an inch and a half. This having been done, the sac of a hernia at once bulged into view. It lay above and behind the testis, and on the sac having been opened was found to contain a knuckle of small intestine in a deeply congested state. On introducing the finger into the sac, its neck was found to be displaced upwards considerably within the internal ring, and it was only with considerable difficulty that it was brought down low enough to admit of safe division. The stricture, which was very tight, was the neck of the sac itself. The sac was very thin; it contained the testis, the hernia being of the congenital form. As soon as the stricture had been divided, the knuckle of bowel was easily returned. Before closing the wound, the testis was pushed under the lower flap of the incised integument, and the edges were then brought into accurate apposition by hare-lip pins.

The after progress was favourable. For a few days the man had symptoms of peritoneal inflammation, but they were subdued by leeches and calomel and opium.

Mr. Hutchinson remarked that the case illustrated in a striking manner the correctness of the rule "when in doubt operate," and showed that the surgeon should rely rather on the constitutional than the local symptoms. The case proved that a man might have a tightly strangulated hernia, although he had no perceptible tumour externally, could bear the deepest pressure on the abdomen, and was almost free from pain. It was also of unusual interest as an example of *reduction en masse*.

ST. MARY'S HOSPITAL.

CONGENITAL INGUINAL HERNIA OF THE RIGHT SIDE; OPERATION; CONVALESCENCE ON THE FOURTH DAY.

(Under the care of Mr. URE.)

H. H—, aged thirteen, a boy, with a healthy complexion, was admitted Dec. 9th, 1860, at five P.M., with an oblique inguinal hernia of the right side. The swelling distended the scrotum, was of a flattened cylindrical form, exceedingly tense, and the seat of pain, which extended up along the crest of the ilium of that side. The mother perceived the hernia soon after birth; the patient had not worn a truss for the last two years. The hernia became prominent three days prior to his admission—that is, the bowels had not been relieved for that period. Vomiting set in at noon the previous day. Pulse quick and irritable. The taxis was tried whilst the patient was in the warm bath, and also under the influence of chloroform, but proved ineffectual. At seven P.M. Mr. Ure performed the usual operation. On laying open the sac, a knuckle of intestine protruded, together with a portion of omentum, the veins of which were turgid with blood, making it resemble a mulberry. He then relieved the stricture at the internal ring, and replaced the protrusion. Three points of suture, with a compress and bandage, completed the dressing.

Dec. 10th.—Slept extremely well during the night; countenance good; no complaint of any kind; pulse 100. Has taken some broth.

11th.—Doing well; bowels acted spontaneously.

12th.—Wound united by adhesion; convalescent.

19th.—Walking about the ward.

28th.—Left cured, wearing a truss.

The medicine administered to this patient during his stay in the hospital consisted of but one small dose of castor oil.

WESTERN GENERAL DISPENSARY.

STRANGULATED FEMORAL HERNIA FOR FOUR DAYS; OPERATION; RECOVERY, WITH AN ARTIFICIAL ANUS.

(Under the care of Mr. BARKER.)

THE following cases are from the notes of Mr. T. C. Kirby, house-surgeon to the institution:—

Rose H—, aged thirty-three, was admitted on the 18th of January, 1861, at eight o'clock P.M. She was an extremely emaciated, ill-nourished woman; countenance anxious; skin cold; pulse over 100, very small and feeble; tongue slightly furred, white, and inclined to be dry; abdomen a little distended, not painful on pressure; constant vomiting of stercoraceous matter; bowels have not been opened for four days. In the right femoral region was a swelling, painful on pressure, about the size of an egg, not rising above the level of Poupart's ligament; the skin over the part red and œdematous.

The patient is a married woman, the mother of seven child-

ren, the youngest seven months old. Six years ago, after a labour, she perceived a swelling in the right groin, causing her great pain at the time. She has never been able entirely to return it, although its size varied; has never worn a truss. On January 13th she had an attack of vomiting and diarrhoea, since which time the vomiting has been constant; but an action of the bowels took place on the evening of Jan. 15th. Scarcely any attempt to reduce the hernia was made by Mr. Barker, as many previous attempts had already been made. Chloroform was administered, and the operation forthwith commenced. After dissection of the superjacent structures, a dark-coloured sac was exposed. This was opened, and found to contain omentum, with a knuckle of intestine behind and internal to it. The gut was of a deep-brown colour, soft, flabby, and dull, covered with greyish spots. The condition of the intestine did not warrant its return to the abdomen. It was accordingly laid open to the extent of an inch. It appeared greatly thickened and infiltrated. A portion of the omentum was removed, and, as there was no hæmorrhage, nothing further was done. Lint dipped in cold water was applied to the wound. A grain of opium was given immediately after the operation, and repeated every three hours through the night and next day. She had brandy amounting to twelve ounces in the first twelve hours, with beef-tea occasionally.

Jan. 19th.—She had slept well; vomited offensive matter of a bilious colour twice during the day. At ten o'clock P.M. she had two grains of opium, and two grains again at three o'clock A.M.

20th.—Had a good night; tongue a little brown in the centre; pulse 90; there is a free discharge of fecal matter through the wound, the latter inclining to slough; the bowel looks healthy; complains of thirst; vomiting more constant, still apparently bilious. To have two grains of calomel and one of opium every four hours. After taking two doses the vomiting ceased. She was then ordered a grain of opium every six hours and two grains at bed-time.

21st.—Slept for four hours at intervals during the night; tongue moist, white; pulse 98; skin a little dry; feels feverish. Ordered a mixture containing citrate of ammonia, a grain of opium twice a day and two grains at bed-time; brandy frequently, and jelly.

22nd.—Had slept well; pulse 84; tongue moist; no pain nor thirst; abdomen flaccid. Ordered a grain of opium every six hours.

23rd.—Still doing well; feculent matter discharging freely from the wound, from which a grumous fluid oozes on pressure at its inferior part; poultices of linseed meal kept constantly applied. To continue the opium, and to take two grains of quinine thrice a day.

24th.—Had a comfortable night.

25th.—Wound discharges pus from lower margin; there is still a slough in the wound, but not extending. Quinine increased to three grains thrice daily.

27th.—Had a bad night in consequence of the quantity of opium being reduced; bowels much relaxed; stools offensive.

28th.—Ordered two grains of opium again at night, and chalk mixture. After this the motions were more solid and less frequent. Passed a good night; tongue clean and moist; no pain. To have a chop daily, and continue brandy and opium twice a day.

29th.—A large slough was removed from the wound, which now appears healthy. To discontinue poultices, and use a dressing of simple cerate upon lint.

31st.—Progressing slowly; has had a solid motion twice a day through the wound, which is contracting.

Feb. 9th.—Had occasional returns of the diarrhoea, controlled in a great measure by various vegetable astringents; sits up in bed; is gaining flesh a little; still has a grain of opium twice or thrice a day, and a grain at bed-time, repeated if she does not sleep.

11th.—The wound is contracting daily, and in spite of a too free action of the bowels the patient is improving; sits up in the bed, and is occupied during most of the day at needlework.

From the time of operation on the 18th to two P.M. on the 20th the patient had taken sixteen grains of solid opium.

UMBILICAL HERNIA FOR TWENTY YEARS; STRANGULATED FEMORAL HERNIA THREE DAYS; OPERATION WITHOUT OPENING THE SAC; RECOVERY.

(Under the care of Mr. BARKER.)

Mrs. A—, aged seventy-seven years, was admitted on the 25th of January last. The ordinary symptoms of strangulated

intestine were present. She is a shrivelled, ill-nourished old woman, the mother of many children; of very intemperate habits; subject to chronic bronchitis. She stated that twenty years ago, after great exertion, she became afflicted with a large hernia in the umbilical region, which has always been irreducible. Three days ago, after her cough had been more than usually violent, she noticed for the first time a small lump, of the size of a walnut, in her left groin. Shortly afterwards vomiting, accompanied with great nervous depression, came on, and her tongue was dry. Her condition on admission was as follows:—Lying on her back; legs drawn up; tossing about; constant vomiting; tumid abdomen; hot skin; and a small and frequent pulse. Nothing had stayed on her stomach for three days but a little brandy, of which she had always taken freely. After a short trial of the taxis, chloroform was administered, and the operation proceeded with. After some dissection, the sac was exposed; the finger was then passed round the neck, and some ligamentous bands broken away, and the sac and its contents were both easily returned. Brandy was freely administered after the operation, and she had no return of vomiting; the tumid abdomen subsided; and on the morning of the third day, a dose of castor oil was administered. A free action of the bowels ensued; and from that time, under the influence of ammonia and bark, and good diet, with stimulants, the patient has been progressing most favourably; the slough gradually came away, and the wound is now healthily granulating.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 26TH, 1861.

MR. SKEY, F.R.S., PRESIDENT, IN THE CHAIR.

ON A CASE IN WHICH LABOUR WAS TWICE PREMATURELY INDUCED ON A DWARF WITH DISTORTED PELVIS.

BY EDMUND A. KIRBY, M.D., ETC.

(Communicated by HENRY WRIGHT, M.D., M.R.C.P.)

THE woman whose case formed the subject of this paper is a dwarf of singularly small stature and ill development in infancy. She had rickets, and her osseous system was considerably distorted by the inroads of that disease; but it appeared that some other members of the same family were also very diminutive in stature and development, who nevertheless were exceedingly well proportioned, and apparently free from disease. Therefore, apart from the distortion consequent upon the rickets, she was no doubt a true dwarf. When first seen by the author, in the early part of 1858, she was twenty-seven years of age, had been married twelve months, and had completed her thirty weeks of uterine gestation. She presented a strumous aspect, and her general health was indifferent. On a careful examination, the spinal column and pelvis were found to be greatly distorted. The former, from the last cervical to the union of the last dorsal and first lumbar vertebrae, measured fourteen inches, and presented three curvatures, two lateral and one angular forwards. This latter curvature involved the whole of the lumbar and the last dorsal vertebrae, the bodies of which were thrust forwards, downwards, and to the left. The pelvis was contracted in all its dimensions, and slightly flattened from before backwards; the promontory of the sacrum and last dorsal vertebra projecting forwards to the pubis, narrowing the antero-posterior diameter of the upper outlet to rather less than two inches and a half.

Natural labour under these circumstances being impossible, the choice of operations lay between craniotomy and the induction of premature labour. The latter was determined upon, the time chosen being the thirty-second week of gestation, but it was delayed for a week owing to the patient suffering from bronchitis, and was only completed at about the thirty-fourth. Induction of the labour was commenced on Jan. 30th, and she was delivered on Feb. 7th. On rupture of the membranes, the elbow was found in the vagina, and the shoulder resting on the brim of the pelvis, the child lying transversely. This embarrassing presentation was converted into a footling by turning, and in about twenty minutes the little patient was delivered of a living child. Both progressed favourably, and in a few weeks the woman returned to her usual avocations perfectly well. In this case about two ounces and a quarter

of ergot was employed with the most useful effect, and without occasioning the least bad symptom in mother or child.

A few months later, this little dwarf, nothing daunted by her past experience, again became *enceinte*, and, having completed her seventh month, applied to the author, who again induced premature labour. This time, however, owing to the lateness of her application, and to the labour proceeding more slowly than in the first case, the delivery was not effected until she had completed her eighth month of uterine gestation, two weeks later than in the previous case, and the foetal head had attained a degree of development incompatible with its safe passage through so contracted an outlet. The child was therefore lost, but the parent recovered as rapidly as before, and she has not since been pregnant. Her first child has by this time grown nearly as tall as herself.

The means employed to induce both labours were fully described, and present several points of interest. On remarking on these cases, the author laid much stress on the value of the operation, and its great superiority to craniotomy, in which operation 1 in 5 mothers dies, while in induction of premature labour 1 only in 50 dies; and half the children are saved. The success of the latter operation he thought greatly depended on keeping the membranes entire until the os uteri was fully dilated, and he reprobated the rupture of them as a means of inducing labour, it being most dangerous to the life of the child, and seldom if ever required.

The paper was accompanied by excellent stereoscopic photographs, taken by Dr. Wright about a fortnight before the last delivery; and, although not the first application of photography to medical science, this is probably the first paper that has been read to the Society so illustrated.

Dr. MERRIMAN inquired why the plan of injection by warm water was not resorted to to induce uterine action. He had tried this method in two cases with marked effect.

Dr. KIRBY replied that, in the first instance, sufficient uterine action had been produced by the use of the ergot of rye; and, in the second, the success of other mechanical means rendered the use of warm water unnecessary.

Mr. SKEY observed that the question involved the efficiency of the plans which had been employed.

Dr. MERRIMAN said that he had found the use of the warm water sufficient, and that from its employment there was no fear of poisoning the child. In the first instance Dr. Kirby had used two ounces and a half of the ergot, which some would think sufficient to poison the child.

Dr. WRIGHT threw out a suggestion that, as photography was now resorted to as a means of illustrating disease in its various phases as well as malformation, both before and after operation, there should be a portfolio in the Society to contain photographs portraying these conditions. This, with a catalogue, would be very valuable, and would entail little expense on the Society, as many presentations would be made by the Fellows.

Dr. GREENHALGH said that the ergot of rye was generally administered in cases of protracted labour, when it was reasonable to conclude that the death of the child, if it occurred, was due to the protracted parturition, and not to the specific influence of the ergot. He then alluded to some cases which had occurred in which Nature had succeeded in delivering the child after experienced accoucheurs had decided that the resort to artificial means was necessary. He inculcated caution in this matter, and inquired of Dr. Kirby what means he had resorted to to determine the admeasurement of the pelvis in the case which he had brought before the Society.

Dr. KIRBY, in reply, stated that the usual mode of admeasurement by the fingers had been employed. The result of the case, and the indentations upon the skull of the child, had sufficiently proved the complete accuracy of the admeasurement which had been made.

Mr. WYNN WILLIAMS stated that in two cases in which the injection of warm water had been resorted to, air had been admitted into the uterine veins, and death had been the result.

ON PULSATING BRONCHOCELE.

BY JOSEPH BULLAR, M.D.,

PHYSICIAN TO THE ROYAL SOUTH HANTS INFIRMARY.

Two cases of bronchocele are reported, in which the distinctive complication was the violent pulsation of the carotid arteries and of the enlarged thyroid arteries, communicating the pulsation and thrill to every part of the enlarged lobes. In one of these, (a male,) the pulsation and bruit were so communicated to the lobes, the enlargement of which was of small size, that the case had been suspected to be carotid aneurism,