

"Nature is eminently conservative in all her actions"; and it is much to be regretted that a more implicit reliance is not oftener placed in her powers. With the control we can assume over the term of pregnancy, and the comparative ease with which we may alter the period of gestation to almost exactness, we are but seldom justified in using such a prerogative to excess. The use and not the abuse of obstetric operations is most influential in ensuring respect in the practice of our profession, and in securing one of the ultimate objects of this operation, the saving of infant life. That this life should be destroyed without the most mature deliberation and calm reflection cannot be too strongly deprecated: yet recorded cases sometimes exhibit the perversion of natural laws by artificial means, without affording a legitimate extension of time in which the life of the child might be saved, and the adaptation of relief fully realised in the correct sense of an imitation of the process of Nature itself. The wanton sacrifice of human life in the bud, under the pretext of obviating expected suffering to the mother, must be severely condemned, as tending to abuses in which we should take no part, and which cannot fail to bring disrepute on one of the greatest and most beneficent operations in the obstetric branch of our art.

Cradley, Nov. 1870.

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

Nulla autem est alia pro certo noscendi 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.

GUY'S HOSPITAL.

CLINICAL REMARKS ON A SUPPOSED CASE OF ACUTE TUBERCULOSIS.

(By Dr. WILKS.)

ON the occasion of a recent visit to this hospital, we saw a young woman about twenty years of age, who had been admitted three weeks previously. Her sobs and her manner generally indicated that she was in a highly hysterical condition. Dr. Wilks said that ever since her admission her temperature had indicated a state of pyrexia, but that she had exhibited no symptoms either of local inflammation or a specific fever; and that whenever a high temperature was thus maintained for a considerable time, without the development of any other symptoms, it indicated the existence of acute tuberculosis. He had not been able to verify his opinion in this case by a physical examination of the patient, because she complained of such acute hyperæsthesia of the chest that percussion was impracticable, and directly he applied a stethoscope the breathing always became so rapid and shallow that no reliable observation could be made. But there were other signs which, in his opinion, lent confirmation to his diagnosis: these were, the patient's regular features, white regular teeth, and well-formed frame—all of them features of the tuberculous temperament; the falling off of the hair; and her hysteric condition. Ever since a striking incident had called his attention to the subject at the time that he was a clinical clerk, he had noticed the frequent coexistence of hysteria and phthisis. For three months the late Dr. Addison had, out of sheer disgust, passed by the bed of a girl who was in so highly hysterical a condition that he had found it impossible to make a careful examination of her state. One day a student, who had remained behind to listen to her chest, remarked to Dr. Addison that he supposed the case was one of phthisis, as he had heard sounds indicative of a large pulmonary cavity. Dr. Addison replied that there was nothing the matter with the patient but hysteria; but, on the student insisting that there was a cavity at the left

apex, he listened for himself, and found that such, in fact, was the case.

Speaking of the relation of pyrexia to local disease, Dr. Wilks added that he did not believe that when a local disease followed in the wake of fever it held to it the relation of a consequence; for example, when people spoke of fever terminating in phthisis or some brain affection, it might almost always be taken for granted that the antecedent fever had been the pyrexia proper to tuberculosis in the one case, or meningitis in the other.

ST. GEORGE'S HOSPITAL.

CASES OF STRANGULATED INGUINAL HERNIA OCCURRING IN INFANCY.

FOR the following series of successful operations for strangulated inguinal hernia occurring in infancy, we are indebted to Mr. Warrington Hayward, the surgical registrar.

CASE 1.—J. W——, aged nineteen months, was admitted on July 11th, 1870, under the care of Mr. Pollock. He had had a rupture since birth. Nothing had been done for it. It only came down occasionally. On July 9th it was observed to have become larger, and he was sick; but the bowels acted on the 10th. The sickness, however, continued, and he was brought to the hospital. On admission, there was a scrotal tumour on the right side, extending into the inguinal canal. It was without impulse, and apparently contained some fluid at the lower part of the sac. The child was vomiting frequently; the pulse quick and sharp. He was evidently in much pain. Chloroform was given; and Mr. Pollock cut down on the tumour, and opened the sac, which contained the testicle, some light-yellow fluid, and a portion of congested small intestine. He divided the stricture, and returned the bowel. The wound was closed by silk sutures, and a pad and bandage were applied. The bowels acted on the third day. There was a little suppuration from the wound; but the child seemed so well that his friends insisted on taking him home on the 21st. He was afterwards seen quite well.

CASE 2.—T. R——, aged two years, was admitted on the 25th of June, 1870, under the care of Mr. Pick. His mother had not observed any inguinal swelling till June 23rd. He had whooping-cough, and after a fit of coughing he complained of pain in the belly. A warm bath was given, and the mother then noticed a swelling in the right groin. On June the 24th he was seen by a medical practitioner, who ordered a bath, and attempted to reduce the tumour. The size of the tumour was decreased, and he seemed in less pain; but vomiting occurred, and persisted during the night, so he was brought to the hospital next morning. On admission, a small tense tumour, without impulse, was found in the right inguinal canal; it was tender, and he had abdominal pain and sickness, with some fever. Chloroform was administered, and Mr. Pick cut down on the tumour and opened the sac of the hernia, which was found to contain the testicle and a small knuckle of congested small intestine. The stricture was divided, and the bowel returned. Five drops of laudanum were given. The bowels acted on the fourth day. He recovered without a single bad symptom, and was discharged on July 18th.

CASE 3.—G. J——, aged one year, was admitted on Sept. 30th, under Mr. Pick. A right inguinal rupture was observed soon after birth. The mother obtained a truss, but the child had it applied only three months. Two months ago she found difficulty in returning the bowel, and it was done by taxis at the hospital. This morning it could not be returned; the child became frequently sick, and seemed in great pain. On admission there was an inguinal hernia on the right side. The tumour was not reducible, was tense, without impulse, and tender. The child was frequently sick. Ice was applied for a few hours; but the symptoms not abating, chloroform was given, and Mr. Pick cut down on the tumour and opened the sac, which contained the testicle and a congested portion of small intestine. He divided the stricture and returned the bowel. The wound was closed with silver sutures, and three minims of laudanum were given. There was little suppuration from the wound, which soon healed, and the child was discharged well on Oct. 18th.