

sickness; is still purged; has not passed any urine. The surface of the body is warmer, although somewhat cold and clammy; the pulse is still small, frequent, and compressible; tongue brown on the dorsum, red at the tip and edges, and he feels more comfortable.

July 13th. — Eleven A.M.: He has passed a comfortable night, and is quite free from cramp and pain; has still a good deal of thirst, but no sickness; passed his urine at two o'clock this morning; he is still purged, but the motions are now tinged with bile; tongue clean, though somewhat brown on the dorsum; pulse 98, full, frequent, and compressible. He expresses himself as getting better, though still very weak. The surface warm and perspiring. — Six P.M.: Is doing very well. The gums slightly sore from the mercury.

14th. — Twelve A.M.: He is now convalescent, although slightly feverish. Pulse 78, regular; tongue clean; bowels very little relaxed, and presenting a healthy appearance. Discontinue the calomel and opium.

20th. — He has been going on well since the 14th, and thinks of resuming his occupation in a few days; he is now taking compound tincture of cardamoms, one drachm; aromatic spirits of ammonia, half a drachm; water, one ounce: three or four times a day.

INTUSSUSCEPTION.—SLOUGHING OF A PORTION OF ILEUM.

By JOHN SANG, Esq., M.R.C.S.

I WAS requested to visit Jane A.—, aged twelve, on the evening of the 29th of April, 1855. She complained of great pain in the right side, a little below the ribs. There was evident enlargement, about the size of a goose's egg, which gave severe pain upon pressure, and was attributed to carrying a heavy basket of potatoes, which pressed much upon the side. She suffered also severely from vomiting.

Leeches were ordered, to be followed by a large poultice, with small doses of calomel and opium, which gave partial relief. Other medicines of a laxative nature were given to her, but these she repeatedly vomited, and, indeed, almost everything was rejected, and in consequence I left off giving medicine, as it only seemed to aggravate the disease.

On the 3rd or 4th of May, vomiting of feculent matter commenced, and continued almost daily until the 17th. The bowels were much distended, painful, and tympanitic. A large blister was applied, and occasionally turpentine, outwardly, and by injection. Injections of soap-and-water were used two or three times a day, with warm applications over the bowels, and on the morning of the 9th of May a portion of the ileum, about twelve inches in length, was passed *per anum*. For two or three days after this she was comparatively easy; had no vomiting; bowels acted naturally, but there was considerable difficulty in passing urine; pulse 112; tongue moist.

May 14th. — Slight vomiting of feculent matter; bowels freely moved by injection. Slept tolerably well.

15th. — No vomiting; restless in the night; bowels slightly moved by injection; passed urine more freely, and was much relieved; pulse 114; bowels still large and painful. Poultices were almost daily applied.

16th. — No vomiting; otherwise much as yesterday.

17th. — Vomited a large quantity of feculent matter last evening; afterwards passed a good night; urine more copious; very weak. The food to be entirely of a farinaceous character.

18th. — Vomited again last evening; passed a quiet night; tongue moist; pulse 120.

19th. — No vomiting; bowels twice naturally moved; pulse 104.

21st. — Continues to improve.

24th. — No vomiting since the 17th; used an injection occasionally; pulse gradually coming down.

June 1st. — Doing well; no bad symptoms.

14th. — Quite recovered; bowels act naturally. Her health is better now than it has been for some years; her appetite is very good, but still restricted chiefly to farinaceous diet, and occasionally a little beef-tea.

It appears that at the age of two years she had symptoms of marasmus, and continued in a very weak state of health for three or four years. Since that time she has frequently complained of pain in her bowels, followed occasionally by severe purging usually in the spring of the year.

Such is a brief outline of the case. No doubt, in the first instance, it had been one of intussusception, but Nature had exerted her wonderful restorative powers, and satisfactorily completed what the ingenuity of man would fail to do.

Newcastle-upon-Tyne, 1855.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

ST. BARTHOLOMEW'S HOSPITAL.

THE SEAT OF STRICTURE IN FEMORAL HERNIA; OPERATION ON THE NECK OF THE SAC.

(Under the care of Mr. STANLEY.)

AMONGST the later and more valuable facts in connexion with hernia are, perhaps, the hospital statistics of the number of cases where the old sac of an old hernia has undergone obliteration, from the effect of various forms of apparatus—needles, setons, &c., run through the sac, inverted like the finger of a glove, or, as now generally termed, like the analogous proceeding in hydrocele,—the “radical” cure of hernia, and chiefly applicable in cases of inguinal hernia. Wutzer, of Munich, has, within a few years, tried the plan in 400 cases, without any evil result, 390 having had their hernia entirely and radically removed. The sac of the hernia was thus obliterated, and all danger of the hernia becoming strangulated subsequently, as well as the tendency of the hernia to descend again and again, was thus entirely prevented.

We were reminded of the value of the method of invagination, so familiar now to most surgeons, by a case of femoral hernia operated on, a few days since, by Mr. Stanley. A. S—, aged forty-five, admitted August 5th, with sickness of stomach and confinement of the bowels, of a week's duration. The patient did not present many of the other symptoms of hernia; the latter, however, was plainly to be felt at the groin. She had no anxiety of countenance, so common in hernia; her tongue was clean; pulse quiet. She was ordered a warm bath, and the taxis was carefully tried, but as none of these means succeeded in returning the bowel, Mr. Stanley decided to operate before more serious symptoms set in. Having been placed under the influence of chloroform, Mr. Stanley found, on cutting down, a state of parts quite extraordinary and unusual, and as such, we believe, deserving of notice. In this case, the neck of the sac of the hernia seemed to have strangulated the gut in its descent, the latter having taken place, also, not through the usual femoral ring, but external to it, and in front of the femoral vein, leaving Gimbernat's ligament, the upper extremity of the falciform ligament, and the femoral ring, all quite free, and to the inside. The stricture, Mr. Stanley believed, had taken place in the neck of the sac itself, the hernia thus coming down, we need scarcely add, in close and dangerous proximity to the femoral artery on the outside. Mr. Stanley had previously found the femoral hernia, in some other rare instances, in the sheath of the vessels, so he was not entirely unprepared for the state of things in the present case. The mode of operation required great care. It was not the obturator artery, of course running round the neck of the sac, but the femoral itself, in close proximity, that constituted the danger. It was not a division of Gimbernat's ligament in the pectineal line, or the falciform ligament, which now seemed necessary to be cut; both were felt and seen by Mr. Stanley to be not at all engaged in producing the stricture, the latter being seated more correctly, perhaps, in the neck of the sac, as we have just said, and in the contiguous parts of the fascia transversalis. Acting on these views, Mr. Stanley fortunately had little difficulty in returning the bowel, and the woman has since done very well. It is scarcely necessary to give the case *in extenso*, as this formed the chief peculiarity and difficulty in the case; and after a few doses of opium, followed by mild aperients, the recovery has been quite satisfactory.