A tympanitic state of the abdomen occurring after the operation for hernia is a symptom to be watched with anxious attention. It indicates a loss of tone of the bowels, and is often most harassing to the patient. Where it is unattended with tenderness on pressure, Mr. Ure has found the cubebs of essential service, as was manifest in the above, and also in the subjoined case.

Mrs. P—, aged sixty-three, a frail, emaciated woman, labouring under chronic bronchitis, and who had borne a large family, was admitted June 1st, 1863, with strangulated femoral hernia of the right side. The hernia, which was tense and resistant, about the size of a large chestnut, had descended two days previously, and was attended with obstructed bowels and occasional vomiting. The pulse was about 100; there was pain referred to umbilical region, and considerable flatulent distension of abdomen. All efforts at reduction having proved unavailing, and the patient having been rendered insensible by chloroform, Mr. Ure made an incision, about an inch and a half in length, along the inner or pubal side of the swelling, and readily came upon the neck of the sac. The sac being carefully opened, the stricture was found situate at its neck. After suitable division, a knuckle of intestine, of a chocolate hue, was returned into the abdominal cavity, together with a small portion of omentum. The edges of the wound were maintained in contact by a few points of suture. The patient passed a comfortable night after the operation, and the bowels acted twice spontaneously.

June 3rd.—She complained of occasional pain at the lower part of abdomen, which was generally tympanitic, but not tender on pressure. She was ordered half a drachm of cubebs thrice daily; and, in order to improve the appetite, a couple of drachms of compound tincture of quina twice a day. By the use of these remedies, rapid amendment ensued.

On the seventh day from the operation, the countenance was cheerful, the pulse natural, the tongue clean, the bowels were acting naturally, the flatus had subsided, and the appetite was restored. The wound was suppurating. At present she may be considered as quite convalescent.

As a general rule, Mr. Ure advocates the propriety of opening the sac in herniotomy, because he has seen the most disastrous consequences result from an opposite procedure.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE RIBS, WITH EMPHYSEMA EXTENDING OVER THE SIDE OF THE CHEST AND FACE; STRANGULATED INGUINAL HERNIA IN A MAN ON WHOM WÜTZER'S OPERATION HAD BEEN PERFORMED; OPERATION.

(Under the care of Mr. HOLMES COOTE.)

JOSEPH W—, drover, was admitted into Harley ward on the 2nd inst. He was excited with drink, and talked rapidly and incoherently, so that no clear history was obtained as to the accident which had befallen him. It appeared, however, that he had fallen backwards down five stone steps, and had struck his side, breaking several of the ribs near the angles. There was emphysema over the whole side of the chest and over the face. On further examination, an oblique inguinal hernia of the left side, in a state of strangulation, was detected. He had been sick once; and the bowels had acted once since his admission. He was put into a warm bath, but in no way could the hernia be returned.

Mr. Coote then determined to operate. On close inspection, a cicatrix was noticed near the external abdominal ring, which proved to be the mark left by the operation of Wutzer for the radical cure of hernia, performed by another surgeon in a neighbouring hospital about two years ago. There was great difficulty experienced by Mr. Coote in dividing a number of newly-formed bands. It was finally necessary to open the sac to a small extent, when a large quantity of small intestine in a state of congestion, together with some omentum, was exposed. The whole was returned without difficulty after the division of the bands, and the patient was carried to bed, to pass through the double danger attending the hernia and the injury to the chest.

This is the second case in which Mr. Coote has operated for strangulated hernia in persons who have been subjected to Wutzer's operation for radical cure. The formation of new bands adds much to the difficulties of the proceeding.

The man has gone on well up to the present time.

Provincial Hospital Reports.

BRIDGNORTH INFIRMARY.

REMOVAL OF A LARGE FATTY TUMOUR FROM THE SIDE OF THE FACE.

(Under the care of Mr. A. MATHIAS.)

W. B—, aged sixty-eight, admitted March 11th. Has a large tumour on the left side of the face, apparently fatty, the surface very irregular, and traversed by several tortuous varicose veins. The circumference varies from sixteen to twenty inches. The growth was first noticed twenty-five years ago as a small kernel behind the ear. It has never given him any pain, nor much inconvenience, except from its bulk, until the last six months, since which time it has bled on two or three occasions very copiously from an ulcerated spot about the size of half-a-crown. The loss of so much blood has weakened him, and caused him to apply for relief by operation.

Accordingly, on the 13th, Mr. Mathias proceeded to remove the growth. He made an incision round it, about eleven inches and a half from the face, dissecting the skin backwards from the tumour. Having reached its base, he dissected it out. The bleeding was chiefly venous, and was restrained by pressure. Four ligatures were applied during the operation, which occupied nearly two hours. The carotid was laid bare, and could be seen pulsating on the raw surface after the mass was removed. The edges of the flaps were brought together by three sutures, and cold-water dressings applied. The wound united throughout its whole length by first intention, and he left the infirmary on the 27th, exactly a fortnight after the operation. The tumour proved to be a fatty one, and weighed 2 lb. 14½ oz.

This case much resembles one described in THE LANCET of March 21st as having been operated upon by Mr. Hilton at Guy's Hospital. The difference in the after-treatment is decidedly in favour of bringing the edges together by sutures, and not leaving so large a surface to heal by granulation, as not only is time saved, but also the great disfigurement caused by the cicatrization of a large wound.

Reviews and Notices of Books.

On Rupture, Inguinal, Crural, and Umbilical; the Anatomy, Pathology, Diagnosis, Cause, and Prevention; with new Methods of effecting a Radical and Permanent Cure. Embodying the Jacksonian Prize Essay of the Royal College of Surgeons, London, for 1861; with numerous Illustrations. By JOHN WOOD, F.R.C.S., Demonstrator of Anatomy at King's College, London, Assistant-Surgeon to King's College Hospital. Octavo. pp. 326. London: J. W. Davies.

THE subject of this book is one which is surrounded with as much interest as any in the domain of practical surgery; and it is long since any special work has been devoted to its consideration.

During the last few years, however, the question of the radical cure of hernia has been brought before the profession; and some surgeons of repute, both here and abroad, have directed a considerable amount of attention to this particular subject, and there is no name more intimately and deservedly associated with it than that of the author of the present work, John Wood. For several years he has been patiently carrying out his investigations and experiments. He gained the Jacksonian Prize Essay in 1861; and now he gives the result of his labours in this excellent volume.

It would not be right to dismiss such a work as this with a brief notice, and we shall, therefore, take some trouble to analyze its contents, and to lay before our readers its most prominent and important features. It is divided into three parts. In the first part are comprised thirteen sections, in which are considered at length the anatomy of Inguinal Hernia, its causes, pathology, and diagnosis; next comes the history of the radical cure of inguinal hernia; and then Mr. Wood describes his own methods of operating, which consist in the use of the thread and compress, and the operation by the wire and its variations, and that by rectangular