

improved during a week's stay in the country, left most indelible marks of its former existence. Why should substances like mercury and antimony, acids, croton oil, cantharides, turpentine, and mustard applied locally produce an eczematous dermatitis, whilst paraffin causes an acne? The paraffin has apparently a very irritating effect on the hair-follicles and their adjacent sebaceous follicles, as they seem to be primarily affected; but why should not turpentine be equally so? The mildness and chronicity of the application may account for it; for it is well known that vegetable irritants cause a more acute form of dermatitis than the mineral ones, but that does not explain why the local application of mercury should not cause an acne as well as a papular eczema. In confirmation of the irritating properties of paraffin, Dr. Longmuir¹ pointed out that epithelioma not uncommonly occurs in those who have to handle and work with it, but he does not mention whether he has noticed acne also. The fact of both acne and cancer having been attributed to the same irritant, suggests the question, Does traumatic acne ever go on to traumatic carcinoma? Sheffield.

STRANGULATED HERNIA IN AN INFANT.

OPERATION; RECOVERY.

By WILLIAM DOBBIN, M.A., M.D.

ON the afternoon of Thursday, Feb. 14th, 1884, I visited a dispensary patient, Jas. S—, aged six months, the child of a mill-worker residing at Ballykeel, near Banbridge. He was a rather small child and had been born about six weeks prematurely, but appeared well-nourished. The mother stated that nothing would lie on his stomach and that there had been no motion from the bowels since Tuesday, and the look of the child indicated suffering. When the patient was undressed that I might inspect the abdomen, I observed that the right side of the scrotum was distended by a tumour the size of a hen's egg, which on examination proved to be a strangulated hernia. The hernia had first appeared when the child was six weeks old, and used to come down at intervals and go back again of its own accord. When it was down the child suffered from what the mother described as "colic." Failing to reduce the hernia, I ordered a linseed-meal poultice to be applied to the part so as to relax the tissues, and left, promising to return in the evening. Between six and seven I again visited the patient, accompanied by my friends, Dr. Smyth, J.P., and Dr. Tweedie, who concurred in the diagnosis. It was decided to give chloroform and carefully try the taxis, and if not successful in effecting reduction to operate at once. The taxis diminished the size of the tumour, and the scrotum became quite soft and lax, so that the testicle could now be distinctly felt, but there still remained a firm swelling in the groin, on which no impression could be made. I then proceeded with the operation, which I may remark was done by candlelight. The sac was reached without difficulty; but reduction being still impossible, it was opened, when a quantity of blood-stained serum escaped and a knuckle of dark-coloured intestine was exposed, which was tightly constricted at the external ring. The stricture was carefully notched and the bowel returned. The wound was closed by three silk sutures, a very narrow strip of carbolised lint having been introduced at its lower end, to serve as a drain. Carbolised lint was applied and a pad and bandage. About an hour after the operation the little patient passed a copious motion of healthy but very offensive fæces. Feb. 15th: Bowels opened twice; still some vomiting.—16th: Wound dressed, looking healthy; occasional vomiting; bowels opened.—17th: Wound dressed; all vomiting ceased. The sutures were removed on the fifth day and the wound was dressed with zinc ointment. Granulation went on steadily and the wound was soundly healed in about a fortnight. A truss was applied in a few days and the child continues in excellent health. No medicine was given at any time.

Remarks.—The only point of difficulty or obscurity in this case was the lessening of the tumour by the taxis under chloroform; but the persistence of the swelling outside the external ring, which was much more obvious when a comparison was made with the other side, showed that the hernia had not been reduced. This case is only

another confirmation of the principle of operating immediately when the taxis has failed. Delay is dangerous, and tends to bring operative surgery into disrepute. Although operations for strangulated hernia in infants have been done repeatedly, they are not very common, especially in country practice, and the successful result of this case may strengthen the practitioner in urging an operation even in a labourer's cottage, where the space is limited and the surroundings are not all that could be desired.

Banbridge, County Down.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

MIDDLESEX HOSPITAL.

CASE OF ABSCESS OF THE LIVER FOLLOWING DUODENAL ULCER; NECROPSY; REMARKS.

(Under the care of Dr. DOUGLAS POWELL.)

FOR the following notes we are indebted to Mr. Edward Stewart, L.R.C.P., M.R.C.S., resident physician's assistant.

A well-nourished, grey-haired man, aged fifty-four, with yellowish tinge of skin, was admitted on December 22nd, 1883, complaining of constant shivering and paroxysmal pain across the abdomen. His family history was good, and as regards his personal history, with the exception of rheumatic fever sixteen years ago, he had not had any serious illness. The symptoms of the present illness first appeared about three weeks before admission. During this time the patient had shivering almost constantly, and paroxysmal pain in the abdomen, with dry tongue and general malaise. He had noticed his face had been getting yellowish for about ten days.

State on admission.—Pulse 96, regular; temperature 98.8°; respiration 24. Conjunctivæ yellow. Arcus senilis marked. Tongue furred and furrowed on dorsum. The abdomen appeared full and rather tense. The liver dulness in the nipple-line began at the sixth rib, and extended to half an inch below the umbilicus; the left margin extended two inches below the cartilages; the surface was smooth and firm. The other abdominal organs were healthy. Bowels confined; motions light grey in colour. There was bile in the urine.

December 27th: Evening temperature rose to 101.4°; pulse 100. Bowels open twice, motions light grey in colour, one being passed unconsciously. On the following day it was noted that the percussion note at the right posterior base of the thorax was less full, respiration feeble with subcrepitant râles; tongue very dry and furred.—29th: Some diarrhœa; one motion being passed during sleep, and it was noted that the liver dulness began at the fifth rib in the nipple-line, and the margin was felt one inch below the cartilages. The abdomen was distended but not painful. At the right nipple level resonance was wanting in fulness, and here as well as in the axilla the heart sounds were unduly conducted. Respiration, however, was well heard in front down to the base.—30th: At 11 P.M. the temperature was 103°; pulse 136; the patient was sweating freely and seemed drowsy, and one of his motions contained some blood. Next day the abdomen was more distended and the patient had several small rigors; dulness at the right posterior base extended over the four lower ribs. In consequence of these symptoms a small trocar connected with a syringe was introduced into the dull area, but only a few drops of blood-stained fluid were withdrawn.

On January 7th the patient had a rigor lasting a quarter of an hour. Temperature after rigor 102.6°. Three days later he had two severe rigors, temperature afterwards being 103°; patient very drowsy and passing excretions involuntarily. On January 11th, pulse 136, respiration 40, and there was another severe rigor. On the 12th, respiration 44, pulse 120, small, feeble, and compressible. The patient became very apathetic and died in the evening.

Necropsy.—Sixteen ounces of fluid were found in the

¹ Vide the *Edinburgh Journal* of Dec. 1883.