

and exceedingly heavy. The upper lobe was completely solidified, and the substance, when cut, presented a soft, cheesy consistence, of a dull ash-colour, totally destitute of crepitation, and filled with innumerable small cavities, whence a thick yellowish pus exuded. This exhibited the grey hepatitis passing into the third stage of pneumonia, viz., purulent infiltration. The middle lobe of this lung was congested, of a dark, scarlet colour, and when cut, poured forth a quantity of frothy fluid mixed with blood. In the inferior lobe of the left lung at its posterior part, the texture of the organ was much reddened, and, on being cut, it also poured forth a quantity of frothy mucus mixed with blood. These last-mentioned parts exhibited the first stage of pneumonia. The bronchial tubes were inflamed, and contained a small quantity of frothy fluid. The heart appeared externally rather above the natural size; it was found that the cavity of the left ventricle was rather diminished in size, while its walls were very much thickened, thus presenting an instance of simple hypertrophy. The ventricles and all the valves were healthy, as was expected from the absence of any murmur during life.

*Abdomen.*—The liver was much enlarged, and its peritoneal covering was opaque and thickened. The substance of the organ exhibited marks of congestion, the ultimate ramifications of the portal vein which surround the minute lobules being of a darker colour than the inclosed spaces. The spleen was of a dark colour, very soft, and easily torn. The kidneys were rather larger than usual, and their texture was congested; the intestines also bore the marks of congestion, but were otherwise healthy.

There is a considerable similarity existing in the above three cases. In all there was disease of the heart, the mitral valves being affected in cases 1 and 2, the left ventricle being hypertrophied in case 3. In all there was disease of the lungs, clearly consequent upon the cardiac lesion, pulmonary hæmorrhage being the form assumed in case 1, pneumonia in cases 2 and 3. The liver was congested in all. The brain was affected in all the cases; inflammation of the arachnoid membrane with effusion of fluid being observed in each case, and extensive ramolissement being superadded in case 2. In all the cases the nature of the morbid action was ascertained during life, except in the case No. 2, in which the symptoms of ramolissement were too obscure to determine its existence; but it must not be forgotten that disease of the most important organs may remain undetected during life, and unsuspected even by the patient, when sudden death stops short his career, and the post-mortem examination alone indicates the seat and nature of the organic lesions.

## STRANGULATED HERNIA

SUCCESSFULLY TREATED BY  
EXHAUSTION THROUGH THE  
ELASTIC TUBE.

*To the Editor of THE LANCET.*

SIR,—I am induced to submit to you the accompanying case of strangulated hernia, successfully treated by exhaustion through the elastic tube, believing that every fact is deserving of record which tends to increase the number or confirm the efficiency of those agents by the use of which a dangerous operation, otherwise unavoidable, may be sometimes dispensed with. I am, Sir, your obedient servant,

CHARLES S. WEBBER, Surgeon.  
Orford, Suffolk, May 10, 1842.

On Sunday, the 3rd of May, at 10, a.m., I was requested to visit Benjamin Nickels, wheelwright, aged 20, whom I found labouring under the usual symptoms of strangulated hernia. The rupture was stated to have existed from birth, and had hitherto been easily reducible, having been kept up by a truss, which the patient had worn for years, but which he had carelessly laid aside the preceding week. On Friday morning, while he was at work, the bowel descended; and, after considerable effort, he found himself unable to return it. From this period symptoms of incarceration rapidly set in, and had been increasing in intensity up to the time when I saw him, about eight-and-forty hours.

The tumour, which occupied the scrotum on the right side, was of the size of a goose's egg, remarkably tense and unyielding, particularly at the neck of the sac; there was great tenderness and distention of the abdomen; an oppressive girding and dragging at the scrobiculus cordis; a quick and wiry pulse; much anxiety of countenance; occasional hiccough; frequent vomiting; obstinate constipation, the bowels not having been relieved since the commencement of the attack, although he had taken aperients before requesting medical assistance.

The taxis was diligently and carefully applied for about twenty minutes without success. The patient was then bled to syncope, and the taxis again had recourse to, followed by the application of cold to the tumour, and such other of the usual remedial measures as circumstances permitted. These having been employed for the space of an hour and a half with no better result, I had determined to proceed to the operation, when the idea of passing the elastic tube per anum, as first recommended by Dr. O'Beirne (and practised recently by your correspondent, Mr. Haine Maunder, of Collumpton,\*) suggested

\* Vide LANCET, vol. xxxvii., p. 693.

itself, and, with the concurrence of my friend, Mr. Randall, of Orford, who kindly rendered his assistance, I resolved to give this plan a trial before resorting to the *ultima ratio* of the knife.

Accordingly, a common enema having been previously administered, I introduced the œsophagus tube of Weiss's stomach-pump with tolerable facility, until it arrived (as nearly as I could judge) at the sigmoid flexure of the colon, where it encountered some degree of resistance, which yielded, however, in a short time, to moderate pressure, after the injection of a little cold water. The tube was now passed gradually up until its whole length, about twenty-five inches, had been introduced, the brass extremity alone remaining without.

After waiting a quarter of an hour, between two and three pints of water were thrown up and retained in the bowel for a short period; the cylinder of the pump having been unscrewed from the elastic tube, and the mouth of the latter closed by the thumb, on withdrawing which the fluid re-passed in a jet of considerable force. The cylinder was now readjusted to the tube, and the action of the machine being reversed, the piston was worked rapidly with the view of producing a degree of exhaustion or partial vacuum in the intestine; gentle taxis was at the same time resumed, and after the expiration of four or five minutes (during the latter part of which the patient complained of a sensation of bearing down referred to the whole abdominal region), I had the satisfaction to feel the contents of the tumour recede from beneath my fingers, and slip into the abdomen with the usual gurgling which accompanies the return of intestine.

The man recovered without an untoward symptom, and was removed to his father's house at Wickham, a distance of about nine miles, on the third day afterwards.

I am disposed to attribute the successful result of the foregoing case, in a principal degree, to the production of a partial vacuum in the intestine immediately below the seat of strangulation, by the exhausting process, that being the direct agent to which the obstruction appears to have yielded; and I am induced to recommend a trial of this measure to the profession as an adjuvant to that valuable instrument, the elastic tube, in cases where the latter alone may prove inefficient.

I have since reperused Dr. O'Beirne's excellent work on Defœcation, with the view of ascertaining whether exhaustion through the tube had been adopted in any of his cases. I cannot discover that the doctor has availed himself of this expedient, although a case of constipation is cited by him in which a Dr. Duguid, of Kirkwall, in Scotland, introduced an elastic tube into the colon with the effect of discharging an accumulation of fœces; and I observe that this

gentleman attempted to exhaust with the view of overcoming the resistance he experienced to the passage of the tube at the sigmoid flexure, but unsuccessfully, which circumstance induced him to undervalue the measure. There is, however, another case which seems to have suggested to Dr. Duguid the use of the tube, and which is reported in the *Medical and Physical Journal*, for December, 1827, being communicated by Dr. James Johnson, as having occurred in February, 1826, in the practice of Dr. Alexander, of Genoa, who appears to have employed exhaustion through a hollow bougie, after twelve days of constipation, and the failure of tobacco enemata and various other remedies, with complete success. This case, which is a very interesting one, seems to have excited but little attention.

I cannot conclude without expressing my conviction (in nearly the words of Dr. O'Beirne, who uses them, however, with reference to the tube only) that no surgeon is justified in proceeding to the operation for strangulated intestinal hernia, without having previously given a fair trial to the measures above alluded to.

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#### THE SETON IN CHRONIC DISEASE OF THE BRAIN.

*To the Editor of THE LANCET.*

SIR,—Should you consider the annexed case worthy of insertion in *THE LANCET*, I shall feel obliged by your giving it publicity. I remain, Sir, your obedient servant,

W. B. BARTON, M.D.

Horncastle, May 5, 1842.

Mr. T., aged 64 years. Visited September 27, 1841. Took cold in the summer of 1839 from sleeping on damp grass, in a field, which induced fever with acute inflammation of the brain. His usual medical attendant was promptly summoned, and the early treatment, it would seem from the report and its effects, was active and judicious, the fever and acute inflammation subsiding in a few days. There remained, however, an obtuse pain in the head, without fever, and slight mental obscurity. The latter, notwithstanding the continued administration of remedial agents, increased gradually, until at length Mr. T. became perfectly childish and idiotic.

At the time of my first visit (Sept. 27, 1841,) he did not know the different members of his family, could not converse at all, and scarcely speak intelligibly; did not clearly understand any ordinary questions put to him, and spent his days in a chair by the fireside (cold even on a bright midsummer's day), in a state of pitiable fatuity. The gradual annihilation of the mental powers, accompanied by a simultaneous decay of the corporeal functions, had brought