomel and half a grain of opium, to be taken in the evening, and some castor oil in the morning, if necessary.

The calomel produced four evacuations during the night; after this, however, the painful distension from flatus continued for some days, though in a less degree. The patient, however, continued steadily to improve, and was soon discharged in very good condition.

In making a few remarks on these cases, Mr. Clark stated that they presented certain points of contrast, and others of resemblance. In each the hernia was large, and occupied the scrotum; the duration of strangulation was short, and the symptoms were urgent. In each case the internal ring *seemed* to be the seat of stricture, but really had little or nothing to do with it, the neck of the sac itself requiring division before the intestine could be returned. In both the gut was of a port-wine color, and the relief, on division of the stricture, immediate. Further, in each case the chief suffering was referred to the umbilical region, and but little complaint was made when the tumor was handled. One other point of similarity was remarkable, because rare. In both instances the rupture descended whilst the patients were *recumbent*, and without any conscious effort on their part.

As points of contrast it may be remarked, that in one case the hernia was an old one, and usually descended into the scrotum; in the other, which was congenital and complicated with hydrocele, it would appear

that the rupture had not before protruded beyond the internal ring, or very slightly so. This fact accounts for another point of contrast observed during the operation. In the old rupture, the seat of stricture (the neck of the sac) was low down, dragged, as it were, to the mouth of the inguinal canal, whilst in the recent hernia it was high up, out of sight, and reached with difficulty. In neither case could any untoward symptom be referred to the opening of the sac and necessary exposure and handling of many inches of intestine.—*London Lancet.*

ON THE SEPARATION OF THE SEXES IN LUNATIC ASYLUMS.

BY JOHN M. GALT, M.D.

At the present time, when the wants of the insane are so generally recognized and enforced, we can but view it as desirable that particular attention should be directed to every subject in connection with establishments devoted to the care of these unfortunates; for the efforts of those acquainted with the exact nature and characteristics of insanity, which formerly could not be more profitably bestowed than in persuading the public to make due provision for the hapless lunatic by the erection of asylums, may now be given very suitably to attempts at improvement in the construction and management of these charities.

We regard the separation of the insane, so that only those of one sex shall be admitted into any asylum, as a subject of sufficient importance to occupy the attention of all who are interested in the amelioration of the lot of those laboring under the dire calamity of mental alienation.

The primary disadvantage, under the ordinary system, of having both sexes in the same establishment, is two-fold. First, the necessity of keeping the two classes strictly apart demands the most ceaseless vigilance on the part of the officers—a vigilance, too, which must be deemed entirely superfluous—time, indeed, completely thrown away, when we reflect that it is not at all necessary to include males and females in the same institution. Now, there is fully enough to occupy the minds of officers without having their attention engaged in so ridiculous and utterly useless a train of thoughts. Second, not only are these precautions requisite, but the liberties of both orders of patients are essentially abridged by the necessity of keeping them altogether apart. In discussing the question of permitting a modified social intercourse between the insane of the two sexes, Dr. Woodward has asserted that he disagreed with Jacobi in regard to the adverse views of the latter. But, whether he be right or wrong, it must be manifest, on reflection, that such association had a great deal better take place, in either case, with sane persons of the opposite sex than with the insane. And this, which we esteem, indeed, a desirable arrangement, like other improvements, as we shall show hereafter, is diametrically opposed to the existing policy of having males and females on the same premises.

But again, the circumstance of a variety of officers of different sexes being attached to the same establishment has led, we are confident, to far more bickering and strife than would otherwise have occurred: