

teen hours after the discovery of the hernia, and at 4 P.M. the operation for its relief was performed under chloroform by Dr. Whitcombe, medical superintendent. Gimbernath's ligament was the seat of stricture, but after this was divided, it was found necessary to open the sac, because of bands formed in its neck. All constrictions having been removed, the hernia—which consisted of about two inches of small intestine of a dark slate-colour, from strangulation—was returned to the abdominal cavity, the external wound brought together by means of three silk sutures, and a pad of dry lint and a bandage applied. Patient was then placed in bed and had one grain of opium, to be repeated every four hours; milk and brandy to be taken in small quantities.

20th.—Patient passed a good night, and was going on well till 5 o'clock this evening, when symptoms of peritonitis appeared—viz., abdominal tenderness, tympanites, sickness, pinched features, &c., but no rise of temperature or quickening of the pulse. Opium increased to one grain and a half every four hours.

21st.—Patient passed a fair night; sickness absent this morning, but abdominal tenderness, tympanites, dorsal decubitus, and pinched expression remain. Pulse 84; temperature 98°4'; tongue furred; takes small quantities of milk and brandy freely; very slight action of bowels this morning. Opium reduced to one grain every four hours.

22nd.—Patient very restless during the night; symptoms of peritonitis increased this morning; complaints of nausea and abdominal pain; tympanites increased. Pulse 84; temperature 98°5'. Opium again increased to one grain and a half every four hours.—3.30 P.M.: Severe exacerbation of peritoneal symptoms; tympanites increased; whole abdomen exquisitely tender; thoracic breathing; frequent vomiting and hiccough. At this time pulse 84, weaker; temperature 98°4'.

23rd.—Patient slept the greater part of the night under the influence of opium; looks better to-day; sickness absent; tympanites and abdominal tenderness greatly diminished; breathing less confined to thorax; tongue furred; pulse 84, stronger; temperature 98°4'. Opium again reduced to one grain every four hours.

24th.—Patient continues to improve; tympanites and abdominal tenderness entirely absent. Pulse 85; temperature 98°4'; opium discontinued; tongue furred; appetite bad. A pint and a half of tepid water was injected per rectum this evening, after which the bowels acted freely.

From this time the patient continued to improve, and on Oct. 1st was quite recovered from the operation and its effects. I may state that our patient was not left alone day or night until completely recovered.

Remarks.—Of the many interesting points in this case, the most important is the remarkable fact that following a wound of the peritoneum we had present every sign and symptom of inflammation of that membrane except increase of temperature and quickening of the heart's action, the two most common—in fact, the two ever-present—attendants on inflammation. And, again, that during strangulation of the herniated portion of intestine—when we had sickness, pain around the tumour, hiccough, vomiting (which was before the operation of that character known as stercoraceous), and the pinched expression of features which is indicative of suffering and collapse—we had the heart insensible to this disordered state of the system, contracting with the utmost regularity, and the temperature of the body maintained at the normal. Nor had we at this time any deficiency in the cutaneous circulation, or in that of the extremities. Is this strange indifference of the heart to serious changes in the surrounding organs, and this unvaried production of heat in the body, to be attributed to disease of the nervous system—to disease confined to some of those nervous centres acting over limited areas which have of late years been mapped out and given “a local habitation and a name”?

I may state that no pulmonary or cardiac disease can be detected, nor have we strabismus, inequality of pupils, loss of motion, or any abnormal increase or decrease of any of the senses, or other physical sign of organic disease of the nervous system.

The case is also of value as a good example of the excellent results often found to follow dry dressing and rare interference with wounds. In this case the primary pad of dry lint was not removed until the fourth day, when it was discovered that the wound had healed by the first intention.

East Riding Asylum, Yorks.

NOTES ON A CASE OF RUPTURE OF THE EYEBALL IN A PATIENT SUFFERING FROM HÆMORRHAGIC DIATHESIS.

By A. EMRYS-JONES, M.D.,

ASSISTANT-SURGEON, ROYAL EYE HOSPITAL, MANCHESTER,

W. R—, aged fourteen, of Waterfoot, was admitted into the Eye Hospital on Nov. 1st, 1878, under Dr. Little. The boy was a weaver by trade, and on admission, although he looked pale, he was otherwise healthy. On examining his right eye I found that the shuttle from the loom where he was working had struck his eyeball and ruptured it through the entire breadth of the cornea and sclera, and the hæmorrhage was profuse. Pads and a firm flannel compress bandage were at once applied, but in spite of repeated changing the blood kept oozing through them. Astringent applications and compress bandages were next tried, but without improvement.

Next day the mutilated globe was enucleated, and the contents of the orbit to a great extent removed, and then the cavity was carefully packed with cotton-wool dipped in tincture of perchloride of iron, kept in position by a firm compress bandage. It was next packed with cotton-wool, mixed with powdered sulphate of copper and sulphate of iron, but these were of no avail. Cotton-wool steeped in collodion, well packed and allowed to dry, controlled the hæmorrhage for a time. The subcutaneous injection of ergotine, the internal administration of ergot, sulphuric acid, and other astringents was tried. Even the actual cautery, which was thoroughly applied, proved inefficacious. The oozing was persistent for a fortnight, when the boy's father insisted on taking him home, and now, for the first time, admitted that the boy was subject to attacks of bleeding from slight causes. They were both very reticent about giving any information on this point. The pulse kept up fairly the whole time, but he became very weak and blanched. On leaving the hospital his orbit was carefully packed with cotton-wool steeped in collodion. A week later his father wrote to me that the bleeding had continued for a few days, and that ultimately the boy “fell into a faint,” and the hæmorrhage entirely ceased. In January, 1879, I saw the boy again quite in his usual health. The interest of the case seems to me threefold—1st. The extreme rarity of such a coincidence; I do not know of any recorded. 2nd. The failure of all the usually reputed remedies. 3rd. The favourable result through natural processes.

A Mirror
OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noseendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

ST. THOMAS'S HOSPITAL.

TRACHEOTOMY IN A CHILD UNDER SIX MONTHS OLD;
RECOVERY.

(Under the care of Mr. CROFT.)

THE following case, for the notes of which we are indebted to Mr. H. Percy Potter, surgical registrar, is interesting, chiefly on account of the urgency of the symptoms and the relief and subsequent recovery after tracheotomy in so young a child.

The mother stated that during the night previous to admission she noticed swelling on each side of the neck, causing the child to breathe hurriedly and with much difficulty. There was no cough. The patient had suffered from erysipelas of the arm and back following vaccination in August.

The child was first seen in the out-patient department on Sept. 25th, with erysipelatous inflammation and œdema of