

become more powerful, act more readily, and thus lead to a more efficient control of the feelings. At the command of the will the muscles are kept at rest, glandular and other effects are less marked, and, finally, the emotion gradually dies away.

2. Mark the attitude of an individual who expresses a determination to carry out his plans. He clenches his fist, stamps his foot, and says with emphasis "I will" simultaneously, and his muscles generally are in a state of contraction. And is there not a muscular element in that unflinching resolution to bear severe pain without outward manifestation?

3. Muscular exercise produces power and a readiness to act in obedience to a wish which must of necessity engender confidence. This confidence in the ability to act is a mental process springing out of physical strength. What cannot be accomplished by careful preparation? Note the admirable swim of Webb and the prolonged walk of Weston, both feats of prodigious and unexampled endurance. In each case there was undoubtedly an intense feeling of fatigue, amounting to severe pain, and yet they were enabled by a powerful exercise of the will, greatly aided by, if not actually arising out of muscular development, to bring their labours to a wonderfully successful termination. May not any of the emotions be fitly compared with the state of fatigue? And is it not, moreover, true that they are all more or less under the control of the will?

4. But, further, systematic exercises assist in the control of the feelings and appetites—(a) *By exhaustion*. It is clear that by expending a certain amount of nervous energy in a definite direction, which must be given off in some way or other, the tendency to take any other direction is greatly diminished. (b) *By habit*. By degrees exercises become so much a part of the individual that they are performed as a matter of course. Early rising, for instance, is usually an act for many years of self-denial, but by frequent repetition the effort is reduced to a minimum. Is it not reasonable to suppose that an active vigorous condition of muscle is of material assistance not only in taking the final leap, but in forming the resolution to do so. After a time, indeed, may there not be a certain amount of automatic action about it?

5. Of course, it is not by any means a universal fact, but it is a matter of observation that the woman is more emotional than the man. Has muscular development any share in the production of this difference?

6. Almost every practitioner knows that an individual who has been suffering from acute disease has not that control of the feelings which is natural to him. Has the wasting of muscle anything to do with this?

Now, if excessive selfish indulgence has the morbid influence which I have ascribed to it, then it follows that an increased power of the will, and a more constant and regular exercise of it, must of necessity prevent much disease. It has been shown that some of the more important physical phenomena accompanying states of feeling are directly and powerfully, I do not say solely, influenced by the will; in other words, the muscular movements at any rate may be checked, or almost extinguished, by volitional control. This control is strengthened, facilitated, and made more efficient by systematic physical exercises. Following the same line of argument, I believe that mental exercises of a suitable kind are second only to physical exercises in importance. If this be so, there remains this question, which is one well worthy of the serious consideration, not only of each individual member of the medical profession, but of every reformer, statesman, and philanthropist. In what manner, when, and how long should these systematic exercises be employed? Without attempting to give even a sketch of a complete answer, I would merely venture to mention one or two points which have occurred to me:—

1. That systematic physical exercises should take a very prominent place in the training of our youth, irrespective of rank, in both sexes, and they should form a very much larger share of the instruction given in our board schools than they do at the present time.

2. That during the first ten years of life, systematic mental exercises over and above reading and writing should be of a moral nature. The beauties and advantages of truthfulness, temperance, and honesty should be impressed upon the youthful mind, and contrasted in their results with the hideousness and degradation of dishonesty, intemperance, and deceit. Without a shadow of a doubt, it is far more important during the first decade of human life to point out the difference between right and wrong, and see

that there is a decided and proper appreciation of it, than to crowd the brain with facts and figures, or with anything else. It must not be forgotten that physical exercises lose much of their value apart from mental and moral ones, as far as control of the will is concerned, as may be witnessed over and over again in the persons of professional athletes, prize-fighters, and soldiers. The physique of a man may be ever so good, and he may have great volitional control, but it is of little use unless he knows when to exercise that control. As well might you expect a vessel classed A1, thoroughly well furnished with efficient machinery, able seamen, and judicious officers, but without helm, compass, or chart, to make a safe and rapid voyage to the antipodes.

3. That when children become capable of understanding them, a few simple facts relative to the laws of health should be presented to their minds. This would naturally include the results of non-observance of those laws, and thus the necessity of self-control would be forced upon their attention.

In conclusion, however unpalatable and nauseous the idea, disease appears to be in many instances an evil of our own creation; and I cannot help thinking that the allotted term of threescore years and ten might be much more frequently attained, without of necessity entailing a life of rigid asceticism, by a constant persevering habit of self-denial, steadily and firmly maintained by systematic exercises.

NOTES OF

TWO CASES OF STRANGULATED HERNIA, WITH UNUSUAL SEQUELÆ.

By F. ROYSTON FAIRBANK, M.D., M.R.C.P. ED.,
SURGEON TO THE DONCASTER GENERAL INFIRMARY.

THE following cases illustrate two possible sequelæ of operation for strangulated hernia, which are, I believe, very rare. I have not been able to find any notice of them in the books I have consulted.

CASE 1. *Strangulated femoral hernia; operation; subsequent ascites from chronic peritonitis; paracentesis; recovery*.—Betsy M—, a married woman about forty-five years of age, came under my care with the following history. Had always been healthy and active until ten weeks ago, when she suffered from strangulated femoral hernia on the left side, the rupture being of quite recent origin. After the symptoms had existed two days she was seen by a surgeon, who at once operated. He informed me that he opened the sac and found a small knuckle of intestine, dark but otherwise sound. Pain continued in the lower part of the body for a few days, but it was relieved by fomentations, and entirely passed away.

The wound had not yet, after ten weeks, quite healed, and from it a clear fluid constantly oozed. From the date of operation the patient had noticed her body gradually enlarge, until it was at this time as large as at the ninth month of pregnancy. The enlargement was evidently caused by ascites. There was great oppression of the heart and lungs from the enlarged abdomen. She was ordered to take diuretics, and to remain under observation.

A week later, distension of abdomen causing great distress, I performed paracentesis, and drew off about two gallons and a half of fluid, of a deep straw colour, which became perfectly solid with heat, and was of a sp. gr. 1025. The distressing symptoms were at once relieved. The wound in the groin healed completely in twenty-four hours.

Three weeks after paracentesis her abdomen was again nearly as large as before, and she was greatly emaciated and anæmic. I prescribed tincture of the muriate of iron, with solution of acetate of ammonia. She rapidly regained her strength under this treatment, the ascites entirely disappeared, and her body was reduced to its previous ordinary dimensions. Two years later she remained in good health. I attribute the ascites to chronic peritonitis, the result of the operation.

CASE 2. *Old inguinal hernia; operation; return; rupture of the sac with escape of the intestine externally; operation; recovery*.—Sophia T—, aged forty-two years, a tramp, was admitted as "a casual" to the Doncaster work-

house, February 17th, 1875, and left the following morning. During the evening she returned to the house with the following statement. She had suffered from hernia on the right side for many years. About five years ago she was operated upon for strangulation. The hernia returned and formed a large tumour. During the night, while in the casual ward, she noticed that the tumour had given way, and that the gut was protruding. Feeling some sort of shame at her unfortunate condition, she said nothing to the officials, but took her departure, intending to make her way on her rounds. Finding herself unable to proceed, she returned to the workhouse, where she was at once placed in the hospital and seen by the medical officer, my late partner, Mr. L. Kiernan. He requested me to attend with him, and on examination we found a large right oblique inguinal hernia about the size of a child's head. The parietes were very thin, and composed in great part of the cicatrix formed after the operation, stretched out at one spot to the thinness of brown paper. Here a laceration had taken place, and a piece of intestine protruded at least eighteen inches long. The surface of the gut was quite dry, and of a deep red colour. She was in a state of extreme prostration. Having given her some brandy I enlarged the wound and replaced the gut in the sac, and brought the edges together with a silver wire. I ordered cold water dressing, and thirty minims of tincture of opium every three hours.

The next day she had greatly improved in condition, and already vermicular movement could be noticed in the bowel contained in the sac. The following day, the second after the accident, the bowels were moved naturally. The wound healed by first intention, and she made a rapid recovery without a bad symptom. She was provided with a bag truss, which was a great comfort to her, and left the house in a few weeks well able to proceed on her rounds.

Doncaster.

ABSCESS OF KIDNEY TREATED BY ASPIRATION.

By ARTHUR LUCAS, M.R.C.S.

ON October 3rd, 1876, I was summoned to attend S. P.—, a lady aged sixty-two years, who complained of nausea, vomiting, and loss of appetite, together with pain in the right side of her belly shooting through to the back. She stated that she had been suffering from these symptoms for some weeks, though to a less degree. She did not remember to have shivered at any time. Her pulse at this period was 100; temperature 101.4°; tongue red and glazed; bowels regular. Palpation failed to elicit any irregularity or swelling in abdomen owing to the extreme tension of its walls on even moderate pressure. The urine was scanty, cloudy when passed, and deposited an amber-coloured sediment which half filled the glass on standing. Its specific gravity was 1030, and it contained two-thirds albumen. Numerous pus-cells were seen on microscopical examination.

On October 5th she had a succession of rigors, with rise of temperature and pulse-rate, and at a spot situated midway between the right iliac crest and costal margin, four and a half inches to the right of umbilicus, there was tenderness on pressure, dullness on percussion, and a sense of resistance apparently beneath the abdominal muscles, the latter appearing to move independently. The margin of the liver could not be felt owing to the fat condition of the patient, but an area of resonance existed to the extent of about an inch between the costal arch and the dull space.

On October 8th a fulness in the right side of the abdomen was noticed, chiefly in the upper part of the lumbar region, and here a rounded semi-solid lump about the size of a cricket-ball could be felt. The patient was suffering more pain, and her general health appeared to be getting daily more impaired. I therefore determined to explore the swelling. Accordingly, on October 10th, I aspirated the tumour, using Coxeter's instruments, and drew off ten ounces of brown, flaky-looking fluid, which was followed by six ounces more of greenish-yellow pus, some of which was mixed with the fluid first drawn. The wound was then closed, and the aperture sealed with cotton-wool and col-

lodion. The next day the urine passed was quite clear, contained one-fourth albumen, and deposited lithates on standing, but no pus-cells could be found on microscopical examination. The pain and tenderness became less, and the patient gradually improved in health till a fortnight after, October 25th, when she again experienced a succession of rigors, and passed thick urine in all respects similar to that before noted.

On November 1st the swelling in the right flank again appeared. This was again aspirated, and sixteen ounces of pus withdrawn. The cavity was then washed out with a solution of Condy's fluid and water, and the aperture closed as before. The same evening the urine passed was perfectly free from pus.

From this time she steadily improved and recovered in a fortnight. I have on several occasions examined her since, but could detect no swelling, and she has remained well.

Burwell, Cambridge.

NOTES FROM TASMANIA.

By HENRY NAYLOR, L.R.C.P., L.R.C.S.

ACUTE GASTRIC CATARRH COMPLICATING RHEUMATIC FEVER.

THE poison which circulates in the blood in rheumatic fever, causing inflammation of the lining membranes of the joints, seems also to produce a similar effect on mucous membranes, as occurred in a case which came under my care. When the attack commenced, the woman was under the treatment of another practitioner, but when she came under my care the acute symptoms of the rheumatism had disappeared from the joints, but she was very low from all the symptoms of gastritis. The treatment I adopted was the internal administration of bismuth, with dilute hydrocyanic acid, and the tincture of yellow chinchona. She was so low from the constant vomiting that I gave her a wine-glass of champagne every three hours, and her diet was nothing else but milk (skimmed). Externally, I applied cloths soaked with laudanum to the epigastrium, which seemed to relieve the distressing sickness. She went home quite well in a fortnight, and is now stouter than she was before she was ill.

SCALP WOUND FOLLOWED BY CEREBRAL SYMPTOMS.

After a wound to the head, if brain symptoms come on, they generally do so in two or three days, if they do not occur at once. William B.— had a severe wound inflicted on the left side of his forehead by the falling branch of an old tree. He was insensible for a little while, but soon got up and walked home, some four miles, and only suffered with a slight headache for a day after. The wound was dressed, and healed in four days. Eight days after the accident, during which time he had been at his work, I was sent for to see him. While walking across a room he was suddenly seized with giddiness, and at the same time felt his legs give under him. He then had to go to bed. When I saw him he was delirious, had convergent squint on the left side, and was very thick in his speech; his limbs were not paralysed. The next day he was comatose, and passed his urine and faeces involuntarily. I opened his bowels with a large dose of calomel, and rubbed the iodide of mercury ointment on each side of his head three times. I gave directions to pour cold water over his head three times a day. On the fourth day the symptoms yielded to the treatment, and he was able to distinguish people, and speak, though thickly. The squint continued also. In a week an attack of dysentery supervened, and, owing no doubt to the revulsion this effected, the cerebral symptoms abated quickly, the squint disappearing, and the speech becoming more distinct. The dysentery was treated with ipecacuan powder, and a diet of skimmed milk, and in a month the patient was able to leave his bed, and read the newspaper.

Green Ponds, Tasmania.

THE Queen's College, Cork, has obtained Mr. Grubb's equatorial telescope, which was lately exhibited at the Paris Exhibition and received a gold medal.