

ment, and indulge the hope that your professional brethren will fully test its value.

“When death results from a cause, which can readily be removed, after death re-animation may be effected, and the machinery of life set in motion, by artificially inflating of the lungs.”

I have the satisfaction to remain

Your faithful friend,

CALEB G. FORSHEY.

STRANGULATED HERNIA—OPERATIONS

[Communicated for the Boston Medical and Surgical Journal.]

MRS. C. had had, for some eight or nine months, an inguinal hernia on the left side. As she had always been able to keep it reduced, she had not suffered much inconvenience from it. On the morning of the 26th of October, she felt a sudden increase of the tumor, attended with so much pain as to induce her to lie down upon the bed. The pain becoming quite severe, and the tumor increasing in size, her husband called in the family physician. He at once, on learning the cause of her trouble, attempted the reduction of the hernia by taxis. As his efforts proved unavailing, he had recourse to fomentations, the application of poultices, &c., striving rather to alleviate temporarily the patient's suffering, than hoping to afford any permanent relief. As the husband would not consent to have an operation performed, although the physician advised it, this treatment was persevered in throughout the day and a part of the night.

Early in the morning, the patient's suffering becoming, as she said, unendurable, an operation was consented to. By the advice of the physician in attendance, I was sent for to perform it. I found her exhibiting the usual symptoms attendant upon strangulation, and proceeded to the operation forthwith.

The patient having been put under the influence of chloroform, I made the usual incision through the integuments, and, by careful dissection, reached the sac, which I opened, and exposed a small knuckle of intestine. On examination, a stricture was found, which I divided, but was still unable to return the parts. On passing my finger still further up the ring, I discovered a second stricture, about two inches above the first. This I divided with the bistoury, when my finger passed readily into the abdomen, and the intestine by slight pressure was returned. Immediately upon the return of this, a large quantity of water issued from the abdominal cavity, showing that the patient was laboring under ascites also. This discharge continued for some time, and by slight pressure was much increased. I feared that this might interfere with the recovery of the patient. The wound, however, healed rapidly, and in a few weeks she was apparently well, both of the hernia and the ascites, from which latter she had suffered a long time.

CASE II.—Late in the evening of the 7th November, I was called to see Mrs. E., who was said to be laboring under strangulated hernia. She had been afflicted for some eighteen years with an inguinal hernia

on the left side. This was brought on, at first, as she informed me, by an asthmatic cough; and as she had never been entirely free from the asthma, she had found it impossible, at times, to prevent the descent of the hernia. When I saw her, I found, in the left inguinal region, an immense pyriform tumor, one of the largest I remember ever to have seen attending an inguinal hernia in the female. The integuments over the tumor were exceedingly tense, so much so that no impression could be made upon them by the finger. The large size of the tumor, and its great tension, seemed to indicate the presence of a large quantity of water, which, however, the result of the operation proved not to be the case. Having tried for a short time to effect the reduction by taxis, but to no purpose, and learning that it had already been attempted by the physician in attendance, I decided upon the operation.

The patient having been put under the influence of chloroform, I made an incision several inches in length, over the tumor, and very cautiously dissected through the fascia until I came to the hernial sac. This I opened carefully by the aid of the director, when but little fluid escaped, and the intestine bulged out en masse. It now appeared that the contents of the tumor consisted of some eight or ten feet of the small intestine. As it had been down but a short time, it was in a state sufficiently healthy to return. An abnormal state of a portion of the organ presented itself, which, I think, is seldom met with. Some four or five inches of the intestine were not more than a quarter part as large as the remainder. Indeed, it seemed as if it must have hindered the proper performance of the function of the organ. The patient, however, afterwards informed me that she had never suffered any apparent inconvenience from it. Having found the opening through which the intestine had protruded, I divided the stricture, and returned the mass, without difficulty, to its proper place. The external wound soon healed, and the patient was entirely well in the course of a few weeks.

CASE III.—Miss H., of a neighboring city, had been for some ten years afflicted with a femoral hernia of the right side. She had never worn a truss, and, indeed, from having never made known her trouble to her friends, was ignorant of its true nature. Some weeks previous to the time when the case came under my notice, she was taken with vomiting. Her physician was called in, who did all that he could for her relief, but to no purpose, she not having informed him of her true condition. Finally, however, suspecting the real cause of her trouble, he found, on examination, a tumor somewhat larger than a hen's egg in the right groin. Assured, at once, that a hernia existed, he attempted to reduce it, and, as he supposed, reduced a part of it. At all events, the vomiting ceased, after having continued, with but short intermissions, for a week. By the advice of her physician, as soon as she had recovered sufficiently, she was brought to the city and placed under my care, Dec. 12th. I at first attempted the reduction of the tumor by taxis, which I persevered in for a half hour at a time, for some days; but the strong adhesions which had formed (as it had never from its origin been reduced by the patient) resisted all my attempts. The patient's friends desiring it, feeling that she was in imminent danger while she remained

in her then unfortunate condition, and she herself consenting to it, I decided to operate with the knife.

Having put her under the influence of chloroform, I made a short incision directly over the tumor. This exposed its contents, which proved to consist entirely of omentum. My first step was to break away the adhesions, which I found by no means easy. I have seldom seen stronger ones. This, with the troublesome hemorrhage which always attends their dissection and wounds of the omentum, rendered the operation long and difficult. After destroying the adhesions, I still found it impossible to reduce the mass which was out, without enlarging the ring to such an extent as seriously to impede if not prevent a radical cure. The only alternative left, then, was to remove the irreducible portion. This I proceeded to do, after securing the vessels by ligature, with the scalpel. The portion removed would weigh about four ounces. The edges of the wound were brought together, and a firm compress applied, after which the patient was left to sleep. With the exception of vomiting, which I attributed in part or wholly to the chloroform, of which I had been obliged to administer a considerable quantity, no unpleasant symptoms occurred after the operation. The ligatures came away on the thirteenth day from the operation, since which the patient has been doing well.

The practice of operating on long-standing irreducible hernia, and still more that of removing large or even small portions of omentum, is, I am aware, not recommended by the highest authorities. My experience, however, has led me to a different conclusion on both of these points, and on some others connected with the operation for strangulated hernia. Of these I may have more to say hereafter.

G. HEATON.

Boston, January, 1852.

SPIRITUAL COMMUNICATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the suggestions I shall make on what are called, or miscalled, spiritual manifestations, I shall confine myself to that portion of them called spiritual writings. My reasons for bringing this subject before the profession at this time, are these. I think the subject worthy the investigation of scientific men. The excitement regarding it in the vicinity where I reside is leading to the most deplorable consequences. The so-called spiritual writers are very numerous, and are rapidly increasing, and, what is worst of all, some of them, under the belief that they are receiving communications from the spirits of the dead, or even from God himself, are running into the wildest extravagances. I learn that some of them have actually become maniacs. I believe this condition of things can be, and ought to be, remedied; and to effect this result, I will contribute my mite by giving the profession and the public my theory of the matter, together with an account of my experience and investigations.